

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

**Tuesday, 25 June 2013**

**6.30pm to 9.10pm**

**Record of the meeting**

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

**Present:** Councillors: Griffin, Adrian Gulvin, Pat Gulvin, Hewett, Igwe, Kearney, Maisey, Murray, Purdy (Vice-Chairman), Shaw, Watson and Wildey (Chairman)

**Co-opted members without voting rights**

Christine Baker (Medway Pensioners Forum)

**Substitutes:** Councillors:  
Cooper (Substitute for Christine Godwin)

**In Attendance:** Dr Alison Barnett, Director of Public Health  
Helen Belcher, NHS 111 Programme Lead, Kent and Medway  
Commissioning Support Unit  
Tracy Bishop, Commissioning Manager, Planned Care, NHS  
Medway CCG  
Alison Burchell, Chief Operating Officer, NHS Medway  
Commissioning Group  
Christina Caller, AD Procurement & Estates, Medway  
Community Healthcare  
Emma Chambers, Clinician, Medway Community Healthcare  
Geraint Davies, Director of Commercial Services, South East  
Coast Ambulance Service  
Barbara Graham, Legal Advisor  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical  
Commissioning Group  
Rosie Gunstone, Democratic Services Officer  
David Quirke-Thornton, Deputy Director, Children and Adults  
Services

**116 Record of meeting**

The record of the meeting held on 9 April 2013 and the record of the Joint Meeting of all Committees were agreed as correct and signed by the Chairman.

**117 Apologies for absence**

An apology for absence was received from Councillor Christine Godwin.

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

There were none.

**119 Declarations of disclosable pecuniary interests**

Councillor Igwe declared an interest in the agenda item 7 NHS 111 as he works for an organisation supplying the service in Medway.

**120 Physiotherapy Community Service**

**Discussion:**

The Assistant Director, Procurement and Estates, Medway Community Healthcare, assisted by a Clinician also from Medway Community Healthcare introduced a report relating to the proposed move of physiotherapy services from Medway Maritime Hospital to Charnos House in Gillingham.

It was stated that the building at Charnos House is purpose built and would offer better facilities from which to offer the service, free car parking, a modern building with better public transport provision. Provision for confidentiality during physiotherapy sessions would also be greatly improved on the existing situation.

Members generally welcomed the proposal but queried the distance that the public will need to walk to access Charnos House if they travel by public transport and asked whether any conversations had taken place with Arriva to see whether there were any options to bus people closer to the site. This was particularly important where people were unable to drive because of hip or knee operations and would not be able to walk a long distance. It was agreed that this would be looked at as part of the consultation process.

An update following the implementation phase was requested for the Committee and as part of that feedback it was requested that the report should set out the impact the proposed changes would have on health inequalities.

**Decision:**

It was agreed that the changes did not amount to a substantial variation or service development but it was requested that an update report be added to the work programme to report back on the outcome from the implementation phase.

**121 Phlebotomy service - update**

**Discussion:**

The Chief Operating Officer, NHS Medway Clinical Commissioning Group introduced the update on changes to the phlebotomy service. She explained that there had been an encouraging response to the patient engagement and 76% of patients had responded requesting access to phlebotomy services between 7am and 10am. There would be a requirement as part of the specification for the service that these hours would be the core hours but there would also be an expectation that a variety of hours would be offered in addition to those to provide a coverage of 30 hours a week.

In response to Member queries she confirmed that the existing services in the community would not be closing only the phlebotomy service provided at Medway Maritime Hospital for GP referred patients. The hospital would continue to provide phlebotomy services for services within the hospital (for example inpatient and outpatient) and provide the analysis of bloods taken for all blood tests.

Reference was made to the impact/delays caused by fasting blood tests on other patients waiting to have blood taken at Delce Healthy Living Centre which lead to patients waiting well over an hour before being seen. The Chief Operating Officer undertook to look into this.

Members supported the movement of services, which did not need to be provided on an acute hospital site, into the community but emphasised that consultation with the Committee needed to take place prior to any such changes for each service reconfiguration.

**Decision:**

The report was noted.

**122 NHS 111**

**Discussion:**

The Director of Commercial Services, South East Coast Ambulance Service and the Senior Associate, Change Management, Kent and Medway Commissioning Support Unit introduced a powerpoint relating to the NHS 111 service.

The Director of Commercial Services explained that prior to going live extensive preparation had taken place to attempt to predict the numbers of calls to the service by working with NHS Direct and the Out of Hours Service. Unfortunately once the service started up it was clear that the initial demand was far higher than predicted which then lead to calls not being answered, and a high abandonment rate with people subsequently re-dialling. He accepted that this was not satisfactory.

Once it became clear that there were anomalies with the modelling considerable work has taken place since to put in place a rectification plan. The intention was now to recruit 200 more staff to cover the peak hours and for

a more targeted coverage to staffing has been devised to match the times of greatest demand. The number of complaints currently being received about the service had dropped to 0.01% of calls. Responding to a question he stated that he could confirm that the residents of Medway could now rely on the service. He also gave details of the rigorous monitoring and auditing of recruited staff answering the calls, which included staff responding to 999 calls. All calls were recorded and measured against other calls so it was possible to see potential problems in performance and deal with them quickly and effectively.

In the event of a sudden unexpected increase in calls received emergency provision had been put in place whereby 999 call handlers could be brought in to assist. It was also confirmed that no action would be taken to discontinue the Medoc service until such time as the Clinical Commissioning Group were content that the NHS 111 service was robust.

Further to a Member question it was stated that there had been no particular impact on the A&E department at Medway Maritime Hospital as a result of the initial teething problems of NHS 111.

### **Decision:**

It was agreed that the Director of Commercial Services would contact the Democratic Services Officer to arrange a further date for an update on the service to the Committee.

## **123 2012/13 Year end Performance Monitoring**

### **Discussion:**

The Deputy Director, Children and Adults, introduced the year end performance monitoring report and highlighted the areas of successful achievements along with areas for improvement.

He explained that the national survey for people receiving social care and a national survey for carers were very unhelpfully worded and unnecessarily cumbersome which had been offputting for recipients and had not enabled the Council to glean useful feedback. He referred to the success of a piece of work commissioned by the Council through the voluntary sector a few years ago whereby volunteers had been recruited to visit carers and service users in their homes. This helped people to give honest feedback without any fear of reprisals and enabled changes to be made to services to improve service users' experience. He hoped to be able to repeat this next year in order to ensure service users are able to feed back openly and constructively.

In relation to carers' assessments he stated that the plan to use trusted assessors had not been as successful as had been hoped. Many assessments had taken place but only a small number could be counted as carers of people open to receiving a service from the Council, as per the performance indicator definition.

The Director of Public Health stated that the year end figure for smoking cessation was above the target although not as high as the previous year. This was consistent with performance of services in other parts of the country.

Discussion took place around the needs of carers and the positive outcomes for carers from the combined budget from the Council and the NHS Medway Clinical Commissioning Group. The Deputy Director, Children and Adults gave an illustration of how this budget had enabled GPs to refer carers for respite for instance. It was requested that further information should be provided in a report to a future meeting. Members wished for the report to also update on quality of care provided in social care to ensure consistency of service and value for money. The Deputy Director, Children and Adults emphasised that in the event any Member of the Council, or member of the public, had concerns about the quality of care provided in Medway that they should report them to Adult Social Care and that they would be investigated.

A suggestion was made that as part of the work of the public health team it would be helpful if they could feed back to social care colleagues any details of people they deal with who may be carers or in need of care. The Director of Public Health felt this was a helpful suggestion and undertook to look into this. The Director of Public Health reminded the Committee that she had produced a needs assessment for carers which could be circulated to the Committee.

The Chief Clinical Officer, NHS Medway Clinical Commissioning Group (CCG) emphasised that the CCG wanted to be involved in caring with people rather than caring for them as it was important to get relationships right. He stated that many people visiting their GP did not even consider the fact that they were in fact classified as carers and may be in need of support.

**Decision:**

- (a) The 2012/2013 year end performance monitoring report was noted;
- (b) A report be added to the work programme on support for carers as set out above.

**124 Adult Social Care Annual Complaints and Compliments report April 2012 to March 2013**

**Discussion:**

The Deputy Director, Children and Adults, introduced the annual report on complaints and compliments for April 2012 to March 2013 and responded to Members' questions.

He stated that next year the report would be in a different format and would display comparative data and a stronger idea of themes and feedback. A new Social Care Complaints Manager has been appointed with social care experience and this means that the complaints can now be viewed from a professional stance to ensure the Council remedies any errors and learns from feedback, changing practice accordingly.

Following a request he agreed to submit the four complaints relating to mental health to the task group on mental health in an anonymised form to see if there was a common theme which could help inform the scoping of the task group.

A question was asked about complaints from people placed outside of Medway for social care and a request made that future reports set out the types of problems they may have.

Emphasis was placed by a number of the members of the Committee on the need to advertise more widely how and where people can complain about social care as there were occasions when people should be complaining but do not feel able to complain for fear of making things worse. The Deputy Director, Children and Adults stated that the new Social Care Complaints Manager would be working on a new leaflet for the public to explain the process of complaining about services. He said that he welcomed complaints in order that services could be improved and in order that the Council can learn from feedback.

**Decision:**

The report was noted and the actions set out in the discussion agreed.

**125 Work programme**

**Discussion:**

The Democratic Services Officer introduced the work programme and pointed out that the names had been received for the mental health task group which were as follows: Councillors Wildey, Purdy, Pat Gulvin, Igwe and Juby (with Councillor Cooper as substitute for Councillor Igwe when he is unable to attend).

She undertook to find out why the proposed NHS review of eating disorders previously listed on the work programme had not taken place and Members requested that consideration should be given by the mental health task group to covering that topic as part of their review.

In relation to the trauma update it was agreed that a briefing note should be produced in December 2013 followed by a report at a later date.

A request was made for consideration to be given to the role of the Health and Wellbeing Board and the Committee and how the Committee could hold the board to account. It was stated that this would be through the Joint Health and Wellbeing Strategy outcomes. Officers were requested to give thought to how well public health implications were being highlighted and taken into account in Council decision making, and in particular planning and licensing decisions.

Members reiterated the need for the member development programme, to follow the guidance due imminently, on the roles and relationships between the

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Health and Wellbeing Board and the Committee. It was emphasised that this would need to be checked through the Member Development Advisory Group.

### **Decision:**

- (a) The following items were added to the work programme for 20 August 2013 meeting:
  - Review into quality of care and treatment at Medway NHS Foundation Trust
  - Accident and Emergency pressures
  - In-depth task group on mental health
  - Re-commissioning of drug and alcohol services
  - Physiotherapy update
- (b) It was agreed that an update on the implementation of NHS 111 should be added to the work programme with a date to be agreed and that there should be a report back on support for carers;
- (c) The mental health task group was agreed as: Councillors Wildey, Purdy, Pat Gulvin, Igwe and Juby with Councillor Cooper as substitute for Councillor Igwe if he is unable to attend;
- (d) It was agreed that an update on trauma services in December will be by means of a briefing note with a subsequent report at a later date;
- (e) Officers were requested to consider the Member requests set out in the discussion in relation to eating disorders, Member development and the extent to which public health implications are being taken into account in Council decision-making.

**Chairman**

**Date:**

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