

MINUTES of the meeting of Health and Well-being Overview and Scrutiny Committee held on 12 March 2013 at 7.00 p.m.

Present: Councillors Wendy Curtis (Chair), Mark Coxshall (Vice Chair), Sue Gray, Charlie Key and Tony Fish (arrived at 7.45pm)

Kim James

Apologies: Councillor Martin Healy

In attendance: Councillor Barbara Rice – Portfolio Holder for Health and Adult Social Care
Roger Harris – Head of Commissioning
Andrea Atherton – Director of Public Health
Debbie Maynard – Health Improvement Manager
John Licorish – Deputy Director Public Health
Mel Porter – Interim Vice-Chair Thurrock CCG
Mandy Ansell – Chief Operating Officer : Thurrock CCG
Matthew Boulter – Democratic Services Officer

43. MINUTES

The Minutes of the Health and Well-being Overview and Scrutiny Committee, held on 7 February 2013, were approved as a correct record.

44. DECLARATIONS OF INTEREST

There were no declarations of interest.

45. CLINICAL COMMISSIONING GROUP (CCG) AUTHORISATION

The CCG had received its authorisation letter today but it was embargoed until 14th March. There were 38 red lines of enquiry which needed to be improved to green before the CCG could operate completely independently. A review of authorisation would occur in June 2013. All GP practices were now operating under the CCG constitution and the safeguarding policies, clinical involvement with patients and work with the local authority had all been praised.

Officers explained that there were 119 lines of enquiry overall and they related to service performance rather than particular GPs. It was confirmed that out of the seven other CCGs in Essex, there were some that had more red lines of enquiry than Thurrock's. All GPs were fully engaged with the CCG and the commissioning of services.

RESOLVED: the report be noted.

46. DAMP AND MOULD IN HOUSING STOCK

A cross department project group had been established to tackle damp and mould in housing stock and it had become a crucial part of the winter planning. An initial study had occurred in the Flowers Estate and the Council was putting in various measures to improve awareness of mould, including advertising and factsheets in tenancy packs.

Members queried whether smoking was a main cause of mould and officers responded that it was just one aspect that contributed to air quality and in the Flowers Estate, it was quite a significant one. Members felt that facilities needed to be made available where tenants could dry their clothes and possibly have access to a tumble dryer. Officers stated that Housing were putting resources into such things but that it was a long term process with no quick fix.

One Member highlighted that the insurance included with the rent did not cover mould so any damage to items caused by damp and mould was then felt by the tenant.

Officers confirmed that this was an ongoing issue and although Housing were the key department in progressing it, public health remained on the project board.

It was added that there was no direct link to mould causing Asthma or other illnesses but it did worsen existing asthma conditions.

RESOLVED That:

- i) The report is noted.**
- ii) A report returns in the new municipal year highlighting hot spot areas for damp and mould.**

47. PUBLIC HEALTH CONTRACTING AND COMMISSIONING ARRANGEMENTS FROM 1 APRIL 2013

The Committee was informed that Thurrock had been notified of its Public Health Grant allocation in January and that this represented a significant shortfall on what was currently being spent by South West Essex PCT. This was largely as a result of the fact that the Department of Health had split the allocation by population.(Thurrock 39%; Essex 61%) rather than need or historical spend (nearer 50/50). This meant that Thurrock had a shortfall of funds of £1.1 million compared with what was being spent on services in 2012/13.

To save this money, contracts for public health were being re-negotiated. The strategy was to avoid affecting front line services by reviewing costs, health promotion and other awareness raising issues. 60% of the spend was on mandatory services and there was more leverage for savings to be made in the discretionary areas of the service. Multiple contracts for one service were also being reworked to save costs.

Officers confirmed that Southend Council had received about 50% funding to Essex's 50%. It was explained that Southend were able to secure more funding because of various factors including the age of their population and the previous lower funding invested in mandatory services.

The Committee heard the three options available for commissioning and were told that the majority of councils were taking Thurrock's route of becoming an associate commissioner alongside the relevant CCG. Essex County had chosen to be the sole commissioner but this was due to its size.

Some Members felt that pursuing Essex County Council and petitioning to central government could help Thurrock in claiming more of the funding back. Officers agreed and stated they were pursuing these avenues.

At the end of the item, it was briefly raised that Healthwatch would start on 1st April and that the new chair of it would be Joyce Sweeney.

RESOLVED: That:

The Committee notes and recommends the following to Cabinet:

- i) It is proposed for 2013/14, for those services listed in 2.4, Thurrock will enter into the standard NHS 2013/14 form of contract with the relevant provider, and a formal commissioning agreement with the relevant clinical commission group (CCG) as follows:**
 - a. Thurrock CCG for North East London Foundation Trust Services.**
 - b. Basildon and Brentwood CCG for Basildon and Thurrock University Hospital Services**
 - c. Castlepoint and Rochford CCG for South Essex Partnership Trust Services**
 - d. Southend CCG for Southend University Hospital Foundation Trust services.**
- ii) It is proposed to contract with GP practices and pharmacists in Thurrock for the delivery of designated services detailed in 3.8 using the standard 2013/14 form of contract released by the Department of Health.**
- iii) It is proposed that the final budget for these agreements is agreed by the Director of People's Services in consultation with the Portfolio Holder for Adult Social Care and Health provided that the**

final budget is contained within the Oubli Health Grant allocation of £7,417k and is line with the approach outlined in 3.4 below.

48. WORK PROGRAMME

The committee raised concerns that the organisations due to report in April may not exist and agreed that should the reports not be timely that they be removed from the agenda.

Members also agreed that a representative from the East of England Ambulance Service be re-invited to April's meeting.

RESOLVED that the work programme be noted.

The meeting finished at 8.16p.m.

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
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