

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

3 JUNE 2010

WORK PROGRAMME

Report from: Neil Davies, Chief Executive

Author: Rosie Gunstone, Overview and Scrutiny Co-ordinator

Summary

This report advises Members of the current work programme for discussion in the light of latest priorities, issues and circumstances. This report gives Members the opportunity to shape and direct the Committee's activities.

1. Budget and Policy Framework

- 1.1 Under Chapter 4 – Rules, paragraph 22.1 (v) General terms of reference, each overview and scrutiny committee has the responsibility for setting its own work programme.

2. Background

- 2.1 Appendix 1 to this report sets out the existing work programme for the Committee.

3. Agenda planning meeting

- 3.1 Members will be aware that Overview and Scrutiny Committees hold agenda planning meetings on a regular basis. These give officers greater guidance on information Members wish them to provide when scrutinising an issue.
- 3.2. Before the agenda planning meeting took place the Chairman and spokespersons of the Committee agreed to invite the Chief Executives of both Kent and Medway NHS and Social Care Partnership Trust and Medway NHS Foundation Trust to this meeting to discuss their action plans in response to conditions imposed by the Care Quality Commission as part of their recent registration process. This appears as a separate item on the agenda.

3.3. The agenda planning meeting took place on 20 May 2010.

4. Cabinet forward plan

4.1. There are no new items on the Cabinet forward plan relating to this Committee.

5. Themed meetings

5.1. It was agreed on 21 January 2010 that in future every third meeting of the Committee would be based on a specific theme. The first of these meetings was held on 23 March 2010 where support for carers was considered.

5.2. At the pre-agenda meeting on 20 May 2010 consideration was given to the proposed topic for the next themed meeting and the following topics were discussed with a view to the themes being held in the order listed:

- **safeguarding vulnerable adults** – this was suggested for the 19 August meeting, by the Director of Children and Adults on the basis that the Council will shortly be inspected on this topic. Members may recall that the following email link to recent Centre for Public Scrutiny guidance on adult safeguarding which relates to this:

<http://www.cfps.org.uk/what-we-do/publications/cfps-health/?id=125>

- **transition** - it was suggested that it could be helpful to consider the transition for children with disabilities (learning and physical) between children and adult services. Difficulties around this transition were highlighted at the last meeting by one of Medway's carers

- **mental health** – it was suggested that this could be held as the fourth themed meeting and this topic has been endorsed by the Chief Executive of NHS Medway.

5.3. Members are requested to consider the above suggestions and determine whether to select one of them for the next themed meeting or propose an alternative.

6. Lung cancer and mesothelioma forum meeting

6.1. On 27 April 2010 Councillor Avey represented the Committee at a forum organised by Medway Maritime Hospital where the health outcomes for people in Medway suffering from lung cancer and mesothelioma were discussed. He has produced a short report of the event, which is attached as appendix B for Member's information.

7. Co-option

- 7.1. A suggestion has been made about the possibility of co-opting, a representative of Medway Pensioners Forum as a non-voting Committee member. It was felt that, in view of the increasing volume of business relating to adult social care, this might be helpful.

8. Work programming meeting

- 8.1. It was suggested at the pre-agenda meeting that a work programme meeting be held with the Chairman, Vice-Chairman and opposition spokespersons to consider items for the work programme for 2010-2011. The suggestions from this meeting would be brought to the July meeting of the Committee, for the Committee's comment and agreement.

9. Quality Accounts

- 9.1. With effect from this year the Department of Health requires each NHS healthcare provider trust (with the exception of community health care this time) to provide annual reports to the public called 'Quality Accounts' giving details of the quality of services they deliver. The public, patients and others with an interest may use a Quality Account to gain a high level understanding of the quality of the organisation, to see what it does well, what it needs to improve and to understand what is being done to improve quality.
- 9.2. Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of services and should explain what has been identified as priorities for improvement over the coming financial year and how these will be achieved and measured. The aim is that they improve organisational accountability to the public and engage boards (or their equivalents) in the quality improvement agenda for the organisation.
- 9.3. The Quality Accounts need to be emailed to the Department of Health by 30 June each year and should be published on the NHS Choices website with a copy sent to the Secretary of State.
- 9.4. Following publication of a Quality Account there is a legal requirement under the Health Act 2009 for each provider trust to place a notice at their premises stating where the Quality Account can be obtained. Equally, the Health Act 2009 states that each provider must make available on request, to any person who requests it, hard copies of the previous two years' Quality Accounts.
- 9.5. The legislation states that Quality accounts must be shared with the appropriate LINK, HOSC and commissioning PCT or SHA at least 30 days prior to publication.

- 9.6. The PCT or SHA is legally obliged to review and comment on the quality account whereas the LINK and HOSC are invited to review and comment on a voluntary basis.
- 9.7. It is not proposed to comment on the Quality Accounts this year, on the basis that the guidance for provider trusts was only published mid February. There has been insufficient time to engage productively with the provider trusts on their Quality Accounts. A request has been made for early involvement in future years.

10. LINK work programme

- 10.1. In accordance with the protocol agreed with Medway LINK attached as Appendices C and D are the Project Summary sheet and Issue Summary sheet from Medway LINK.
- 10.2. Members will note that there are a number of issues, which this Committee is already engaged in namely carers and, for the next meeting Phlebotomy services.

11. Dementia strategy

- 11.1. A Strategic Outline Case for the integrated care pathway for dementia has been developed and NHS Medway will consider this next week. From this document, and also from the National Dementia Strategy, a Dementia Strategy for Medway will be developed. At the time this is produced the draft strategy will be brought to this Committee for consideration and comment.

12. Joint meeting of Health and Adult Social Care and Children and Adults Overview and Scrutiny Committees

- 12.1. In order to consider the following reports a joint meeting of the two health scrutiny committees has been organised for Monday 23 August 2010 at 6pm:
- Live it well Kent and Medway Mental Health Strategy
 - Health and Wellbeing Strategy
 - Annual Public Health Report

13. Financial and legal implications

- 13.1. There are no financial or legal implications arising directly from this report.

14. Recommendations

Members are asked to consider

- 14.1. whether to amend the current work programme;

- 14.2. selecting a topic for the themed meeting to be held on 19 August 2010 and topics for future meetings as set out in paragraph 5.2 of the report;
- 14.3. noting the information report from Councillor Avey with regard to the lung cancer and mesothelioma forum meeting held on 27 April 2010;
- 14.4. recommending to Council, in accordance with Chapter 4 part 5 of the constitution, the co-option of a non-voting representative from Medway Pensioners Forum, to the Committee;
- 14.5. agreeing that the Chairman and spokespersons should meet after 3 June to consider the forward work programme and report back to the 15 July meeting;
- 14.6. delegating authority to the Assistant Director (Customer First, Leisure, Democracy and Governance) the Council's designated Scrutiny Officer, in consultation with the Chairman and spokespersons of the Committee and the Assistant Director, Social Care, to comment, if appropriate, on quality accounts submitted by provider trusts this year and in future years;
- 14.7. the LINK project and issues summary attached to this report;
- 14.8. noting that the Dementia Strategy will be considered by this Committee at a later date;
- 14.9. noting that there will be a joint meeting of Health and Adult Social Care and Children and Adults Overview and Scrutiny Committees on Monday 23 August 2010.

Lead officer contact

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Background papers

Kings Fund "Accounting for quality to the local community"
Department of Health guidance –Quality Accounts Toolkit: Advisory guidance for providers of NHS Services producing Quality Accounts for the year 2009/2010

Work Programme
Health and Adult Social Care Overview and Scrutiny Committee

Item	Work type	Responsible officer	Objectives	Timescale
Care Quality Commission	NHS scrutiny	Rosie Gunstone	To consider whether to forward information to the Care Quality Commission with regard to findings about the local NHS.	To be dealt with at an evening briefing on 27 May 2010
Council Plan monitoring – fourth quarter	Performance monitoring	Abi Cooper, Research and Review Manager	To scrutinise performance against targets in the Council Plan.	3 June 2010
CQC registration issues	NHS scrutiny		To discuss with Chief Executives of Kent and Medway NHS and Social Care Partnership Trust and Medway NHS Foundation Trust their action plan to deal with conditions imposed as part of the registration process.	3 June 2010
Dementia care pathway – strategic outline case	NHS scrutiny	Wendy Alleway	To comment on the care pathway developed for dementia	3 June 2010
NHS Medway Estates Strategy	NHS scrutiny	Jill Norton	To consider this substantial variation/service development.	3 June 2010
Petition – hydrotherapy pool	Petitions	Rosie Gunstone	To consider a petition referred to this Committee.	3 June 2010
Strategic Commissioning Plan	NHS scrutiny	Helen Buckingham, NHS Medway	Members are asked to comment on the Strategic Commissioning Plan.	To be dealt with as an evening briefing on 5 July 2010 along with the Operating Plan and transforming community services update.
End of Life Care Strategy	Service information/ NHS scrutiny	Helen Buckingham	To consider changes to the strategy following comments and receive an update regarding the end of life care register and details of the implementation of the strategy	15 July 2010/ 30 September 2010

Item	Work type	Responsible officer	Objectives	Timescale
LINK protocol	NHS scrutiny	Rosie Gunstone/ Jane Williamson	To review the working of the LINK protocol.	15 July 2010 followed by annual review
LINK annual report	NHS scrutiny		To examine and comment on the LINK annual report.	15 July 2010
Phlebotomy review	NHS scrutiny (substantial variation)	Tracy Bishop, NHS Medway	To consider changes to the phlebotomy service.	15 July 2010
Primary Angioplasty	NHS scrutiny	Kent Cardiovascular Network, East and Coastal PCT	Progress re primary angioplasty. To inform Members of audit data to illustrate how effective the new procedure has been.	15 July 2010
Dermatology review	NHS scrutiny (substantial variation)	Dawn Hollis, NHS Medway	To consider proposals relating to the dermatology service	15 July 2010
Themed meeting			Topic to be agreed on 3 June 2010.	19 August 2010
"Live it Well" Kent and Medway Mental Health Strategy	NHS scrutiny	Lauretta Kavanagh	To consider responses on the strategy and issues for Medway.	Joint meeting with C&A O&S 23 August 2010
Kent and Medway Health and Well-being Strategy	NHS scrutiny	Karen Macarthur (Public Health Consultant)	To receive a presentation on the strategy.	Joint meeting with C&A O&S 23 August 2010
Annual public health report	Policy development	Dr Alison Barnett	To comment on the annual public health report.	Joint meeting with C&A O&S 23 August 2010
Council Plan monitoring – first quarter	Performance monitoring	Preeya Madhoo, Performance Manager, Adults	To scrutinise performance against targets in the Council Plan.	30 September 2010
End of Life Care Strategy	Service information/ NHS scrutiny	Helen Buckingham	To evaluate the implementation of the strategy in particular the End of Life Care Register and Liverpool Care Pathway.	30 September 2010
Recommendations relating to carers' support	Policy development	Rosie Gunstone	To report on further recommendations relating to carers' support from the Member task group.	11 November 2010

Item	Work type	Responsible officer	Objectives	Timescale
Council Plan monitoring – second quarter	Performance monitoring	Preeya Madhoo, Performance Manager, Adults	To scrutinise performance against targets in the Council Plan.	16 December 2010
Council Plan monitoring – third quarter	Performance monitoring	Preeya Madhoo, Performance Manager, Adults	To scrutinise performance against targets in the Council Plan.	15 March 2011
Hospital Redevelopment Strategy	NHS scrutiny	NHS Medway/ Medway NHS Foundation Trust	Consultation regarding hospital redevelopment strategy.	Proposed to be dealt with by a one-off task group
Council Plan monitoring – fourth quarter	Performance monitoring	Preeya Madhoo, Performance Manager, Adults	To scrutinise performance against targets in the Council Plan.	Date to be determined
Mental health	Policy development		To consider a mental health topic – to be agreed.	Date to be determined

Dates of future meetings:

2010: 3 June, 15 July, 19 August, 30 September , 11 November and 16 December (budget)

2011: 25 January and 15 March

Briefing notes

- Cessation of spinal surgery at Medway Maritime Hospital
- Delayed discharges
- Hydrotherapy pool update
- Issue of lack of bathroom/shower facilities on Byron Ward and other similar wards at Medway Maritime Hospital
- Outcome of the Police and Court Diversion and Liaison Scheme – March 2010
- Progress with the Kent and Medway Personality Disorder Strategy (requested from NHS Medway – January 2010)
- Repatriation of angiography and angioplasty from London to Medway Maritime Hospital
- Repatriation of neurological testing from London to Medway Maritime Hospital
- Reprovision of wheelchairs, PCT and Kent and Medway NHS and Social Care Partnership Trust
- Transferring community services (NHS Medway (PCT) provider split)
- LAA performance monitoring

Report on the “Help Shape the Future for Lung Cancer Services in Medway & Swale Event” organised by Medway Maritime Hospital by Councillor John Avey

The event was organised by lung cancer specialist nurses and was well attended by cancer consultants, lung cancer nursing staff, and general practitioners. It was essentially designed for clinicians and had little council participation. I was surprised to see that I was the only local council representative present.

Due to the high incidences of smoking in Medway and the presence of Chatham Royal Dockyard NHS Medway have established a multidisciplinary team led by Dr A G Stewart to look into and develop a first case rapid response service for lung cancer patients in Medway and Swale. The team is based at Medway Maritime Hospital.

They will be reviewing:

suspected or new diagnosis of lung cancer
mesothelioma
unknown primary cancer
thoracic oncology problems

The team consist of

Dr. A.G. Stewart (Lead Cancer Clinician and Consultant Chest Physician)
Dr. I. O'Brien (Consultant Chest Physician)
Dr. West (Consultant Chest Physician/Thoracoscopy Lead)
Dr. L. Vincent-Smith (Consultant Chest Physician)
Dr. H. Taylor (Consultant Oncologist)
Mr. L. Lang-Lazdunski (Consultant Thoracic Surgeon)
Dr. J. Fisher (Consultant in Palliative Care)
Dr. D. Fish (Consultant Pathologist)
Dr. V. Ganesh (Consultant Radiologist)
Dr. J. Brennan (Consultant Radiologist)
Frances Mckay (Macmillan Nurse, Lung Cancer/Mesothelioma)
Caroline Williams (Macmillan Nurse, Lung Cancer)
Sheila Rama (Hospital Palliative Care CNS)
Sue Dymott (MDM co-ordinator)
Linda Lockyer (medical secretary)

Supportive Care:

The nurse specialists run a monthly Lung Cancer and Mesothelioma Support and Information Group for patients and carers in collaboration with the Wisdom Hospice, Rochester.

For more information about the Lung Cancer Service in Medway and Swale contact: Caroline 01634 825391 or by e-mail: caroline.williams@medway.nhs.uk

For more information about the Mesothelioma Service in Medway and Swale contact: Frances 01634 825212 or by e-mail

Mesothelioma Incidence & Trends in the United Kingdom

Doctors have discovered more cases of mesothelioma in the UK.

Great Britain's Health and Safety Executive (HSE), the branch of the government that monitors cases of mesothelioma and other asbestos-related diseases, reports a substantial increase in mesothelioma over the past 40 years. A few years ago, data was released by the HSE which indicated that cases of mesothelioma had increased more than 100-fold in three-and-a-half decades, with 153 cases reported in 1968 and 1,848 in 2001. More recent numbers indicate that the number has continued to rise. In 2006, 2,056 cases of the disease were reported. Most lung cancer around (90%) is caused by smoking

The HSE hypothesizes that the annual total number of mesothelioma deaths in Great Britain will peak between current levels and 2,450 deaths sometime before the year 2015.

Men Versus Women

The HSE indicates that because of the large number of men who worked in the shipyards of Great Britain, mesothelioma still largely affects males. About 85 percent of the cases reported each year are among men; in 2006, 1,740 men died of mesothelioma. Other high-risk, male-dominated professions include those related to construction, such as carpenters and joiners, plumbers, heating and ventilating engineers, electricians, and electrical fitters. The incidence of mesothelioma among females has actually fallen in the last 30 years. In the 1970s, the HSE reported that women accounted for about 20 percent of all cases of mesothelioma diagnosed each year. In the early 1990s the percentage was approximately 13 percent and that number has pretty much remained consistent since that time. In 2006, women represented 14 percent of mesothelioma deaths reported that year.

Age

Cases of mesothelioma in the United Kingdom have always been highest among men who are age 65 and over. During the last 15 years, incidence among men who are age 55 and over has increased while incidence among younger individuals (0-54) has decreased.

Among females with mesothelioma, incidence has increased gradually since the early '70s among women age 45 and older. Many of these cases have been due to secondary exposure; these women may have been married to an asbestos worker or grew up with a father, grandfather, or other male relative who worked with asbestos and carried the dust into the home and

contaminated family members. Some women, however, did indeed work directly with asbestos.

Areas with High Incidence

The Health and Safety Executive also lists the areas of the United Kingdom that are most affected by mesothelioma. The majority of sites high on the list are towns where the residents were heavily involved in shipbuilding. The 20 most-affected sites in the UK are:

Glasgow City
Plymouth
North Tyneside
Sunderland
Portsmouth
Newcastle-Upon-Tyne
Medway
Southampton
South Tyneside
West Dunbartonshire
Barking and Dagenham
Barrow-In-Furness
Newham
Renfrewshire
Havant
Eastleigh
Crewe and Nantwich
Inverclyde
Hartlepool

Links

www.asbestos.com/mesothelioma/uk/ks

Further Notes

During the course of the presentation it became increasingly apparent that lung cancer was the single biggest fatal disease in the UK and was potentially preventable in many cases. Lung cancer is largely smoking and asbestos related BUT principally smoking related (around 90%)

Although lung cancer is supposedly a classless disease studies indicate that the number of incidences was higher in the poorer wards in Medway. US studies indicate poorer areas have higher lung cancer prevalence.

The number of male lung cancer patients has always been higher but studies have shown an increase in female lung cancer patients over the last few years. I have noticed that there appear to be more young women smoking over the last few years that appears to support this case.

Health Education

There is an obvious need to advise patients about the lung cancer symptoms to look out for and see their GP at the earliest opportunity. Men are least likely for to attend GP surgeries for many reasons and should be positively encouraged to do so if they believe that they have some of the symptoms. Early diagnosis is imperative.

Since prevention is better than cure it better to discourage people from smoking in the first instance so there is need to target young people through the schools, youth clubs, etc

GPs

After Dr Stewart's presentation a number of GP s attending the event wanted to know about the best method to access the service and what advice that they could give their patients. There is obvious communication and potential training need there.

Workshops

There were too many people attending the event to carry out the workshop element properly so we broke down into $\frac{3}{4}$ people groups.

Concerns that were raised were

- the need to encourage people with the same or similar symptoms to see their doctor at the earliest opportunity.
- People need to be encouraged to have regular health checks as prevention is better than cure
- Men should be encouraged to take their health needs more seriously
- Better communication amongst consultants, family doctors, nurses and most importantly the patient is needed

Organisers will forward notes of meeting.

Conclusion

We need to include lung cancer on the work programme because the changes in service delivery need highlighting

Lung cancer is generally treatable in its early stages and health partners need to alert potential patients

Lung cancer is largely a smoking induced illness – this also needs to be highlighted

It would be helpful to investigate what involvement the Council's care and education services are needed.

Councillor John Avey

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www.themedwaylink.co.uk



a LOCAL INVOLVEMENT NETWORK

ATTACHMENT C

Medway LINK Project Summary sheet

Last updated 30 April 2010

Item no	Title	Status
P01	Getting the LINK involved in the commissioning arrangements for health and social care	Participants being identified to take part in Strategic Change Programme. Working with Medway PCT to align work programmes.
P02	Patient Transport to Healthcare Settings	Final consultations with users in community settings concluded and report being finalised.
P03	Fair Access to care services	Mystery Shopping of care homes completed and results being evaluated by external agency.
P04	Annual Check by Care Quality Commission for Health & Social Care	Christchurch University commissioned to carry out focus groups and telephone interviews with LINK participants and hard to reach groups
P05	Hygiene	Draft report written and submitted to Trusts. Their comments will be included in the report before it is published.

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a LOCAL INVOLVEMENT NETWORK

ATTACHMENT D

Medway LINK Issue Summary sheet

Last updated 30 April 2010

Item no	Title	Status	Recommendation
ID001	Deficiencies in physiotherapy and occupational therapy services – excess waiting times and curtailing treatment for chronic cases	Responses received from Marion Dinwoodie (Chief Executive NHS Medway) and Helen Buckingham (Director of Commissioning for Medway). These responses have been passed to the referrer asking for comments.	Chase participant for response.
ID002	Assisted help with services for Young Carers	Letter from Marion Dinwoodie, 24 February: the needs of carers will form part of Strategic Change Programme and will form part of part of the contractual agreement with providers.	Ensure that LINK representatives on Strategic Change groups are aware of this.
ID003	Improving Audiology Services in West Kent	Met with participant on 15 April to revisit issues. West Kent are carrying out a review of services with users.	Wait for outcome of West Kent review of services before taking issue forward.
ID004	Adverse health impacts on Black and Minority Ethnic Groups (BME)	A response has been received from Marion Dinwoodie and passed to the Kent Project Worker to be fed into LINK equality and diversity review. The issue was raised by a participant in Sittingbourne. Medway comments have been fed back by Kent project worker.	Wait for Kent Project Worker to identify further action.

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ID005	Impact on Green Paper 'Shaping the Future of Care Together', for those on benefits	Issue closed.	
ID006	Proposal to set up a primary angioplasty services in West Kent	Issue closed.	
ID007	Shortcoming in Pain Control Services in Kent and Medway	Original issue was badly framed. Further investigation identified that it was a Maidstone participant concerned about the transfer of clinics to the new Pembury Hospital.	This isn't an issue for the Medway LINK and should be closed.
ID008	Discrimination affecting gay people - clinicians treating homosexuality as a mental illness	Issue closed.	
ID009	Support for people with chronic conditions	Issue closed.	
ID010	Discharge arrangements, Medway Maritime Hospital	The issue has been passed to the Head of Nursing who is responding to Graham Hills. I have requested a copy of the response from him.	Chase Graham for copy of response.
ID011	Hygiene and cleanliness in hospitals	Issue now a project.	
ID 012	Restorative Justice in Prisons	Issue closed.	
ID 013	Commissioning strategy for diabetic services in Medway	Response received from Commissioning manager. The issue is part of the Strategic Change Programme and Medway LINK has been invited to provide a member for the group. One of the participants that raised the issue has expressed an interest in representing the LINK. Process for appointing reps to be decided by Coordinating Team at May meeting.	Get participant involved in Strategic Change Programme.
ID 014	Closure of Sanderson Unit, Medway Maritime Hospital without consultation with parents and LINK	Issue closed.	
ID 015	Long waiting times for assessment and treatment in Speech and Language Therapy	Derek Hoddinott (Interim Commissioning Manager) to be in contact with outcome of review. I have chased the PCT for a response.	Chase again for response and put article in bulletin.
ID 016	Fire safety at Medway Maritime	Issue closed.	

	Hospital		
ID 017	Difficulty of finding a wheelchair at Medway Maritime Hospital	Issue closed.	
ID018	Lack of sexual health staff for people with learning difficulties	PCT and Council written to asking what provision are in place, how many specialists employed, their distribution across Medway and how many people they are serving.	
ID019	Waiting time in Phlebotomy clinic, Medway Maritime Hospital	Original issue template was badly framed. Visiting group on 4 May 2010 to discuss this and other issues.	
ID20	Availability of health information for blind and partially sighted people	Copy of DH Guidelines and examples of best practice requested from referring organisation. They don't have any, but have sent a full copy of the report.	Refer back to the Moderating Panel.
ID21	Medication in Care Homes for Older People	Full copy of the research obtained. Have identified a timetable for action by PCTs to be completed by 6 May 2010.	Write to PCTs after deadline for actions to establish how recommendations have been implemented.
ID22	Lack of Audiology Clinic in Medway and impact on people with Learning disabilities	Issue template to be raised to Moderating panel.	

