

MINUTES of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 16 October 2012 at 7.00pm

Present: Councillors Wendy Curtis (Chair), Sue Gray, Tony Fish, Mark Coxshall, Wendy Herd and Martin Healy (left at 8.00pm).

Ms. Kim James

In attendance: Councillor Steve Liddiard
Councillor Lynn Worrall – Portfolio Holder for Transformation and Community
Councillor Barbara Rice – Portfolio Holder for Adult Social Care
L. Billingham – Head of Adult Social Care
A. Atherton – Interim Director of Public Health
D. Maynard – Head of Health Improvement
M. Boulter- Democratic Services

16. MINUTES

The minutes of the Health and Well-being Overview and Scrutiny Committee held on 4 September 2012 were agreed as a correct record.

Councillor Coxshall raised a query as to whether Basildon and Thurrock Hospital had replied to the Council's request to send a representative to attend meetings or reply to the concerns raised regarding their recent inspection. It was confirmed they had not.

17. DECLARATIONS OF INTEREST

Councillor Curtis declared a non-pecuniary interest in relation to Item 5 by virtue that she was a trustee of South Ockendon Forum.

Councillor Fish declared a non-pecuniary interest in relation to Item 5 by virtue that he sat on the Board of Directors for the Community Voluntary Service (CVS).

18. COMMUNITY HUB

Members queried the nature of the management for the hub, stating that it included a lot of senior council officers and also officers from the same department. Officers responded that this path finding project had significant implications on how the Council would possibly work in the

future to deliver services. Therefore the level of senior management involvement was justified. It was added that the management mentioned was for the project and the officers involved at this stage would not then be involved in the day to day management of the hub when it was established. In terms of officers working together from the same department, it was confirmed that this did not affect the delivery of the project and managers from across council departments were involved and consulted on the project.

In response to another question officers explained that as part of the first phase of the project on the delivery partner, the costs involved would be considered. This detail would be included in future business cases to Cabinet as appropriate but it was confirmed that obtaining agreement for phase 1 without delay was important. Phase 2 would also go to Cabinet and would include the involvement of Health as they had recently indicated that they would have an interest in any future hub development in South Ockendon. Consultation with GP surgeries and the Clinical Commissioning Group (CCG) were ongoing.

It was clarified that the hub manager position cost £50,000 and this figure included all on costs.

Some discussion was had on the venue, Belhus Library. Officers confirmed that the venue was right for the initial testing of the arrangement but it was likely that the hub would move in time. However, part of the project was to gain public opinion on where best the hub could be in South Ockendon. Councillor Gray felt that the centre of Ockendon was a good place to situate the hub.

Members expressed a concern that if services moved away from Derwent Parade, there would be empty shop fronts created. Officers explained that the Council had an asset management strategy to decide what to do with these buildings and it was possible the community would be approached and asked whether there was any use they could use the space for in the interim.

Officers felt the investment into this project was well spent as the implications on delivering services more effectively, efficiently and to the community's needs could have huge implications on many key services including Adult Social Care.

The nature of the hub was discussed and Members learnt that discussion regarding the funding model for the Hub was still ongoing but that they were based on the understanding that the hub would be self-financing. The Council was considering a future governance and management structure for the hub using a Social Enterprise model such as a community interest company but this had not been finalised yet. It was important that the hub empowered the community to tackle the local issues that this was supported by the Council. It was added that there would be staff at the hub to help those who were unable to

use the self-help technology and computers to find the information they needed. However, voluntary meet and greet staff would also be required.

Councillor Liddiard felt that Chadwell Library was an opportune place to undertake a pathfinder project for a community hub because it had already been trialed to some extent there and some of the infrastructure was already in place. Councillor Liddiard added that when a similar project had been started at Chadwell Library there had been no overall manager which had caused problems between services and there had been friction between them over use of space. Officers responded by agreeing that Chadwell was a possible starting place but South Ockendon had the right combination of assets and community support to provide confidence in delivering a successful pathfinder project. It was added that this initial work was for a trial and the first fully functioning hub could well be somewhere else in Thurrock.

The Chair invited a representative from the CVS to briefly outline the results they had received concerning the creation of a hub in South Ockendon. The representative confirmed they had received 300 responses. 40% of these were interested in using the hub to develop skills and find jobs. 33% of responses had expressed an interest in becoming involved as a volunteer in the hub.

RESOLVED that the committee's comments be noted by the project team.

19. SMOKING CESSATION STRATEGY 2012/13 SOUTH WEST ESSEX

The Committee was informed that nationally the rates of smoking had decreased significantly in recent years although the rate of decrease was slowing down. Smoking was most prevalent in low income families and it was also these families that suffered the greatest health problems as a result of smoking. 23% of adults in Thurrock (and its statistical neighbours' communities) smoked compared to the national average of 21%. The current aim for the service was to reduce smokers by 3337 a year. Another key aim of the strategy was to prevent children smoking which was achieved through tackling smoking role models and enforcing smoke free legislation. From 2015 onwards the rates of smoking cessation would become a key performance indicator for the service.

The committee discussed the role of public health in schools and it was stated that now public health was moving under the Council, it would have more power to tackle smoking in schools through the school nurse service. This included primary schools as Members were aware that smoking could start as young as ten years old. The greatest uptake of smoking happened before the age of nineteen years and the Committee felt that if the reasons why under nineteen year olds took up smoking then the strategy could be developed to tackle those issues.

Councillor Coxshall asked how the priority wards were identified and it was explained that the data on where smokers were most prevalent was gained from a lifestyle survey that was undertaken across the whole of England.

Councillor Coxshall felt that a significant source for underage smoking was proxy sales and illegal sales and officers stated that they worked with trading standards and the police to tackle such issues. However, they needed to know where this activity happened before they could deal with it effectively.

Officers confirmed that quitters were now monitored at three and six months to see if they had continued not to smoke or whether they required further support.

At present the service did not target drug abuse, although this could be considered in the future. Other contracts were in place jointly with the council to address these issues.

RESOLVED that the Committee champion the need to work with partners around all aspects of tobacco control in Thurrock including prevention of children starting smoking, smoking cessation and wider enforcement and legislation issues.

20. SOUTH WEST ESSEX OBESITY STRATEGY 2012-13

The Committee learnt that obesity was rising fast in Thurrock with 29% of adults being classed as obese. Children's obesity in Thurrock was above average both regionally and nationally. This had major implications on the rise of diabetes, heart disease, cancer and mental health issues. The rise in obesity was due to the increase of fast and processed food, as well as the decline of physical jobs and exercise and family behaviours. Public Health was working on a variety of projects to prevent obesity ranging from providing food vouchers to low income families to buy healthy food to encouraging breast feeding. Tackling obesity was a multi-disciplinary approach that included parks and leisure to promote physical activity, planning to prevent the increase of fast food outlets and public protection so that people feel safe to walk and exercise outside.

Councillor Fish highlighted the prevalence of sugary foods and how these increased appetite for more food in people. Officers stated they needed to work with the food industry to prevent the uptake of unhealthy or sugary foods and that food labelling had improved dramatically in recent years to allow consumers to see what the salt, sugar or fat content was of particular foods. This was being tackled at a national level.

Councillor Gray felt that parents needed to be targeted if childhood obesity was to be tackled. Education was a key part of the strategy and it was a huge challenge. All Members agreed that workshops within the community (such as the community hub) could help educate people how to cook healthy and nutritious meals.

Public Health felt they had much more influence on other areas, such as planning, now they were part of the Council. In response to one question they stated that they were currently working in partnership with other officers on the health impact of the Sustainable Transport Plan.

A brief discussion was had on how adults were signposted to the relevant weight management services and it was suggested that GP patient participation groups could help promote such services to a wider adult audience who may not necessarily be referred by their GP to the services.

The Portfolio Holder for Adult Social Care added three standards of public health that she would like to be continued or started:

- That children's centres continue to promote healthy living.
- GPs go back to giving prescriptions for people to attend exercise classes at £1 a session.
- The Food Banks provide healthy food for residents.

Officers advised that the council was currently undertaking a Stakeholder questionnaire around smoking and obesity from now up to the first week of December, results published in March 2013. These results would be used to commission future preventative smoking and weight management programmes to local communities.

RESOLVED that:

- i) **The report be noted.**
- ii) **The Committee champion the need to review policy and strategy with respect to the reduction in the levels of obesity in Thurrock.**

21. WORK PROGRAMME

The Committee agreed that Basildon Hospital be asked to provide a briefing note on its current performance and whether it was able to attend a meeting at an appropriate time.

RESOLVED: that:

- i) **A report on Out of Hours GP Services and the Ambulance Service be added to the programme at an appropriate time.**

- ii) **The request to include a report on joint working with the London Borough of Barking and Dagenham be declined.**
- iii) **The report on Hard to Reach Groups for December be deferred.**
- iv) **The Housing Task and Finish Group Update for March 2013 be removed.**
- v) **A report on Black Mould be included at an appropriate time.**

The meeting finished at 8.39pm.

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**