

**MINUTES of the meeting of Health and Well-Being Overview and Scrutiny
Committee held on 12 November 2013 at 7.00pm**

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

Apologies: Councillor Mike Stone and Mrs Kim James

In attendance: I. Evans (Co-opted Member)
F. Leddra – Fieldwork Service Manager
S. Turner – Commissioning Officer – Older People
I. Kennard – Customer Finance Manager
A. Hall – Joint Commissioning Officer
A. Atherton – Director of Public Health
D. Maynard – Public Health
R. Harris – Director of Adults, Health and Commissioning
M. Boulter – Democratic Services Officer

21. MINUTES

The minutes of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 3 September 2013 were approved as a correct record.

22. DECLARATIONS OF INTEREST

a) Interests

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

b) Whipping

No interests were declared.

23. 2013 ANNUAL PUBLIC HEALTH REPORT

Officers explained that socio-economic factors were the biggest determinants of health inequalities within Thurrock. Those that came from a lower socio-economic setting were more likely to smoke, eat unhealthily and drink more. Thurrock displayed above average numbers of statutory homeless and child obesity, as well as smoking, poor diet and alcohol consumption.

Councillor Coxshall felt that the comparisons between areas within the borough were not helpful and thought that the key causes of unhealthy living

were through individual experience and the success of individual engagement in healthier living programmes. He also felt that the definition of 'poverty' needed to be clarified as to whether it related to Thurrock, the eastern region or the UK as a whole. Representatives from Public Health responded that environment had a major impact on health and was nationally recognised. However, it was the role of Public Health to verify what the statistics implied and therefore, they were eager to work with ward councillors in each ward to validate the statistical data.

Councillor Liddiard thought the statistics were helpful in allowing him to get a message across to his residents in Tilbury about healthier living choices.

The Chair focussed on the future aims of the Public Health programme and asked how the team intended to achieve all they had set out to do. Officers responded that they had the capacity to achieve the goals and most had been started already. There was additional capacity from Public Health England which supplied a large amount of the data that the Thurrock team used. It was added that the goals would be achieved through a backdrop of funding reduction. The team had already streamlined their processes to save some money and were working with other area teams to investigate and measure value for money.

Following a question officers also outlined how they were engaging with residents to form the new service options from 2015 and were keen to work with Thurrock Coalition to increase engagement.

RESOLVED that the report be noted.

24. REVIEW OF NON-RESIDENTIAL ADULT SOCIAL CARE CHARGES

The report related to fully charging service users who used double handed care. At present the Council only reclaimed one half of the cost from the user. Officers explained the consultation results relating to double handed care and stated that out of the 55 responses received, 75% of respondents did not want increased service charges. 11% were happy to pay increased charges and 13% did not know. It was clarified that all service users were contacted for their input.

If the increased charges were to be implemented, 81% of the users of the service would see no increase, 4% (5 people) would have to pay an increased amount and 15% (17 people) would have to pay full costs. This would see a saving of around £140,000 into the Council.

Officers stated that they were unable to know whether the 22 people affected by increased charges had responded to the consultation as it was anonymous.

The Chair felt that these 22 elderly and severely disabled people were vulnerable and that doubling the cost of care did not seem right to him. This was compounded by the fact that it was unknown whether they had responded to the consultation and that 75% of respondents did not want increases

anyway. Other councillors felt the increase was justified because those who had to pay full cost were financially able to do so and that by allowing 17 people to pay full cost within their means meant that the service was under less pressure and could serve all fairly.

It was explained that the service users could choose to purchase their care elsewhere. This could therefore mean that estimated savings may not be achieved. However, the Council had estimated around £75,000 in savings. Therefore, there was £65,000 leeway.

The Committee generally agreed that the increase in cost for double handed care for those that could afford it was in line with national guidelines and should be progressed.

RESOLVED that:

- i) The results of the consultation are noted.**
- ii) The above points made in discussion be passed onto Cabinet for consideration.**

25. MEALS ON WHEELS

The meals on wheels service was outlined and the Committee learnt that the number of people using the service was falling. This put pressure on the service as the cost of meals would increase and the service would not remain financially viable.

Members learnt that the Havering meals on wheels service could provide a similar or better service direct with Thurrock residents for a cheaper unit price. This meant that the Council would no longer have a contract to maintain and residents would receive a good service for the same cost per meal, which was £4. The Council would still need to subsidise the service by £1.25 but this was a cheaper subsidy than the current arrangement. Therefore, the Council would save £99,000.

Members discussed the other options and felt that option 1, 2, 4 and 5 were not viable because they would increase the cost of the service or that the service was not suitable for all. Option 3 featured some points of merit with regards to an enhanced support service to provide users with options of meal providers.

Members recognised that the transition period was crucial and that the Council had a legal obligation to make arrangements for the most vulnerable. The Committee agreed that the Havering service was a good option (option 6) and that the Council should aim to amalgamate the features of option 3 and 6 to allow residents to be supported and provided with a service on transition but also to be given choice on alternate providers should they wish. If a resident chose a provider other than Havering, the Council would continue to subsidise at £1.25.

It was clarified that this arrangement would not currently be available for new service users but they would be provided for under the new arrangements by being offered the various choice of provider, if Members so decided.

RESOLVED that:

- i) **The preferred option be a mixture of option 3 and 6, whereby residents are actively supported in the transition period to use the Havering service, although helped to find another provider should they so wish. Any choice would be subsidised by £1.25.**
- ii) **That this preferred option be subject to public consultation.**

26. SAFEGUARDING ADULTS ANNUAL REPORT

Members noted the good work of the safeguarding service, as well as the strong and successful partnership working with Essex Fire Brigade, trading standards and the Office of Public Guardian. This partnership working had prevented fires in vulnerable people's homes, tackled rogue traders and supported residents in using power of attorney. Members also noted that the work of the safeguarding team was increasing.

In relation to domestic violence, the statistics only referred to vulnerable adults although it was pointed out that some non-vulnerable adults were supported by the service on a case by case review.

Repeat referrals was debated and officers pointed out that some adults did not want the service involved in their lives and so referrals would repeat from time to time if the service had chosen not to intervene already. It was added that because a lot of the crimes surrounding vulnerable people involved family members, it was very complex and hard to secure prosecutions. However, the service could take measures to protect people even if no legal action was taken.

A brief discussion was had on hate crime and a request for local statistics was made. The Committee heard from Thurrock Coalition on the success and use of an online reporting system called 'True Vision'. Officers also confirmed that they still held information sessions in older people's accommodation to raise awareness. These sessions were very helpful to the service and the elderly people.

RESOLVED that the committee note the achievements and performance of Adult Safeguarding in Thurrock.

27. WORK PROGRAMME

The Committee noted the removal of the budget item from February due to there being no substantive savings proposals to agree this year. All current savings proposals would be contained within the December budget report.

The Committee noted requests to include the following reports:

- Stroke Consultation
- NHS England Draft Primary Care Strategy
- Integration Transformation Fund
- CCG update
- Public Health Service Review
- Internal Service Reviews/ Peer Review.

The Committee held a brief discussion on the numbers and average age of GPs in Thurrock and also telecare charges. The Committee understood that the GP issues would be dealt in the Draft Primary Care Strategy and that telecare would be brought back once consultation and Committee comments had been worked through.

RESOLVED that the work programme be noted subject to

The meeting finished at 8.46pm.

Approved as a true and correct record

CHAIRMAN

DATE

**Any queries regarding these Minutes, please contact
Matthew Boulter, telephone (01375) 652082,
or alternatively e-mail mboulter@thurrock.gov.uk**