

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

1 OCTOBER 2015

## ATTENDANCE OF THE PORTFOLIO HOLDER FOR ADULT SERVICES

Report presented by           Councillor David Brake, Portfolio Holder Adult Services

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### Summary

This report details the areas covered by the Portfolio Holder for Adult Services which fall within the remit of this Committee.

### 1. Background

1.1 The areas within the terms of reference of this Overview and Scrutiny Committee and covered by the Portfolio Holder for Adult Services are:

- Community care
- Better Care Fund
- Partnership Commissioning (Adults)
- Older People Service
- Telecare/Telemedicine
- Services for People with Learning and Physical Disabilities
- Adults' Mental Health Service
- Health
- Public Health – Lead Member, including Health and Wellbeing Board, commissioning of treatment services for drugs and alcohol

## 2. **Community Care**

2.1 The Council provides community care services in a diverse range of ways. These can be summarised as the provision of information, assessment of social care needs, planning of care and support, commissioning or directly providing care for individuals to meet their assessed needs, monitoring and reviewing the quality of care provided, and taking appropriate steps to protect individuals and their property.

2.2 The aims of social care services are:

- To enable people to live as independent a life as possible in their own home or in a home environment in their own community.
- To provide the right amount of care and support to help achieve the maximum independence possible, and in undertaking essential living skills and help individuals to fulfil their full potential.
- To give individuals a greater say in how they live their lives and the services they need to help them to do so.

2.3 Demands for Adult Social Care Services remains consistently high and based on demographic trends there will be clearly rising demand in the coming years.

2.4 The Intake Team, which acts as a single point of entry for all new social care clients, received 2671 new referrals in 2014/15, and of these 2037 were from individuals over 65, and 634 were from adults under 65. Of the 2037 adults over 65, 901 of these were offered a package of short rehabilitation and independence support through our re-ablement pathway.

### 2.5 **IDT/Carer Support**

2.5.1 Carer's Support Team: The Council has a team of staff dedicated specifically to providing assessment and support to carers. It is important that the needs of carers are considered separately to the needs of the person cared for, but clearly developing a support plan that is set in the context of the overall care and support arrangements. It is essential that we recognise the invaluable contribution that carers make to support arrangements for their family member or friend. In many cases we will offer information, advice and guidance to enable carers to make informed decisions. The team work in close partnership with colleagues across social care, the wider Council and partners to ensure carers receive support. In other cases we will support through the provision of additional support such as respite or through a one off carer's grant to meet a specified need for the carer. The Council continues to work with a range of partners on this important area of our work through the Carers Partnership Board.

## 2.6 Adult Safeguarding

- 2.6.1 The Care Act has now placed the safeguarding of vulnerable adults on a statutory footing and Medway Council will strengthen its activity in this area in response to these new duties and responsibilities. During 2014/15, Medway had 604 adult safeguarding alerts which led to 244 safeguarding referrals, resulting in a safeguarding enquiry. The Kent & Medway Safeguarding Adults Board (SAB) is currently approving a 3-year strategy (2015-2017), which reflects the findings of the annual report and the requirements of the Care Act (2014) with a view to improving outcomes for those subject to a safeguarding enquiry.
- 2.6.2 The majority of referrals have a primary category of physical disability including older people (35%) followed by people with a learning disability (15%). 13% of people required mental health support and 10% required support with memory or cognition. The main categories of abuse recorded were neglect or omission of care (27%), physical abuse (24%), financial abuse (21%) and emotional abuse (18%). The main location of alleged abuse and neglect was in peoples own home (41%), in a care home (38%) or in hospital (6.5%). Following the safeguarding enquiry the risk was either removed or reduced in 60% and 24% of cases respectively.
- 2.6.3 In March 2015 the Multiagency Policy, Protocols and Guidance were completely revised to give staff clear guidelines on Section 42 enquiries. These were published in March 2015. The SAB has also revised and published their associated multiagency policies: Self Neglect Policy and the Joint Police, Social Services and Health Protocol for dealing with cases of domestic abuse where adults at risk are involved.
- 2.6.4 The Care Act requires each local authority to set up a Safeguarding Adults Board, and in Medway these responsibilities are currently met through the Kent and Medway Safeguarding Adult Board, which is a multi-agency partnership co-operating to improve the strategic and operational arrangements for the protection of vulnerable adults. I have asked the Director of Children's and Adult Services to give active consideration to the establishment of a Medway Safeguarding Adult Board to strengthen the strategic focus specifically on the needs for protection of vulnerable adults in Medway, and to strengthen both the governance and operational arrangements to ensure effective safeguarding for adults in our community.
- 2.6.5 The Making Safeguarding Personal (MSP) programme, led by ADASS and LGA, with funding from the Department of Health, has gained widespread momentum. It follows the principle of 'no decision about me without me' and means that the adult, their families and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed choices. Medway Council signed up to the programme in 2014 and it is being led by the Principal Officer for Safeguarding Adults.

## 2.7 Care Act

2.7.1 In the past 12 months we have seen the most significant legislative change in welfare law for several decades with the introduction of the Care Act [2014] from the 1<sup>st</sup> of April 2015. Four months on since the introduction of the Care Act is a good time to reflect on where things stand. In terms of the numbers, we have still only completed 2 assessments in prisons confirming national expectations that the impact for Medway would be low. To date, we have delivered over 200hrs of Care Act advocacy to more than 50 people and offered 17 Deferred Payments. The number of carers requesting an assessment since 1<sup>st</sup> April is now over 400 and set to exceed the thousand mark by April next year on current projections. There are still plenty of pressures on smaller Unitary Authorities such as ours to consolidate the 15/16 changes, something which is acknowledged nationally. For example, along with other authorities in the South East we have difficulties attracting and retaining good staff across the sector and are part of the regional group looking at this issue. Currently the implementation grant is proving sufficient to meet our obligations. We are nevertheless doing more demand modelling to be sure. Medway, like other authorities, would be concerned however if Ministers decided to claw back any of the £146m given to local government in 2015/16 to implement the Act as part of this year's spending round.

2.7.2 Since the adjustments the council has made to meet its new duties and responsibilities under the Act, the following points are of note:

- We're meeting our responsibilities to assist people access care and support, supporting unpaid carers, offering a deferred payment scheme and meeting our new responsibilities in places like prisons.
- Changes approved by Cabinet in July to our charging policy went live, as planned, on 1 September.
- We've developed or refreshed a good many of our policies and practices so they conform with the Care Act.
- The launch of the council's new Information Portal is scheduled for 5<sup>th</sup> October after a short period of further user testing.
- We are working with the Social Care Institute for Excellence to embed improvements in outcomes and practice and should roll out further training for frontline staffs from October.
- Development of our Market Positioning Statement and the commissioning pipeline continue apace.

2.7.3 Overall, confidence in our ability to deliver the Care Act reforms in 2015/16 remains high, but like other councils, we are identifying areas like financial modelling, calculating the fair cost of care and streamlining business processes where additional help and support from the Centre would be welcome. This issue is currently being looked at nationally. The announcement on 17 July that the implementation of the cap on care costs would be delayed following appeals from the Local Government Association and Association of Directors of Adult Services to do so, did not come as a

surprise. Centrally, staff have started the re-planning milestones to implement the cap in 2020 and are considering options on the future of the programme. Effectively, there is little councils can usefully do in respect of the next wave of reforms until the situation is clearer. Other than to say, we move into a new phase of the programme in Medway with closer integration of both Care Act and the Better Care Fund work strands. Launch of the council's new Information Portal is also scheduled for 5<sup>th</sup> October after a short period of further user testing.

### **3. Better Care Fund**

3.1 The BCF programme went "live" in April 2014 with a number of innovative projects and approaches. The Health and Social Care Navigator pilot began in May 2015 following a successful recruitment of a third-sector organisation to lead it and Care Navigators are now attached to and active within the seven Medway Local Care Teams of GPs. The Care Navigators are working across the Health and Social Care system to ensure that those with more complex needs are supported alongside General Practice to reduce the requirement of GPs and increase the self-sufficiency of these patients. This work is being used as a case study by a national programme looking at Return on Social Investment.

3.2 The Intermediate Care Strategy is informing key developments within the Better Care Fund to support people to remain in or return to their own home as quickly as possible. Work has begun on creating a "Home to Assess" trial which will see patients discharged from Medway Maritime Hospital to their homes for assessment there, rather than remaining in an acute bed for that process to be completed. This will reduce the risk to the patients of acquiring infections / additional complications from an over-long stay in hospital, and it will mean that they return to their known environment more quickly which all evidence indicates improves recuperation and return to health. Work is also underway to create a "Discharge to Assess" pilot which will see patients with more complex needs discharged from an acute bed into a community nursing setting from which a thorough and considered assessment of their needs can be undertaken, this will ensure that their onward move either back home or into a residential care or nursing setting has been planned in detail thus supporting their increased healthcare needs with either enhanced packages of domiciliary or nursing care.

### **4. Partnership Commissioning (Adults)**

4.1 Partnership Commissioning is jointly funded by Medway Council and Medway CCG, and ensures that health and care services are commissioned in a way that supports effective integration so citizens experience a "joined up" offer of these services.

4.2 A key feature for all of adult services this year has been the implementation of the Care Act (2014). Partnership Commissioning has commissioned an assessment service for prisoners at Rochester Prison that have social care needs, as well as a statutory advocacy service for adults that need support

during assessment, review and care planning. A Fair Cost of Care exercise is currently being undertaken, which will help set a price for care that is fair to the local tax payer and fair to providers.

- 4.3 Other new services commissioned this year to meet statutory requirements, such as the Autism Acts of 2009 and 2014, include adult assessments for people with who may have undiagnosed autism, and a crisis management service for people with learning disabilities and behaviours that challenge, which will help people stay at home in a crisis, instead of being admitted to inpatient wards similar to the former Winterbourne View Hospital.
- 4.4 A number of new processes have been implemented such as a Dynamic Purchasing System for supported living services for working age adults. It is intended to extend the DPS to residential care and nursing homes for working age adults. The idea is to promote services users choice of placements whilst ensuring value for money.
- 4.5 Medway Council was nominated for a Commissioning Pioneer Award for its tendering of home care services.
- 4.6 Key areas for development in 2015-16 include:
  - Commissioning high quality community based services with the CCG to enable people to live independently at home for as long as possible
  - Working with the residential and nursing care market to improve quality and the ability to meet changing demand.
- 4.7 A key challenge will be to ensure that we can continue to provide both sufficient quantity and quality of home care services as demand grows, and cost pressures such as the introduction of the National Living Wage materialise.

## **5. Older People**

- 5.1 The restructure of Adult Social Care services within the Council in 2014 resulted in the development of two teams to support people over the age of 65 with long term social care needs, split geographically into the West and East team. These teams are co-located at Gun Wharf since April of this year and work closely together. They have welcomed the opportunity to have closer and more immediate working relationships with colleagues across Adult Social Care and the wider Council which has already proved to be beneficial to service provision. The older people's teams have a long and strong history of integrated working with colleagues from Medway Community Healthcare, and this close partnership working has continued since the relocation of the teams.
- 5.2 Between them the teams support approximately 1800 service users and their families and carers, providing long term personalised outcome focused support. The aim is to help people maintain independence at home for as long as possible. This is achieved by a range of practical assistance to both service users and their carers and it is pleasing to note the continued success

in this area. Reviews of care and support are carried out on a regular basis with a focus on promoting and maintaining independence.

- 5.3 As well as providing the care management function to ensure that people's support needs are met, they have responsibility for safeguarding vulnerable people who have experienced or who are at risk of neglect or abuse. The safeguarding remit expanded with the introduction of the Care Act in April 2015 and the teams have fully embraced these changes.
- 5.4 The demographic changes mean that there is increased pressure on services for older people, both in terms of the numbers of referrals and the impact on the budget. The Head of Service has worked, and continues to work, closely with finance colleagues to ensure that the budget is monitored and kept under control. She has also been working with commissioning and other colleagues on new initiatives linked to the Better Care Fund. However the major facilitator to ensuring that resources are managed effectively is the work undertaken by the Intake team.
- 5.5 This team ensures that all adults new to social care services are considered for prevention and enablement services. By providing the right amount of care and support they ensure that people achieve the maximum possible independence and are able to achieve their full potential, reducing pressure on social care services and improving quality of life. Importantly the team have demonstrated that the increased independence is sustainable, with very few people being re-referred to the team.
- 5.6 Recently a review of the three Extra Care Housing schemes in Medway has commenced which will enhance the services provided in those units, further increasing the options for older people to live independently as long as possible and reducing the need for a move into a care home. However if people are no longer able to live in their own homes, social workers provide much needed support to individuals and their families to identify and suitable placement and to facilitate the move.
- 5.7 Integrated Discharge Team at Medway Maritime Hospital: A key element of adult social care is the provision of integrated discharge planning for individuals who have had a period of hospitalisation. This is provided through the Integrated Discharge Team [IDT] based at Medway Maritime Hospital. Medway Council has 16 staff employed as part of this multi-disciplinary team. It is responsible for effective discharge planning for patients with complex needs who require significant provision of reablement or support services in order to be able to return to their own home or to another care environment. Whilst there have been challenges maintaining a stable workforce within this team, this has significantly improved in recent months. The team is responsible for working with staff within the hospital to identify people who have "Delayed Transfers of Care" and to ensure active care planning to affect their timely discharge. Over the last three months there has been significant work between the hospital and the Council staff to devise more effective ways of identifying patients to target for discharge planning, and arrangements are now in place to ensure better monitoring of progress of these plans for

individual patients. This remains a high priority for the older people's service and we are participating with colleagues from other health and care provider organisations to look for further improvements in these discharge pathways.

## **6. Telecare/Telemedicine**

- 6.1 During the year 2014-2015, Medway Control Centre served 243 new clients which were directly referred by the Adult Social Care teams, 278 private pay new clients and 24 new clients referred through other sources. There are a growing number of telecare tools and devices to assist many groups of vulnerable adults to maintain their independence.
- 6.2 Various initiatives have developed at pace for Telehealthcare this year. Most significantly a draft Assistive Technology strategy for social care has reached final stages, with commissioning and social care representatives now appointed to finalise a work plan by end of September 2015. Telecare forms a key element of the Intermediate Care Strategy, and the commissioning plan will be developed by December 2015.
- 6.3 The strategy provides a clear direction of travel for improving the utilisation of Technology Enabled Care Services across Medway's Social Care services. The strategy recognises that technology alone cannot act as a panacea for service transformation; and to ensure successful realisation of potential benefits offered, it's vital to understand existing pathways and practices across social care and provide appropriate solutions accordingly.

## **7. Services for people with learning and physical disabilities**

- 7.1 The Disability Service was restructured in 2014 with the development of three teams offering assessment and support: Disability 0-25 which works with young adults with disability over the age of 18, Disability 25+ and Occupational Therapy (children & adults). These teams are now well established and have moved into Gun Wharf to be centrally located. The service inherited a number of staff vacancies which have been mainly filled following successful recruitment.
- 7.2 The Disability 0-25 supports approximately 550 children & young people of whom 111 were young adults between the ages of 18 and 24, the Disability 25+ team supports 1400 adults who have a range of community or residential services and the Occupational Therapy service has an active caseload of 958.
- 7.3 The challenge within the Disability Service is the current budget pressure for which the Heads of Service are working closely with commissioning and finance colleagues to implement a recovery plan. There is a significant demand for these services and the cost of providing care and support to enable individuals with complex needs to live independent lives within the community or within residential services is costly.



7.5 A positive development this year has been the reestablishment of the Learning Disability Partnership board. This has been well received by existing Service Users and Carers. The board is reviewing its terms of reference and will become a key focus for Service User engagement. Likewise the Physical Disability Partnership Board remains a key vehicle for engaging with Users, Carers and partner organisations. This board benefits from having Tracy Crouch MP as chair and she is able to support the work undertaken by this board.

## **8. Direct Support Service provision**

The council also provides a number of direct services for adults with disability which includes respite and supported living arrangements.

### **8.1 Birling Avenue**

8.1.1 The Short Breaks Service at 36a Birling Ave has capacity for 7 service users and the service is provided 24 hours a day. Our service users are adults with learning disabilities and adults with autistic spectrum disorder. The CQC inspection carried out in April 2014, rated the service excellent. The team at Birling Avenue always tries to ensure that the service offered provides a real break for Service Users and their families.

### **8.2 Supported Living**

8.2.1 Our Supported Living provision currently has 22 service users. The service varies from providing 1 hour of support per week to 24 hour support. 24 hour support is provided via Longford Court in Rainham which is an intensive short term skill development service, solely for adults with learning disabilities (including adults with ASD/Learning Disability).

### **8.3 Shared Lives**

8.3.1 Shared Lives is a scheme which provides respite care, and short and long term care and accommodation for adults with learning or physical disabilities. The scheme enables people to live in the community within a family environment. The scheme recruits, assesses, trains and supports carers in their own homes to provide the necessary support for the people who come to live with them. We provide a service to 35 individuals each week.,21 of these are for people in long term placements, 3 in respite/planned placements. Additionally we provide 33 day support sessions to 23 people per week, and 10 kinship/short day support sessions to 7 people per week.. This way of providing care and support provides community based support in a way that is more inclusive and valued by people who use our services.

## **9. Adults Mental Health**

9.1 Medway Council provides a range of statutory mental health services through the Mental Health Social Work and Social Care services, and the specialist services provided by the Deprivation of Liberty Safeguards [DOLS] Service.

Medway Mental Health Social Work Service shares the new responsibilities arising from the Care Act (2014). This includes keeping adults safe, which in terms of the mental health social work service means supporting individuals who are vulnerable and/or pose a risk to themselves and/or others. In keeping adults safe, Medway Mental Health Social Work Service has a responsibility to carry out safeguarding enquiries. On occasions, due to the necessity to keep people safe, assessment and restrictions under the auspices of the Mental Health Act (1983) may be necessary, including detention in an acute mental health inpatient unit for assessment or treatment. The team includes Approved Mental Health Professionals [AMHP's] who are specifically authorised to undertake specialist assessments under the Mental Health Act.

9.2 The numbers of individuals receiving an intervention for mental health social care needs in mid- September 2015 is 411. These numbers do not include referrals to the AMHP team. Between the beginning of January and September 2015, 307 MHA referrals had been received by the daytime service, an average of 34 per month. Out of hours referrals for Medway are reported at an average of 20 per month.

### 9.3 **Definition of “after care services”**

9.3.1 Section 117 of the MHA 1983 requires local authorities and CCGs jointly to provide “after care services” to patients upon their discharge from hospital, but the Mental Health Act 1983 (as amended) does not define what “after care services” are. The Courts, including the House of Lords, have been asked numerous times to provide a definition.

9.3.2 The Care Act amends s.117 MHA 1983 and will for the first time provide a definition of what comprises “after care services”. It now defines “after care services” as services which (i) meet a need arising from or related to the person’s mental disorder; and (ii) reduce the risk of a deterioration of the person’s mental condition (and, accordingly, reducing the risk of the person requiring admission to a hospital again for treatment for the disorder). The new provisions amend the position on ‘Ordinary Residence’ so that responsibility is given to the local authority in which the person was “ordinarily resident” immediately prior to being detained. Ordinary residence will be determined in accordance with the usual Ordinary Residence Guidance, with any disputes arising to be determined by the Secretary of State.

9.3.3 The Mental Health Service will prioritise reviewing the arrangements for S117 after care packages to ensure we are compliant with these new responsibilities.

### **Medway DOLS (Deprivation of Liberty Safeguards) Service**

The deprivation of liberty safeguards (DoLS) provide a legal framework to prevent breaches of the ECHR Article 5. Under the Mental Capacity Act (2005) people who lack capacity to consent to their care and treatment within a care home or hospital, can, if in their best interests be deprived of their liberty. This can only take place where detention under the Mental Health Act

(1983) is not appropriate. In 2014 The Supreme Court ruled that a deprivation of liberty is occurring where the person is under continuous supervision and control, is not free to leave, and the person lacks capacity to consent to these arrangements. This ruling resulted in a significant increase in the number of DoLs referrals and authorisations, as evidenced by the accompanying quantitative data, as the majority of people in care homes then required an assessment under a DoL. Prior to the Cheshire West ruling those requiring such assessments were very much in the minority.

Medway has on average fewer applications per 100,000 population than the national group.

The rate of increase in applications to Medway DOLS service, in the last quarters, is downward. This is the opposite of the national picture. Medway grants significantly more applications than the national average. Medway has significantly fewer applications withdrawn or not signed off than the national group.

### Medway Submission for Q1(Q5)

Q		A	B	C	Total (b+c)	Awaiting sign off	Withdrawn
		Number of applications	Number Granted	Number Not Granted			
1	April	85	55	10	65	2	18
	May	66	52	9	61	5	0
	June	54	21	7	28	26	0
	Totals	205	128	26	154	33	18

The average number of applications per 100,000 population for the 5 quarters is 95. For Medway it is 87.

The rate of applications decreased between Q3 2014-15 and Q1 2015-16 in Medway but in the other authorities a sharp rise was seen. The apparent divergence in application rates may be a product of Medway's early success in engaging with care homes.

## 10. Health

- 10.1. I have continued to work closely with other agencies and Officers in the Council to ensure that we support closer integration between health and social care services so that the citizens in Medway who rely on these services receive better services, which are "joined up" and deliver high quality at better value. A key focus must be to ensure that health and care services are delivered in the right place and right time. Wherever possible we will want to deliver care and support to people in their own home. This approach is essential to the plans delivered through our Better Care Fund arrangements, where the CCG and the Council are pooling resources to deliver better services at better value.

10.2. I have recently assumed the Chair of the Medway Health and Well Being Board, and in this capacity I will ensure that at a strategic level across the health and care economy in Medway that we improve the integration of our services so that we improve the health and well being of our citizens and support them to maintain independence, and that they are enabled to recover and return to the independence after a period of ill health.

**11. Public Health** – (including Health and Wellbeing Board, commissioning of treatment services for drugs and alcohol)

11.1 Public Health is one of the areas listed within the terms of reference of this Overview and Scrutiny Committee and covered by the Portfolio Holder for Adult Services.

11.2 Medway Council has a statutory responsibility to improve the health of the population and reduce health inequalities. This report gives an overview of achievements across the four domains of public health: health improvement, public health intelligence, healthcare public health and health protection.

**11.3 Health Improvement**

11.3.1 The work of the Health Improvement Service includes, leading the development and implementation of strategies to improve health and reduce inequalities, as well as development and delivery of specific public health programmes. Particular achievements and challenges are detailed below.

**11.4 Tobacco Control & Stop Smoking Services**

11.4.1 Medway's tobacco control alliance has three areas of priority – tackling illegal supply, de-normalising smoking and advancing the smoke free agenda. A successful illicit substances campaign led to significant seizures of illicit tobacco. Staff have worked with KMPT to introduce smokefree policies across all sites and to design a quit programme for mental health patients. Smokefree car legislation came into effect on 1 October and awareness raising has resulted in over 100 families who have smokers in the household pledging to keep their homes and cars smokefree.

11.4.2 Although nationally the number of people accessing stop smoking services is declining, the Medway service remains in the top quintile for number of quitters per 100,000 population. Medway Stop Smoking Service has been accredited by the National Centre for Smoking Cessation and Training and is only the second Stop Smoking Service in the country to achieve this status. The Smoke Free advice centre shop in Railway Street Chatham is due to be launched on the 9<sup>th</sup> of October.

11.4.3 Carbon monoxide testing to identify pregnant women who smoke and the 'Risk Perception' intervention has now been implemented at Medway NHS Foundation Trust in order to tackle the high rate of smoking in pregnancy. This is linked to a CQUIN target for MFT.

## **11.5. Health Checks**

11.5.1 The NHS Health Check programme invites people aged 40-74 to participate in a risk assessment for vascular disease and referral to relevant interventions to reduce risk. In 2014/15 16,809 people were invited and 7695 received a healthcheck giving an uptake of 46%. Public Health England have set an aspiration for 2015/16 of 66% uptake.

## **11.6 Supporting Healthy Weight**

11.6.1 Medway Obesity Summit 2015 was held in July, with excellent attendance from a wide range of partners. The event celebrated the successes following the first summit and identified priority actions.

11.6.2 The wide range of healthy weight services (MEND, FitFix, Tipping the Balance, Health Walks, Cycling Groups and Exercise Referral), continue with all services on track to meet the outcomes listed as council plan targets.

11.6.3 The successful Early Years Quality team, Children's Food Trust and Public Health partnership that aims to increase the healthy eating levels within nurseries and pre-schools is commencing with great success. Over 60 settings have signed up to the programme, and year 1 results are showing some real improvements against the food standards for early year settings.

11.6.4 Smile Month saw some excellent and innovative practice taking place in Children Centres and outreach sites, in order to highlight the importance of good oral health for young children and give advice to parents and children.

11.6.5 Medway's bid to be a National Diabetes Prevention Programme Demonstrator Site has been successful, with the Council and CCG receiving in year investment to deliver the programme.

11.6.6 The Public Health team continue to coordinate the Infant Feeding Strategy group, and support other partners to increase breastfeeding rates and other good infant feeding practises. This includes supporting Medway Community healthcare with their recent UNICEF Baby Friendly Accreditation stage 3 submission.

## **11.7 Substance Misuse**

11.7.1 In 2014/15 264 individuals were training to deliver brief alcohol interventions (IBA) to tackle the harm caused by alcohol. Those trained included Medway Community Health (MCH) cardiology and stroke services, pharmacies, MEDOC and Minor Illness teams, genitourinary medicine (GUM) services) and Council Intake Teams.

11.7.2 Utilising the findings from the previous year's Medway Alcohol Insights project a campaign was launched in July encouraging residents to complete a web based brief intervention on the Don't Bottle It Up website. In the first week

following the launch 1654 people visited the page with 791 individuals completing a full brief intervention.

- 11.7.3 The alcohol Liaison Nurse Pilot project has commenced at Medway Maritime Hospital. The project consists of two services; one based in A&E targeting delivery of alcohol brief interventions and one ward based targeting referrals to community treatment services as well as interventions with other high risk drinkers.
- 11.7.4 During this period a total of 5 reviews have been submitted by Public Health in its role as a responsible authority under the licensing act. All submitted representation has led to the agreement of enhanced conditions on the premises license. In addition 3 local licensing guidance documents for Gillingham, Luton and Chatham have been produced and now await adoption by the Council licensing and Safety Committee.
- 11.7.5 An integrated Substance Misuse Service Contract was awarded to Turning Point and the service commenced 1 July 2014. There are now two hubs – one in Gillingham and one in Chatham. The new service has an enhanced focus on engagement and reintegration for service users. The expected improvement in performance in outcomes for substance misusers has not yet been seen and a performance improvement plan is in place.

## 11.8 **Sexual Health**

- 11.8.1 An integrated Sexual Health service is being procured under a Section 75 agreement between the Council. It will include all aspects of sexual health currently commissioned or provided by the Council as well as HIV care commissioned by NHS England. A new building is being refurbished for the Sexual Health hub in Clover Street Chatham. Due to its location the building has excellent transportation links and has met with approval from both current sexual health service providers.
- 11.8.2 Good progress has been made in working towards the National Chlamydia Screening Programme targets. The percentage of young people aged 15-24 screened has increased from 23.5% to 26.9%. In 2014 Medway achieved a detection rate of 2048/100,000; this is above the England average of 2012/100,000. We continue working towards the 2300/100,000 target.

## 11.9 **Workplace health**

- 11.9.1 This year 35 local businesses have been successfully engaged, supporting employers to develop and sustain healthy workplaces. The programme has been reshaped to ensure that we have a comprehensive, effective and sustainable programme appropriate for Medway's range of small and medium sized businesses. Specific targeting of routine and manual businesses is happening as there is robust evidence to suggest that workers in these organisations are most likely to suffer poorer health status.

11.9.2 A bespoke 'internal' programme has been developed for the council through a partnership board with internal stakeholders from Organisational Development, Medway Makers and Health & Safety.

#### **11.10 Public Health Workforce Development, A Better Medway Champions & Making Every Contact Count**

11.10.1 Twelve cohorts of A Better Medway (ABM) Champions have been trained with recruitment from a wide range of partners. There has been a 99% success rate for achievement of the RSPH qualification of Understanding Health Improvement (Level 2). A celebration and networking event is scheduled for October 1<sup>st</sup> for current and prospective champions. In order to expand the reach of the programme, we are deploying an online training module for the RSPH level 2 qualification.

11.10.2 Resulting from a regional grant from Health Education England supporting Making Every Contact Count (MECC) across Kent, Surrey and Sussex, we have recruited a project manager who will be driving this initiative forward. MECC aims to support the delivery of health promotion through the everyday contacts that many frontline public and sector workers have with members of the public

#### **11.11 Mental Health Promotion**

11.11.1 The mental health promotion team have continued to deliver training across the statutory, voluntary, private sectors and the community in Medway. Mental Health First Aid course is in high demand in Medway and in addition more bespoke training is delivered according to need such as the Line Managers Mental Health Awareness course or training for professionals working with young people such as foster carers or school staff.

11.11.2 National campaigns such as World Suicide Prevention day and World Mental Health day are co-ordinated by public health to raise awareness of the support services available for Medway residents.

11.11.3 The Men in Sheds scheme has been commissioned from the Sunlight Trust to provide a base for men who are retired or not in work to share their knowledge and skills and support each other. It aims to reduce social isolation for those who attend and encourages awareness of and access to other health promoting initiatives.

#### **11.12 Social Isolation**

11.12.1 Following approval of the Medway social isolation strategy in 2014 a 2015/16 implementation plan to support the strategy to reduce social isolation in Medway has been finalised in consultation with partners. An information resource for older people with respect to activities to reduce social isolation in Medway is being developed and a first draft has been produced. A social isolation summit is being planned for 9<sup>th</sup> December and the resource will be launched at this event. Partnership working with the

Kent Fire and Rescue Service is being developed to support identification and signposting of socially isolated and vulnerable older people to appropriate services.

### 11.13 **Dementia**

11.13.1 The national PHE Dementia Friend's campaign has finished, however we continue to meet demand for sessions in the Council and in quarter 1 2015/16 there were 5 sessions run with a total of 60 delegates. A Dementia Friends and social isolation module is being designed and will be included in the "A Better Medway" Champions programme in the autumn. Dementia Friends training will also be included in the PH workplace health offer.

### 11.14 **Healthcare Public Health**

11.14.1 Medway Council has a statutory duty to provide specialist public health support to Medway CCG to support it in its role of commissioning health services for the local population. A Memorandum of Understanding is agreed between the Council and CCG on an annual basis. The detail of the work done to support the CCG is beyond the scope of this report but during 2014/15 included:

- Left without being seen audit as part of a wider project to understand A &E attendances
- Support to the redesign of urgent care in Medway, modelling the flows of patients in the current system and informing estimates of flows in revised models.
- Maternity Services Health equity audit
- Production with KCC of a stroke profile for Kent and Medway and literature review on hyper-acute and acute stroke units to support the case for change in the Kent and Medway Stroke Services Review led by Swale CCG.
- Chronic Obstructive Pulmonary Disease (COPD) Pilot Scheme: Roll out of a programme to train GP staff in spirometry to diagnose COPD and provision of smoking cessation advice. This will enable earlier diagnosis of COPD and provision of stop smoking advice.
- Campaigns to focus on lung, breast and colorectal have been rolled out. Cancer Research UK in collaboration with Public Health ran a successful cancer prevention and symptom awareness roadshow from 23-25<sup>th</sup> July. There were 886 contacts made (477 females and 409 males). The Pearl project is a specific programme of work between public health, CCG and the Southern Hub Bowel Cancer Screening to increase bowel cancer screening uptake in Medway. Forty three GP practices in Medway have signed up to participate in this project.



## **11.15 Health Protection**

- 11.15.1 Health protection seeks to prevent and reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. The Local Authority's role, delegated from the Secretary of State for Health, is to provide information and advice to relevant organisations to ensure that all parties discharge their roles effectively. This covers both planning for and responding to health protection incidents. The Public Health Directorate works closely with Public Health England in discharging these duties and ensuring that there is an effective public health system locally.
- 11.15.2 An annual report on health protection will be produced by the Director of Public Health in November and circulated to committee members.

## **Appendices**

none

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**Appendices - none**

**Background documents - none**