Medway Council

Meeting of Health and Adult Social Care Overview and Scrutiny Committee

Tuesday, 21 August 2018

6.35pm to 11.05pm

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), Bhutia, Franklin, Freshwater, Griffin, Howard, McDonald, Joy, Murray, Opara, Price and Shaw

Co-opted members without voting rights

Eunice Lyons-Backhouse (Healthwatch Medway CIC) and Shirley Griffiths (Medway Pensioners Forum)

Substitutes

Councillor Griffin (for Councillor Clarke)
Councillor Shaw (for Councillor Craven)
Councillor Joy (for Councillor Fearn)

In Attendance:

Dave Harris, Head of Planning
Russell Hobbs, G4S
Kate Ako, Principal Lawyer - People
Ian Ayres, Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent CCGs, Medway NHS Clinical Commissioning Group
Councillor Pat Cooper
Joe Garcia, Executive Director of Operations, South East Coast Ambulance Service
Sharease Gibson, Head of Commissioning, Medway NHS CCG
Stuart Jeffery, Chief Operating Officer, Medway NHS CCG
Chris McKenzie, Assistant Director - Adult Social Care
James Pavey, Regional Operations Manager, South East Coast Ambulance Service
Jon Pitt, Democratic Services Officer
Tracy Rouse, Director of Primary Care Transformation, Medway NHS CCG
Councillor Andy Stamp
Ian Sutherland, Director of Children and Adults Services
Sandy Weaver, Complaints Manager for Social Care
Dr David Whiting, Consultant in Public Health

287 Apologies for absence

Apologies for absence were received from Councillor Clarke, Councillor Craven and Councillor Fearn.

288 Record of meeting

The record of the meeting held on 19 June 2018 was agreed and signed by the Chairman as a correct record.

289 Urgent matters by reason of special circumstances

There were none.

290 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

Councillor Price declared an OSI in agenda item 5 (Proposed Closure of the Sunlight Centre GP Surgery) as he was the Chair of Trustees at the Sunlight Centre. Councillor Price left the room during discussion of the item.

Other interests

Shirley Griffiths of the Medway Pensioners' Forum declared an other interest in agenda item 5 (Proposed Closure of the Sunlight Centre GP Surgery) as she was a patient of one of the surgeries affected by the proposals and also a member of the patient forum.

291 Chairman's Announcement

The Chairman advised the Committee that he and other Committee Members had met with Medway NHS Clinical Commissioning Group (CCG) to discuss concerns in relation to when and how the CCG informs the Committee about possible substantial developments of or variations in the provision of health services in Medway. He had also written to the CCG to express these concerns and it was therefore particularly disappointing that the Committee had not been formally notified of the proposals in relation to proposed GP surgery closures in Gillingham.

A Committee Member added that they were very unhappy that the Committee had not been properly informed by the CCG. She also advised the Committee about an issue in relation to Kent and Medway Wheelchair service which she felt should have been brought to the attention of the Committee.

292 Member Item - Proposed Closure of the Sunlight Centre GP Surgery

Discussion

Councillor Stamp introduced his Member item, the key points of which were as follows:

- A petition against the proposed closure of the Sunlight Centre Surgery had been signed by nearly 1,000 people. A separate petition was against the closure of the DMC branch surgery in Twydall.
- Pubic engagement by the CCG had been completely inadequate. Councillor Stamp had received the letter sent to patients of the affected practices on 3 August 2018 which had given just six working days for a response. This was not long enough, particularly during the summer when many people would be away and many students would have returned to their parents' house. This short engagement period was completely unacceptable.
- The CCG had stated that it did not consider the proposals amounted to a substantial variation in health services and that, therefore, a full consultation process was not required. A proposal to close two GP surgeries that would affect almost 26,000 should definitely be considered to be substantial.
- The CCG should have worked with the Committee and referred the issue as matter of course rather than it having had to be brought to the Committee as a last minute Member item. Alternative options should have been presented and a full options appraisal undertaken. This referral should have taken place several months previously and the Committee and the public should have been provided with full details and the rationale for the proposals.
- There had been no assessment of how the proposals would impact on mental health, social isolation, accessibility or patient care and there should have been an assessment of how well each location was served by public transport. There had been little consideration of the needs of patients.
- The decision about whether or not to close two GP surgeries was due to be taken on 29 August 2018. It was not clear that those making the decision would have sufficient information available to enable them to make an informed decision. It was concerning that the decision would be made in private with no transparency or accountability.
- There were already GP vacancies at the Balmoral Healthy Living Centre with patient lists being oversubscribed. It was therefore not clear how the surgery would cope with additional demand. The issue of GP shortages was a national issue which should not be used as justification locally to close surgeries.
- Poor patient feedback had been cited as one of the reasons for the proposed closures but this was not borne out by the feedback at the public meeting, at which patients had talked of their positive experiences as patients of the Sunlight Centre. The CCG had not shared patient feedback to substantiate its claim.

- There was a significant lack of detail in the Committee report with no supporting evidence to substantiate the claims made. It had been claimed that the proposals would reduce health inequalities but no evidence had been provided in relation to how this would be achieved.
- There were more than 7,000 patients registered at the Sunlight Centre Surgery. The local population was forecast to increase by 10% over the next 17 years with significant development planned in the vicinity of the Sunlight Centre. There were high levels of deprivation in this area and in Gillingham North ward as a whole, with the ward being the 3rd most deprived in Medway, having the 3rd highest rate of people with long term health problems and being amongst the 5% most deprived wards in the country. The ward was in the top 20% for adult social care needs and life expectancy was 6-7 years lower than in the wealthiest parts of Medway.
- Given the poor health of many of the Sunlight Centre surgery patients, it was unreasonable for them to be expected to walk the extra distance to other surgeries. Public transport provision was not always adequate and taxis were too expensive for many people. The claim that public transport links to St Mary's Island were good was questionable.
- Any financial savings resulting from the proposals would be outweighed by human cost. It was requested that the CCG undertake a full consultation with a full range of options to be provided.

Councillor Cooper addressed the Committee as follows:

- The Sunlight Centre Development Trust had been set up with local residents, Councillors and prominent members who could bring expertise to the trust. The Centre and the variety of community provision within it had been an integral part of the local community for many years. The closure of the GP surgery would have a significant impact on patients and the local community and the pharmacy would also need to close.
- The proposal was being put forward due to younger GPs only wishing to work in multi-disciplinary practices.
- St Mary's Island was very difficult to get to by public transport and taxi costs were prohibitive. There was a hill between the Sunlight Centre and Balmoral Gardens, which made it unsuitable for many people to walk.
- Local people were angry at the proposals and scared they might lose their GP surgery.
- The proposals should be recognised as a substantial variation, the Sunlight Centre should be kept open and the consultation period extended.

Ms Zi Fincham (patient) addressed the Committee as follows:

- The Sunlight Centre GP surgery was important to the wellbeing of the local community and the proposal to close it made her upset and angry. The 1,000 signature petition against the closure demonstrated the strength of local feeling.
- Closure of the GP surgery would also result in the closure of the pharmacy and other services at the Centre, which would be devastating for the local community.

- The proposal did not support the aim of the Medway Model to deliver joined up local health and care services closer to people's homes and the proposals were being driven by the wish to save money.
- The public had not been adequately consulted and had not had enough time to respond. Furthermore, no details of the proposed hubs had been provided for public scrutiny.
- There had been no engagement undertaken at the Sunlight Centre, the letter sent to patients about the proposals had not been clear and many patients had not received it.
- There had been no regard to the impact of increasing the number of patients attending the surgeries that would remain open.
- GP surgery closures would cause unnecessary stress to local people to the extent that the local mortality rates could increase if people felt unable to obtain healthcare.

Rachel Turpin (Sunlight Development Trust), addressed the Committee:

- Local people were anxious about the proposals, particularly as the Sunlight Centre was well regarded locally.
- The impact of the closure would be devastating. The Centre would be an ideal facilitator of social prescribing with people being able to see their GP and then being able to be immediately referred to other services.
- GPs were attracted to the Sunlight Centre by the wide range of organisations it hosted, with a wide variety of community groups also using the centre.
- Air quality on St Mary's Island was poor meaning a GP located there would be unsuitable for people with respiratory problems.
- It was requested that the consultation period be extended and that the consultation be fully transparent.
- The CCG had only just agreed to meet with the voluntary groups based at Sunlight Centre in order to discuss their concerns.

The Director of Primary Care Transformation at the CCG said that no decision had yet been made about whether to close any GP surgeries. The five surgeries affected by the proposal had four GP contracts between them. These were time limited APMS contracts that had to be reprocured every three years. The providers at the Sunlight Centre and at Chatham Boots had both handed back the contracts to the CCG. This had provided the opportunity to combine contracts. However, there would be no GP provision at either surgery if a new contract was not awarded by December. The CCG considered the practices contained in the proposals to be in close proximity.

The pooling of resources over three sites would enable better use of resources, both clinical and non-clinical. Engagement with potential providers had indicated that they would prefer to run services at three sites rather than five. The three sites would also be able to provide enhanced services and were considered to have sufficient capacity. Only 57% of total capacity and 51% of clinical capacity was currently utilised at Balmoral Gardens. Service specifications for the three sites would be further considered in terms of

improved access. There were no financial savings associated with the proposal as any savings would be reinvested to provide extended access in evenings and at weekends.

The CCG had written to all patients of the five affected surgeries, as listed in the patient database. They were aware that there had been an issue in Twydall which had been discussed with the surgery. Significant feedback had been received as a result and the impact that any closure of the GP surgery at the Sunlight Centre would have on other services provided at the Sunlight would be taken into account as part of the decision making process.

The proposals were due to be discussed at the Primary Care Commissioning Committee meeting on 29 August 2018. This meeting was private due to it including the discussion of contracts. The CCG would publish all patient feedback and details of the decision making process within a week of the meeting. The process was considered to be in line with the Medway Model for the development of health and social care provision across Medway and with NHS England Best Practice. External procurement advice was also being sought.

Members of the Committee raised a number of concerns, a summary of which is as follows:

- The Committee should have been consulted long before the commencement of public engagement and more detailed information should have been provided, including details of the impact of the closures. The Committee had not been informed that the implementation of the Medway Model would result in GP surgeries closing.
- The letter sent to patients in relation to the proposals lacked clarity and it was also not clear how comments received would be taken into account or what the other options were.
- A lack of public transport and parking difficulties made reducing the number of surgery locations a particular concern. In Twydall there were many elderly people with mobility issues or young people who did not own a car.
- River ward, Gillingham South and Watling wards would also be affected by the proposals.
- The CCG had not provided sufficient evidence to substantiate its view that the proposals did not amount to a substantial variation. This included a lack of evidence that four tests, set out in the NHS Operating Framework had been met. The four tests were Strong public and patient engagement; Consistency with current and prospective need for patient choice; A clear clinical evidence base and; Evidence of support for proposals from clinical commissioners.
- Patients had not been involved in developing the proposals and the health profiles that had been produced for each ward in Medway should be used to base service provision on the need in a particular locations.
- The claim that patients would have greater choice was not correct as patients of the Sunlight Centre or the branch surgery in Twydall would have to attend a different surgery.

- There was no evidence that the proposals would provide better outcomes and it was not acceptable for the CCG to state that it was unable to find a provider prepared to operate all existing locations. It was also not the case that no patients would be less well off.
- The four tests set out in the NHS Operating Framework had not been met by either the proposal or the consultation undertaken. It was noted that the Council was currently undertaking in depth work looking at how to tackle social isolation, but that in order for the concept of social prescribing to be effective there needed to be local GPs and support services available.
- No evidence had been provided to support the view that services could be provided more effectively in larger surgeries and practices and it was concerning that many patients would be expected to attend the Balmoral Healthy Living Centre instead of the Sunlight Centre in view of relatively low public satisfaction with the former.
- A Committee Member said that they supported the proposals put forward as part of the Member item but that the Committee should not be in this situation as it should have been fully consulted much earlier.

In response to a question asking whether he had been aware of the proposals, the Director of Children and Adults Services said that the Council worked closely with the CCG in relation to joint commissioning and the development of the Medway Model in the context of the STP. Meetings had taken place in relation to the broader local care proposals but there had not been a specific discussion in relation to the proposal. It was also noted that the duty under the health scrutiny regulations was for consultation to take place specifically with the Health Overview and Scrutiny Committee rather than with other parts of the Council.

In summary of his Member item, Councillor Stamp said that clear procedures on protocol should be put in place to ensure that the Committee would be properly consulted in the future. There was a need for clarity about why the CCG considered that the proposals did not amount to a substantial variation. This needed a robust justification that considered all impacts on patients. The CCG had been aware that the contracts needed to be retendered and should therefore have started making arrangements to re-tender sooner. It was requested that full details and options associated with the proposals be provided and that the public consultation period be extended.

The Chief Operating Officer said that the CCG had been put in a difficult position as two of the providers had handed back contracts unexpectedly. The CCG had been notified of this in March. It was emphasised that no decision had yet been taken. In relation to the transport concerns raised, Twydall was on a bus route to Balmoral Gardens with there being regular buses. There were two other practices near to the Twydall surgery, with one of these being particularly keen to take new patients. The distance between the Sunlight Centre and Balmoral Gardens was 0.7 miles. It was acknowledged that more notice should have been given of the proposals. The CCG would need to ensure continuity of service should there be a delay to the procurement process.

A Committee Member emphasised that it should have been obvious that the matter would need to be brought to the Committee and that it was the responsibility of the CCG to inform the Committee.

In response to a Member question asking what the next steps and response of the CCG would be, the Chief Operating Officer was unable to say at this stage what would happen but could confirm that the issues raised would be discussed at the Primary Care Commissioning Committee on 29 August 2018.

It was confirmed that a letter would be sent to the CCG setting out the requests made by the Committee and that the matter would be provisionally added to the Committee's work programme for the October meeting, subject to the decision made by the CCG on 29 August 2018.

Decision

The Committee:

i) Resolves that the CCG proposals to merge four AMPS contracts into one and reduce operating sites from five to three do constitute a substantial variation of provision and therefore merits a formal delay of the decision due to be made by the Primary Care Commissioning Committee on 29th August 2018.

ii) Further requests an extended consultation period which takes proper account of the alternatives and issues presented by stakeholders during the new consultation period.

293 Member Item - GP Provision On The Hoo Peninsula

Discussion

Councillor Freshwater introduced his Member item in relation to GP Provision on the Hoo Peninsula. He felt that there was a lack of transparency about the plans for GP provision on the Peninsula as the population increased and that Medway NHS Clinical Commissioning Group (CCG) was not providing information about how this demand would be met. There were 2,000 new homes in the process of being approved or built, with a further 2,000 to be approved before the new Local Plan had been approved. The total resulting population increase would be around 9,000. Councillor Freshwater was asking for additional information to be included in a Health Impact Assessment but had not received satisfactory responses to his requests. Health Impact Assessments were being considered as part of the Local Plan consultation which had been considered by Cabinet in March 2018. However, it was not adequate to wait for the Local Plan process to be concluded as houses would already have been built.

Councillor Freshwater was also disappointed that a number of questions he had raised in the report had not been answered by the CCG or by officers.

CCG projections and planning assumptions to 2021/22 had been based on 267 new dwellings on the Peninsula equating to 641additional people. However, these estimates were considered to be well below the number of dwellings that would actually be built and this would have a significant negative impact on the provision of healthcare.

Councillor Freshwater requested the completion of a health impact assessment for all new planning applications of 25 or more dwellings on the Hoo Peninsula and questioned why there appeared to be resistance to undertaking a health impact assessment as part of a planning application.

The Director of Primary Care Transformation at NHS Medway CCG advised that the CCG used population projections based upon its joint work with the Council. It was acknowledged that a large number of houses were due to be built. Work would be taking place with the Council's Planning and Public Health Services to ensure that this was fully taken into account when planning future primary care provision on the Peninsula. Initial discussions had taken place with a building consortium on the Peninsula in relation to healthcare provision and work was also taking place with the emergency services to consider wider service provision.

The CCG considered that there would be sufficient GP capacity on the Peninsula for the next two years. After this, there would need to be physical expansion. Councillor Freshwater had raised an issue which had resulted in patients of one practice on the Peninsula having to travel to Gillingham to access a GP. This had been a physical building issue and had now been resolved. All GP lists on the Peninsula were currently open for new patients to register and there were no capacity issues. Work would be needed to address workforce challenges in relation to the number of GPs and nurses required in order to maintain capacity but this was a Medway wide issue.

Councillor Freshwater was concerned that the rural location of the Hoo Peninsula made it difficult to attract GPs to the area. He said that some residents had not been able to register with a local GP and had been told to register on St Mary's Island instead. He requested a meeting with the CCG and local practices to discuss capacity.

The Head of Planning acknowledged that there were infrastructure related challenges to address across Medway. Medway was growing, partly due to an increased birth rate and people living longer. Health issues were being considered via the Local Plan process, which included close working with the CCG. 800 to 1,000 new dwellings had been granted planning permission on the Peninsula in recent years. For any new developments over 10 units, consultation took place with the CCG and developers were asked for a contribution towards looking at measures to improve GP provision in the vicinity of the development. Wider consideration was being given in relation to how to meet the infrastructure needs of recent development and to look at how to make improvements in advance of growth. The Chief Operating Officer of the CCG added that the CCG would update its plans when growth projections were

revised and that the CCG was fully engaged in the development of the new Local Plan.

A Committee Member expressed their support for the concerns raised by Councillor Freshwater and said that she had previously suggested that every motion to Council should have its public health implications considered. The wider impacts of development, such as on air quality, also needed to be taken into account. It was important for there to effective joint working to ensure adequate provision for the Hoo Peninsula and for the whole of Medway.

A Member said that some of the GP surgeries mentioned by the CCG in the report were not in Peninsula ward and that others covered less than half the ward geographically. The Director of Primary Care Transformation at the CCG advised that GP surgeries often served populations in multiple wards and that GP catchments were not aligned to ward boundaries. The CCG was looking at where future growth would take place and would look to target GP provision accordingly.

The Head of Planning noted the importance of improving the general health of the population in order to reduce the demand for GP services. Factors to consider included the layout and design of new developments, air quality and the provision of park and green spaces. The draft new Local Plan was due to be considered by Cabinet in December. This would include policies relating to health and although the Plan would be a draft at this point it would carry weight in determining planning applications.

Committee Members were concerned that Councillor Freshwater's proposed request to Cabinet for health impact assessments to be completed for new planning applications of 25 or more dwellings on the Peninsula did not include details of potential benefits or cost implications.

Decision

The Committee agreed that the following matter be referred to Cabinet for consideration:

The Cabinet in the report 6th March 2018 - Medway Local Plan - Development Strategy Consultation - makes reference to the use of Health Impact Assessments to collect evidence-based information for planning and infrastructure needs for communities. Having regard to the current loss of evidence-based information for 2,000 homes already approved Peninsula homes, the Cabinet be requested to consider bringing forward the implementation of Health Impact Assessments for all Planning Applications of 25 or more new homes for the Hoo Peninsula and advise the Director of Public Health accordingly.

294 Community Services Re-Procurement: Consultation on Key Changes

Discussion

Extensive public engagement had been undertaken in 2017 and earlier in 2018 with the public, clinicians and staff. This had assisted in the design of the revised model for the provision of community health services. The Case for Change, previously presented to the Committee in January 2018, had been updated to reflect revisions to the model.

Seven key changes would be presented as part of further public engagement planned for September and October. These would aim to make services less fragmented and more joined up with more services to be provided locally and closer to where people live. Improvements to multi-disciplinary working would be proposed as well as the creation of a single point of contact for patients. The process was about redesigning services and providing them in a different way rather than reducing them and to reduce the impact on secondary care by strengthening support provided in the community.

The Committee was asked to provide feedback on the seven key changes set out in the draft public consultation document. The engagement would be widely publicised, with 20 focus groups being used to target hard to reach communities. The CCG would also ensure that housebound people could have a say. There would also be three public meetings on 20 September 2018, 8 October and 19 October 2018, details of which would be circulated to the Committee. NHS England had been positive about the proposed approach and had recommended some minor changes to the draft document.

A number of questions were raised by Member of the Committee which were responded to as follows:

Centralising of Services and related challenges – In response to a Member question about the timescales for the proposals, the capacity of the healthcare system for the centralisation of services, what work was being undertaken with staff to prepare them for the changes, the technological barriers to change and concern that it would be impractical to only provide services from a small number of locations, the Committee was advised that the CCG would be looking to provide the most common services within each of the six localities. Over 70% of clinical appointments currently took place within two localities – Gillingham and Rochester. It was envisaged that the proposed changes would actually increase the number of appointments taking place within the other four localities, with many patients having to travel less distance than they currently did.

In relation to the workforce, there was a need to look at a revised model. Work was taking place with existing providers to upskill staff with regards to long term conditions. Procurement was due to take place from January 2019 with a go live date of April 2020. It was anticipated that the proposals would reduce overall patient travel and it was noted that 78% of the population would be within a 20 minute public transport journey of one of the healthy living centres.

It was recognised that IT systems did not interface with each other and there was a need to look for more innovative ways to deliver the model through different IT applications.

Changing how services are delivered – There was recognition across the NHS that it could not continue to deliver services in the same way. The average age for a woman in Medway to have three or more long term health conditions was 59, which was significantly worse than average. This evidenced the need to change how services are provided in Medway. There was a need to create local access within the six hubs that would not just involve community services. Work was being undertaken with Medway Maritime Hospital and with Public Health to undertake health needs assessments within those localities to ensure that the services developed would provide services in different way and provide better value for money. In relation to IT, different GP systems were now able to interface with each other.

Engagement Statistics – It was requested that the Committee be provided with a breakdown of the engagement undertaken to show, for example, the number of disabled people or people from a black, Asian or minority ethnic background who had taken part in the engagement activity to date.

Decision

The Committee commented on the proposed changes to adult community services and noted the plans for further public engagement during September and October 2018.

295 South East Coast Ambulance Service Update

Discussion

The report detailed progress made since the CQC inspection undertaken in 2017. It was considered that significant progress had been made since then.

Since September 2017, there had been monthly deep dive inspections in relation to key themes with one of the key areas of success being in relation to medicines governance. Learning had been undertaken in conjunction with a lead NHSI pharmacist and this would be used as an exemplar process for other ambulance services. A key area of concern was bullying and harassment. Significant work had been undertaken to address this including behavioural development training for the leadership team, with first line supervisors now also receiving this training. Areas of concern identified in the staff survey were being addressed. This had included delivering meaningful appraisals and objective setting to 92.5% of staff in the last year. Results of the latest staff survey had been more positive than for the previous year with a further staff survey due to be undertaken later this year.

The Ambulance Response Programme was a national initiative. Since November 2017 response times for all ambulance services were being measured in a different way. The Programme breaks responses down into four

key categories: Category 1 - immediately life threatening, Category 2 - emergency, Category 3 - urgent and Category 4 - less urgent. SECAmb's performance for categories 1, 2 and 3 was in line with performance of peer services across country. The target response time for a Category 1 call was 7 minutes. SECAmb was narrowly missing achieving this target. Performance was within the upper quartile nationally for category 2 but there were significant challenges regarding Category 4 performance. This was due to SECAmb prioritising categories 1 and 2.

A Demand and Capacity Review had identified that SECAmb had significant gaps in its ability to deliver against national targets. A plan was being put in place to address this which would increase the number of double crewed ambulance vehicles in the SECAmb fleet by between 50 and 100. The workforce would be increased by over 200 whole time equivalents. Over 1,000 additional staff would need to be recruited by 2020/21, including 150 staff in Medway. The Review had identified a need to deploy specialist paramedics and paramedic practitioners, who would work in zoned or targeted areas in order to provide senior clinical oversight.

A number of questions were raised by Members of the Committee which were responded to as follows:

Staff survey and bullying and harassment – It was recognised that the response rate to the staff survey of 44% and the 45% satisfaction with the handling of bullying and harassment was disappointing. SECAmb was going through a process of rebuilding staff trust. The appointment of a full executive team would help this process with there only having been one substantive executive team member in place in September 2017. Additional support had been brought in to address concerns raised. Dedicated 1st line supervisors would be entirely staff focused with 50% of their time dedicated to managing their team. There was confidence that staff now felt able to report bullying directly instead of relying on anonymous reporting. Allegations of bullying and harassment were not always supported by evidence, which made it difficult for action to be taken. Cases where evidence existed were pursued with a number of staff having resigned as result. Managers had been made more visible and it was considered that staff had increasing freedom to speak up while at the same time the number of allegations were decreasing, which suggested that the problem was being addressed. A Committee Member highlighted the importance of continuing an investigation after a staff member had resigned as concerns could be shared with future employers.

Ambulance and paramedic provision – It was recognised that the proposed changes to stroke services in Kent and Medway would present new challenges for patients. SECAmb had trained 320 paramedic practitioners in the last 10 years who would be better able to recognise a stroke and respond accordingly. A bespoke service had been commissioned with SECAmb providing paramedic practitioners who undertook a number of placements, including eight weeks in an ambulance response capability. 62% of SECAmb activity was either life threatening or an emergency. Work was being undertaken to ensure an appropriate response for each category of patient whilst ensuring that mobile

intensive care units were always available for higher category patients. SECAmb had invested in 101 new vehicles in the current year. As their supplier had not been able to build engines quickly enough to meet demand, a number of second hand vehicles had also been sourced in order to increase vehicle capacity ahead of winter.

Performance compared to West Midlands – Response times by West Midlands Ambulance Service were amongst the best in the country due to it having the correct size of fleet to meet demand. It had 100 extra vehicles compared to SECAmb. The Demand and Capacity Review had identified the need for 1,000 extra operational hours compared to current provision. This equated to between 40 and 50 additional ambulances and a number of additional cars being available each day compared to the current fleet. It had been agreed with commissioners that this standard would be delivered by April 2019. This would require 2,200 staff rotas to be changed by April, which would be extremely challenging. This response was based on a forecast 3.9% year on year growth in activity.

Finances and Partner Support – In response to a Member question about how financial efficiencies had been realised without there having been a detrimental impact on service and how other organisations could support SECAmb, the Committee was advised that there had been significant inefficiencies that had been relatively easy to overcome. One example was meal break payments, which had reduced from £220,000 a month in January 2017 to £7,000. 999 calls made by external care organisations on behalf of patients were problematic as some of these calls were not emergencies and the organisation making them was often not able to answer key questions about the patient. This resulted in an ambulance being dispatched when it may not be required. It was suggested that there may be a need to better regulate how such organisations operated. The no lift policy of most nursing and care homes also put an additional strain on the service. There was a need to educate the public about alternative options to making a 999 call.

Ambulance handovers – Significant work had been undertaken to address delays in the handover of patients from ambulance to hospital staff, including close work with hospitals. There had been significant improvements nationally but Medway Maritime Hospital had not made the improvements anticipated.

Fall Responses – SECAmb had an established programme with Kent Fire and Rescue for the fire service to attend some calls, particularly during the winter period.

Decision

The Committee noted and commented on the update provided.

296 Kent and Medway Patient Transport Services - Performance Update

Discussion

The process of rebalancing the patient transport contract to account for demand that was in excess of the level of activity included in the original contract had now been completed. This was a similar process to the demand and capacity review that had been undertaken by SECAmb. Additional funding had been put into the contract from the start of the current financial year.

The average time taken to answer the phone when patient transport was being requested had reduced from five minutes in April to 40 seconds, with the target being 20 seconds, which it was anticipated would be achieved. 80% of outpatients transports were now arriving at hospital on time with 90% being taken home on time. 98% of patients were spending the target time or less on board the vehicle. Less than 0.5% of journeys resulted in a complaint. For every 400 journeys booked in advance there were 2,600 booked on day of discharge which showed the challenges the hospital system faced. Having such a high proportion of journeys booked on the day made planning vehicle and staff availability extremely challenging. Work was taking place with commissioners, G4S and hospitals to try to address this. This included looking at how to better spread discharges throughout the day.

Ten new patient transport vehicles had been delivered during the previous month with three additional vehicles for Medway hospital due to become operational in the next week. Significant work had been undertaken with dialysis patients, with a relationship manager having spent time at hospitals to understand patient needs so that these could be factored into the specification for new vehicles. Patients who had had problematic journeys previously had also been visited.

A patient transport standard specified that no more than 1% of patients should wait longer than four hours to be taken home from hospital. The service had experienced significant problems with long waits. Much progress had been made but there was still more to do. The latest figures showed that 0.1% of patients booked in advance had experienced a long wait as well as 0.8% of patients booked on the day.

In response to a question from a Committee Member, it was confirmed that escorts were allowed to accompany patients on transport vehicles. The number of patient escorts was approximately 25,000 per year. Facilitating escort journeys could be challenging but there were no plans to restrict accompaniment.

A Committee Member asked what the process was for monitoring the contract and ensuring that improvement was sustained. The Committee was advised that the acuity of patients being transported had changed since the award of the contract and there had been a 3.5% increase in the number of patients requiring ambulance transport. Ongoing contract monitoring was undertaken with a detailed quality report produced on a monthly basis. This was rigorously

challenged at a monthly contract review meeting. Full inspection CQC issued notices in relation to training had now been satisfied with evidence having been provided to the CQC.

The Managing Director for Dartford, Gravesham and Swanley; Medway; Swale; and West Kent Clinical Commissioning Groups personally reviewed the monthly quality reports for patient transport and personally signed response letters to complaints escalated to West Kent Clinical Commissioning Group, which hosted the contract. At his request, there was also quarterly reporting to Greg Clarke, MP for Tunbridge Wells and Secretary of State for Business, Energy and Industrial Strategy.

It was noted that the format of some of the patient experience data included in the report was incorrect. This would be changed for future reports.

Decision

The Committee considered and commented on the update provided.

297 Adult Social Care - Annual Complaints and Compliments Report April 2017 to March 2018

Discussion

The report provided information on complaints and compliments received between April 2017 and March 2018. As part of the overall quality assurance framework it was important to understand where people were not happy with the services provided in order that these concerns could be addressed for all service users.

98 complaints had been processed during the year, an increase compared to the 83 handled during 2016/17 and 82 in 2015/16. It was acknowledged that performance in the last year was not as good as it should have been. Changes had been put in place to the way in which the handing of complaints was monitored. It was noted that performance had improved during the current financial year. For quarter 1, there had been improvement in the timeliness of performance with 67% of complaints having been handled within the agreed timescale. For June 2018, this figure was 80%. A significant proportion of complaints had been upheld which demonstrated that there were issues to address within Adult Social Care.

Financial issues and a lack of or poor communication were the two areas for which there had been the most complaints. The importance of ensuring that correct information in relation to cases and complaints was recorded on the Council's software system and that this recording needed to be timely, had been emphasised to staff. Mobile working had been rolled out across all staff within adult social care with positive staff feedback having been received about its impact. Staff were now able to update records while working remotely. The number of complaints in relation to a lack of or poor communication was also a concern. One cause of this had been lack of staff capacity with work being

undertaken to ensure that resources were allocated efficiently to help ensure more effective communication in the future. A number of staff had been specifically allocated to be the first point of contact for any new calls, contacts and e-mails. These were now responded to immediately. The Manager for Social Care Complaints attended Performance and Quality Assurance meetings on a regular basis to report back on complaint volumes and the nature of complaints received. She had also run some workshops with practice managers to cover the principles of complaint handling and how lessons are learnt from complaints.

A Committee Member was concerned that in January 2018, no complaints had been responded to within the target time of 20 days and that 10 complaints had been carried forward from 2017/18 to the current year. The Member asked what had caused the delay in responding to complaints.

Officers advised that the winter period had been particularly challenging with there having been high levels of staff sickness within the service that had impacted on the January performance. The Assistant Director of Adult Social Care was meeting with his Heads of Service each month to review outstanding complaints and ensure that they were actioned appropriately. There was currently only one outstanding complaint that had exceeded the 20 day target for a response and that had been the case for the majority of the last three months. It was noted that the complaints that had been carried over to the current year had not all exceeded the 20 day response timeframe. There was also a need to ensure that complaint responses were of high quality, particularly as a poor quality response was likely to result in a further complaint or referral to the Local Government Ombudsman. Many complaints involved multiple Council teams as well as external organisations, which could make responding within the target timeframe more challenging.

Decision

The Committee noted and commented on the report and requested that a letter of thanks be sent to all those who had sent a letter of compliment, during 2017/18, in relation Adult Social Care.

298 Medway Integrated Urgent Care Redesign

Discussion

The Committee had previously been advised of proposals in relation to engagement events due to be held in relation to the Urgent Care Redesign. Since then, a number of events had taken place in Medway as well as one in Swale. 68% of respondents to the engagement process generally agreed with the proposals. Some concerns had been raised, which had been taken into account taken into account by Medway NHS Clinical Commissioning Group (CCG). Key issues raised during the engagement had included a lack of parking, poor access, a lack of public transport and other infrastructure related issues as well as the need to ensure sufficient staff capacity and for staff to receive appropriate training.

£1million of funding had been made available to the CCG to invest in estate at Medway Maritime Hospital. This would help to ensure that the urgent treatment centre at the hospital had sufficient capacity. Investment would be made in improving parking and providing an extra 600 GP appointments each week. Medway Community Healthcare was looking to join its out of hours GP appointment service with the provision at the hospital in order to improve resilience and reduce administration costs.

A Committee Member noted the need for the CCG to link in with the work that the Council was undertaking to help address congestion in the vicinity of the hospital.

Decision

The Committee noted and commented on the update provided on the Integrated Urgent Care Redesign.

299 Draft Joint Health and Wellbeing Strategy

Discussion

The draft Medway Health and Wellbeing Strategy covered the period 2018-23 with each Health and Wellbeing Board having a statutory duty to produce a Strategy. The draft had been presented to the Board and to the CCG Governing Body in July 2018 for comment. It had been agreed that the new Strategy would be based upon a refresh of the previous 2012-17 Strategy. The five main themes of the Strategy were Giving every child a good start; Enabling our older population to live independently and well; Preventing early death and increasing years of healthy life; Improving mental and physical health and wellbeing and; Reducing health inequalities. The key strategic drivers of the Strategy included the Council Plan, the Kent and Medway Sustainability and Transformation Plan and the new Local Plan. Collectively, these documents created an opportunity to shape Medway to improve the health and wellbeing of residents.

The 2012-17 Strategy had not had not contained an explicitly stated vision. Based upon feedback from engagement events and discussion between the Council and CCG, the following vision was proposed for the new Strategy – '*That lives of all people in Medway will be as full, healthy and meaningful as possible and that we will achieve this through making Medway a place people are enabled and encouraged to look after themselves and others and where services are accessible and delivered equally well across the area.'*

The vision aimed to capture that individuals are responsible for their own health and wellbeing but that this does not happen in isolation and that there is a need to create an environment that enables people to make healthy choices. The draft Strategy proposed a small number of priorities which would focus on the areas for which there was the greatest need for support from the Health and Wellbeing Board. The draft would be updated to reflect feedback received so

far and was due to be presented to the Health and Wellbeing Board in November.

In response to a Member question it was confirmed that social isolation would be an area of priority focus and that the findings of the Social Isolation Task Group would be factored in accordingly.

A Committee Member felt that the priorities of the Strategy should be more ambitious and aspirational and that there should be measurable targets associated with the priorities, which should clearly acknowledge the need to reduce health inequalities. In response, the Public Health Consultant advised that the current focus was ensuring that that the correct priorities were identified and that targets would be set after this.

Decision

The Committee considered and commented on the draft Joint Health and Wellbeing Strategy and its priorities, as set out in Appendix 1 to the report.

300 Petitions

Discussion

A petition had been received that fell within the terms of reference of the Committee. This related to the Royal Voluntary Service (RVS) Centre in Chatham. The petition called on the Council to:

"Reconsider their decision to remove the £35k grant they have provided to the Royal Voluntary Service for the past few years as the removal will force the closure of this much needed facility."

As the petitioner had not requested that the matter be discussed at the Committee, the Committee was requested to note the petition and officer response as set out in the report.

The Committee was advised that an update report on the Royal Voluntary Service RVS Older People's Centre was due to be considered by Cabinet in October. A Committee Member requested that an update be presented to the Committee in advance of this.

Decision

The Committee noted the petition response and appropriate officer action in paragraph 3 of the report and agreed that an update on the RVS Centre should be presented to the Committee at the appropriate time.

301 Work programme

Discussion

Proposed changes to the work programme were highlighted to the Committee.

Decision

The Committee

i) Considered and agreed the Work Programme, including the changes set out in the report and agreed during the meeting.

ii) Agreed the following changes to the Work Programme:

a. A further update on the development of a Kent and Medway NHS Strategic Commissioner be added to be added to the Work Programme for the October 2018 meeting.

b. An update on the implementation of the recommendations of the Dementia Task Group be provided to the Committee as a briefing note instead of being presented at a future meeting.

c. An update on the work of the Health and Wellbeing Board be added to the Work Programme for the October 2018 meeting.

d. A report on GP Services in Medway should be added to the Work Programme for the December 2018 meeting and for this to include key statistics in relation to GP provision in Medway.

e. A report on wheelchair services in Medway be added to the agenda for the October 2018 Committee meeting.

f. An update on the elements of the Council Transformation programme that fall within the remit of this Committee be added to the Work Programme for the December 2018 meeting.

Chairman

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