

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

**Thursday, 18 January 2018**

**6.30pm to 9.50pm**

**Record of the meeting**

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

**Present:** Councillors: Purdy (Chairman), Wildey (Vice-Chairman), Aldous, Bhutia, Craven, Franklin, Griffin, Steve Iles, Joy, McDonald, Murray, Shaw and Williams

**Co-opted members without voting rights**

Christine Baker (Medway Pensioners Forum) and Eunice Lyons-Backhouse (Healthwatch Medway)

**Substitutes:** Councillors Griffin for Howard and Williams for Fearn

**In Attendance:** Councillor David Brake, Portfolio Holder for Adults' Services  
Ian Ayres, NHS West Kent CCG Accountable Officer  
Will Bellamy, Operations Unit Manager, South East Coast Ambulance Service  
Lorraine Foster, Prorgamme Lead - Partnership Commissioning  
Sharease Gibson, Head of Commissioning, Medway Commissioning Group  
Michael Griffiths, Partnership Commissioning Lead, Children and Families  
Russell Hobbs, G4S  
Stuart Jeffery, Chief Operating Officer, Medway CCG  
Anna Marie Lawrence, Head of Performance and Intelligence  
Darren Mochrie, South East Coast Ambulance Service  
Jon Pitt, Democratic Services Officer  
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group  
Solaru Sidikatu, Senior Legal Assistant  
Ian Sutherland, Director of Children and Adults Services  
James Williams, Director of Public Health

**663 Apologies for absence**

Apologies for absence were received from Councillor Howard with Councillor Griffin substituting and from Councillor Fearn with Councillor Williams attending.

**664 Record of meeting**

The record of the meeting held on 14 December 2017 was agreed and signed by the Chairman as a correct record.

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

There were none.

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

Disclosable pecuniary interests

There were none.

Other interests

There were none.

**667 Attendance of the Portfolio Holder for Adult Services**

**Discussion**

The Portfolio Holder for Adult Services attended to answer questions on the service areas that he was responsible for that fell within the remit of the Committee. The questions raised were responded to as follows:

**Hospital discharge** – The issue of inappropriate discharge from hospital had been raised with Medway Foundation Trust (MFT) and a Council team was supporting this work to ensure that vulnerable patients were only discharged when appropriate post discharge plans were in place. The Portfolio Holder had visited the hospital a few times to see what staff were doing to ensure timely discharge and that patients were discharged into an appropriate environment.

**Availability of Community Beds** – A Member was concerned that there were insufficient beds available to meet winter demand and suggested that the Council should have some community beds within its control in order to help meet this demand. The Portfolio Holder explained that extra bed capacity had been identified but that it was not financially viable for there to be significant numbers of beds that were used for only a few months of the year. Appropriate bed capacity had been identified in the community for patients who could not be

## Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018

discharged to their own homes. The situation was being managed and the Council was working with MFT to ensure capacity was used most effectively.

**Staff training** – The Portfolio Holder provided assurance that Council staff would be given appropriate training to enable them to undertake changing roles, that they would be given the support required and that they would have the opportunity to speak up if they felt that they did not have the training and support needed. There was not considered to be a blame culture at the Council.

**Mental Health provision** – The Portfolio Holder considered it regrettable that Medway residents had to go to Maidstone or Dartford to access mental health provision. There had been significant improvements locally with people no longer having to travel up to several hundred miles for treatment, but there was a need for acute services to be provided in Medway and the Portfolio Holder would continue to make the case for this. The Portfolio Holder considered the Council's non-acute mental health provision to be good.

**Social Isolation** – The Portfolio Holder was pleased that a Minister for Loneliness had been appointed and that this was a local MP but felt that it was an area that also needed to be tackled locally from the 'bottom up'. The availability of public transport played a role in social isolation. A local case was noted where Arriva had removed a bus services which had led to social isolation. The Council had been partially successful in lobbying for the service to be reinstated. The Committee was informed about the Developing and Empowering Resources in Communities projects taking place in

Walderslade (WALT) and on the Hoo Peninsula (wHoo Cares). These included work to help address social isolation. One example of this was WALT providing lunch for forty people on Christmas Day, who would otherwise have been alone at home. A Committee Member noted that it was not just elderly people who were isolated.

### Decision

The Committee thanked the Portfolio Holder for attending the meeting and for the update provided.

## 668 South East Coast Ambulance Service Update

### Discussion

The Chief Executive of the South East Coast Ambulance Service (SECAMB) introduced the report. The Operations Unit Manager and Regional Operations Manager of SECAMB were also in attendance.

The latest Care Quality Commission (CQC) inspection of the Trust had found the 999 emergency service to be inadequate overall. The NHS 111 service had been judged to be good, with the 111 service having received an outstanding rating in the well led domain. The Trust was working to ensure that it had a

## Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018

comprehensive improvement plan in place to address the areas identified by the CQC and it was considered that good progress had been made. Priority had been given to recruiting the leadership team and a comprehensive action plan had been agreed with the CQC

Since the CQC's unannounced inspection visited in October 2017, previously issued improvement notices in relation to medicines management and 999 call recording had been lifted. A further inspection was likely to take place in Summer 2018.

A programme had been put in place to address the concerns raised by the Lewis report into bullying and harassment at the Trust. Engagement had been undertaken with staff and arrangements made to help staff voice concerns. A Learning from Honest Mistakes programme had been implemented and a Wellbeing Hub established. This brought together a range of staff support services into a central place. It was noted that there was a zero tolerance approach to inappropriate behaviour.

A new computer aided dispatch system for ambulance had gone live in summer 2017 and there had been a reduction from three to two emergency operation control centres. The Ambulance Response Programme had gone live on 22 November. This included increasing phone triage time to ensure that the most appropriate response was provided to the patient. In relation to ambulance response times for the sickest category 1 and category 2 patients, there had been good performance in Medway. However, performance was not good for response times for less seriously ill category 3 and 4 patients. Work was taking place with local clinical commissioning groups to address this.

SECamb's overspend had been £7million in the previous year. For the current year, it was on track to achieve its £15.1 million cost improvement programme and an agreed cost deficit of £1million, with the deficit being eliminated by the following year.

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

**Ambulance Response Times Performance data** – In response to Member questions about why a data table in the report was based on percentages while another was based on response times and concerns about some of the response times, the Committee was informed that the Trust was working to ensure that there were the resources available to meet demand, particularly for non life threatening patients, where performance was currently the most challenging. The data tables were based upon national reporting requirements. Percentages had now been replaced by times, as specified by national reporting standards. It was confirmed that the times stated were average response times. Data was also captured for the 90<sup>th</sup> percentile in order to show the longest response times more clearly. Concerns were raised that some response times outside Medway were being missed by a significant margin. It was agreed that guidance for staff in relation to the Ambulance Response Programme would be circulated to the Committee.

## Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018

Delays in ambulance crews being able to handover patients to hospital staff were a challenge across the UK. Locally, a Handover Director had been appointed to work with the healthcare system to help address this. The equivalent of 10 ambulances a day were lost in the SECamb service area due to handover delays. It was recognised that there was a need to ensure that patients were not being taken to hospital unnecessarily and also that paramedic time was not taken by cases that did not require paramedic response. A comprehensive demand and capacity review was being undertaken which would be a key step towards improving response times.

**Appointment of Executive Team** – There had only been one substantive director in post when the Chief Executive had been appointed in April 2017. Appointment of a new team was almost complete with the new Director of Nursing and Quality due to be announced in the next week. This would complete the executive team. The Medical Director post was currently a fixed term contract which was likely to be made permanent.

**Bullying and Harassment** – The Freedom to Speak Up and Speak Up in Confidence schemes were available for staff who had concerns in relation to bullying and harassment. Externally, Professor Duncan Lewis could be contacted with concerns. A variety of engagement was being undertaken with staff to understand what was working well and it was anticipated that the NHS annual staff survey results, due to be published in February 2018, would show improved satisfaction amongst SECamb staff. The Chief Executive operated an open door policy for staff to suggest improvements and senior staff were involved in a programme of meetings and visits to engage with staff to look at organisational culture. Based upon his engagement with staff, the Chief Executive considered that the culture of the Trust was improving. A Member requested specific figures for the number of staff who had had disciplinary or legal action taken against them due to bullying or harassment. Figures were not provided during the meeting, but the Committee was advised that some staff had left as a result. The Chief Executive considered that bullying had been addressed as far as possible, but it was not possible to eradicate it completely from a large organisation

**Recruitment** – Recruitment remained challenging with most ambulance trusts struggling to recruit paramedics. It was now a graduate occupation and the workforce was much more mobile. Paramedics were being lost to other organisations, such as in the primary care sector and emergency departments. It was acknowledged that more needed to be done to support retention of paramedics and also of 999 call handlers.

**Planning for Hyper Acute Stroke Provision** – It was confirmed that the ambulance service was fully engaged in the proposed reconfiguration of hyper acute and acute stroke service provision in Kent and Medway.

**Engagement Activity** – The Chief Executive apologised that he had been unable to attend the November meeting of the Committee. Engagement with the Committee was important but it was challenging to attend every meeting

## Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018

requested due to the large area that SECamb covered. The Chief Executive undertook to make attendance at future meetings a priority.

**Private Ambulances** – SECamb did currently make use of private ambulance contractors. It was hoped that this could be reduced and would be considered as part of the Demand and Capacity Review and other strategic planning.

### Decision

The Committee noted and comment on the update provided and agreed that a further update should be presented to the Committee in August 2018.

## 669 Kent and Medway Patient Transport Services - Performance Update

### Discussion

The Accountable Officer of NHS West Kent Clinical Commissioning Group introduced the report. A G4S representative was also in attendance. The Committee was informed that considerable progress had been made in relation to patient transport in the last three months. The number of complaints about the service had reduced significantly. The healthcare system as a whole was facing significant winter pressures at present but patient transport was not a significant part of the problem.

Training of staff in relation to complaints handling was due to be completed by early February and it was anticipated that the backlog of complaints would be clear by this point. Concerns were now limited to the ability of G4S, as provider of the service, to collect patients within target timeframes with it being acknowledged that much work was still required in this area. Progress had been made with patients no longer experiencing very long waits for transport.

The original contract had underestimated demand for the service. In particular, there were more patient escorts than anticipated and patients were sicker than predicted. There had also been an increase in some renal activity. Work was being undertaken regarding performance measurement as the analytics had not differentiated between a collection time target being narrowly missed and one that was missed by a significant margin.

G4S was working with local hospitals to look at patient discharges and ensure that they were spread throughout the day. A dedicated discharge vehicle was located in Medway and a dedicated patient discharge lounge had been introduced at Medway hospital. Overall performance of patient transport was gradually improving with a CQC inspection of the business in October 2017 having had a positive outcome. Staff providing the patient transport service were caring and compassionate and there had been independent validation that the core service was good.

It was noted that 10% of the Kent and Medway non emergency patient transport journeys(30,000) were to London Hospitals.

## Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018

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

**Other providers** – G4S worked with local providers such as hospitals and mental health providers. It was sometimes necessary to supplement patient transport capacity with other private providers. These providers were fully checked and accredited and came from a small pool of well know providers.

**Adjustment of contract** – In response to Member concerns that the original contract had underestimated the demand for patient transport and that winter pressures had not been adequately taken into account, it was confirmed that remodelling work was being undertaken to identify how much patient transport activity was required that was over and above what had been included in the original contract. Where demand was in excess of the contract, additional funding would be required for this activity. The existing contract had been based upon the data and forecasts available.

It was important to ensure that the transport needs of patients were fully understood to ensure that an appropriate vehicle attended and that resources were not used unnecessarily. Education and awareness raising for hospital staff booking the vehicles was important.

**Increase in primary care activity** – If the number of patients being cared for in primary care settings rather than acute hospitals was to increase then it was not likely that there would be a significant impact on the demand for patients transport as the total number of journeys required would be similar.

**Patient escorts** – It was clarified that while some other areas did ban patient escorts from travelling with patients in the provided transport, there were no proposals for this to happen in Kent and Medway.

**Patient Transport as part of the wider healthcare system** – It was considered important for Patient Transport to be seen as key element of the wider healthcare system as performance of one element affected performance of another area and also investment in patient transport could improve the efficiency of other parts of the system.

**Performance Data** – It was confirmed that, within the charts included in the report, the bars represented actual activity while the blue lines and dots represented forecast activity. It would be clarified following the meeting why expected activity was only shown until June 2017 when actual activity was shown until November 2017.

**Complaints** – In response to a Member comment that he was still receiving as many complaints from local residents as previously, the G4S representative said that complaint volumes had reduced significantly. They currently stood at 8 complaints a month in Medway which equated to 0.2% of patient transport journeys. Medway hospital had received 1 formal complaint about patient transport in the last 6 months. Complaints received previously had often been about the length of time taken to respond to a previous enquiry or complaint.

## Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018

**Overall performance** – A Member said that there had been no improvement in performance since G4S had become the patient transport provider. The G4S representative said that July 2017 service levels had been 60% and had increased to Jan 82% by January 2018. There had been significant improvement in the service but it was acknowledged that there was a lot more to do, which included looking at hospital discharges to ensure that these were as effective as possible.

It was requested that the next report presented to the Committee should include more data, along with clear explanations and that the data should be circulated to the Committee in advance of the main Committee agenda being sent out.

### **Decision**

The Committee considered and commented on the update provided and determined that a further update should be presented to the Committee in June 2018.

## **670 Community Services Re-Procurement: Substantial Variation Decision**

### **Discussion**

The report was introduced by the Chief Operating Officer of Medway of NHS Medway Clinical Commissioning Group (CCG) and by the Senior Programme Manager. The CCG was requesting that the Committee determine whether the re-procurement proposals amounted to a substantial development of or variation in the provision of health services in Medway. The CCG was legally required to re-procure the community health services included in work. A wide range of preparatory work was being undertaken in advance of the re-procurement.

A variety of public engagement had taken place during the previous three months with further engagement activity planned. Significant engagement would be undertaken regardless of whether the proposals were determined by the Committee to be a substantial variation.

Six large stakeholder events had taken place, which a number of Committee Members had attended. Feedback from each event was analysed in order to shape the next event. Patient Panels had been hosted at some of the events. These had gathered views from patient representatives, Healthwatch Medway and Involving Medway. In addition to the engagement events, the proposals had also faced challenge from the CCG itself and from NHS England

The CCG was already trialling ways of delivering urgent responses to frail elderly patients in order to avoid unnecessary hospital admissions. New multi-disciplinary teams were being trialled and some Pace Clinics had been established to support elderly patients. Work was taking place with a variety of providers to look at how patients with long term conditions could be better



## Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018

supported. Community nursing services were being reviewed to make improvements and an End of Life Strategy was being implemented.

The CCG was currently identifying which schemes that should be commissioned.

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

**Engagement** - The Chief Operating Officer said there was a risk that, should the Committee determine that the proposals were a substantial variation, that this could result in a need for formal public consultation which could make the work take longer than planned.

It was acknowledged that there was a need to ensure more critical challenge in future engagement activity. Staff were broadly aware of the re-commissioning process and work required but it could not be guaranteed that all staff were as aware as they could be. Staff engagement so far suggested that there was a broad agreement regarding what was needed.

An agency, 'Involving Medway' had been commissioned to work with hard to reach groups and as many such groups would be engaged with as was reasonably possible. It was agreed that details of the cost of the engagement process would be provided to the Committee. It was suggested that the voluntary sector in Medway could act as a facilitator for engagement with hard to reach groups.

**Needs of older people** – A Committee Member was very concerned that older people often could not get the treatment they needed or were faced with very long waiting times. She suggested that addressing this should be a priority for health commissioners given the impact that a lack of treatment or lengthy waits could have on the overall wellbeing of people, the likelihood that this would actually increase the long term cost to the health and social care systems and that it could cause unnecessary social isolation.

**Substantial Variation decision and patient needs** – A Member of the Committee said that she would have liked more information on the impact of the substantial variation decision to have been included in the report and that she would also have liked to see a clearer timeline and implementation plan for the recommissioning. The Member also noted that the number of frail, elderly patients was relatively small compared to the total Medway population and therefore considered that there should not be too much difficulty in looking after this group, although it was accepted that the needs of this group were often high. The Committee was advised that there was a focus on elderly frail as this group tended to place the most demand on resources.

A Committee Member said that changes could be substantial even if they were changes that led to improved or expanded services. In particular, the Member considered that the proposals to change the location and accessibility of some

## **Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018**

community health services and ten high impact changes, as detailed in the report, were significant.

### **Decision**

To protect the Overview and Scrutiny statutory right to comment and with no intention of slowing down the recommissioning process, the Committee determined that the revised model presented was a substantial development of or variation in the provision of health services in Medway.

## **671 Assistive Reproductive Technologies - Policy Review**

### **Discussion**

It was suggested that the decision to determine whether the proposals amounted to a substantial variation could be delayed until after the public engagement had been completed. However, the Committee agreed that the decision should be made ahead of this. It was considered that the proposals were potentially a substantial variation.

A Committee Member suggested that the risks of waiting too long to conceive should be highlighted as part of the Council's Public Health programme.

### **Decision**

The Committee determined that the Policy Review of Assistive Reproductive Technologies was a substantial development of or variation in the provision of health services in Medway.

## **672 Dementia Task Group - How Far Has Medway Gone in Becoming a Dementia Friendly Community - Progress Report**

### **Discussion**

The Programme Lead – Partnership Commissioning introduced the report. The Head of Performance and Intelligence was also in attendance to answer questions.

Good progress had been made on the implementation of the Task Group recommendations. These had included the Portfolio Holder for Adults' Services being appointed as the Medway Dementia Ambassador. A series of Dementia Friends awareness sessions had taken place for Members, officers and also externally e.g. in schools. Council employment policies would help support staff who were themselves diagnosed with dementia or who cared for someone with dementia. Work had been undertaken to raise awareness of the various services and support available for people with dementia. This had included an article in the 'Medway Matters' magazine last September.

The Task Group report had highlighted the need for post diagnostic support to be more accessible and for people to know where and when they could access

## Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018

support. There were now four dementia cafes in Medway. Drop-in clinics had been introduced to run alongside dementia cafes. These clinics provided easy access to a range of professionals for people with dementia and their carers.

A second post diagnostic support group had been established at Elizabeth House in Rainham with Age UK and Admiral Nurses running a joint Carer Support Group at the local Age UK centre. Carers were able to attend a four week care support programme with the person they cared for being looked after at the same venue.

The proposed Rainham Test for change project had aimed to provide a dementia support worker in Rainham to work with GPs. As an alternative, support had been improved across Medway. The Council had worked with a range of other organisations to achieve this. Work had included developing Dementia Workers. These were existing employees of partner organisations who would take on an additional role, with the workers providing telephone support and home visits. A review of progress to date was currently being undertaken.

Medway CCG was working with partners to improve access to scans, facilitating quicker diagnosis and better post diagnostic support as well as better supporting people in hospital who had dementia.

Development plans such as the Strood Masterplan and the development of Extra Care Housing would consider people living with dementia. In relation to Extra Care Housing, this included colour schemes for way finding, use of textures as navigational aids and memory shelves.

The Task Group had highlighted a particular need to engage with Black, Asian and Minority Ethnic (BAME) communities that often had low levels of engagement with statutory services. The Programme Lead – Partnership Commissioning was due to accompany the Chairman of the Task Group to a meeting of the Medway Ethnic Minority Forum to highlight the dementia support available.

One Council service that supported people with Dementia was exempt borrower status for library users which would help to ensure that people with dementia were not fined for overdue books.

The Council was also encouraging local business and organisations to be dementia friendly. Letters had been sent to taxi firms to raise awareness of the need to be dementia friendly and to gauge interest in attendance at a Dementia Friends awareness session.

Council officers had considered how dementia related transport schemes operating in other parts of the country could be implemented in Medway. Local bus operator Arriva supported a dementia roadshow in October 2017. A roadshow bus had visited five accessible sites in Medway with attendees able to talk to a range of professionals. Arriva had also provided dementia awareness training to ten senior staff, who were then able to train bus drivers.

## Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018

Kent Police were working via the Medway Community Safety Partnership to look at the use of Dementia Safe Havens. A GP advice line had been established for GPs to seek advice when they were concerned about a patient with possible dementia symptoms.

It was noted that the Dementia Task Group update would also be presented to the RCE O&S meeting on 23 January 2018.

A Committee Member asked what progress was being made towards all Council staff attending a Dementia Friends awareness session. Officers advised that frontline staff were being prioritised. As of 31 October 2017, 27% of frontline staff in the RCE directorate had attended a session with this figure having increased by the year end. Attendance at a session was being included in personal development plans and it was planned that uptake amongst frontline staff would eventually be 100%.

A Member asked whether the plans to make the Council tax leaflet dementia friendly applied to this year's leaflet and also when the dementia awareness raising letter had been sent to local taxi firms and what the response had been. It was confirmed that the changes to the Council Tax leaflet would be for the 2018/19 leaflet. This and other key information leaflets would be shared with the Medway Dementia Action Alliance for comment. Confirmation of when the taxi firm letter had been sent and the response would be provided following the Committee meeting.

It was requested that details of the Dementia Friends Awareness session being held at a forthcoming Rural Liaison Committee meeting be circulated to Councillors to give them an opportunity to attend. It was also asked how schools were made aware of the existence of Dementia Friends Awareness sessions. Officers agreed to provide details to the Committee following the meeting as well as information about what other dementia friendly swimming sessions were planned besides Hoo.

A Member felt that there was a need for respite provision to be developed for the carers of people living with dementia. It was also suggested that pop up sensory rooms could be developed for use at dementia cafes.

Officers advised that the Dementia Action Alliance was in touch with an expert who was delivering couples counselling. Dementia Support workers were able to visit carers in their home. An organisation, Dementia Adventure, provided activity days and holidays for people with dementia and their carers, which enabled carers to have a break while their loved ones were looked after. The pop up sensory room suggestion would be discussed with the Dementia Action Alliance. It was also suggested that some local schools and Council services may be able to assist with this.

## **Health and Adult Social Care Overview and Scrutiny Committee, 18 January 2018**

### **Decision**

The Committee noted the progress made against the Task Group recommendations and agreed that a further update should be reported to the Committee in August 2018.

### **673 Work programme**

#### **Discussion**

In relation to the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC), the Committee was advised that a Kent and Medway Joint HOSC meeting was due to take place on Monday 22 January 2018 to discuss the consultation proposals and site options being put forward as part of the Kent and Medway Hyper Acute and Acute Stroke Services Review. Subject to agreement by the JHOSC, it was anticipated that the public consultation would commence at the end of January.

East Sussex and the London Borough of Bexley had both determined that the reconfiguration was likely to amount to a substantial development of or variation in the provision of health services in their respective local authority areas. This necessitated the establishment of a new Joint HOSC comprising Members from Medway, Kent, Bexley and East Sussex. As the new JHOSC would not have been constituted by 22 January, Bexley and East Sussex had each accepted an invitation to attend the meeting and to present their view on the proposals. A further meeting of the Joint HOSC would be held following the conclusion of the public consultation in order for the committee to consider the proposed model and sites for hyper acute and acute stroke services provision.

The Committee was informed that the topic of the next overview and scrutiny Task Group was due to be Social Isolation and that further information would be presented to the Committee at its next meeting.

#### **Decision**

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

### **Chairman**

**Date:**

**Jon Pitt, Democratic Services Officer**

Telephone: 01634 332715

Email: [democratic.services@medway.gov.uk](mailto:democratic.services@medway.gov.uk)

This page is intentionally left blank