

# Cabinet – Supplementary agenda No.1

**A meeting of the Cabinet will be held on:**

**Date:** 23 October 2018

**Time:** 3.00pm

**Venue:** Meeting Room 2 - Level 3, Gun Wharf, Dock Road, Chatham ME4 4TR

## Items

- |    |   |                   |
|----|---|-------------------|
| 8. | <b>RVS Older Persons Centre</b><br>Addendum Report                        | (Pages<br>3 - 6)  |
| 9. | <b>Director of Public Health Annual Report 2017-18</b><br>Addendum Report | (Pages<br>7 - 10) |

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Date: 22 October 2018



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**CABINET**  
**23 OCTOBER 2018**  
**RVS OLDER PERSONS CENTRE**  
**ADDENDUM REPORT**

Portfolio Holder: Councillor David Brake, Adults' Services

Report from: Ian Sutherland, Director of People – Children and Adults Services

Author: Heidi Ward Programme Lead, Partnership Commissioning  
Jon Pitt, Democratic Services Officer

**Summary**

To provide Cabinet with the views of the Health and Adult Social Care Overview and Scrutiny Committee which considered the report on 16 October 2018.

**1. Background**

- 1.1 The report set out progress made on ensuring the future sustainability of the RVS Older Persons' Centre in Chatham. The provision locally is centred around a community café with there being a variety of drop in facilities provided for vulnerable older people. The aim of the offer was to reduce social isolation and loneliness.
- 1.2 Following a review of grant funded arrangements, the Council gave notice to RVS that grant funding would no longer be provided for the Centre post March 2018. This was on the basis that grants paid to RVS and to other voluntary organisations were not compliant with procurement and contract regulations and it was not possible to evidence whether good value for money was being achieved. The Council had since embarked on recommissioning VCS services in Medway.
- 1.3 Notice was given to RVS that grant funding, amounting to £35,000 per year, of which £18,000 was attributed to rental fees for the premises,

could cease in March 2018. Following a campaign by RVS, service users and volunteers, Cabinet agreed on 10 April 2018 to invest a further £17.5k to match fund the centre until March 2019. Funding was agreed on the basis that officers and RVS would work together to develop a sustainable plan to enable RVS to continue services.

- 1.4 RVS and the Council's Partnership Commissioning team were working collaboratively to achieve a sustainable plan for the Centre to continue operating once grant funding ends. The preferred option being to relocate the Centre to more cost effective premises that was easily accessible and had good transport links.
- 1.5 Council Officers identified a number of property options which included renting and sharing office space with other partner organisations. RVS investigated these options but they were ruled out due to cost, inaccessibility and not being suitable for running a café.
- 1.6 RVS had engaged with 14 property agencies and reviewed 47 buildings, 45 of which were not suitable. Of the two suitable properties, one had already been leased before negotiations could be completed. RVS had now identified a property with a business case due to be developed. If agreed, RVS would seek to fundraise to take forward the proposals.
- 1.7 A Committee Member said that they had been pleased to hear about a possible partnership development with a local housing association. It was hoped that the new building would be better than the existing premises and the Member felt that the housing association should provide the funding to refurbish the building. She commended the work of RVS staff, both locally and nationally in order to achieve sustainability. A Community Coordinator had been appointed to promote the role of volunteers. It was clear that few volunteers would be existing service users as they tended not to want that level of commitment. The Member considered the Older Person Café to be very important and it was therefore important that the new facilities offered this and that if the identified venue proved to be unsuitable there should be more work undertaken to help RVS find an alternate premises. Having paid staff was seen as being crucial to the success of the Centre. It was noted that a befriending pilot had started for people unable to access the Centre. The Committee was also advised that Arriva had started running a 'Talk on bus' from Maidstone to Tenterden which featured activities for passengers and it was suggested that a similar service was needed in Medway.
- 1.8 The Head of Adults 25+ Partnership Commissioning and Better Care Fund said that there was a need for capital investment to bring the proposed premises up to the required standard for use and that joint working was ongoing to ensure future sustainability. It was noted that a report would be presented to Cabinet in October 2018 and that further updates would be provided to the Committee and to Cabinet as required.

- 1.9 Another Committee Member said there were a significant number of potential service users in the Brompton area but that there was a need to address lighting and security concerns as well as the large steps that currently provided access to the facility. A Member was in favour of the Council supporting the facility but said that RVS also needed to take responsibility for ensuring future sustainability.
- 1.10 The Committee supported the continued identification and consideration of buildings within the Council's Estate that could provide a low cost property for RVS, provided comments for Cabinet and requested that a briefing note be provided to the Committee to update Members on progress.

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**CABINET**  
**23 OCTOBER 2018**  
**DIRECTOR OF PUBLIC HEALTH**  
**ANNUAL REPORT 2017-18**  
**ADDENDUM REPORT**

Portfolio Holder: Councillor David Brake, Adults' Services  
Report from: James Williams, Director of Public Health  
Author: Clare Ebberson, Consultant in Public Health  
Jon Pitt, Democratic Services Officer

**Summary**

To provide Cabinet with the views of the Health and Adult Social Care Overview and Scrutiny Committee which considered the report on 16 October 2018.

**1. Background**

- 1.1 The Committee was informed that the Director of Public Health is statutorily required to produce an annual report setting out issues that impact on the health and wellbeing of the local population. Health protection had been identified as the focus for the 2017/18 report which covered nine areas - Infectious Diseases and Foodborne Illnesses; Seasonal Flu; Screening; Emergency Preparedness; Sexual Health and Blood Borne Viruses; Tuberculosis; Health Care Associated Infections; Air Quality and Vaccinations.
- 1.2 There had been 140 recorded outbreaks of infectious diseases in Medway in the last five years, which were mainly linked to gastrointestinal diseases. The majority of the outbreaks were associated with noro-virus. Encouraging uptake of seasonal influenza vaccination was one way of reducing winter pressures on the health and care system. Uptake rates had increased locally. Last year had seen a number of significant outbreaks of seasonal influenza nationally and regionally, but there had been relatively few institutional outbreaks

in Medway compared to other areas. This was considered to be due to strong partnership working. A new type of flu vaccination had been introduced for over 65s. This vaccine has been found to be more effective in this age group. The challenge was to persuade groups, such as pregnant women and those with chronic health conditions to get themselves vaccinated. There was a target of 100% of staff working in an acute hospital setting to be vaccinated. The Council was committed to ensuring all key frontline care staff were vaccinated and 29% of the social care workforce had been vaccinated so far, which was a significant improvement compared to the previous year. Vaccination programmes were funded by NHS England and supported by Public Health England with the Director of Public Health being responsible for holding these bodies to account to ensure effective provision for the Medway population.

- 1.3 Health screening was challenging as the people most likely to attend screening were not those who were the most likely to experience health problems. One particular challenge was to increase the rate of bowel screening.
- 1.4 The Local Health and Resilience Partnership was responsible for ensuring the Kent and Medway health system was able to respond effectively to incidents that require an NHS response. This could include epidemics of communicable disease, winter pressures and adverse weather, for example summer heatwaves. The Director of Public Health liaised with the NHS to seek assurance and to test preparedness plans to ensure they were fit for purpose and could protect the population.
- 1.5 The rates of sexually transmitted diseases were relatively low in Medway with the highest infection rate being amongst 15 to 24 year olds. Services to tackle these diseases in Medway were considered to be good with the service having been retendered.
- 1.6 Medway had a low prevalence for TB and was well below the threshold of 40 cases per 100,000 population which was considered high. Latent TB and the need to increase understanding of it was one challenge faced by Medway.
- 1.7 There was a need to ensure that patients could be treated safely and effectively in health care settings without picking up infections that impact on their care and health. NHS Medway CCG and other colleagues within Public England and NHS England were working to address the issue of health care acquired infections.
- 1.8 Medway currently had four air quality management zones. Overall, air quality in Medway was good but there were particular issues in some areas. Vehicles emissions were generally the cause of pollutants, however given Medway's geography and proximity to major national arterial transport networks, tackling these issues required partnership action. An Air Quality Action Plan and Air Quality Communications



Strategy had been developed to help local residents and businesses address issues that could be managed within Medway.

- 1.9 The Committee was informed that Healthwatch Medway already held and shared information with the public about how to stay healthy and improve their health with Healthwatch looking forward to continuing to work with Public Health on prevention and information sharing.
- 1.10 A Committee Member noted plans to make notification of the hygiene standards at food premises mandatory at national level. It was suggested that Medway could formally request that food establishments do this ahead of any legislation. The Director of Public Health advised that Medway already had a local food hygiene inspection scheme in place and over 93% of local food businesses had been assessed as good or very good in 2017. This was an increase of 3% from the 90% that had been graded at these levels in 2016.
- 1.11 In relation to child vaccination records, there had previously been difficulties in determining whether the data provided by the local NHS England team responsible for collating this information, accurately reflected the levels of children vaccinated in Medway. The Member questioned how reliable the data now was and also noted that the 95% vaccination target that was required to avoid disease outbreaks in the population was not being met nationally or locally. There had been outbreaks of measles in Europe as vaccination levels dropped and it was asked what was being done to increase vaccination levels. The Member also queried whether there was sufficient seasonal influenza vaccine available as there had been reports of shortages.
- 1.12 Officers advised that the challenges in relation to childhood vaccination data had been resolved following the national procurement of the Child Health Information System. There had been a local measles outbreak in the Gillingham, Chatham and Swale area. An Outbreak Control team had managed the outbreak and produced a full report with the outbreak having been relatively limited compared to that seen in some other areas. Work was being undertaken to ensure that people were able to access two courses of measles and mumps vaccine. Production issues associated with the new flu vaccine had been largely resolved. Patients were able to obtain the flu vaccine at pharmacies and so any delay in being able to obtain a GP appointment should not cause delay in being vaccinated.
- 1.13 A Member asked how causes of poor air quality were being identified. She considered that Medway's aspiration to become city of cycling was made problematic by its hilly topography. It was suggested that cycle routes across Medway should be joined up via the river Medway as this would provide easily cyclable routes. The cost of buying an electric vehicle was currently prohibitive with there being limited charging availability. The Member considered therefore, that aspirations and recommendations in relation to these issues were not realistic. Another Member agreed that some of the recommendations were not realistic

and said that resolving air quality challenges would be challenging against a backdrop of an ever increasing population and increasing number of cars.

1.14 The Director of Public Health advised that the number of air quality exceedances in Medway had reduced in the last couple of years and that mobile monitoring stations were used to ensure that issues were detected early. Measures were also being taken to reduce particulate pollution. The issues raised in relation to cycling would be referred to the relevant team. With regard to electric vehicles and sustainable forms of transport, Council policy was to encourage their use. It was acknowledged that the purchase of an electric vehicle was not realistic for a lot of people at present. However, the price of electric vehicles was expected to gradually fall and there would be other options, such as leasing, for people unable to buy a vehicle outright.

1.15 The Committee:

- a) Considered the comments of the Health and Wellbeing Board.
- b) Noted the Director of Public Health's Annual Report for 2017-18, in particular its findings and recommendations.
- c) Requested that hard copies of the report be provided to Members.

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