

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

**Tuesday, 23 August 2016**

**6.30pm to 10.15pm**

**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), Fearn, Franklin, Freshwater, Hall, Iles, Khan, McDonald, Murray, Potter and Shaw

**Co-opted members without voting rights**

Christine Baker (Medway Pensioners Forum) and Paddy Powell (Healthwatch Medway CIC Representative)

**Substitutes:** Paddy Powell (Healthwatch substitute for Dan Hill)

**In Attendance:** Ian Sutherland, Interim Director, Children and Adults Services  
Andrew Burnett, Interim Director of Public Health  
Linda Jackson, Interim Assistant Director, Adult Social Care  
Alison Shepherd, Head of Partnership Commissioning  
Graham Tanner, Partnership Commissioning Programme Lead  
Sandy Weaver, Complaints Manager for Social Care  
Dr David Chesover, Member of the NHS West Kent Clinical Commissioning Group's governing body  
Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust  
Martine Mccahon, Senior Commissioning Manager – Mental Health, NHS West Kent CCG  
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group  
Ian Stewart, Deputy Chief Operating Officer, Medway Clinical Commissioning Group  
Kate Ako, Principal Lawyer - People  
Jon Pitt, Democratic Services Officer  
Michael Turner, Democratic Services Officer

**201 Apologies for absence**

Apologies for absence were received from Councillor Howard and from Dan Hill of Healthwatch.

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### 202 Chairman's Announcements

The Care Quality Commission had advised the Council that it would be inspecting Medway NHS Foundation Trust (MFT), beginning in November 2016. MFT would welcome any input, intelligence or research that the Council would like to share to better inform the inspection. It was suggested that a summary of the scrutiny undertaken of MFT in the last year could be provided to assist the inspection. A Member commented that this summary should acknowledge the progress made by MFT.

Healthwatch Medway had advised since agenda publication that it wished to change its representative and substitute on the Committee. Dan Hill would become the main representative, with Paddy Powell as substitute. This change had gone through the Council's approval process and had been agreed. As Dan Hill was unable to attend, the Chairman welcomed Paddy Powell to the meeting.

On behalf of the Committee, the Chairman welcomed Jon Pitt, a new Democratic Services Officer to the meeting and noted that he would be clerking future meetings of the Committee.

#### **Decision:**

Committee Members agreed that details of scrutiny of MFT undertaken by the Committee in the previous year would be collated by Democratic Services for forwarding to the Care Quality Commission.

### 203 Record of meeting

The record of the meeting held on 21 June 2016 was agreed and signed by the Chairman as correct.

### 204 Urgent matters by reason of special circumstances

There were none.

### 205 Declarations of interests and whipping

#### Disclosable pecuniary interests

There were none.

#### Other interests

There were none.

## 206 Kent and Medway Sustainability and Transformation Plan

### Discussion

Caroline Selkirk, Accountable Officer at Medway Clinical Commissioning Group (CCG), apologised that Glen Douglas, Chief Executive of the Maidstone and Tunbridge Wells NHS Trust had been unable to attend the Committee. The Accountable Officer introduced a presentation on the Kent and Medway Sustainability and Transformation Plan (STP). The Plan set out how health and social care would be transformed over the next five years. This would be against a backdrop of an aging population, an increasing population and an overspend of £100 million that had taken place in Kent and Medway in 2015/16.

The first priorities of the Plan would be to transform out of hospital care in order to meet increased demand, to improve care for all patients, especially the elderly and frail, to reduce health inequalities and to increase the amount of care delivered outside hospital.

It was anticipated that improvements to preventative services and mental healthcare would result in a reduction in demand for acute inpatient care beds, with evidence from east Kent suggesting that at any one time, up to 300 patients could be discharged from hospital if appropriate support was available elsewhere.

Development of out of hospital care was being led by the CCG, although it was important to note that a range of partners were involved in this work. Extended multi-disciplinary teams would be created to improve access to appropriate care. With regard to acute care, the possibility of creating specialist centres for elective surgery would be explored, the acute emergency medical pathway would be reviewed and explored and the reviews of stroke and vascular services would be concluded. Successful implementation of the Plan would improve efficiencies. These would be achieved through the sharing of services and working with local authorities to develop the business case for integrated infrastructure developments.

A draft of the STP had been submitted to NHS England and NHS Improvement on 30 June 2016. This had been followed by presentation to a variety of stakeholders on 25 July. A further submission, taking into account feedback received to date, would be made to NHS England in October. Positive feedback had been received and the aim was for consultation to commence before the end of 2016, with an integrated workshop scheduled to take place on 16 October.

The Committee raised a number of points and questions as follows:

- **Medway CCG Inadequate rating** – Members raised concerns that the Medway Clinical Commissioning Group had been rated as inadequate by NHS England's CCG Assurance Annual Assessment 2015/16 that had been published on 21 July 2016. The Accountable Officer advised that while Medway Clinical Commissioning Group had not been placed

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under special measures, it had received a headline rating of inadequate. There were five individual components of assurance behind the overall rating. 'Performance' and 'Planning' had each been rated as inadequate. 'Well led' had been rated as requires improvement, while 'Delegated functions' and 'Finance' had both been rated as good. Significant work had taken place over the last year to improve performance and service provision.

It had been acknowledged that a significant number of new staff were in place and that an understanding was being developed of the key challenges faced and how to hold providers to account. It was considered that there had previously been a lack of a clear strategy. This was being addressed through planning documents such as the Sustainability and Transformation Plan and the Annual Operating Plan. Members were not surprised at the inadequate rating received by the CCG and acknowledged that, although there were significant challenges still to be overcome, progress was being made. The CCG Accountable Officer advised that benchmarking data was being used in order to compare performance against other areas and to support the improvement journey.

- **Primary Care Provision** - A Member felt that improvements could be encouraged through putting managers on the frontline of care provision so that they saw the issues first hand. Repeat prescriptions were considered to be a problem due to the relatively high cost of associated administration. In some cases, the drugs themselves were quite cheap in comparison to the administration cost. Members felt that the difficulty that some residents faced in getting a GP appointment could hold back improvement. The CCG Accountable Officer agreed that recruitment and retention of GPs and other primary care staff was an ongoing challenge. The close proximity of Medway to London also presented a problem in terms of recruitment and retention.

With regard to concerns about repeat prescriptions, the Accountable Officer acknowledged that this was an issue which needed to be looked at but the emphasis should be on improving the quality of care and not just about making savings. The decision to prescribe a particular drug was a matter for a GP but the CCG would look to support GPs with clinical evidence and data.

- **Mental Health care provision** – It was suggested by a Member that an integrated mental health strategy was required to enable the provision of an effective service and to ensure that patients did not remain in hospital for longer than necessary. It was also suggested that CCG funding should be used for care in the community. The Accountable Officer acknowledged the need to find new, more joined up ways of working. It was noted that one aim of the Sustainability and Transformation Plan was to reallocate resources away from acute mental health provision. This would be achieved through improved prevention and by generally improving mental healthcare, including improving and extending

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treatment of mental health issues in the community rather than in a hospital setting.

- **Workforce** - In response to Member concerns that not enough new staff were entering training for them to become part of the healthcare workforce by 2020, it was reiterated that recruitment was challenging but that work was being undertaken in this area. This would include looking at how to make the best use of resources. The recruitment of Occupational Therapists was not currently considered to be a significant problem, but recruitment to a number of specific care areas, including mental health, was more challenging. In house teams at the Council were receiving specific training to improve their skills with a number of services working together. Work was taking place at a regional level to put in place a training programme to help ensure a stream of new entrants to healthcare in Medway. There was a particular need to ensure that career paths were in place that would enable career progression so that they would attract young entrants.

### Decision:

The Committee noted the report and presentation provided and asked for a further progress report to be provided to the Committee in six months.

### 207 NHS Medway Clinical Commissioning Group Five Year Strategy 2016-2021 and Operating Plan 2016-17

#### Discussion

Caroline Selkirk, the Accountable Officer at Medway Clinical Commissioning Group introduced a presentation on Medway Clinical Commissioning Group's (CCG) Five Year Strategy and Operating Plan. The Plan's vision was for the CCG to move from being a reactive to a proactive person centred system. The aims of the plan were to improve health outcomes, improve patient experience, improve staff experience to deliver better services and to reduce costs. It was important to recognise the personal element of care delivery, but the quality of care provided was only likely to be good if staff were fully supportive of the aims of the Plan. Hospitals were trying not to admit patients by default, but rather to only admit them when absolutely necessary.

An explanation of the 'House of Care' model was provided. This was noted to be a systemic process to enable people living with one or more long term conditions and healthcare professionals to have more collaborative and productive conversations. The model saw healthcare professionals signposting patients to relevant activities and social services within a community.

The Committee was advised that 90% of all care delivered was primary care and that the number of primary care practices in Medway had reduced from 56 to 52. It was difficult for some of the smaller practices to provide a full range of services. This made collaborative working with other practices and the ability for practices to see patients from another practice particularly important. A local

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population of 100,000 was required in order to make provision of a full range of primary services sustainable. By specialising in particular services on behalf of other practices in the area, a practice would be able to meet this threshold. Providers were being asked to set out what services they could provide. Practices were currently being migrated to the EMIS health software, which would facilitate the sharing of information and co-ordination of appointments between practices. There were also plans to make more use of Healthy Living Centres.

A Local Digital Roadmap had been set out. This aligned with the Five Year Strategy and set out how technology could be used to improve care provision. This aimed to see increasing use of technology by patients at home. Work was being undertaken by the Medway and Swale Centre for Organisational Excellence (MASCOE) around quality improvement.

An event had already taken place at Priestfield Stadium in Gillingham. This had involved a range of healthcare professionals and had considered how to improve services. A further event would take place on 6 September.

The Committee raised a number of points and questions as follows:

- **Healthy Living** – A Member congratulated the CCG on the work undertaken so far but was concerned that some people were not interested in living healthily and questioned how these people could be better supported. On the other hand, there were also patients who were desperate for surgery e.g. for cataracts, who could have to wait for a long period of time. The CCG Accountable Officer and the Council's Director of Public Health agreed that helping the reluctant was a challenge and advised that supporting young people to be healthy was likely to translate to them being healthier adults. It was important to encourage people to be active. It had been established that undertaking around an hour of activity a day mitigated the health risks posed by a deskbound job. It was suggested that the need to live healthily should be raised and promoted in a constructive and non-threatening way and that the public should be supported to engage in healthy living. Targeted activity was taking place in more deprived areas. It was considered that GPs may be best placed to have a direct impact on morbidity rates in their local areas.
- **Impact on the elderly of service centralisation** – Concerns were raised that the provision of shared services and service specialisation would have an adverse impact on elderly patients, particularly those unable to drive. Older people without cars tended not to travel outside their locality and their needs should be considered before they were forced to go to appointments in a range of locations, sometimes at times when public transport was unavailable or at times when their bus passes were not valid. Technology had a role to play, but it was important to consider the views of older people, many of whom did not use the internet. The Accountable Officer confirmed that the intention was not to force people to have to travel excessively in order to access services.

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She acknowledged the need to consider transport availability and bus routes and provided assurance that the needs of those who did not use technology would be taken into consideration. Constructive challenge from patient groups would be welcome.

- **GP registration and appointments** - A Member said that some residents found it difficult to find a doctor who they could register with in the first place, let alone get an appointment. Another Member was concerned that persons who were unable to get a GP appointment would go to Accident and Emergency instead and asked what had happened in relation to the move of the Medway NHS Healthcare Centre from Canterbury Street in Gillingham to Balmoral Gardens. The Member wished to ascertain what was happening to the building in Canterbury Street.

The CCG Accountable Officer said that collaborative working between GP practices to enable them to see each other's patients and use of new technologies would help to combat such issues. This technology would be of significant benefit to patients who were able to use it.

Improvements would also be realised for patients not able to make use of the technology. Ian Sutherland, Interim Director of Children and Adult Services said that there were six hubs of social care. These enabled the co-location of occupational therapists and social care staff. It was noted that GP practices needed support from a variety of staff, including nurses, social workers and occupational therapists, amongst others. Services should be 'wrapped around' GPs. In relation to the move of the Healthcare Centre, the Accountable Officer confirmed that the move of the Centre to Balmoral Gardens had taken place the previous weekend and said that she would find out what the plans were for the Canterbury Street building.

- **Risk Registers** - In response to a Member question, the CCG Accountable Officer said that extensive use had been made of risk registers in order to manage risk and to identify how to make a difference to patients. The Director of Children and Adult Services highlighted The Better Care Fund, a programme aimed at improving the lives of some of the most vulnerable people in society and placing them at the centre of their care and support. This would help risk to be shared and provision of social care to be protected.
- **Volunteer Opportunities** – A Committee Member raised concerns that the local volunteer workforce was relatively small and required more training and mentoring opportunities to increase its effectiveness. It was also considered that not enough was done to publicise opportunities available. In response, the CCG Accountable Officer said that an evaluation of volunteer opportunities was being undertaken and that a system of 'spice credits' would enable people to gain recognition for volunteer work undertaken. Following concerns that the term 'spice' was also a slang term for a legal high, it was agreed that the name would be changed. In response to questions about how the less affluent would be

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encouraged to volunteer and how public engagement would be increased, it was suggested that work could be undertaken with the Economics Foundation. The Council's previous support for green gyms was also noted.

### **Decision:**

The Committee:

- a) Noted the content of the NHS Medway CCG Operating Plan 2016/17 and the presentation and provided comments to the CCG.
- b) Agreed that future updates on the Strategy and Operating Plan would be provided to the Committee with the CCG Accountable Officer and the Interim Director of Children and Adult Services to discuss the frequency and content of updates.
- c) Requested that briefing notes should be provided on specific items of interest, as agreed by the Committee.

## **208 North Kent Urgent Care Redesign**

### **Discussion**

Ian Stewart, Deputy Chief Operating Officer at Medway Clinical Commissioning Group introduced the report. This notified the Committee of the recommencement of the review and redesign of urgent care across North Kent, which had been paused in July 2015 pending the receipt of revised commissioning standards from NHS England. The redesign of these services had been determined to be a substantial health service variation in Medway, which had triggered a statutory obligation on the relevant NHS bodies and health service providers to consult with overview and scrutiny. The report also advised of immediate action underway locally regarding the redesign of front door triage at Medway Maritime Hospital with a view to reducing ongoing pressure in urgent care there.

The expected timescales of the review were as follows:

- Present to February 2017 – preparation of service
- February 2017 – March 2018 – Front Door pilot
- By April 2018 – conclusion of procurement process
- April 2018 – launch of redesigned service

In response to a question that asked what the front door model would look like, the Deputy Chief Operating Officer advised that it would consist of primary care, triage and the emergency department team. Some patients would be treated by a primary care provider, a doctor, or in some cases, a pharmacist. In response to concerns that patients in need of care could be turned away from hospital if their condition was not considered to be serious enough, it was



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confirmed that the primary care triage team would provide treatment where necessary, would be available 24/7 and that no-one would be turned away unless that was absolutely the right course of action.

The Committee questioned whether there was any data available in relation to the reasons why people went to the Emergency Department and whether clinicians supported the proposals. The Deputy Chief Operating Officer confirmed that Medway Foundation Trust supported the proposals and that clinicians had been involved. The model was being tested so that lessons could be learned before the procurement process began.

In relation to a question that asked whether the MedOCC service would cease after 2018, it was stated that the service that MedOCC currently provided would continue but whether it would be provided by MedOCC or by another provider would depend upon the outcome of the tender process.

### **Decision:**

The Committee:

- a) Noted the update provided in relation to urgent care and the procurement of an integrated model of urgent care, with a further update, including timescales, to be brought to the Committee in early 2017.
- b) Noted and commented on the minor changes that would be introduced through the pilot of a primary care led front door model within Medway Foundation Trust over the course of the next six months, to inform the wider procurement of an integrated model of urgent care from 1 April 2018.

## **209 Acute Mental Health Inpatient Bed Review Update**

### **Discussion**

Helen Greatorex, the Chief Executive of Kent and Medway NHS and Social Care Partnership (KMPT) introduced the report. Members were advised that in March 2016, a total of 76 inpatient mental health patients had needed to be placed in beds outside Kent and Medway. This number had fallen to 49 in June and was expected to reduce to 15 by November. It was important to ensure that patients were discharged to the care of an appropriate person to ensure that their support needs were met. This could be a GP, nurse or KMPT staff member. KMPT felt that the commitment made by local authorities had been excellent. The challenges faced were recognised and strong partnership working was taking place to address these.

In relation to the street triage service, which involved Police and mental health nurses working together to ensure swift access to mental health services, this was considered to be a good model. An inter-agency mental health workshop had been arranged to take place on October 12 in Medway, following a request

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made by the Medway Health and Wellbeing Board. This would involve all relevant partners.

A Member raised concerns that Kent Police were using Section 136 assessments under the Mental Health Act 1983 too frequently and suggested that more mental health resources and better care in the community was needed in Medway. Section 136 allowed the Police to remove a person to a place of a safety where there were concerns for their wellbeing for mental health reasons. It was noted that Kent Police made more use of the powers than other similar forces and that around 25% of street triage by Kent Police was undertaken in Medway. The Director of Children and Adult Services said that integrating pathways effectively was a challenge and that close working was being undertaken between the Council, the Health and Wellbeing Board and KMPT to ensure that funding was used effectively.

A number of questions were raised by a Committee Member. These related to:

- use of street triage and whether it would be sustainable given that two successful pilots had previously been ended.
- difficulties caused by ICT.
- the possible establishment of a recovery house in Medway as addiction was a more significant problem in Medway than elsewhere in Kent.
- that investment was required in prevention of mental health issues and in helping those affected to recover.

In response, the Chief Executive of KMPT advised that street triage would continue to be used and that the new Kent and Medway Police and Crime Commissioner had made mental health his biggest priority. Regular service user reviews were taking place in relation to pathways of care. 30% of mental health beds were currently occupied by persons with a personality disorder. It was acknowledged that, ideally they would not be admitted to hospital, but suitable alternative provision needed to be in place if this was to be avoided. Investment in prevention was considered to be money well spent. This was an area that was under investigation, especially with regard to recruitment and the commissioning of training. Recovery houses were considered to be a good model.

Another Member highlighted the importance of partnership working and agreed with previous comments that pressure on beds was due to patients filling them who should not be in hospital, such as those with personality disorders.

With regard to a Member question about recruitment at Little Brook Hospital and delays to transfer of care, the Chief Executive agreed that recruitment was a challenge. Only one regular nurse had been recruited so far. Where a patient was unable to be discharged to their home, it could prove difficult for alternative arrangements to be made. The staffing model was felt to contribute to difficulties.

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The need for a common sense approach to mental health provision was highlighted by another Member of the Committee. They felt that there was a need to look at the health and voluntary sector in order to improve the support on offer. Ms Greatorex highlighted the availability of a mental health helpline in Medway that had been launched in April, which would help to improve support in the community.

### **Decision:**

The Committee:

- a) Noted the content of the report.
- b) Supported the ongoing work outlined in Appendix 1 to the report and agreed that a report on progress be submitted to the next meeting of the Committee.
- c) Noted the decision of Medway's Health and Wellbeing Board to explore the scope for an integrated approach toward mental health and that a workshop event had been arranged to take place on 12 October 2016.

## **210 All Age Eating Disorder Service in Kent and Medway**

### **Discussion**

Graham Tanner, the Council's Partnership Commissioning Programme Lead introduced Dr David Chesover, Member of the West Kent CCG Governing body and Martine Mccahon, Senior Commissioning Manager – Mental Health at NHS West Kent CCG. Mr Tanner introduced the report, which advised the Committee of a proposal under consideration by the eight Kent and Medway CCGs to recommission a single all age specialist eating disorder service for the whole of Kent and Medway.

The Committee was informed that the proposed service would be funded by children and young people's transformation funding from NHS England, in addition to funding from Kent and Medway NHS and Social Care Partnership Trust and from Sussex Partnership NHS Foundation Trust. The newly commissioned service would provide specialist intervention and support service users to return to and maintain good health.

The need to commission a new service was highlighted by the fact that some patients were having to wait up to two years to access existing provision and that the threshold for access to the service was quite high. With effective treatment available, approximately 70-80% of patients would be able to live independently, as long as they had appropriate support. It had been identified that a local population of at least 500,000 was required to enable the delivery of an effective and efficient service. This necessitated the commissioning of a service that covered the whole of Kent and Medway.

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Proposals in relation to the new service had been shared with local clinicians and had been revised to take into account feedback received. Six out of the eight clinical commissioning groups in Kent and Medway had now ratified the business case and it was expected that the other two CCGs would ratify it within the next week.

The Committee was asked to determine whether the proposal amounted to a substantial development of, or variation to, the health service across Kent and Medway. Officers and Medway CCG considered that the proposals did not amount to a substantial development or variation.

Whilst welcoming the new service, a Member was concerned about ease of access to eating disorder services and the geographic location of future services covering the whole of Kent and Medway. The practicalities of families visiting patients needed to be considered and the needs of male patients should also be considered as these were not always recognised in relation to eating disorders. The Member also felt that some GPs did not recognise the seriousness of eating disorders. The representatives from West Kent CCG said that there was an increasing recognition of eating disorders amongst males. The importance of family in helping sufferers of eating disorders to overcome them was recognised by treatment approaches such as the Maudsley Model. It was also important for sufferers to be helped in the early stages of an eating disorder to help prevent the problem from escalating. The Beat eating disorder charity and the support it provided was also mentioned.

Concerns were raised that pressure to be unnaturally thin was caused by media coverage and the fashion industry. In relation to proposals to reduce the number of inpatient mental health beds, it was suggested that such a reduction should only take place if it was still considered appropriate once the new service was in place. The Member of the West Kent CCG Governing Body responded that place based commissioning would consider the range of potential service users and professionals in an area and help provision to be tailored accordingly. In relation to the fashion industry, it was not clear that eating disorders were caused by body image that could be attributed to the fashion industry as such disorders had been around for hundreds of years. The proposed reduction in beds was due to the expectation that better treatment and prevention would reduce the number of patients requiring inpatient treatment. It was anticipated that appropriate intervention could result in an 80% "cure" rate at tier 4 rather than the existing 30% rate. The financial saving generated by a reduced number of beds would then be available to invest in eating disorder services.

In response to whether patients should be able to be referred to eating disorder services by non-GP professionals and whether they should be able to self-refer, it was advised that, while self referral did already take place in some areas, for the time being it was anticipated that patients in Kent and Medway would all be referred via their GP. This would help to ensure that any other associated conditions that the patient might also be suffering from were correctly diagnosed. A Member suggested that access to restorative services should be considered as part of holistic care provision. It was confirmed that public health

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would monitor throughput. It was anticipated that the average cost of treating a patient would be reduced from £22,000 to £12,000 through early intervention.

With regard to a question about funding of the new service, it was confirmed that the annual funding available was expected to be £2.6 million. This included funding of £950,000 that would be provided by NHS England.

A needs analysis would be used to identify gaps and confirm whether additional support was required in schools. Work was undertaken with teachers to enable them to recognise signs of eating disorders and to facilitate the promotion of health and wellbeing. It was also noted that a Mental Health matters helpline had launched in Kent and Medway.

### **Decision:**

The Committee agreed that the proposal did not represent a substantial development of, or variation to, the health service across Kent and Medway.

## **211 Adult Social Care Dementia Review**

### **Discussion**

Graham Tanner, the Council's Partnership Commissioning Programme Lead and Alison Shepherd, Head of Partnership Commissioning introduced the report. The report provided an update on progress achieved on the Dementia Review since the previous report that had been presented to the Committee in January 2016. The report set out the opportunities and challenges which had emerged during the intervening period and made a number of recommendations for next steps. Among these, the key proposal was for the development of a 'Test for Change' pilot site for integrated, improved dementia care and support, located and designed around Health and Wellbeing Centres in Medway, as part of a phased approach to achieving full service redesign and implementation across the Borough by 2020.

A Committee Member said that positive feedback had been received from users of dementia services in Rainham. Another Member felt that more joint working was required across the Council and that more dementia friendly housing needed to be provided as Medway was lagging behind other areas. It was suggested that the forthcoming Dementia Task Group should look to align its work with the four strands of the Council's Dementia Strategy. It was also important to work with people who had not been diagnosed with dementia, particularly as dementia could develop in an individual up to ten years before the first symptoms were exhibited.

The Head of Partnership Commissioning said that the Council and its partners needed to raise their ambition in terms of the provision of dementia services and extra care housing to enable residents with moderate, or even severe dementia, to live semi-independently, as was already the case in some other areas. An Accommodation Strategy was being developed and conversations were taking place with providers in relation to raising ambition.

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A Member asked whether any work had been undertaken with businesses in Rainham, with regard to the development of dementia services at Rainham Health Centre and a wider dementia friendly community. This had not yet taken place to a significant extent. It was suggested that the topic could be discussed with the Rainham Town Centre Partnership.

Committee Members were pleased that a Dementia Task Group had been established.

### **Decision**

The Committee:

- a) agreed to support the proposal that the next steps of the Dementia Review should focus on a 'Test for Change' exercise located in Rainham Health Centre in Medway. This would represent Phase 1 of a longer planned programme of work.
- b) noted that the learning from the exercise would lead to and shape the development of a whole system recommissioning plan for Medway, enabling full redesign by 2020.
- c) noted that Members have the opportunity to influence the development of future service design via the forthcoming Task Group.
- d) noted that the comments made by the Committee and subsequently by the Health and Wellbeing Board (upon presentation of the report on 13 September 2016) would be provided for comment and approval via the appropriate CCG governance arrangements.

## **212 Adult Social Care Annual Complaints and Compliments Report 2015-16**

### **Discussion**

The Interim Assistant Director of Adult Social Care introduced the annual report on adult complaints and compliments received between April 2015 and March 2016 and drew attention to a number of highlights in it. A total of 95 new Stage 1 complaints had been received in the year, with 115 complaints dealt with in the year. The latter figure included 20 complaints that had been brought forward from the previous year. 14 complaints had been awaiting a response at year end. It was noted that the total number of complaints received had remained stable over the previous two years.

50% of the complaints received during 2015-16 had been responded to within the target time of 20 working days, while 88% of complaints received had been acknowledged within the target time of three working days. There were sometimes delays in responding to complaints due to the complaints having involved other organisations.

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The majority of complaints received related to residents who felt that they had not been informed that they would have to pay for services or how much they would have to contribute towards a service. This mirrored national trends. There was a need to ensure that service users were clear about the cost to them personally, particularly in relation to the provision of care.

A total of ten compliments were sent to the Social Care Complaints Manager for logging during the year. It was considered likely that more compliments than this had actually been received by frontline services as some would have remained with the relevant service and not been forwarded for logging.

Members suggested that officers should follow up with complainants via a phone call and emphasised that partner organisations should be provided with appropriate key information about the Council and its services. It was questioned why it was not possible to acknowledge 100% of complaints within three working days. Officers advised that this was, in part, due to services not forwarding complaints to the complaints team quickly enough. However, it was accepted that the aim should be to acknowledge all complaints within the target timeframe. A Member suggested that complaints should be received at a single point in the Council in order to overcome this issue.

### **Decision:**

The Committee noted the report.

## **213 Work Programme**

### **Discussion**

The Democratic Services Officer introduced the report which advised Members of the current work programme for discussion in light of the latest priorities, issues and circumstances. This provided Members with an opportunity to shape and direct the Committee's activities.

The Committee was advised that it had been agreed at the agenda planning meeting that NHS England South, Medway Foundation Trust and South East Coast Ambulance (SECamb) should be invited to present reports to the October meeting of the Committee. It was noted that Member visits were being organised to the NHS 111 Control Room in Ashford and to Amherst Court to see the new Stroke Community Rehabilitation beds. It was requested that details of these visits be circulated to all Members of the Committee.

The Kent and Medway Joint HOSC had met on 4 August to review progress on the Kent and Medway Acute Services Stroke Review and the vascular services review. Dates were currently being finalised for the next joint HOSC meeting to be held in late November.

It was confirmed that the first meeting of the Dementia Task Group would take place on 6 September.

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Members requested that Telecare and an update from the Health and Wellbeing Board be considered as items to be added to the work programme for consideration at a future meeting.

### **Decision:**

The Committee agreed to:

- a) Note the current work programme attached as Appendix 1 to the report.
- b) Agree the following additions to the Committee's work programme:
  - an update on telecare provision.
  - an update on the work of the Health and Wellbeing Board.

**Chairman**

**Date:**

**Jon Pitt, Democratic Services Officer**

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