

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

**Tuesday, 19 August 2014**

**6.30pm to 10.50pm**

**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), Etheridge, Gilry, Christine Godwin, Griffin, Adrian Gulvin, Pat Gulvin, Murray, Shaw and Watson

**Co-opted members without voting rights**

Christine Baker (Medway Pensioners Forum)

**Substitutes:** Councillors:  
Juby (Substitute for Kearney)  
Iles (Substitute for Maisey)

**In Attendance:** Dr Alison Barnett, Director of Public Health  
Geraint Davies, Director of Commercial Services, South East Coast Ambulance Service  
Sharon Dosanjh, NHS Medway CCG Mental Health Commissioner  
Carole Eastwood, NHS Medway CCG Commissioning Programme Manager  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Malcolm McFrederick, Interim Director of Operations, Kent and Medway NHS and Social Care Partnership Trust  
Angela McNab, Chief Executive Officer, Kent and Medway NHS and Social Care Partnership Trust  
Barbara Peacock, Director of Children and Adults Services  
David Quirke-Thornton, Deputy Director, Children and Adults Services  
Jenny Robinson, Legal Advisor  
Councillor David Brake, Portfolio Holder for Adult Services

**225 Record of meeting**

The record of the meeting held on 24 June 2014 was agreed as correct and signed by the Chairman.

**226 Apologies for absence**

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Apologies for absence were received from Councillors Maisey and Kearney and Dr Ussher and Priti Joshi.

### 227 Urgent matters by reason of special circumstances

There were no urgent matters. The Chairman took the opportunity of welcoming Councillor Gilry to her first meeting of the Committee. He also requested the Committee's approval to moving the agenda item on South East Coast Ambulance Trust – Emergency Operations Centres to follow the attendance of the Portfolio Holder for Adult Services.

### 228 Declarations of interests and whipping

#### Disclosable pecuniary interests

There were none.

#### Other interests

Councillor Etheridge declared a non-pecuniary interest in any item relating to mental health in relation to her role as a carer for her son.

### 229 Attendance of Portfolio Holder for Adult Services

#### **Discussion:**

The Portfolio Holder for Adult Services responded to Members' questions on the following:

- **Medway Mile** – He confirmed the success of the Medway Mile which had been popular with both young and old alike and following a question he undertook to report back to the Committee on whether lung function tests had been undertaken by the Public Health team during the event.
- **Future of adult mental health social work team** – In view of the success of the move in-house of the adult mental health social work team he confirmed he had no plans to move the service away from the local authority at present.
- **Robert Bean Lodge, Nelson Court and the Balfour Centre** – He confirmed that he had visited Robert Bean Lodge and Nelson Court and he felt they were working well and staff had responded to the new challenges. In relation to the Balfour Centre, Medway Community Healthcare was continuing a service there although he could not guarantee this would continue indefinitely.
- **Sexual health service** – He explained the reasoning behind relocating the service to the town centre where it historically had started. He stated

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that one of the previous locations was under utilised and the lease on another was expiring so the opportunity was taken to site the service in a more central position to ensure easier access. He agreed with the view put forward that the service needed to be aimed at older people as well as for younger people. A suggestion was made that the impact of good sexual health and attitudes towards sexuality on people's general health might be useful as a future agenda item.

- **Day services** – concern was expressed about the declining offer of day services in the community. The Portfolio Holder undertook to look into any specific concerns that may be raised with him.
- **Dementia** – there was an assurance given that dementia services were a high priority and reference was made to the dementia training event held in the past week. The Portfolio Holder felt it would be useful if this training were to be rolled out to all officers within the Council. There was concern expressed that not all nursing homes were able to cope adequately with the growing demand for places for dementia patients. He undertook to discuss this matter further with the Deputy Director, Children and Adults to see whether there was anything further which could be done.
- **Board of governors** – further to a question the Portfolio Holder undertook to look into ways in which he might be able to share with the Committee any feedback in relation to progress at the Hospital as he was a Council appointed representative on the governing body.
- **Extra care housing** – in response to a question he stated that there were currently three flexicare housing schemes in operation with a further three being planned and referred to the success of the schemes.
- **Monitoring of joint commissioning** – confirmation was given that both the Council and Clinical Commissioning Group actively monitored outcomes of joint commissioning. He did offer to talk to the Councillor who raised concerns outside of the meeting.
- **Changes to the smoke free policy** – it was stated that the changes to the Council's own smoke free policy were mainly relating to the introduction of e-cigarettes.
- **Breastfeeding** – reference was made to the Medway Breastfeeding Network and the number of volunteers that were being recruited as peer mentors. The Director of Public Health was requested to provide this information after the meeting. The Portfolio Holder referred to a successful meeting held earlier in the year, which he had attended at which around 30-40 young mothers were present.

He also took the opportunity of thanking officers for their support and commended the work of the Health and Wellbeing Board.

**230 South East Coast Ambulance Trust - Emergency Operation Centres -  
engagement**

**Discussion:**

The Director of Commercial Services, South East Coast Ambulance NHS Foundation Trust gave a powerpoint presentation setting out proposed reconfiguration of the Emergency Operations Centres. He set out the reasoning behind the changes and emphasised that this was not as a result of a need to save money or reduce staffing, in fact further recruitment of staff would take place. Demand for the service was likely to increase by around 5% each year. The existing centres are in Coxheath, Lewes and Banstead.

Staff of the ambulance trust had been consulted about the proposals and the preference was for there to be two sites, possibly one in Kent or Medway and the other likely to be in North Sussex. He explained the benefits and resilience of there being two Emergency Operations Centres particularly around being a Category 1 responder under the Civil Contingency Act.

One of the things being considered, following initial discussions with staff, was the possibility of virtual working, which would allow staff to work from home.

In response to Member questions he stated the following:

- Further work was being undertaken with the Clinical Commissioning Groups in an attempt to publicise the NHS 111 service but the call volume was already increasing
- It was important for there to be clinicians available to advise on NHS 111 and the 999 calls
- Consideration would be given to the suggestion that the Ambulance Trust could enter into discussions with Kent Fire and Rescue Service and Kent Police around the possibility of co-location of one of the two Emergency Operations Centres at their new headquarters
- All calls to NHS 111 and the 999 service were closely monitored and audited and action taken if there were any concerns
- Further details of the Sussex pioneer project would be sent to the Democratic Services Officer to be shared with the Committee after the meeting
- South East Coast Ambulance Trust (SECAMB) is part of ten English Ambulance Trust – which meant that in an emergency other trusts could take over the phone calls and ambulances in order to ensure continuity of service. This had been put into practice by SECAMB after a power failure at South Central Ambulance Trust and all calls had been diverted to the SECAMB control centre.

Members then expressed grave concerns about the suggestion of calls being dealt with by means of home working, around the security, confidentiality and lack of appropriate support for the call taker themselves

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and lack of clinical advice. The view was put forward that should these plans proceed Members would be minded to consider the proposals as being a substantial variation of a service. The Director of Commercial Services undertook to feed the Committee's views into the next stage of the consultation.

### **Decision:**

The report was noted and the Director of Commercial Services requested to feed back the Committee's views set out above, into the process and report back on progress.

### **231 Consultation on changes to dermatology services**

#### **Discussion:**

The NHS Medway Clinical Commissioning Group (CCG) Commissioning Programme Manager introduced the report giving details of a proposal to reconfigure/recommission dermatology services in Medway.

She explained that services will continue to be provided under the NHS standard contract offering choice of provider to Medway patients, but the intention was to enable a larger proportion of work to be undertaken outside of an acute hospital setting. In response to Member questions she, and the Chief Clinical Officer, NHS Medway CCG, explained the following:

- A copy of the patient and carer engagement report (referred to on page 43 of the agenda) will be shared with the Committee in due course
- In more complex/serious cases the patient will still be referred into an acute setting
- The intention is to have a better service from a greater number of places making access easier for patients and to reduce pressure on space at the hospital
- The procurement process would be open to all eligible providers but robust key performance indicators and monitoring would take place whoever was successful
- There should be no negative impact on GP's workload
- The exact locations of services had yet to be agreed
- In the event of any problems it would be planned to work with providers and patients to resolve them

#### **Decision:**

The Committee concluded that the proposals did not constitute a substantial variation or development of service.

### **232 Acute mental health inpatient bed update**

#### **Discussion:**

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The Chief Executive and the Director of Operations, Kent and Medway NHS and Social Care Partnership Trust (KMPT) introduced the update report. The Chief Executive stated that in relation to data requested from the last meeting any outstanding information would be circulated to the Democratic Services Officer within 24 hours of the meeting.

The Chief Executive pointed out the improvements that were taking place in the community in particular with the Personality Disorder unit in Gillingham, which was proving to be very successful, and avoiding the need for those people to be admitted into an acute setting. She undertook to share outcomes with the Committee. Reference was also made to the work, which KMPT had done since the last meeting with Public Health and some Members in order to produce data, which would be helpful for the Committee.

Following Member questions it was stated:

- There were occasions when it was necessary to leave a bed unoccupied in an acute setting to allow for people who have had 24 hours leave to go home
- There had to be a set time that details were taken of bed availability during the day that meant that while it was accurate at the time of collection it was not necessarily correct subsequently. For instance sometimes people are admitted but there is a delay in getting their details logged electronically so they would not be shown if data is gathered early in the day
- In relation to the question of whether there were sufficient beds for Kent and Medway that question should be directed to NHS Medway CCG as the commissioners
- Any decision to discharge a patient from the acute setting needed to be made by a clinician
- All discharges are monitored to see whether re-admittance was needed to ensure that people were not being discharged inappropriately
- Further details would be provided to the Committee about details of those being sent out of area for reasons of needing specialist treatment
- No specific budget was set for the cost of out of area placements as this was based on clinical need
- The Chief Clinical Officer, NHS Medway CCG confirmed there was only one day in the last two months where more than 174 beds were needed. Commissioning additional capacity that, from modelling predictions, would be regularly unused meant that financial resource was not available for other areas of patient need
- The Director of Public Health offered to re-model the data produced for the Committee if that would be helpful
- In relation to the concern expressed relating to the holding of acutely mentally ill patients in Police cells Members were asked to give further details to the Chief Executive in order for her to investigate the matter
- In relation to the Appreciative Inquiry to be held in September it was requested by Members that hard data about outcomes for people with

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mental health problems being treated in the community and also support in the hospital should be made available. A suggestion was also put forward that attempts should be made to invite and include people that were hard to reach, the silent minority

- It was stated that the Psychiatric Liaison support in the hospital was now 24 hrs a day 7 days a week, two members of staff during the day and one at night
- The Chief Clinical Officer, NHS Medway CCG acknowledged that more investigations were needed around out of area placements and the gleaning of qualitative data rather than quantitative data which had been collected so far
- The Chief Executive, KMPT agreed to come back with details of staffing vacancies and a view as to whether enough staff were available/whether some positions were difficult to fill. She did make the point that the area was in competition with London which made it more difficult to recruit
- The Chief Clinical Officer, NHS Medway CCG agreed to talk to the representative from Medway Pensioners Forum outside of the meeting about concerns she raised regarding the mental health needs of older people

### **Decision:**

The report was noted and the Chief Executive of KMPT was requested to provide further information, prior to the next meeting, as set out above.

### **233 Communities of Excellence - Kent and Medway NHS and Social Care Partnership Trust**

#### **Discussion:**

The Chief Executive of KMPT offered to take questions from Members at the meeting or by individual comments on the website.

In view of the lateness of the hour Members decided to defer consideration of this item and the next item on the agenda to outside of the meeting.

#### **Decision:**

It was agreed that a meeting should take place with the leading Members of the Committee and officers to develop a response to the two consultations from KMPT (this item and the item on People with Lived Experience).

### **234 People with Lived Experience - Kent and Medway NHS and Social Care Partnership Trust**

As with the previous item this was deferred to enable officers to meet with the leading members of the Committee to develop a response to the consultation.

**235 Mental Health services in Medway Task Group - review of recommendations**

**Discussion:**

The Deputy Director, Children and Adults gave a brief introduction to the review of the Review of Mental Health Services task group recommendations and responded to Members' questions.

Members spoke positively about the recommendations and progress so far but felt that more should be done to ensure continued funding for the Link worker, supervised by the Adult Mental Health Social Work team and embedded in Housing services beyond the agreed four months as the appointment had been very successful. It was agreed that this request should be put forward to Cabinet.

Reference was made to the need for Business Support to bear in mind the need to engage with mental health services around the move of services from Riverside one. The Democratic Services Officer was requested to bring this to the attention of the relevant officers.

Thanks were expressed for Members of the task group for their work on the review.

**Decision:**

It was agreed to recommend Cabinet to make provision in the budget setting process for the Link worker embedded in Housing Services to be a permanent appointment with a suggestion that a review of outcomes should be undertaken after the period of one year.

**236 Update on patient transport**

**Discussion:**

The Accountable Officer, NHS West Kent Clinical Commissioning Group introduced the patient transport update and confirmed that while there had been some improvements, overall the provider was still performing at an unacceptable level. He was, however, pleased to be able to inform the Committee that the Care Quality Commission following an inspection in March were not proposing any enforcement action.

In conjunction with all the CCGs for Kent and Medway discussion had taken place about the future for the patient transport provider and it had been agreed that the contract would not be extended beyond the three year period which is July 2016. It was stated that there were ongoing discussions with hospitals in Kent and Medway to ensure that the service fitted with their needs and requirements. Some Members put the benefit of having smaller contracts forward rather than a contract covering a large area.



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In response to Members' questions he stated that, having researched other areas of the country to find out how patient transport was being operated elsewhere, he did not feel there was merit in terminating the existing contract at this point. The Accountable Officer, NHS West Kent CCG did state that, in the event of having to take further action he would consult this Committee and the Kent Health Scrutiny Committee. He stated that preparations were, however, ongoing for the re-procurement of the service. The specification was being drafted using specialist in-house knowledge. The draft specification would be brought to this Committee in due course.

A question was asked as to whether staff working for the patient transport provider had training in health and safety, following a specific incident that was referred to at the meeting, it was stated that all staff had now received that training. An offer was made to discuss the particular case outside of the meeting.

Confirmation was given that the new contract would be sufficiently flexible to enable changes to the service to fit with patient need.

Following a suggestion at the meeting the Director of Children and Adults agreed to put the Accountable Officer, NHS West Kent Clinical Commissioning Group in touch with the Council's provider of SEN transport, Norse, to see if any assistance could be given by them in the future.

### **Decision:**

- (a) The report was noted;
- (b) Feedback to the Committee on the outcome of any discussions held with Norse was requested along with details of the full draft specification when ready.

## **237 Quarter 4 Performance Report**

### **Discussion:**

The Director of Children and Adults stated that she would welcome questions from Members and drew attention to the improved performance in the indicators relating to services for carers which put the Council in a good position to respond to the new requirements under the Care Act 2014. The Deputy Director, Children and Adults clarified the differences between the adult social care survey and the feedback received in relation to the Adults Mental Health Social Work Team which had been moved back in-house. The Committee then raised questions and discussed a number of issues including:

- **General observation** The comment was made that the short trends were performing better than the long trends. It was also agreed that, in view of the importance of dealing with this report more robustly the item should be placed earlier on the agenda for future meetings.

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- **The proportion of people with learning difficulties who use services who say that those services have made them feel safe and secure**  
Members were disappointed that this trend was on a downward trend. The Deputy Director, Children and Adults referred to new data received which indicated an upward trend in the proportion of people who use services who say that those service have made them feel safe and secure.
- **Numbers completing the MEND programme** it was felt that the targets were rather modest. The Director of Public Health stated that it had proved challenging to get people to use the MEND programme but the Change4Life programme had proved a more flexible way of helping people with losing weight and living more healthily. She did acknowledge that more needed to be done.
- **Rate of self-reported 4 week smoking quitters aged 16 or over** it was disappointing to see the trend down and a question was asked as to whether this was affected by use of e-cigarettes. The Director of Public Health stated that the downward trend was reflected in results nationally but highlighted that Medway was 13<sup>th</sup> in the country in getting people to commence the smoking cessation programme and 40<sup>th</sup> out of 152 as far as the quitting rate was concerned.
- **Number of adults taking part in healthy weight and exercise referral interventions**  
Questions were asked as to what more could be done to encourage people to take part in these interventions. The Director of Public Health confirmed that it was often difficult for GPs to raise the issue of obesity with their patients. The Chief Clinical Officer, NHS Medway CCG referred to ongoing improvements in primary care which meant it would be easier for data to be collected and used by GPs to address obesity issues with patients.
- **Support for victims of domestic abuse** a Member at the meeting commended this support.
- **Support for carers** Further detail was given by the Deputy Director, Children and Adults about the types of support that carers requested which were often very modest and related to support with housework, gardening etc.
- **Better for less** In response to a question the Deputy Director, Children and Adults explained how the three community hubs were being used and the ways in which there had been an increase in services available to people there including a signer who attends once a week to assist service users to access information about Council services. Members were particularly pleased to hear details of the Changing Places programme, which provided changing facilities in Rochester community

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hub with a hoist to accommodate adults or children. He undertook to provide more detail about the usage of the hubs.

**Decision:** The report was noted.

### 238 Work programme

**Discussion:**

The Democratic Services Officer gave a brief introduction to the work programme report and stated that the long awaited Health Scrutiny guidance had now been received and sent to the Committee. Further to that guidance there would be health scrutiny training arranged later in the year.

She pointed out that the report on supported living had moved on the forward plan and was going to be coming to this Committee now at the 11 December 2014 meeting. A special Health and Wellbeing Board would be held on 9 September 2014 for one item of business, the Better Care Fund.

**Decision:**

(a) The Committee noted that the following items would be brought to 30 September 2014 meeting:

- Gateway 4 report outsourcing of Linked Service Centres Nelson Court and Robert Bean Lodge
- De-commissioning of health trainer service

(b) The Committee noted that the following items would be brought to 11 December 2014 meeting:

- Report on supported living
- Gateway 3 contract award residential and nursing care for working age adults

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**Chairman**

**Date:**

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