

**MINUTES of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 4 September 2012 at 7.00pm.**

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**Present:** Councillors Wendy Curtis (Chair), Martin Healy, Sue Gray, Tony Fish, Robert Gledhill (arrived at 7.04pm)

**Apologies:** Councillor Wendy Curtis

**In attendance:** Councillor Barbra Rice – Portfolio Holder for Adult Social Care and Health.  
J. Olsson – Director of Peoples Services  
M. Jones – Management Accountant  
C. Armstrong – Health Strategy Officer  
M Boulter – Principal Democratic Services Officer

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**8. MINUTES**

The Minutes of the Health and well-being meeting held on 12 June 2012 were approved as a correct record.

**9. DECLARATIONS OF INTEREST**

Councillors Curtis declared an interest by virtue that her daughter works for Thurrock Council in Adult Social Care.

Councillor Fish declared an interest by virtue that his sister works for Thurrock Council in Adult Social Care.

**10. ADDITIONAL ITEMS**

The Chair raised three items of additional business.

1. The chair informed the Committee that with the forthcoming report to Full Council to establish a Housing Overview and Scrutiny Committee, she had agreed that the Tenants Association representative was no longer required on this committee. The Chair thanked Mr Jones for his work in previous years. The Chair added that she would also invite Andrew Pike to continue to attend the meetings after April 2013 in his capacity as Essex Local Area Team Director for the NHS and also, invite a CCG representative.
2. In light of recent media reports, the Chair asked that the committee monitor and keep up to date with issues at Basildon Hospital and their performance in Care Quality Commission (CQC) inspections.

Officers stated that the hospital had met three outcomes in an inspection that was undertaken through June and July. Two outcomes with minor impact of care quality were not met and two outcomes with major impact on care quality were not met. The Hospital had now satisfied and met one of these failures with major impacts. The second failure was assessed on 30<sup>th</sup> August and results were still being processed. The Portfolio holder for Adult Social Care also read out an extract from a letter from the Trust Chairman stating that a Quality Assurance and Compliance Division was being established to harness performance at the hospital.

Councillor Gledhill felt that the hospital needed to be more proactive with their attendance and liaison with the committee. The Director of People's Services stated that the Chief Executive of the hospital should be invited to the committee in the New Year to explain progress and provide a good quality report. Councillor Rice stressed that, as a governor, she was happy to raise any ward concerns with the hospital to get responses within a month.

The Committee felt a better working relationship with the hospital and the new Chief Executive would be desirable for the future and that this issue would be looked at again after the 30<sup>th</sup> August results were published. It was also felt that the Director of Quality Assurance and Performance could be invited to subsequent relevant meetings.

3. The Chair raised the issue of a diabetes clinic in Orsett being moved to Basildon. The Committee felt there had been poor communication on this issue on the PCT's part. Councillor Rice stated that she was currently looking at the future public participation events with LINKs to see if communication could be improved.

It was highlighted that the PCT was currently under a great deal of change and pressure and that healthcare for Thurrock residents remained their key priority. The Director of People's Services agreed to establish what was happening with this issue.

## **11. TRAINING: HOW HEALTH SERVICES WORK**

Officers explained the changing health landscape and the role Overview and Scrutiny played in this. All changes to the health system would take place in April 2013 although shadow arrangements were currently in place. The key points that were highlighted were:

- There are key changes to the system including the abolition of the PCT, majority of commissioning to be taken by the Clinical Commissioning Groups (CCG) and a new patient watchdog called HealthWatch.

- More organisations such as HealthWatch and the Health and Well-being Board will be involved in health services.
- The Health and Well-being Board's role and remit was explained and that overview and scrutiny would be expected to scrutinise the work of this board.
- It was clarified that specialist commissioning would be undertaken for services such as dentistry and GPs and that this would not be undertaken by the CCGs.
- Public Health would become the responsibility of the Local Authority.

The Committee received tangible examples of how the Health and Well-being Board would reduce health inequalities and the portfolio holder explained how money was used to improve rates of people with learning disabilities receiving health checks. The rates had risen from 11% to 64%.

It was also clarified that stringent authorisation procedures meant that all GPs/ CCGs would be co-terminus with Thurrock boundaries and that the small percentage of Thurrock GPs wanting to join a Basildon CCG were in discussion with Thurrock services.

**RESOLVED: That:**

**The information is noted**

## **12. HEALTH AND WELL-BEING IN THURROCK – SETTING THE STRATEGIC DIRECTION**

This was Thurrock's first Health and Well-being Strategy and as such sat closely alongside the Council's Community Strategy. The Joint Strategic Needs Assessment (JSNA) had been developed in two ways. First, it was now exclusively a Thurrock JSNA and not an Essex one, therefore allowing Thurrock priorities to come to the fore. Second, the JSNA now highlighted assets and strengths as well as needs.

Members were invited to endorse, be part of and add value to the strategy. It was explained that a number of other strategies and plans would sit under this Strategy to ensure delivery was successful. The Council was in a good position to deliver successful services as the Children and Young People's Plan testified when, at the end of March 2012, the Council had delivered accelerated outcomes for children in the area.

Officers outlined the visions, aims and priorities of the Strategy adding that it was now at a stage to inform stakeholders and consult them on how best to achieve the aims. Community consultation would take place on the less consulted areas. Stakeholders were explained as any individual or group with an interest in those service areas. It could include councillors, providers and patient support groups. The Portfolio

holder added that councillors could add value by using their community councils and the devolved funds they were given by the Council to improve residents' health.

Following a question it was stated that demographic pressures and the £1 million growth from last year were not evident in this Strategy but were dealt with in the JSNA.

It was clarified that there would be an overall management of the Strategy but the ways of working to achieve each aim would be different and particular to the service areas. For example, improving children's start in life would require a different way of working with schools, for example, than reducing smoking through health partners.

Officers stated that there were no particular aims or priorities that had not made it and that the strategy had been informed by the findings of the JSNA, which accurately reflected the health needs of Thurrock. Key stakeholders had also helped to shape the Strategy and Youth Cabinet were engaging with the process. Therefore, it was not expected that new priorities would arise from stakeholder groups, although it was highlighted that not every service need could be satisfied by the Strategy. Officers noted comments to revise language to make it more accessible.

**RESOLVED:**

- i) That the report be noted.**
- ii) The Committee endorse Thurrock's Health and Well-being vision and priorities.**
- iii) The Committee be informed of where each vision and priority will be dealt with in terms of service partners and committee scrutiny, outlining which organisation has responsibility for delivering the vision/priority.**

**13. ADULT SOCIAL CARE PERFORMANCE MONITORING REPORT**

The Performance regime for adult social care is changing and as a result there was little comparative data for the committee to digest. Alongside the data, the Service was expected to undertake qualitative surveys, including a bi-annual carers' survey. There would also be an annual report, known as a Local Account, which was expected to come to the Committee with the next performance report.

Officers highlighted a number of performance issues. With regards to self directed support it was explained that residents taking up this type of support was much slower than the Council had expected, although the Council were not failing to achieve this indicator. The Committee agreed to receive the improvement plan for this indicator, including

information on the support agency designed to help residents with moving to such support.

Officers also highlighted that one provider had run into difficulties in providing their services so the Council had restricted their remit and also were working closely to ensure provider prices were not driven too low.

Members welcomed the report and asked that improvement plans be included in future reports.

**RESOLVED: That the report is noted.**

**14. ADULT SOCIAL CARE FINANCIAL OUTTURN 2011/12**

The Adult Social Care budget had underspent by 0.6% last year, which accounted for a notable sum of the Council's overall budget. Aging population was still a pressure for the service and this was being planned for. The Council were also transforming services around the possibility that re-enablement funding could cease.

Members asked questions on adaptations and how money was spent. This led to the Committee discussing whether the underspend could be used to fund further adaptations for residents who were on a waiting list for adaptations, or possible who were a lower priority. Officers responded that there were strict financial controls on spending and the Committee agreed to receive a briefing note on the possibility of using such funds in future from the finance department.

Officers stated that the underspend had not put vulnerable residents at risk. Reductions in Collins House running costs were simply efficiencies and savings through making staff permanent rather than temporary. It did not represent a reduction in quality of care. It was stated that Collins house was a very high performing home. All complaints and CQC reports relating to providers were also monitored by the Council.

**RESOLVED: That:**

- i) The report be noted.**
- ii) A briefing note be produced relating to the Council using underspend for further adaptations for the Committee in preparation for a recommendation to Cabinet on this issue.**

**15. WORK PROGRAMME**

**RESOLVED: That:**

- i) **The Commissioning Support Service be deferred from October and Officers look at replacing this with another report.**
- ii) **Committee note that should the Housing Overview and Scrutiny Committee be established at Full Council, that The Housing Task and Finish Group update scheduled for October be removed.**
- iii) **A Report on Home Care be brought to the Committee when appropriate.**

**The meeting finished at 9.21pm.**

Approved as a true and correct record

**CHAIRMAN**

**DATE**

**Any queries regarding these Minutes, please contact  
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