

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

**Thursday, 17 January 2019**

**6.15pm 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), Aldous, Bhutia, Clarke, Fearn, Franklin, Freshwater, McDonald, Murray, Opara, Price and Shaw

**Co-opted members without voting rights**

Eunice Lyons-Backhouse (Healthwatch Medway CIC)

**Substitutes:** None.

**In Attendance:**

Vivien Bowles, Legal Advisor  
Councillor David Brake, Portfolio Holder for Adults' Services  
John Carey, Director of Estates, Facilities and Capital Planning, Kent and Medway NHS and Social Care Partnership Trust  
Sharease Gibson, Head of Commissioning, Medway Commissioning Group  
Stuart Jeffery, Deputy Managing Director and Chief Operating Officer, Medway CCG  
Chris McKenzie, Assistant Director - Adult Social Care  
Jacquie Mowbray-Gold, Chief Operating Officer, Kent and Medway NHS and Social Care Partnership Trust  
Jon Pitt, Democratic Services Officer  
Tracy Rouse, Programme Director, Urgent Care Redesign, North Kent CCGs  
Dr Farnaaz Sharief, Elected Clinical Member of the Governing Body, NHS Medway Clinical Commissioning Group  
Deborah Stuart-Angus, Independent Chair of the Kent and Medway Safeguarding Adults Board, Kent and Medway NHS and Social Care Partnership Trust  
Ian Sutherland, Director of People - Children and Adults Services  
James Williams, Director of Public Health

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### 712 Apologies for absence

Apologies for absence were received from Shirley Griffiths of Medway Pensioners Forum.

### 713 Record of meeting

The Committee agreed the following changes to the draft minutes, to correct inaccuracies, of the 'Draft Capital and Revenue Budget 2019/20' report considered at the December 2018 meeting:

In the second sentence of the 1<sup>st</sup> paragraph of the minute, the Council budget date was corrected to 21 Feb (from 22 February). In the next sentence, the draft budget deficit figure had been corrected to £4.408 million (from £3.189 million). A change to the wording of the final sentence of the first paragraph was also agreed to make clear that expected additional Government funding of £2.6 million for social care had not been included in the draft budget.

Subject to the above changes, the record of the meeting held on 13 December 2018 was agreed and signed by the Chairman as a correct record.

### 714 Urgent matters by reason of special circumstances

There were none.

### 715 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

#### Disclosable pecuniary interests

There were none.

#### Other significant interests (OSIs)

Cllr Price declared an OSI in agenda item 8, Primary Care in Medway Update, as he was the Chair of Trustees at the Sunlight Centre, which hosted a Medway GP practice. However, no specific mention was made of the Sunlight Centre and he was therefore able to remain present at the meeting during the discussion and decision on this item.

#### Other interests

Cllr McDonald declared an interest in agenda item 5, Attendance of the Portfolio Holder for Adults' Services, as he had, through his employment, been involved in the development of the Better Together Leadership Consortium.

## 716 Attendance of the Portfolio Holder for Adults' Services

### Discussion

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

**Budget Deficit, Extra Care Housing and liaison with mental health** – A Member raised concerns about the size of the budget deficit, the impact of this on services, particularly for vulnerable people and also the need for increased Extra Care housing as 1,500 people in Medway were eligible with there only being 239 units available. The Member also asked what discussion had taken place with the Kent and Medway NHS and Social Care Partnership Trust (KMPT) to ensure that the impact of service change was minimised.

The Portfolio Holder said that a 'deep dive' was being undertaken into both statutory and non-statutory services in order to see where there was scope for change. There was a need to provide value for money. Medway had previously always managed to identify funding to support voluntary sector provision but it was not possible to yet say what changes would be made.

It was acknowledged that there was a gap between current Extra Care Housing needs and provision and that the provision of Extra Care housing could make a significant positive impact on lives. New provision included Rogallo Place, near Rochester Airport and Atlas Place on St Mary's Island. A future scheme was planned for Rochester Waterfront. One challenge to the provision of Extra Care housing was that was that developers were able to sell properties after planning permission had been granted. The provision of such housing was a high priority. In relation to KMPT, discussions were taking place about the establishment of a Safe Haven in Maidstone to accommodate people, from across Kent and Medway, detained under Section 136 of the Mental Health Act.

The Director of People, Children and Adults' Services said that Adult Social Care (ASC) had faced significant pressure, although the provision of additional funding for Winter Pressures had been useful and had enabled demand to be managed more effectively. The introduction of the Three Conversations approach in ASC would help to increase early intervention. Additional funding of £2.6 million for Children and Adult Social Care was due for the next year, some of which was ring-fenced for winter pressures.

**Winter Pressures, Three Conversations Model and housing targets** – A Committee Member highlighted Winter Pressures and the risk of an increased number of patients being discharged from hospital early. She also asked how ASC, using the Three Conversations Model, was working with partners to avoid possible duplication and suggested that there should be higher targets for the provision of affordable housing.

The Director of People advised that Medway Maritime Hospital, Adult Social Care and Medway Community Healthcare worked in partnership to plan discharges. It was acknowledged that activity had previously been fragmented.

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Work was taking place with Medway NHS Clinical Commissioning Group to create an integrated discharge service. This would help to avoid duplication. ASC already had access to the Rio mental health software package that mental health professionals used. This helped to facilitate joint working but there was a need to further strengthen this area.

**Delayed Discharges of Care** – In response to a Committee Member who commented on Medway having low figures for hospital Delayed Transfers of Care, the Portfolio Holder said that the target for the latest time for a patient to be discharged in Medway had changed from 6pm to 5pm. Work with the hospital had helped to reduce the impact of winter. The Care Team was working with people due for discharge to ensure that they could be discharged to a safe environment as soon as possible. Delays attributable to Medway ASC in 2017/18 were 1.8 bed days per 100,000 people. This compared to a national average of 4.3, which ranked Medway 44<sup>th</sup> of 152 local authorities nationally. Improvement had continued in the current year with the Year to Date figure standing at 1.5.

**Social Isolation** – A Committee Member was disappointed that social isolation / loneliness had not been mentioned in the report, despite it being a Health and Wellbeing Board priority. He also raised concern that some Members had acted unprofessionally during recent discussion of the Social Isolation Task Group report at Cabinet. The Portfolio Holder considered social isolation to be very important and that the work of the Task Group had also been very important. He appreciated the depth of the Task Group's work and considered that the correct stakeholders had been involved in the work and that the recommendations made by the Task Group were good. The Portfolio Holder was happy to accept the recommendation that he should be an ambassador for work to address social isolation. It would be important for the Council to feed back to central Government how Government could help support the work. Arriva had attended a Task Group meeting and the Portfolio Holder considering that it was important for the Council to be consulted about any proposed changes to bus routes in view of the impact that these could have on levels of social isolation. The Portfolio Holder undertook to feed back to the Leader of the Council concerns raised about Member conduct at Cabinet.

**Patient care after discharge, Telecare and Public Health funding reduction** – A Member emphasised the need to ensure that patients received appropriate care after discharge and that their families were supported as appropriate. He also asked how much telecare was utilised in Medway and what the impact of reductions in Public Health funding from the Government would have on Medway.

The Portfolio Holder said that patients due to be discharged were assessed by the hospital and social care team to ensure that it was safe to discharge them and that appropriate care arrangements were put in place. There had been an increase in the use of telecare. One example of telecare in Medway was a wrist worn falls detector. When a possible fall was detected, a staff member would visit the person to check that they were ok. The Portfolio Holder said there was a need to encourage firms developing housing provision locally to use Medway

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Telecare systems. In relation to Public Health budgets, both statutory and non-statutory services were being looked at to ensure that any service reductions were kept to a minimum and to ensure that Public Health could have the maximum possible impact in terms of preventing ill health and promoting good health.

The Director of Public Health clarified that reductions in the ring fenced grant for Public Health had been ongoing since 2015, with 2019/20 being the final year. The Government's Comprehensive Spending Review would confirm the amount of funding available for each local authority.

**Funding for non-statutory bodies** – In response to Members who said that any reductions in funding for non-statutory services, could lead to increased demand for statutory services, the Portfolio Holder said that each service would be considered on a case-by-case basis. It was acknowledged that any reductions could lead to longer term costs in other areas. Work would be undertaken between Public Health, the NHS and other partners to consider the implications.

**Work with voluntary sector** – The Portfolio Holder confirmed that Adults' Services engaged with various voluntary sector groups. Examples highlighted included Walderslade Together (WALT) and WHoo Cares.

The Deputy Managing Director of Medway NHS Clinical Commissioning Group (CCG) said that the CCG had recently procured a Medway wide Care Navigation service. This would help people to find organisations that could support them, as their needs required. Involving Medway had established links with voluntary sector organisations, such as WALT, WHoo Cares and Arches Local. This included sharing information and engaging with hard to reach communities.

**People supported in their own homes** – The number of older people supported to live in their own homes had fallen slightly compared to previous years. The Assistant Director of Adult Social Care said that this was due to increased prevention, with people being supported sooner. The Care Act included a requirement to prevent, reduce and delay needs arising. This was being delivered through the Three Conversations approach. Services were being provided in different ways and increased direct payments to recipients of adult social care was leading to increased flexibility, choice and control.

**Impact of Brexit** – In response to a Member question about what discussion had taken place with Medway Hospital and with Medway CCG in relation to Brexit, the Portfolio Holder considered that the impact was likely to be minimal but that no one could be sure. The Director of People said that he was aware that regionally, some discussions had taken place, but that it was considered that the impact on the Adult Social Care workforce in Medway was likely to be minimal. The Deputy Managing Director of Medway NHS CCG added that NHS England had appointed a team of 200 people to consider issues across the country.

The Portfolio Holder thanked the Committee for its work.

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### Decision

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

### 717 Kent and Medway Safeguarding Adults Board (KMSAB) - Annual Report 2017-18

#### Discussion

The report was introduced to the Committee, the key points of which were as follows:

- The KMSAB budget of £203,000 included contributions from Medway and Kent Councils, the NHS, the Kent Police and Crime Commissioner and a voluntary contribution from Kent Fire and Rescue.
- The Safeguarding Adults Executive Group had been established in 2016 to bring together senior representatives from key agencies. This worked collaboratively to deliver strategic priorities and to strengthen delivery, practice, oversight and governance.
- Agreed aims of KMSAB were to ensure partnership accountability; raise public awareness of engagement; make safeguarding personal; to quality assure work; to measure effectiveness of what we do; share learning from other people's experience and; ask for feedback about what we do.
- In July 17, the Board agreed three safeguarding priorities for 2018 – 2021 - prevention, quality and awareness. A Business Group had been added to the KMSAB structure between the Board and its four working groups.
- A Safeguarding Adults awareness campaign took place in October 2017 with the theme 'respect not neglect.' A number of awareness raising sessions were held.
- Three large learning events were held in March 2018, based upon feedback from the awareness campaign. These attracted a total of 460 multi-agency attendees.
- A new multi-agency training programme for safeguarding launched in May 2017. 761 staff were trained between June 2017 and April 2018.
- Four Safeguarding Adult Reviews were completed in 2017-18 with a number of agencies also being involved in two additional out-of-area reviews that were led by other local authorities.
- Identified challenges included the need to: improve quality of record keeping in relation to ASC; improve care and case coordination and management; strengthen safeguarding management and leadership and; enhance collaborative working.
- There continued to be an increase in safeguarding enquiries in Kent and Medway. There had been 10,329 concerns raised in Kent and 1,281 in Medway during the year with there having been a 28.4% (283) increase in Medway compared to the previous year. Formal safeguarding enquiries in Medway had increased from 308 in 2016/17 to 491 in 17/18.



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The increases were attributed to operational improvement and Medway's promotion of safeguarding awareness and the provision of training.

- Safeguarding enquiries dealt with within 90 day increased from 37% in 16/17 to 64% in 17/18. Cases where risk was removed increased from 32% to 49% and cases where risk was reduced decreased from 53% to 43%. Levels of self-neglect were increasing.
- In Medway, the highest proportion of cases were 'not substantiated' at 30.6% (124 cases), down 1.5% from 2016-17. 121 cases were substantiated and 52 were partly substantiated.
- The number of Deprivation of Liberty Safeguards (DoLS) authorisations outstanding reduced from 131 to 66. Six staff had undertaken training to support completion of timely assessments and shortened DoLS annual renewal assessments were being piloted.

A Committee Member thanked the Independent Chair of KMSAB for the quality and depth of the report presented and said that it was pleasing that 'real name' pseudonyms had been used in the report as this helped to make the report feel as though it was talking about real people.

A Member asked what the process was when a safeguarding enquiry took place, what the process was if a person needed to be removed from their current home and how assurance was provided that their environment would be free of abuse in the future. It was also asked what the process was if the person did not have the capacity to make a decision themselves. The Independent Chair of KMSAB said that not all adults wanted to be removed from abusive situations and that the right of the individual had to be respected. It was important to understand the ability of an individual to make a decision. There was a need to assess what action would make a person safe and to balance this with what would be acceptable to them. Where a crime was thought to have been committed then a Police referral would be considered. Work would be undertaken with the individual to make the outcome personal to them and to ensure their wishes were clearly understood. A Best Interest meeting would normally be held with relevant professionals in order to consider the case and what the best outcome might be. Work would be undertaken with Police and magistrates if it was concluded that it was in the best interests of a person for them to be moved to a safer environment. However, such removal was not a straightforward process.

The Assistant Director, Adult Social Care said that there had been a particular focus on Making Safeguarding Personal. There had been an increase in the last two years in the number of people who had been asked what outcomes they wanted to achieve through the safeguarding process. The Director of People, Children and Adults' Services emphasised the importance of establishing a relationship with the alleged victim. Where there were suspicions, increased monitoring could be undertaken with there being a range of tools available.

A Member was concerned that care homes continued to account for a large number of safeguarding concerns and asked whether care homes were required to provide safeguarding training to volunteers.

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The independent chair said that the level of training provided was largely the responsibility of individual homes. Many care assistants did not receive formal training and a similar picture was likely in relation to volunteers. Part of the reason for there being high levels of safeguarding issues reported in a care home setting was due to care home staff being more likely to report concerns. The Director of People said that quarterly meetings took place with the CQC to monitor safeguarding referrals and to look at trends in referrals.

### **Decision**

The Committee noted the Annual Report and made comments, which would be referred to the Health and Wellbeing Board when it considered the Annual Report.

### **718 Proposed Development of the Health Service or Variation in Provision of Health Service - Kent and Medway NHS and Social Care Partnership Trust (KMPT)**

#### **Discussion**

KMPT considered the proposals to relocate two mental health services from Elizabeth House in Rainham and Canada House in Gillingham to Britton Farm in Gillingham to be a good opportunity to strengthen services locally. The existing premises were no longer fit for purpose with relocation to Britton Farm enabling the use of newly refurbished premises in a town centre location. The development would be in partnership with the Council, which owned the Britton Farm site. Continuing to invest money to run Canada House and Elizabeth House was not considered to be sustainable.

It was anticipated that the improved design and layout of the new facility would enable the expansion and improvement of services. The new site would also have plenty of parking, which was not the case at many existing locations. Existing separate younger and older adults services would be integrated on a single site. Similar hub developments had already been undertaken in Ashford and Maidstone over the last five years. A development was underway in Canterbury with a future one planned for Tunbridge Wells. It had been challenging to find a suitable location in Medway. The opportunity at Britton Farm had been identified through the Sustainability and Transformation Plan process and KMPT involvement in the Strategic Estates Group. Besides addressing KMPT needs, the development would also help the Council to bring a vacant site back into use and would be more efficient, effective and better equipped than other existing KMPT sites in Kent and Medway. The relocation would help to strengthen partnership working. There was the opportunity to offer hot-desking to social care colleagues and open the building up to use by third sector organisations. KMPT was concerned about possible delays and loss of the building if it was required to undertake full public consultation due the Committee determining the proposals to be a substantial development or variation to the health service in Medway.



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A Committee Member said that they did not consider the proposals to amount to a substantial variation in this particular case, although they acknowledged that there had been previous examples of service relocation causing difficulties.

Another Committee Member said that she agreed that Britton Farm would be a better location for services. However, she considered that the proposals did amount to a substantial variation and did not consider that the undertaking of a public consultation would prevent the development. Consultation would help to obtain feedback from patients and help to ensure that the development was as effective as possible. The wider Britton Farm development was being overseen by the Medway Development Company (MDC). The Member therefore felt that MDC should be held to account at scrutiny. Another Committee Member said that they did not consider the proposals to be a substantial variation but they did support scrutiny of MDC.

The Director of Estates, Facilities and Capital Planning at KMPT acknowledged that transition arrangements would be important to ensure that patients and staff were not disrupted. Engagement would take place with stakeholders irrespective of the decision made by the Committee.

Project progress would be regularly reported to the Strategic Estates Group, which was chaired by the Council's Deputy Leader and Portfolio Holder for Housing and Community Services. Council officers, Medway NHS Clinical Commissioning Group and Medway Maritime Hospital were also represented on the Group.

It was confirmed that Healthwatch would provide support for any public engagement in relation to the relocation of mental health services.

A Committee Member said that they fully supported the proposals and that a number of patients currently found it difficult to travel to Canada House. However, the Member was concerned about the transparency of the process in view of the fact that health scrutiny did not input into the Strategic Estates Group. The relocation would be most effective if full public consultation was undertaken. The Member also noted that the report did not set out the costs the relocation for KMPT and asked how the opportunity to relocate had been identified.

The Director said that similar relocations had already been undertaken in three locations in Kent and that these had been completed over a weekend. Engagement would be part of the process. Funding for the move had been agreed by the KMPT Finance Committee, although this was subject to redesign work meeting the budget. If costs increased then the Finance Committee would need to review the available funding. The Strategic Estates Group identified development opportunities throughout Medway and the possibility of KMPT services moving to Britton Farm had been identified through this. It was noted that a relatively small number of clients attended KMPT clinics as most patients were visited in their own home, in hospital or in the future, at a Healthy Living Centre but that a base was still needed for these services and associated staff. The proposal would also support the wider regeneration of that part of central Gillingham.

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A Committee Member reiterated that they did not consider the proposals to amount to a substantial variation to health services and asked if such a determination would be problematic for KMPT. The Director said that a public consultation would take time and resources and that there was always some risk that delay could pose a risk to the project itself. The relocation involved moving existing services to a single site. There would be no decrease in service and it was anticipated that it would enable services to develop and expand. KMPT, therefore, did not consider the proposals to amount to a substantial variation.

In view of the concerns raised, it was suggested that as an alternative to the Committee determining that the proposals amounted to a substantial variation, that KMPT be requested to report back to the Committee as the plans were progressed and that a representative of MDC attend the Committee with KMPT. It was also requested that Members of the Committee be given the opportunity to visit one of KMPTs existing hub locations in Maidstone or Ashford.

### Decision

The Committee:

- i) Considered and commented on the proposed development or variation to the health service.
- ii) Agreed with the KMPT assessment that the proposal does not represent a substantial development of, or variation to, the health service in Kent and Medway.
- iii) Requested that KMPT report back to the Committee as the plans progress and requested that a representative of Medway Development Company attend the Committee with KMPT.
- iv) Requested that Members of the Committee be given the opportunity to visit one of KMPTs existing hub locations in Maidstone or Ashford.

## 719 Primary Care in Medway Update

### Discussion

The Committee was advised that the report had been written before publication of the NHS Long Term Plan. However, the Medway Model and method of running primary care at scale fitted with the proposal in the long term plan. There were 49 GP practices in Medway, which ranged in size from 1,700 to 25,000 patients. Delivery of services at scale would enable more services to be provided locally with this concept being embodied in the Medway Model. This necessitated bringing services together, serving populations of 30,000 to 50,000. Data in relation to primary care was poor. NHS England, which had previously been responsible for commissioning primary care, had not collected data and there were not established systems in place for such collection. GP

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Practices were independent businesses who were not obliged to share data in relation to workforce, capacity and demand. This situation was changing with many practices now agreeing to share data. A NHS Digital workforce tool was due to go live in the current month with GP practices having signed up. This would improve the provision of data.

33% of GPs in Medway were already at a stage where they could chose to retire and there was a 10% vacancy rate. Workforce was the most significant risk to GP provision in Medway. There were two types of GP contracts. General Medical Services (GMS) contracts were lifelong contracts which could change hands between GPs, while Alternative Provider Medical Services (APMS) contracts enabled the CCG to purchase extra capacity in a particular area. This could be considered on the Hoo Peninsular to meet demand if existing practices were not able to expand to meet capacity.

The Local GP Federation had been awarded the Improving Access contract and it had been successfully implemented in three localities with feedback having been positive. Rollout was due to be extended which would include the Hoo Peninsular. A GP care home service had also been rolled out for GPs to work with specific care homes. December 2018 figures showed that there had been an 18% decrease in ambulance service attendance at care homes since implementation of this change.

There were currently six Primary Care Networks in Medway. A seventh would be added in view of growth on the Hoo Peninsular. An Estates Strategy was being developed which was due to be published in March or April 2019. This included a systemic review of all primary care estate. While workforce and estate challenges remained, positive changes had included the implementation of improved access, development of clinical leadership and the extension of capacity across Medway during the previous six months.

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

**Healthy Living Centre Occupancy** – It was confirmed that Healthy Living Centres were currently 40% to 50% utilised and that there was a cost for this estate whether or not it was occupied. The Community Health Services review and co-location of community services at Healthy Living Centres would help to address low occupancy as would increasing the amount of general practice provided at certain locations. In relation to the Lordswood and Rochester Healthy Living Centres, business cases would be produced to improve patient flows and make them clinically more attractive.

**Work with Pharmacies** – The Committee was advised that NHS England currently commissioned pharmacy services although this was expected to change in the next year. The CCG had engaged with local pharmacists in relation to data sharing with GPs but there were associated data protection issues. Patients attending pharmacies would not necessarily consent to their information being shared with a GP.

**Reprocurement of Community Health Services, data sharing and Care Navigators** – A Committee Member asked why the CCG was continuing in its plans to re-procure community health services. She considered that procurement should be paused while work was undertaken to implement the seven key changes. The Member also asked how problematic difficulties in sharing of data were and expressed concern that the recently commissioned Care Navigators would not provide the extensive service originally envisioned.

The Committee was advised that there were two levels of GP performance data. One of these was commercial data which included information relating to workforce, capacity and demand. GPs were not under any obligation to share this data. However, work was being undertaken with practices to address this. The legal challenge of data sharing between organisations was recognised with work taking place to address this. Within the Approved Access scheme, patients could go to any GP surgery or hub within the scheme to see a GP. With patient consent, their medical record could be viewed and updated. Care Navigation was a face-to-face locally based service provided at Medway Hospital and in GP surgeries. Work was taking place with Medway's Public Health team in relation to a bid for funding for social prescribing. This would complement the Care Navigators. A database was being developed to use for social prescribing with the voluntary sector having direct input into this. GPs would have access to the database, enabling them to make referrals. In relation to the reprocurement of community health services there had not yet been any change in legislation and the CCG's legal advice was that services had to be reprocured.

**GP availability** – A Member expressed concern about availability of GP appointments on the Hoo Peninsular and the difficulty practices were facing in recruiting GPs. When there were no appointments available locally patients were being sent to Gillingham, which was costly, took significant time to reach and could result in them having to wait for significant time upon arrival before being seen.

The CCG Director of Primary Care Transformation advised that a meeting with GPs on the Peninsular was due to take place in the next week. Projected population increases were not yet available but it was expected that Medway Council would be able to provide these in the next one to two weeks. Discussions with Public Health had been taking place over the last year. Once the population growth figures had been provided, more detailed planning could be undertaken to ensure adequate GP provision over the next three to five years. Improved access to GPs on the Peninsular had been secured to eliminate the need for patients to be sent to GPs further afield.

**Care Navigation and IT Provision and collaborative working** – A Member hoped that Care Navigation would not place constraints on GPs in terms of who they could refer to the service and emphasised the need for GP practices to work with each other. The Member also highlighted the importance of IT systems being able to effectively interface with each other for the service to work effectively. Investment from the CCG to help ensure this would be welcome.

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The Director of Primary Care Transformation said work had been undertaken to improve connectivity between GP services and functionality. Medway now had better connectivity between GPs than anywhere in Kent. Improved access arrangements giving GPs instant access to notes of patients who normally saw other GPs and these could be updated immediately. CCG representatives attended Local Care Team meetings. These meetings, which were chaired by a Clinical Body governing member were strengthening links between GPs. The local GP Federation in Medway now had 36 associate directors drawn from the 49 practices in Medway. It was confirmed that there would be no constraints placed on GPs in relation to Care Navigation referrals. A Kent and Medway GP online service was being procured with it being envisioned that all GP practices would be able to offer this service. Rollout was due at the end of 2019.

**Contract Model** – A Committee Member asked how big a task it was to get the contract model into place to enable delivery of the CCGs plans. The Committee was advised that the CCG was clear about the model required and that appropriate guidance would be provided to GPs. There would be opportunities to create other models within the plan.

**GP Care Home Provision** – GPs working with care homes had previously covered multiple homes. Patients were being encouraged to transfer to the dedicated GP but were not obliged to do so. The CCG was responsible for ensuring that patients who chose to remain with their existing GP were not disadvantaged as a result.

### Decision

The Committee noted and commented on the update provided.

## 720 Petitions

### Discussion

The Committee was advised that consideration of the report and petition had been deferred from the December 2018 meeting of the Committee to align with presentation of a report on Primary Care in Medway by Medway NHS Clinical Commissioning Group.

Councillor Freshwater introduced his petition in relation to GP Surgeries for the Hoo Peninsula, the key points of which were as follows:

- The number of GPs in the area was effectively being reduced as significant planning applications in Medway continued to be approved.
- Councillor Freshwater felt that the planning process was ineffective as the Director of Public Health was not highlighting the health impacts and impacts on GP provision of planning applications being considered. It was requested that the Director of Public Health produce a health impact statement as part of all planning applications.
- Medway Council was not responsible for the provision of GPs but it was responsible for improving the health of the local population.

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- A third of GPs were due to retire within the next five years and Medway NHS Clinical Commissioning Group (CCG) had not been able to provide data in relation to this. The Council was, therefore, taking decisions without having the relevant data available.
- GP services had not increased in seven years despite there having been a significant population increase.
- Councillor Freshwater considered that the Director of Public Health's Petition reply did not sufficiently address the issues raised.
- Some Peninsula residents were having to wait weeks to get a GP appointment. This situation would get worse as new houses were built.

Councillor Freshwater presented a completed Health Impact Assessment to the Committee, which set out 33 health related questions. Cllr Freshwater was concerned that such information was not being made available to Planning and that, therefore, planning decisions were being made without sufficient information being available. Cllr Freshwater outlined some recommendations to the Committee for it to advise the Council that it was not satisfied with the response to the petition from the Director of Public Health and to request that the need for additional GPs be investigated.

A Committee Member said that assurance had previously been given that there was a contractual mechanism through which GP services could be commissioned as required and that it was not feasible for the Director of Public Health to complete a Health Impact Assessment for all planning applications.

A Committee Member proposed that the Committee should note the report. He was also concerned that significant additional information had been provided by Cllr Freshwater to the Committee on the day of the meeting. Another Committee Member understood Councillor Freshwater's concerns but said that the challenges in relation to GPs were a Medway wide issue.

### **Decision**

The Committee considered and noted the petition referral request and the Director's comments at paragraph 3 of the report.

## **721 Adult Community Health Services Re-Procurement: Report From 2018 Patient and Public Engagement**

### **Discussion**

The Committee was provided an update on progress since the previous report presented in August 2018. Engagement had taken place in late 2017 to early 2018 with patients, the public and staff. Seven key changes to community health services were identified following the engagement with resulting plans having been shared in August. This had included the publication of a document detailing the seven key changes.



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Further engagement was undertaken in October 2018. This included 276 responses to a survey aimed at clinicians, staff, patients and local residents. It had been ensured that housebound patients had the opportunity to participate. The majority of survey responses were from patients. The engagement also included discussions with GPs and practice managers, Face-to-face meetings, focus groups and interviews. A total of 400 conversations were undertaken with a range of stakeholders. An independent research company had been commissioned to analyse findings. The analysis showed that most people supported the proposed seven key changes and felt that they would improve services. The most important factors identified were the need for an increase in multi-skilled nursing, therapists supported by specialist teams and quicker response for patients with more complex and long term conditions. It was generally considered that the proposed changes would amount to a fairer way of delivering services with better access and co-ordination of care.

Concerns raised included that changes may not be implemented until after the procurement that was due to take place in 2020. Medway NHS Clinical Commissioning Group representatives confirmed that changes were being made ahead of the procurement. One example was enabling clinical teams to work in a different way. GPs were working with health and social care to support people with complex and long term conditions and existing providers were making changes to service access, including introduction of central booking systems and co-ordination. Following concerns raised about centralised booking, relevant provider requirements would be strengthened in the procurement.

Workforce concerns had also been raised at the public engagement events. This included concern that there would not be enough staff. A Workforce Strategy was being developed which would help to address these concerns. A Workforce lead was working with all providers to address challenges and identify gaps in the workforce. It had been identified that the workforce needed to be better trained to enable identification of mental health issues and provision of better advice and signposting. The integration of community services with other services would be strengthened as would links with talking therapies.

Work was taking place with Medway Community Healthcare to ensure staff had skills to provide a wider range of interventions to patients with multiple long term conditions. The importance of workforce would also be strengthened in the tender documents. The CCG was investing an additional £1.5million to support revised community health services model.

A Committee Member was concerned that relatively few staff had participated in the engagement and that patients managing their own conditions had received the smallest support of any of the proposed seven key changes. The CCG had started to deliver some of the key changes required but the Member was concerned that the CCG was still planning to undertake a large scale reprocurement. She felt that existing providers would be at a disadvantage and that the exercise would cost more than the £1.5 million of funding being made available by the CCG. Medway Community Healthcare (MCH), one of the

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existing providers, had received legal advice suggesting that there was not a need to recommission services, which was contrary to the advice that the CCG had received. The Member considered that the CCG should innovate and not spend time on what she considered to be unnecessary procurement. It was clarified that the Chairman of the Committee, Vice-Chairman and Opposition Spokesperson had recently met MCH, at its request and that a number of concerns had been raised.

The Deputy Managing Director of the CCG said that it was continuing to review the situation but was currently of the view that it needed to undertake the procurement. In relation to staff participation in the engagement, the CCG Senior Programme Manager said that there had been significant staff participation at previous engagement sessions and that staff had been present at public engagement events. Staff from existing providers had been positive about the proposed changes.

A Committee Member emphasised the need for continuity of service provision and that although procurement needed to be considered, she was concerned about the scale being proposed. Another Member asked what the target had been for staff and patient engagement. The CCG representatives said that the challenge of service continuity was acknowledged. Community Services were not working in isolation but as part of the Medway Model. This would help to ensure that areas of duplication were addressed and the use of resources maximised. There had been no specific target for the number of people that the engagement would reach. As the number of responses to surveys was historically low, other engagement techniques, such as targeted interviews and focus groups had been used. Feedback had been obtained from 400 patients. It was acknowledged that there had not been as much feedback from staff as had been hoped, but overall, the CCG was satisfied with the engagement undertaken.

It was requested that the Committee be provided with further data in relation to the engagement undertaken and for this to include total figures for all engagement undertaken in the last two years. It was also requested that information be provided on the demographics of the people who had taken part in the engagement.

### **Decision**

The Committee:

- i) Noted the findings from the public engagement during September and October 2018 and the CCG's responses and actions taken as a result.
- ii) Requested that further data and statistics in relation to public engagement undertaken to date be provided to the Committee.

**722 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 requests for additional reports on the Carers Strategy and Outpatients Services to be added to the Work Programme for the March 2019 meeting of the Committee.
- iii) Agreed to defer update reports in relation to South East Coast Ambulance Service and All Age Eating Disorder Service to the June 2019 meeting of the Committee.

**Chairman**

**Date:**

**Jon Pitt, Democratic Services Officer**

Telephone: 01634 332715

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

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