

MINUTES of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 17 January 2012 at 7.00pm.

Present: Councillors Wendy Herd, Martin Healy, Sue Gray, Victoria Holloway and Tunde Ojetola (arrived at 7.10pm).

Mike Riley

Apologies: Councillor Amanda Prevost

In attendance: R. Harris – Head of Strategic Commissioning, Adult Services
A. Pike – Chief Executive of the PCT
J. White – Service Manager - Housing
C. Wilson – Mental Health Service Manager
A. Cowie – Director of Public Health
M Boulter – Principal Democratic Services Officer
K. Martin- Senior Democratic Services Officer

30. MINUTES

The Minutes of the Health and well-being meeting held on 6 December and 21 December were approved as a correct record.

31. DECLARATIONS OF INTEREST

No interests were declared.

32. HOUSING STRATEGY 2012-17 and THAMES GATEWAY SOUTH ESSEX STRATEGIC HOUSING GROUP

The Committee were given a brief overview of Thurrock's housing position and aspirations. It was stressed that the Council had to meet its statutory needs as a landlord but also, provide sustainable ways of supporting all the community's housing needs. Thurrock had predominantly terraced houses with only 12% detached properties. It was important for the Council to think of future needs of the community.

Two of the current challenges for the strategy were to improve the housing offer for an increasing older population using our current sheltered housing stock, and suitable housing for vulnerable adults. Thurrock has a high number of single private landlords which made engagement with them that much harder. At present there were 687 private sector properties in the Borough that were empty for more than six months at 31st March 2011 (Council Tax records)... Bringing empty

properties back into use would help with the housing supply. Conversely, there were opportunities to expand housing in regeneration areas such as Purfleet, Lakeside and Tilbury.

The Committee discussed whether the Council would be able to build four hundred homes per year in the area. Officers confirmed that some new build was possible if the Council was to take on the debt of these builds. The HRA could borrow up to about £23 million. Officers were unsure of how many homes could be built per year but four hundred was unlikely. However, there were other ways to introduce increase d housing supply in the area including working with larger private landlords who might own a block of flats or similarly, working with private developers and registered landlords to ensure affordable housing was included in their building schemes.

Members also discussed the current condition of the 10,300 properties the Council owned and the lifespan they had. Officers clarified that money was set aside to ensure the current housing stock was usable and sustainable for use.

Officers outlined that it was proposed in future if a property was bought under the right to buy scheme the Council would be required to provide a replacement property. This could be difficult to achieve and on average the Council could be left with £16,000 to create this new property so more than likely it would have to borrow to replace the unit sold. Government was currently consulting on the RTB proposal.

RESOLVED: That:

- i) Issues relating to the lifespan of current housing stock and the challenges presented by the Right to Buy Scheme be highlighted in the Cabinet report.**

On the basis of recommendation i)

- ii) Committee recommend the Housing Strategy for 2012-17 and the findings from the Equality Impact Assessment to Cabinet.**
- iii) Committee recommend the final draft of the Thames Gateway South Essex Housing Strategy 2012-15 to Cabinet.**

33. THURROCK JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The JSNA was an important document that outlined the general lifestyle and health choices of the Thurrock community, including health, transport and employment. The Committee were told that the JSNA would inform all partner plans for future delivery.

The current draft of the JSNA was not complete but the executive summary highlighted that there were health inequalities in Thurrock and a clear north south divide. The inequalities included an eight year life expectancy gap between men in the borough.

When asked what the top public health priority was for Thurrock, Members were informed that achievement of the Council's vision to educate, employ, build pride and improve the environment of Thurrock were very important. On single health issues smoking was identified as the most important issue.

The Committee debated how the wider Thurrock Community could be engaged on these issues and it was stated that stakeholder events had been very useful and that the wider engagement strategies of each partner helped to provide a wide coverage of the borough.

The role of GPs was discussed briefly where it was confirmed that there were currently two commissioning groups, although the aim and commitment of the PCT was to have one group representing Thurrock. It was also confirmed that although the groups were not duty bound, on paper, to work in line with JSNA recommendations it would be hard for them not to as all NHS and other health targets would be based around the JSNA findings.

RESOLVED: That:

The completed JSNA with associated presentation return to March's meeting.

34. CORPORATE SCORECARD PERFORMANCE REPORT QUARTER 2 – FOCUS ON 1C (NI130) SELF DIRECTED SUPPORT

Members were informed that NI130 was an important indicator that demonstrated how well the Council was delivering the personalisation agenda whereby people were able to use direct payments to pay for their own individual care. Officers agreed that the target that had been set was very challenging and although their performance to date was well above the East of England average, there was a possibility the Council would fail to reach the target.

In order to reach target the Council had undertaken a number of activities including focussing on direct payments for those with mental health issues, as well as focussing on carers.

Some Members felt that the Council should have set more realistic targets but others thought that the current performance was good and if the Council failed to reach a challenging target by a few percent, it should not be seen in an overly negative light.

RESOLVED: That

- i) **The Committee notes performance of NI130 and the actions taking place to achieve target.**
- ii) **A briefing note returns to the committee in February to outline current performance figures.**

35. SOUTH ESSEX MENTAL HEALTH STRATEGY

The Committee learnt of the current draft of the Strategy and that it had been written in tandem with Southend and Essex County Council. Members were informed that the strategy dealt with the physical health of people as well as their mental health as they were both linked. The strategy was divided into five parts:

- Introduction.
- The Case for Change (stressing the need for more personalisation and achieving better outcomes for people).
- Local Health and Social Care Needs Assessment
- Current Investment, Activity and Performance
- The Way Forward (including models of how services can be delivered).

The Committee discussed the role of GPs in this issue and it was stated that they were engaged through the assessment process of the strategy and it was the aim to provide them with quicker access to specialist services for their patients. It was clarified that GPs would not receive additional training on spotting mental health issues as this would be done in their general training as a medical professional. However, it was key that they received the right access to information and expertise. It was also important for the proper and safe discharge of patients back into the community.

It was also discussed whether funds could be available to allow people to improve their health through initiatives such as gym membership or bike rides. Officers stated that a pilot of this was due to end in March and findings would be analysed then.

RESOLVED: That:

The Committee note the current progress of the Mental Health Strategy.

36. WORK PROGRAMME

RESOLVED: That:

- i) The Updates on the Welfare Reform and Housing Allocations Reviews be deferred from February's meeting until they are complete and recommendations can be reported back.**
- ii) Officers check whether the Housing Offices Reconfiguration Report needs return to Committee in February.**
- iii) The JSNA Report return to committee in March.**

The meeting finished at 8.33pm.

Approved as a true and correct record

CHAIRMAN

DATE

**Any queries regarding these Minutes, please contact
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or alternatively e-mail mboulter@thurrock.gov.uk**