

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

**Tuesday, 26 June 2012**

**7.00pm to 8.35pm**

**Record of the meeting**

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

**Present:** Councillors: Avey (Chairman), Christine Godwin, Griffin, Pat Gulvin, Kearney, Maisey, Murray, Purdy (Vice-Chairman), Rodberg and Shaw

**LINK representative without voting rights:**

Shirley Griffiths

**Co-opted members without voting rights**

Christine Baker (Medway Pensioners Forum)

**Substitutes:** Councillors:  
Adrian Gulvin (Substitute for Councillor Mackness)  
Irvine (Substitute for Councillor Watson)

**In Attendance:** Dr Alison Barnett, Director of Public Health  
Councillor David Brake, Portfolio Holder for Adult Services  
Rose Collinson, Director of Children and Adults  
Councillor Jane Etheridge  
Rosie Gunstone, Democratic Services Officer  
Preeya Madhoo, Research and Review Team Manager  
Dr James Thallon, Co-Medical Director, NHS Kent and Medway

**115 Record of meeting**

The record of the meeting held on 27 March 2012, the record of the special meeting held on 22 May 2012 and the record of the Joint Meeting of All Committees held on 16 May 2012 were agreed and signed by the Chairman as correct.

**116 Apologies for absence**

Apologies for absence were received from Councillors Igwe, Mackness and Irvine, and the Deputy Chief Executive, NHS Kent and Medway.

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

The Chairman, referred to the record of the decision of the special meeting held on 22 May 2012 where there was a record of concerns raised about alleged failings on the part of our NHS colleagues to circulate information to Members and consult with the Luton PACT about withdrawal of Malling Health from Sterling House. He stated that NHS Kent and Medway had fully investigated those concerns and provided a written response to him with copies to opposition spokespersons. He placed on record that the NHS colleagues were in no way at fault on this as it was clear that the information promised had been emailed to Members in good time although one or two Members had experienced problems with their email accounts and did not receive the email. He also confirmed that the Luton PACT had been invited to attend a community based meeting to discuss the proposal. Councillor Christine Godwin added her own apologies but stated that she had experienced problems with IT during that period and the email had been lost. She also confirmed that she had been present at the Luton PACT meeting where the matter had been discussed.

The Chairman later referred to the fact that this would be the Director of Children and Adults' last meeting of the Committee and put on record his thanks for her support during his time as Vice-Chairman and Chairman of the Committee. Representatives of the Labour and Liberal Democrat Groups also expressed their thanks to the Director for her sterling work and wished her well for the future.

**118 Declarations of interest**

Councillor Murray declared a personal interest as her daughter works for NHS Kent and Medway.

Councillor Christine Godwin declared a personal interest in any reference to Medway Older People's Partnership as she chairs the Partnership and any reference to Kent and Medway NHS and Social Care Partnership Trust as her husband is non-executive director there.

Councillor Irvine declared a personal interest in any reference to Mark Reckless, MP on the grounds that he works for him.

Councillor Sheila Kearney declared a personal interest as she is a Member of Medway NHS Foundation Trust and also the South East Coast Ambulance Trust.

The Chairman, Councillor Avey, declared a personal interest in the item relating to an update on Marlowe Park by virtue of it being in his ward and his involvement in the campaign to keep the Medical Centre open.

Shirley Griffiths declared a personal interest in Medway NHS Foundation Trust and trustee of Medway Crossroads Carers Trust. Later in the meeting she declared an interest by virtue of being a member of the Learning Disability Partnership Board and the Learning Disability help group.

## **119 Update on Marlowe Park Medical Centre**

### **Discussion:**

The Co-Medical Director, NHS Kent and Medway introduced the update on Marlowe Park Medical Centre and explained that NHS Kent and Medway had agreed to a single tender waiver to enable Dr Juneja to be awarded a five year GMS contract. There was still a period of consultation in place and one objection had been received from Dr Juneja's former practice partner. Negotiations were ongoing but he was hopeful that with effect from 1 July the contract would be awarded to Dr Juneja. He acknowledged the level of support that Dr Juneja had received from patients at Marlowe Park and from the Council. Members also paid tribute to both Mark Reckless, MP, and Councillor Igwe for their support of Dr Juneja during this period.

Councillor Irvine expressed thanks, on behalf of Dr Juneja, to the Committee for their support.

A suggestion was made that it could be helpful for Dr Juneja to set up a patient forum in the same way as the Thorndyke patient forum had been developed.

Responding to a question, the Co-Medical Director explained that under the NHS reforms the NHS Commissioning Board would handle the appointment of GPs and deal with any contract issues. He also clarified that in the recent newspaper article in the Kent Messenger relating to Marlowe Park Medical Centre that Dr Juneja was being cautious in stating that an agreement had not been signed and he was anticipating the contract being signed by 1 July 2012.

### **Decision:**

The Committee thanked the Co-Medical Director of NHS Kent and Medway for his update and noted the report.

## **120 Joint Strategic Needs Assessment**

### **Discussion:**

The Director of Public Health gave a presentation on the Joint Strategic Needs Assessment (JSNA) to set the context, key components and messages in the assessment.

She referred to the involvement of the Health and Wellbeing Board in producing the JSNA, which took account of the three existing Outcomes Frameworks, NHS, Public Health and Adult Social Care (a further Outcomes Framework for Children was anticipated shortly) and set out the policy context, referring to the Marmot report on health inequalities and the Dilnot report on fairer funding for care.

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She then explained that the Board had focussed on five key themes, which were:

1. Give every child a good start
2. Prevent early death and increase years of healthy life
3. Enable our older population to live independently and well
4. Improve physical and mental health and wellbeing
5. Reduce health inequalities

The next steps would be a stakeholder event organised by the Health and Wellbeing Board on Monday 2 July 2012 to produce a long list of priorities which would be distilled by the Health and Wellbeing Board into a shorter list. The JSNA would be updated regularly but was now available online at [www.medwayjsna.info](http://www.medwayjsna.info)

The Director of Children and Adults emphasised that the JSNA was very much a whole picture of the health and social care needs of Medway residents. She also responded to a query, relating to teenage pregnancy, about the emphasis in the current curriculum of relationship and sex education and stated that as the curriculum changes were implemented from 2013 it would be important for Members to champion the need for relationship/sex education to still be included as a component of the curriculum.

Concern was expressed at some of the findings in the JSNA in particular the fact that Medway residents could experience a shorter life expectancy and it would be very important to target resources against the needs to have the greatest impact.

Concern was expressed that the financial implications paragraph in the report stated that there 'may be financial implications' and Members felt this was misleading as in their view there would definitely be financial implications. The Democratic Services Officer responded to a question and stated that on 9 October 2012 the Committee would receive a report on the Joint Health and Wellbeing Strategy, which would give the actions flowing from the JSNA and at that point the associated financial implications would be clearly set out.

Discussion took place around concerns, raised by the representative from the Older People's Partnership, about poor experiences from service users relating to services provided by Medway Community Healthcare in particular those connected to diabetes such as podiatry. One of the concerns appeared to be that some people seemed no longer to be eligible for services and some were being asked to pay for services which had previously been provided free of charge.

It was stated that some older people had raised concerns with the Medway Community Healthcare Trust but their response was that their course of action would be to contact the Ombudsman. Some other Members of the Committee had also received similar complaints and the question was asked as to what the best method would be for the Committee could investigate the matter. A

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suggestion was made that an online survey could be set up to enable service users to mail in their concerns in relation to this topic.

The Democratic Services Officer advised that as an initial course of action a letter could go to the Chief Executive of Medway Community Healthcare on behalf of the Committee to request a briefing on the topic of diabetes services and podiatry in particular to clarify the concerns raised. Once this had been received she undertook to propose a way forward.

Discussion then took place regarding historical reasons for a shorter life expectancy in Medway and whether the health issues, which arose from working at Chatham Dockyard, had been taken into account in the statistics in the JSNA. The Director of Public Health stated that while occupational exposure to certain substances could impact on life expectancy this was not specifically taken into account.

Those Members of the Committee attending the event on 2 July stated that they would reflect on the issues raised during the meeting at that event.

### **Decision:**

- (a) The comments of the Committee should be taken into account in the development of the Joint Health and Wellbeing Strategy; and
- (b) The Democratic Services Officer undertook to request a briefing note from Medway Community Healthcare as suggested above.

## **121 Council Plan - year end report 2011/2012**

### **Discussion:**

The Director of Children and Adults introduced the quarter 4 year end Council Plan performance management report and she and the Research and Review Team Manager responded to Members' questions.

The Director referred to the outstanding performance regarding hospital delayed discharges over the past year and said that none had been attributable to adult social care. She paid tribute to the social workers in the hospital team. She also announced that, now the final data for the year had been assessed, NI 133 timeliness of services commencing post-assessment, which had been a red target, was now green.

Responding to a request the Research and Review Team Manager undertook to provide the colour charts in A3 format in future to make them easier to read.

A question was asked about the handover with Kent and Medway NHS and Social Care Partnership Trust (KMPT) and asked whether the outstanding issues had been resolved. (This matter had been raised at the last special meeting).

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The Director updated Members by stating that a briefing note had gone round to say that there was now access to the KMPT database, Rio, which had been a critical improvement. She stated that access to Rio was vital particularly due to the nature of mental illness being episodic and it was important for the social work staff working with service users to understand the history of their condition. A meeting would take place between commissioners and the Chief Executive of KMPT within the next month to make sure all outstanding issues had been addressed.

Discussion then took place about Appendix 3, the key targets for 2012/2013, in particular PH1 the number of adults taking part in healthy weight and exercise referral interventions which had been set for 1,000 when the outturn had shown an achievement of 1,030. The Director of Public Health stated that the target had been set on the basis of a predicted outturn and she would be looking at this again with a view to increasing the 2012/2013 target. She did stress, however, that this would be dependent on resources within her team.

In relation to the key measure LD1 adults with learning disabilities in employment and a request was made for information about the number of adults with learning disabilities employed by Medway Council. Officers undertook to inform members on the number of people with a learning disability employed by Medway Council.

The point was made that if the Council wished to persuade other employers to employ adults with learning disabilities it should be leading by example. The Director agreed and stated that this had always been a challenging target and very difficult to achieve mainly because only those people eligible for services, and therefore classified as those with substantial or critical needs, could be counted within the figures so this was a limiting factor. She welcomed any ideas from Members on how improvements could be made to ensure better outcomes for adults with learning disabilities. Members queried what the Council was doing to try to resolve this issue and the Director cited examples of a service user being supported with a 'travel buddy' to help support the individual to travel to work in the Council as well as efforts being made through the Learning Disability Partnership Board, as this was a priority focus for them and they are well placed as a multi agency group, with Job Centre Plus. She emphasised that it was important to ensure that employment was sustainable. The current economic climate would inevitably affect the situation.

### **Decision:**

- (a) The report was noted with the comments as set out above;
- (b) Officers agreed to inform Members how many adults with learning disabilities Medway Council currently employ.

**122 Work Programme**

**Discussion:**

The Democratic Services Officer introduced the report and stated that two further items needed to be added to the business for 21 August 2012. These were the report back from the Joint HOSC with Kent County Council on acute adult mental health beds redesign from the meeting to be held on 3 July 2012 and the annual report on compliments and complaints for adult services.

The Director of Children and Adults confirmed that there would be a meeting of commissioners with Kent and Medway NHS and Social Care Partnership Trust to resolve any outstanding issues around the decommissioning of adult mental health social care. She also referred to the fact that the adult mental health social care team now based at the Compass Centre were very grateful for the Committee's interest in them and for the recent Cabinet decision to base them in Medway Council for a further year. The Chairman reminded Members that there would be a visit to the adult mental health social care team on 12 July 2012 at 5.30pm at the Compass Centre in Chatham if any Member were interested.

Discussion took place about the issue raised earlier in the meeting about podiatry and the ways in which the Committee might be able to receive evidence from the public to inform debate in a form such as an online survey for instance. The Democratic Services Officer stated that she would look at the possibilities for dealing with evidence at the time a response is received on the matter.

**Decision:**

- (a) It was agreed that the following items be added to the business for 21 August 2012:
- Podiatry
  - Report back from the Joint HOSC with Kent County Council on adult mental health acute beds
  - The annual report on compliments and complaints for adult services
- (b) The Democratic Services Officer agreed to investigate the best method for dealing with evidence in relation to the podiatry issues raised at the meeting following a response from Medway Community Healthcare.

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**Chairman**

**Date:**

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