

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

Tuesday, 8 April 2014

6.30pm to 9.15pm

Record of the meeting

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

Present: Councillors: Christine Godwin, Griffin, Adrian Gulvin, Pat Gulvin, Hewett, Maisey, Murray, Purdy (Vice-Chairman), Shaw, Watson and Wildey (Chairman)

Co-opted members without voting rights

Christine Baker (Medway Pensioners Forum) and Dr Greg Ussher (Healthwatch Medway CIC representative)

Substitutes: Councillors:
Juby (Substitute for Kearney)

In Attendance: Ian Ayres, NHS West Kent CCG Accountable Officer
The Very Reverend Dr Mark Beach, Healthwatch Medway,
Healthwatch Medway
Dr Alison Barnett, Director of Public Health
Elizabeth Benjamin, Senior Lawyer - Litigation
Councillor David Brake, Portfolio Holder for Adult Services
Dr Gill Fargher, Medway Clinical Commissioning Group,
Medway Clinical Commissioning Group
Rosie Gunstone, Democratic Services Officer
Councillor Andrew Mackness
Councillor Vince Maple, Leader of the Labour Group
Malcolm McFrederick, Interim Director of Operations, Kent and
Medway NHS and Social Care Partnership Trust
Barbara Peacock, Director of Children and Adult Services

978 Record of meeting

The record of the meeting held on 28 January 2014 was agreed and signed by the Chairman as a correct record.

979 Apologies for absence

Apologies for absence were received from Councillors Igwe and Kearney.

980 Urgent matters by reason of special circumstances

There were none.

981 Declarations of interests and whipping

Disclosable pecuniary interests

There were none.

Other interests

The Chairman, Councillor Wildey, informed the Committee that, although he did not feel it was a declarable interest, he wanted to disclose that he was receiving physiotherapy treatment in view of the reference to that service under the work programme.

982 Acute mental health inpatient beds update

Discussion:

The Chief Officer, West Kent Clinical Commissioning Group and the Interim Director of Operations from Kent and Medway NHS and Social Care Partnership Trust (KMPT) introduced the report and handed round an updated sheet relating to location of patients in inpatient beds in Kent and Medway over the past week. It was stated that one patient had been placed out of area.

Members expressed their disappointment that the information asked for at the previous meeting had not been forthcoming in spite of a number of requests.

Members stressed the importance of raising awareness of mental health issues and the Director of Public Health advised that her directorate provided Mental Health First Aid Training which had a good uptake from front line staff across the public and voluntary sector. Members suggested that this could be promoted more widely and also commended the A Better Medway Champions Programme.

Members explained that what they require for the next meeting is recent daily bed usage and availability across Kent and Medway in order that the Committee can assess the capacity in the system. They also requested details of people from Kent and Medway, during that period, being placed outside of area, with details of where they are placed and the actual costs involved. The Interim Director of Operations suggested that the out of area details should be split into those sent outside of the area in order to access very specialist services and those being sent out of area because of a lack of inpatient beds.

Concern was then expressed at the statement contained on page 27 of the agenda, which implied that the Trust would not be accepting any ongoing continued liability to provide financial assistance to those people being placed more than 14.5 miles from their home. Members felt that an undertaking had

been given by KMPT, as part of the consultation on acute beds, to assist with transport and requested that should the policy be changed the Committee requested that they be kept informed.

In relation to the street triage pilot scheme, which had now come to an end, the Chief Officer, West Kent Clinical Commissioning Group responded to a query as to what would now happen with regards to the scheme. He stated that he would request the Chief Clinical Officer of NHS Medway Clinical Commissioning Group who would be responsible for the commissioning of such a service and request a briefing note for the Committee. Members spoke in support of the usefulness of having a mental health nurse from KMPT at the Police control room as a result of the street triage scheme.

KMPT were thanked for the work they had commenced at Park Avenue in Gillingham, for the Trust's engagement with local councillors, residents and patients in their plans and for the helpfulness of staff working there.

The Healthwatch Medway representative stated that it might be helpful if a further column is added in future to the update table to set out the public and patient involvement which has taken place.

The Chief Officer, West Kent Clinical Commissioning Group explained that the responsibility for commissioning adult mental health referred to NHS Medway CCG from 1 April 2014. On that basis the Chief Clinical Officer, NHS Medway CCG with KMPT, would bring the next, and subsequent updates.

Decision:

Members noted the report and requested that the next report for the June meeting should contain all the information requested as set out in the discussion above.

983 Update on patient transport

Discussion:

The Chief Officer, West Kent Clinical Commissioning Group introduced the update in relation to the patient transport contract and responded to Members' questions. He advised that while there had been some improvements the provider was still subject to rigorous monitoring and the service was still not performing at the level it should be, particularly in relation to transportation of renal patients.

Members agreed that this situation was not satisfactory nor was it easy to understand why the transportation of renal patients could not run smoothly as it was easy to predict and plan for. Members requested that this situation was remedied as a matter of urgency and commended the openness and transparency of the key issues set out in the report.

Discussion took place as to the next steps and the possibility of it being necessary for the service to be re-procured should the provider not bring the service up to the required standard.

Decision:

Members requested a further update at the next meeting and requested that the position with regards the transportation of renal patients is improved speedily.

984 Health and Wellbeing Board review of progress

Discussion:

The Chairman of the Health and Wellbeing Board gave a brief introduction to the review of progress of the Health and Wellbeing Board. In relation to a question he stated that the Board was able to influence and encourage and that it was unique in its composition. Other Members of the Board also contributed to the discussions and all responded to Members' questions in relation to a number of topics including:

- Smoking cessation
- Planning
- Licensing
- Big Lottery Fund
- Use of greenspaces
- How the Board can make a difference
- Hot Food takeaways
- Better Care Fund
- Healthchecks

Reference was made to the difference the Board has already made to the local input in relation to the commissioning of armed forces health and to the health and justice commissioning intentions. The Healthwatch Medway representative on the Board explained the role of Healthwatch Medway on the Board in being able to bring to the table the voice of service users to enable a triangulation of information across health and social care commissioning.

Members stated that it was important to look at the wide range of decisions, which could impact on health given that people who live in Medway have poorer health than the national average.

The representative of Medway Pensioners Forum referred to difficulties encountered by some of the forum members in taking forward their health concerns, having identified them as a result of training on how to identify an erratic pulse, from the NHS Medway CCG. The Vice-Chairman of the Health and Wellbeing Board, as a practicing GP, suggested that the concerns are relayed back to the referring GP. Healthwatch Medway also offered their assistance.

Comments were made about jargon contained in the report and Board Members took note of this for the future and explained the abbreviations during the meeting.

Decision:

Members thanked the Board members who had attended, commended the progress made so far and welcomed the report.

985 Health Inequalities Task Group review report

Discussion:

The Chairman introduced the report, as Chairman of the Task Group, and explained how the evidence had been gathered and set out the findings and recommendations of the Task Group for the Committee's approval. He thanked those who had participated in, and supported, the Task Group's work.

Members commended the report and it was stated that the report was comprehensive and a fair summation of the challenges facing Medway in relation to health inequalities.

The Healthwatch Medway representative particularly commended recommendations 7, 9 and 11 and referring to the standardised questions, which were appended to the review document and stated that any organisation in Medway could usefully ask themselves those questions.

In response to a question, the Democratic Services Officer explained that the review would be considered next by the Health and Wellbeing Board on 22 April 2014 and Cabinet on 13 May 2014.

Decision:

(a) The Committee agreed that the Report of the Scrutiny Review Group is referred to the Health and Wellbeing Board on 22 April 2014 and Cabinet on 13 May 2014. The specific recommendations are as follows:

1. That Cabinet tasks the Council to continue to work with landlords, developers, partners and residents to aspire to raise housing standards. Where it is apparent that the legal standards are not being met to seek a resolution to those issues in line with the Council's Housing Enforcement Policy.
2. That Cabinet task the Director of Public Health to engage with the Director of Regeneration, Community and Culture to inform the development of the Medway Local Plan and establish a joint officer project group to ensure that the local plan maximises the opportunity to improve the wider determinants of health through planning.

3. That Cabinet tasks the Director of Public Health to continue to engage with Licensing Officers to maximise the opportunity to improve the wider determinants of health through licensing, building on the partnership working to date between Public Health, Licensing and other departments and agencies to provide ongoing messages to licensees and the public on public safety and public health issues.
4. That Cabinet asks NHS England (Kent and Medway Local Area Team) to work with NHS Medway Clinical Commissioning Group (CCG) to investigate inequity in access and outcomes at GP practices and report back to the Health and Wellbeing Board with its plan to address the issue.
5. That Cabinet acknowledges that as a large employer Medway Council plays an important leadership role in reducing health inequalities. As such the implementation of workplace health initiatives are welcomed, and it is suggested that the drug and alcohol policy for the Medway Council workforce is refreshed covering all types of workers.
6. That Cabinet asks the Director of Regeneration, Community and Culture and the Director of Public Health to expand and build on work with local businesses to support them to implement workplace health initiatives within the framework of the Public Health Department's 'A Better Medway' services.
7. That Cabinet:
 - (a) asks the Health and Wellbeing Board to engage with members of the public and seek views on barriers to uptake of services – whether they be Council, NHS or volunteer – in the development and implementation of the Health and Wellbeing Board engagement plan in the next 12 months; and
 - (b) that the findings of this engagement exercise should be used to programme and target further work to address health inequalities with Council service managers, NHS colleagues and the voluntary sector.
8. That Cabinet notes that one mechanism for providing services to reduce health inequalities, consistent with proportionate universalism, is to provide a universal service with targeted support where appropriate, and asks Public Health to investigate developing a framework to enable the application of proportionate universalism approaches in a structured way in the planning and delivery of all services.
9. That Cabinet asks:
 - (a) the Health and Wellbeing Board to identify where health equity audits may help to determine action that would reduce health

inequalities across council services and those commissioned by the CCG and NHS England (Kent and Medway Local Area Team); and

(b) that the Public Health department then provides support or leads on conducting those which are determined to be the highest priority by the Health and Wellbeing Board.

10. That Cabinet tasks the Director of Regeneration, Community and Culture and Director of Public Health to work together to develop a protocol for dealing with any future planning developments in Medway that may have a significant impact on the health and wellbeing of the local populations. (This is to enable the Director of Public Health's comments to be considered as a material consideration in the determination of those applications).

11. That Cabinet recommends the following three principles to assist the Council and partners, where relevant, to direct investment where it is most needed in order to tackle health inequalities:

Principle 1: Actively seek ways of working in partnership across teams and agencies to tackle health inequalities and direct resources

Principle 2: Assess the impact of investment decisions on health inequalities before decisions are made

Principle 3: Review and evaluate how equitable services are, e.g. through health equity audit, and adjust service delivery to address any inequalities found

(b) As with previous in-depth scrutiny reviews it was agreed that there would be a six month review of progress back to this Committee.

986 Quarter 3 Performance report

Discussion:

The Director of Children and Adults and Director of Public Health introduced various parts of the quarter three performance report and responded to Members' questions mainly in relation to the following topics:

- Investment in Frameworki
- Carers' support
- Carers' survey
- Smoking including e-cigarettes and illegal tobacco

The suggestion was made that Customs and Excise needed to take more action in relation to illegal tobacco. It was also suggested that the Police could

take a stronger view in relation to actively pursuing and prosecuting those responsible for selling illegal tobacco.

Decision:

Members noted the third quarter performance against the Key Measures of Success used to monitor progress against the Council Plan 2013/2015 and requested a briefing note in relation to the actual numbers of carers, from the recent survey, who felt they had encouragement and support in their caring role.

987 Work programme

Discussion:

The Democratic Services Officer introduced the work programme and drew Members' attention to the supplementary agenda, which contained the completed protocol questionnaire in relation to the re-procurement of physiotherapy in Medway.

She also outlined the recommendations contained in the report including the request from the Care Quality Commission for the Committee's input into the inspection of Medway Maritime Hospital. It was suggested that this should be dealt with outside of the Committee through a delegation to the Assistant Director, Customer Contact, Leisure, Culture, Democracy and Governance with the Chairmen and spokespersons of this Committee and Children and Young People's Overview and Scrutiny Committee.

It was requested that the Committee should consider the outcome of the Care Quality Commission inspection when it is available.

Members agreed that they did not feel the re-procurement of physiotherapy was a substantial variation or development.

Decision:

- (a) It was agreed that the re-procurement of physiotherapy was not a substantial variation or development;
- (b) It was agreed to remove the item on the schools notification pilot from the work programme in accordance with paragraph 3.4 of the report;
- (c) Authorisation was given to the Deputy Director, Customer Contact, Leisure, Culture, Democracy and Governance in conjunction with the Chairman and spokespersons of this Committee and Children and Young People's Overview and Scrutiny Committee, to respond to any inspection related communications from the Care Quality Commission in relation to Medway Maritime Hospital.;

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- (d) The inspection report from the Care Quality Commission in relation to Medway Maritime Hospital should be listed as a future work programme item.

Chairman

Date:

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