

MINUTES of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 9 July 2013 at 7.00pm

Present: Councillors Yash Gupta (Chair), Sue Gray, Mark Coxshall, Steve Liddiard and Charlie Key

Kim James and Ian Evans

Apologies: Councillor Mike Stone

In attendance: Councillor James Halden
Councillor Shane Hebb
R. Harris – Acting Director of Adults, Health and Commissioning
M. Ansell – Chief Operating Officer, Thurrock CCG
I. Stidston- Director of Commissioning, NHS England
S. Turner – Commissioning Officer, Older People
A. Hall – Joint commissioning Officer (Health Inequalities and Reablement)
I. Kennard – Customer Finance Officer
M. Boulter – Principal Democratic Services Officer

7. MINUTES

The minutes of the Health and Well-being Overview and Scrutiny Committee held on 11 June 2013 were approved as a correct record.

8. DECLARATION OF INTERESTS

a) Interests

Councillor Gupta declared a non-pecuniary interest by virtue that he was a carer.

b) Whipping

No interests were declared.

9. DEMENTIA – EARLY ADOPTER

Officers informed the Committee that the Council had been invited by the Alzheimer's Society to become a leading authority for dementia, which was a great honour. The Council planned to reach out to staff in the first instance to raise awareness as 80% of them lived in Thurrock. Libraries would be used to hold information sessions.

Members requested that officers visited community forums to also involve them and councillors into the project.

It was confirmed that the number of dementia sufferers would increase to above the national average in the next seven years and that it would take several years for the actions to fully develop and embed within the community.

RESOLVED that the Committee support the initiative for Thurrock to become a Dementia friendly community and early adopter of the recognition process.

10. REVIEW OF NONRESIDENTIAL ADULT SOCIAL CARE CHARGES

The Committee was informed that three charges were not included in the paper as they had already been reviewed in previous years or the service was currently under review. These were the blue badge scheme, day services and council run respite services.

Meals on Wheels and Homecare charges were proposed to remain the same although the meals and wheels service was subject to a review prior to the end of the current contract in March 2015. Officers clarified that Homecare charges had been renegotiated with the providers last year and this had saved the Council money as they had been subsidising the actual cost.

The Committee discussed at length the arrangements for telecare and pendant alarms. It was clarified that whatever charges, if any, would be put in place, users would be means tested and would pay an amount relative to their income. The Council would not charge anybody so that they fell into hardship. Officers added that although means testing would vary the guaranteed income would still be a significant income stream created by this change.

Any decision on pendant alarms needed further discussion with Housing and proposals to change the current charging regime would come back to members,

Members agreed to receive a proposed terms of reference for a task and finish group around pendant alarms and telecare as these two charges combined could cause financial difficulties for some users.

Members agreed that residents should be encouraged to use the services and not be put off by the charges. Councillor Liddiard felt that telecare was a complex and ever moving technological issue and therefore did not agree that a task and finish group would prove a useful exercise.

The Committee recognised that other councils were charging for administration costs for deferred payments. They agreed that these charges be consulted on.

The Committee recognised that the full payment for double handed care affected eighteen people in the borough but could generate £150,000. Both Essex and Southend Councils charged for double handed care. The

Committee agreed this needed to be consulted on so as to be in line with other councils.

Charges for externally respite care was also agreed to go out to consultation once the current review of the service had been completed

RESOLVED: That the comments recorded above be noted by officers for future work.

11. UPDATE ON NHS ENGLAND PRIMARY CARE STRATEGY AND PRIMARY MEDICAL SERVICE PROVISION IN THURROCK

The report focussed on GP provision in Thurrock and the Committee was informed of a number of challenges facing the service, namely that there was a high proportion of GPs over sixty, that Thurrock had one of the highest ratio of people on GP lists and also that patient satisfaction was variable.

A primary care strategy would be drawn up for the Essex area which would be implemented before the national primary care framework was introduced in April 2014. The Strategy would need to transform services through innovation rather than new funding as this would not be available. GP services would need to be sustainable.

The Committee learnt that older GPs were still put under a rigorous appraisal process. There was no limit imposed nationally as to when a GP had to retire..

Some members of the Committee felt that Thurrock could not attract GPs because the GPs would prefer to set up their businesses in more attractive parts of the country. Officers from the CCG highlighted that a number of GPs had established a surgery in Tilbury who were from Surrey. Some GPs wanted to make a difference to communities but it was important to make Thurrock attractive to GPs.

Representatives from NHS England confirmed that GP list inflation was being tackled and that work was being undertaken to provide services outside the regular weekdays, nine to five. Some GPs did provide weekend or late night services but this cost extra money which the NHS would struggle to afford if it was rolled out wholesale. Services needed innovation to provide their service at the right times.

Officers noted that learning disabled health checks were important and GPs needed to ensure they undertook these duties. The take up of these health checks in Thurrock and wider Essex had been very low despite GPs being paid to do the extra work and signing up for the Directed Enhanced Service. A detailed report on this matter would be going to the Health and Well-Being Board..

The Chair felt that the committee should see the action plan coming out of the primary care strategy.

RESOLVED that the report be noted.

12. VASCULAR SERVICES UPDATE

The Committee felt that this item should come back at a later date. It was clarified that the vascular review was intrinsically linked with the stroke review.

RESOLVED that the report be noted.

13. WORK PROGRAMME

RESOLVED That the following items be delivered at September's meeting:

- **Stroke Review**
- **BTUH – Mortality Review**
- **Annual Safeguarding Report**
- **Annual Public Health Report**

The meeting was finished at 9.12pm.

Approved as a true and correct record

CHAIRMAN

DATE

**Any queries regarding these Minutes, please contact
Matthew Boulter, telephone (01375) 652082,**