

MINUTES of the meeting of Health and Well-being Overview and Scrutiny Committee held on 4 December 2012 at 7.00 p.m.

Present: Councillors Wendy Curtis (Chair), Mark Coxshall (Vice Chair), Sue Gray, Martin Healy and Mike Revell (substitute for Councillor Herd)

Kim James

Apologies: Councillors Wendy Herd and Tony Fish

In attendance: Councillor Barbara Rice – Portfolio Holder for Adult Health Care
Catherine Wilson- Service Manager Commissioning
Mandy Ansell – Chief Operating Officer, TCCG
Ceri Armstrong – Strategy Officer
Janice Forbes-Burford – Project Director, Health Transition
Roger Harris – Head of Commissioning
Matthew Boulter – Democratic Services Officer

27. MINUTES

The Minutes of the Health and Well-being Overview and Scrutiny Committee, held on 13 November 2012, were approved as a correct record.

28. ITEMS OF URGENT BUSINESS

The Committee raised two matters arising from the minutes. The first was relating to the detail requested on the £1 million growth proposal for adult social care. Officers stated they were waiting to provide this for the January budget meeting but would provide it earlier on the Committee's request.

On the second matter, Basildon Hospital, the Democratic Services Officer confirmed that all responses to correspondence had now been received and that a joint meeting with Essex County Council was being sought in January.

29. DECLARATIONS OF INTEREST

Councillor Curtis declared a non-pecuniary interest in relation to item 5 by virtue that her daughter worked in adult social care.

30. ADULT SOCIAL CARE PERFORMANCE MONITORING REPORT

The Committee was informed that the performance report now showed the Council's performance in comparison with statistical neighbours as well as the national average.

From the performance indicators (PIs) identified, officers were confident that they would achieve good performance in all. With regards to self-directed support they were confident they would reach a 60% target even though performance was currently at amber.

Officers expressed a desire to report more regularly on external providers and clarified that one domiciliary care provider was currently working with the Care Quality Commission (CQC) to improve its performance. The provider had issues surrounding the training of staff and managing workloads so the Council asked CQC to review them and the Council was not giving that company any additional work at present. Across all external providers, the Council had increased its visits, all of which were now unannounced.

One Member was concerned that CQC were overstretched with all the additional responsibilities placed upon it. Officers assured the Committee they worked closely with CQC on all matters and that the organisation had taken on more work but with extra staff accordingly. The portfolio holder felt that it would be good to invite CQC to a meeting to answer such concerns.

During the debate it was stated that adult social care was used by around four or five thousand people a year, ranging from twenty four hour care to simple signposting of services and answering telephone queries. The percentage of over eighty fives using the service was much higher than other age bands. It was also clarified that all carers received enhanced CRB checks and so anyone with a criminal record would be flagged up.

The Committee noted that it was difficult to find full time employment for people with learning disabilities.

RESOLVED That the report is noted.

31. THURROCK CLINICAL COMMISSIONING GROUP (CCG) AUTHORISATION

In order for the CCG to become an authorised NHS body, it had to successfully comply with various key lines of enquiry. One of the key factors in achieving accreditation was for the CCG to have full GP membership in Thurrock and also co-terminosity with the Thurrock geographical boundaries. At present, the existing Thurrock CCG represented 75% of the population and there were currently ten GP practices that had not signed up to the CCG.

The CCG was due to be visited by the authorisation panel on 20th December 2012 and the Chief Executive of the PCT was working hard to ensure that these remaining GPs signed up to the CCG. Officers confirmed that the Chief Executive of the PCT had met with these GPs on Friday night and all were in

agreement about joining. Therefore, he was confident that the CCG would be fully subscribed to. IT was added that the Basildon and Thurrock group that had existed was no longer and that the Basildon practices had moved to the Basildon CCG and the Thurrock practices were at the meeting on Friday night.

The CCG had submitted large amounts of documentation to the Department of Health and the Panel due to visit in December had seventy key lines of enquiry, which was a high number.

The Chief Officer for the CCG clarified that the National Commissioning Board had the power to assign GPs to the commissioning Board. This did not in any way affect their individual practice funding and they would still be funded to care for patients and that patient care would, in no way, be affected.

It was also clarified that all Southend practices had to align to Southend's CCG and all practices in Essex had more flexibility to create CCGs across geographical boundaries because they all fell into the Essex County Council geographical area

The committee discussed the six domains of authorisation and officers explained that under each domain there were large amounts of prescriptive sub categories. One Member felt that domain two should include reference to residents, not just patients and carers. Officers responded that there was a strong lay element to the CCG that helps connect with various communities in Thurrock.

Domain six was also discussed and officers stated that this domain essentially ensured that the CCG was clinically led. Some Members felt that GPs should not be managing the CCG as they were professional medics. Officers explained that Thurrock's CCG was headed by a GP who took two days a week to managed the CCG and develop his skills in finance and strategy among other things.

RESOLVED That the report be noted.

32. COMMISSIONING A LOCAL HEALTHWATCH FOR THURROCK AND AN NHS COMPLAINTS ADVOCACY SERVICE

It was explained to the Committee that the Local Involvement Network (LINKs) would cease to exist and be replaced by Healthwatch in April 2013. Healthwatch would have a number of additional powers including:

- Children's Social Care
- Take responsibility for patient advice and liaison services in primary care organisations.
- The Chair of Healthwatch would have a seat on the Health and well-being Board, as well as observer status at the CCG Board.

The organisation of Healthwatch would be through a social enterprise and would not create profit. The Council was working closely with LINKs to ensure a smooth transition. The Council had also joined with nine other councils to undertake a joint commissioning exercise for one year for Independent NHS complaints advocacy. This did not include Southend as they were procuring this separately.

There was discussion about the shadow arrangements and the organisational structure of Healthwatch. It was stated that the current steering group was composed of Council officers, LINK organisations and the Community Voluntary Service (CVS) who administrated LINKs. The Shadow Board would be elected to in the New Year and would be composed of organisation representatives from key areas such as mental health, children's care, older people. The chair of the steering group was currently the independent chair of the Adult's Safeguarding Board.

Officers clarified that the additional £10,000 funding was from a central government fund. There was no fund established for Healthwatch yet as they had not year come into existence so the government had a separate fund to help start up costs.

Other points that were clarified were:

- The original host organisation of LINKs had been an organisation called CEMVO but this had gone bust. The CVS had taken over the remaining contract.
- The report was due to go to Cabinet next week.
- One Member felt that he was not able to recommend the report to Cabinet as it was very complex and needed more discussion.

RESOLVED That :

- i) The Committee note the progress made with the establishment of Healthwatch Thurrock.**
- ii) The Committee note the intention to commission a local Healthwatch via a grant funded route in accordance with the Health and Social Care Act 2012.**
- iii) The Committee is asked to note the intention to enter into an agreement with other local authorities to commission POhWER to provide NHS complaints advocacy services for a period of one year by way of a grant.**

33. SOUTH ESSEX MENTAL HEALTH STRATEGY

This was the second draft of the strategy and made a case for change in the mental health service. The key was to provide support to people in the least restrictive way with support in their own homes. The Strategy also looked at

more specialist services. The strategy was out for consultation with partners again.

Officers stated that the service had good aspects to it but there were also areas for improvement, one being more focus on community care as opposed to inpatient care.

Officers clarified that the crisis pathway was the service that people could use if they found themselves in an emergency. The new strategy would make this service much more accessible.

Three multi agency groups were being established and would include the Councils, users, CCGs and voluntary groups to help steer the strategy.

The Committee learnt that people could access mental health services through a variety of different ways, through GPs, social workers, voluntary groups among others. The aim of the strategy was to create a single organisation that would deal with all referrals from these groups and offer advice accordingly. The organisation would be composed of mental health professionals. This structure would be tested before being rolled out across south Essex. It was added that this organisation would also help signpost those who were not eligible for the mental health service.

RESOLVED That the Committee note the update and be advised that the South Essex Mental Health Strategy is completed and the process of consultation will begin once it has progressed through the governance process of each organisation.

34. THURROCK JOINT HEALTH AND WELL-BEING STRATEGY 2-13-2016

One Member raised the issue that he had received a different version of the Strategy from the Director of People's Services to the one in the agenda. The Member also queried why the Strategy was not on the website but instead some questions about obesity and smoking. Officers responded by saying that the majority of the priorities within the Strategy were already supported by other strategies and plans that had already received consultation. The one area that had not been consulted on was obesity and smoking and it had been decided that these would be the focus of online work. Officers added that the Director of Public Health had advised them that these were the two key priorities for Thurrock and that although there were many other key health issues to be tackled, these were currently the two greatest priorities.

The Committee noted that older people's healthcare was vitally important and was included in the Strategy.

One Member felt black mould should be mentioned within the Strategy as it was a Thurrock issue.

One Member felt that the Strategy should have been divided into health issues, such as Children's care, Mental Health and Older People, as opposed

to two sections- adults and children. Officers stated that the Strategy had been divided into adult and children's health so as not to dilute the issues of either.

Discussion was had on evidencing the weaknesses of the Council in the document, namely the educational attainment of primary schools. Officers highlighted where this was already written into the Strategy. It was further added that education was part of the Strategy because advice had shown that low educational attainment correlated with poor health outcomes.

One Member pointed to two references within the Strategy, one to 'the Government' wanting to reduce the national deficit and one to 'withering on the vine'. One Member felt these statements were either too political or inappropriate. He also felt the Corporate Parenting Committee should be mentioned prominently throughout the Strategy.

The Committee's comments were noted.

RESOLVED that:

- i) The Committee note progress made on the development of Thurrock's inaugural Health and Well-being Strategy.**
- ii) The Committee's comments be noted.**

35. WORK PROGRAMME

The Committee agreed to a joint meeting with Essex County Council to meet with Basildon Hospital representatives and to remove the Basildon Hospital item of February's meeting as a result.

RESOLVED that a Public Health update be brought to March's meeting.

The meeting finished at 8.52p.m.

Approved as a true and correct record

CHAIR

DATE

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