

MINUTES of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 14 June 2011 at 7.00pm

Present: Councillors Wendy Herd (Chair), Sue Gray, Tunde Ojetola, Amanda Prevost, Victoria Holloway and Martin Healy (Arrived at 7.15pm, having been substituted by Angie Gaywood from 7.00pm).

Mr Mike Riley – Chair Of LINK
Mr Frank Jones – Tenants Association

In attendance: Councillor Angie Gaywood
Lorna Payne – Corporate Director, Community Well-being
Roger Harris – Head of Strategic Commissioning and Resources
Ceri Armstrong – Strategy Officer
Alison Cowie – Interim Director of Public Health
Janice Forbes-Byford – PCT Lead for Transformation Agenda
Andrew Pike – Chief Executive of South West Essex PCT

1. DECLARATIONS OF INTEREST

No interests were declared.

2. PRIMARY CARE TRUST (PCT) TURNAROUND PLAN

The background to recent PCT activity was outlined to the committee, highlighting the fact that the organisation had started the new financial year with an even balance, having saved £45 million through savings supplemented by £7 million from reserves. The savings were achieved through reducing services and increasing waiting times. However, the new financial year had seen services and waiting times resume normal levels of performance.

The challenge for services this coming year was to process 5000 patients who had experienced longer waiting times the previous year. There was also a requirement to create a £14 million reserve. Unplanned care (emergency care) would remain a challenge because there were so many access points to the service through Accident and Emergency, walk in centres and clinics. Ensuring older people were cared for in the proper settings and not taken to hospital unnecessarily would also be a key aim. Officers confirmed that cancer services and waiting times would not be adversely affected by this year's savings.

Discussion was had on budget savings and the Committee was reassured that professional assessments had been made to ensure there was no negative impact on quality of care for patients such as children and older people. In some cases savings would be made through efficiencies in running costs. For example, £593,000 would be saved on ambulance services through operating costs, rather than the front line service. Likewise, savings would be made in nursing homes through the more considered prescription of medication, dispensing drugs only to those patients that require it. This would be achieved by facilitating close working relationships between GPs and pharmacists.

The performance of IVF treatment was clarified and the committee noted that savings in this area were based on professional assumptions of efficiency savings which had yet to take effect.

RESOLVED:

The report be noted.

3. COMMISSIONING PROPOSAL – COMMUNITY DENTAL SERVICE (CDS)

The committee was informed that the CDS provided dental services for people who were unable to access normal dental services, so included those with learning or physical disabilities. Across the five localities in South West Essex, the CDS cared for 2000 patients out of 3000 each year.

The proposal was to partially close the Tilbury Centre (retaining some specialist services there) and build capacity at the Grays locality and among the normal dental practices in Thurrock, including the two practices in Tilbury. The proposal would save £300,000 and there was no plan to make further savings on the service.

At present the CDS was underused and the majority of users were only using it for basic clinical examinations and not more complex procedures such as fillings or crowns. Through a consultation with service users, Tilbury was identified as the centre in Thurrock that could have a reduced service without affecting large numbers of users.

Unmet need was discussed and the Committee noted that there were other potential community groups who could use the service, namely substance abusers and those with mental health issues. It was also felt that if users were able to travel to the Grays centre there was a possibility they could access normal services. The Interim Director of Public Health assured the Committee she would work with the CDS to ensure service needs were met across Thurrock.

The committee felt more detail was needed on the proposed services in Grays and Tilbury before they could make final comments. The information should also include a detailed discharge plan for patients, as well as information on the different patient groups. The Committee recognised that the reduced service in Tilbury was a temporary measure until service demands were better scoped.

Officers responded to questions relating to service waiting times and clarified that waiting times would not be affected by the reduction in service as there was currently an over supply of service.

RESOLVED that the PCT provide a detailed written response outlining the service proposals for the Tilbury and Grays Centres.

4. NORTH EAST LONDON NHS FOUNDATION TRUST (NEFLT) QUALITY ACCOUNTS

The committee received a brief introduction to the role of quality accounts.

RESOLVED that the Committee receive the proposed response from officers relating to these quality accounts for comment and approval.

5. HEALTH TRANSITION – NEW RESPONSIBILITIES FOR LOCAL AUTHORITIES

There were a number of proposed changes to health services:

- Local Involvement Networks (LINKs) would be replaced by HealthWatch from July 2012, which would have broader powers. Thurrock was currently working to become a pathfinder for the change.
- The introduction of GP Commissioning had been pushed back by government and would be renamed Clinical Commissioning to reflect the role of other health professionals. All meetings of Clinical Commissioning consortia would be held in public.
- Health and Well-being Boards would co-ordinate responses to health issues.
- Overview and Scrutiny powers would be extended to allow committees to request the attendance of any NHS provider.
- Public Health duties would be spread across a number of national and local bodies.

Officers confirmed that there were proper checks and balances for the clinical commissioners which allowed the Council to ensure services were being commissioned correctly. Officers felt the consortia would

find it hard not to work with the Council on issues relating to older people.

The Committee thought the suggestion of an all member briefing in July was a good idea.

RESOLVED that the report be noted.

6. WORK PROGRAMME

The Corporate Director suggested the committee undertake a number of task and finish groups this year that focussed on key issues. She suggested the following:

- Housing Repairs
- Adult Social Care and Housing
- The Carer Strategy
- Health provision for different client groups
- Health reform issues
- Quality Accounts
- Older People's issues (inpatient experiences as an example).

The Members also agreed that the well-being agenda needed attention this year.

RESOLVED that Members make work programme suggestions outside the meeting in preparation for September's meeting.

The meeting finished at 9.00pm.

Approved as a true and correct record

CHAIRMAN

DATE

**Any queries regarding these Minutes, please contact
Matthew Boulter, telephone (01375) 652082,
or alternatively e-mail mboulter@yahoo.co.uk**