

MINUTES of the meeting of Health and Well-Being Overview and Scrutiny Committee held on 11 February 2014 at 7.00pm

Present: Councillors Yash Gupta (Chair), James Halden, Charlie Key, Mike Stone and Steve Liddiard

Ms. Joyce Sweeney and Mr Ian Evans

In attendance: M. Ansell – Chief Operating Officer, Thurrock CCG
I. Stidston – Director of Commissioning, NHS England
A. Atherton – Director of Public Health
D. Maynard – Head of Health Improvement
C. Armstrong – Strategy Officer
L. Billingham – Head of Adult Services
R. Harris – Director of Adults, Health and Commissioning
M. Boulter – Democratic Services Officer
K. James – Chief Officer - HealthWatch

40. MINUTES

The minutes of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 14 January 2014 were approved as a correct record.

41. 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.

42. PUBLIC HEALTH COMMISSIONING 2014-15

Public Health were reviewing all contracts to test their value for money and performance. This was a rolling programme although three contracts had already been served notice. These contracts were currently held by the North East London Foundation Trust (NEFLT) and included Children's weight management (Thurrock needed a new service to include psychology), adult weight management (Thurrock needed better value for money) and school nursing (a new service with a focus on prevention needed to be procured). The Public Health team were working with community groups, HealthWatch

and local area co-ordinators to better understand what services should include.

It was clarified these services would be re-tendered with no need to reduce budgets.

Officers stated they would be able to measure the success of the programmes to ensure it was actually making a difference to peoples' lives. There would be a whole community approach and also the use of best practice from other areas, including leading and insightful research models that would closely measure outcomes.

The Committee discussed the use of text messages to reinforce practices and officers felt this was certainly something to be explored.

RESOLVED that:

- i) The report be noted and the process for undertaking the service reviews be supported.**
- ii) The specifications for the new services come back to Committee before being signed off at Cabinet.**

43. PRIMARY CARE STRATEGY

The Strategy was due to be completed by June 2014 and initial listening exercises involving contractors and some community groups had already started. The impetus of the Strategy was due to no further money being available to the health service nationally, which meant services had to be transformed. There was opportunity, therefore, to improve and make the service more efficient. CCGs ensured that local issues would be key to the transformation in each area.

The key challenges for Thurrock were GP workforce and to ensure it was capable of managing growing demands. This was important considering the large growth in population within Thurrock. Some of the more general challenges across Essex, including Thurrock, were to improve accessibility to services across a full seven days, ensuring consistency in quality of services and using new technology to improve delivery. Pharmacies, dentists, nursing staff and optometrists were all being developed as well to improve an enhanced service.

A key objective of the transformation was to release money from the acute sector (hospitals) to the primary sector. It was expected that £90 million could be freed from acute services across Essex to reinvest into Primary Care.

Another strand of the transformation was to improve primary care estate, improving properties and making them better suited to their role.

Officers from the CCG confirmed that their five year plan aligned with these priorities and there was great partnership working between NHS England, CCG and the Council to drive the changes forward.

Councillor Liddiard suggested that the CCG should become involved in the forthcoming review of sheltered housing and wardens. He felt that wardens were usually the first line of contact for health issues and could possibly be utilised better. The Chief Operating Officer confirmed that housing was involved in joint CCG/ Council planning.

The Committee discussed the proposed increase of GP training practices and it was stated that bringing trainee GPs into an area tended to yield good results in terms of those GPs wanting to stay in an area. There were also plans to develop GP mentoring and supporting GPs to go into partnerships. Members discussed whether the culture of GP and other health staff roles could be changed so easily and quickly. Officers confirmed that CCGs had made GPs commissioners of services, as well as contractors, and as a result they were already thinking differently about the whole provision of care.

RESOLVED that the report be noted

44. NHS THURROCK CLINICAL COMMISSIONING GROUP (TCCG) – AUTHORISATION UPDATE

The Committee was informed that out of the initial 119 national standards the CCG had to achieve, it only had five left to complete. These were focused on the recruitment of a permanent Accountable Officer and the organisational and leadership development of the members of the CCG, particularly succession planning for clinical leaders.

In response to a question, officers stated they had improved overall health services greatly by being able to commission specialist and locally specific services within a very short space of time. The Director of Commissioning for NHS England stated that Thurrock CCG had made the quickest advancement across the whole of Essex.

RESOLVED that the excellent progress made by the CCG in 2013 in its authorisation journey, as well as the systems in place to achieve the remaining five standards, be noted.

45. UPDATE ON ADULT SOCIAL CARE SERVICE AND EFFICIENCY REVIEWS

The reviews were undertaken primarily to tackle short term issues regarding budgets and efficiency that was affecting the whole council. However, there were also longer term aims that the department held to transform services. The reviews were centred around managing demand in the system but also increasing productivity. The review report was almost complete and the next phase was to develop an implementation plan to sit alongside it.

Officers clarified that wider family networks were included in consultations and anyone who wished to contribute to consultations relating to the reviews and future transformation would be able and encouraged to do so. It was clarified also that the 'customer journey' was a term used to describe the customer experience with the service. Thurrock Coalition were currently undertaking mystery shopper exercises.

RESOLVED: that the progress made in completing the reviews in question be noted and that further reports on the consultation and implementation plan be received in due course.

46. ADULT SOCIAL CARE PEER CHALLENGE REPORT

The Council agreed to be the first Council in the east of England to undergo a peer review as it felt it was important that the quality of commissioning be reviewed. A team of experts attended the Council in November 2013 to undertake this review and met with officers, partners and portfolio holders. The overall view of the review was very positive and they stated that the co-production work and strong communities initiative were unprecedented in their work and the best they had seen.

The Committee congratulated officers on this result but did question the current performance in relation to learning disability health checks. It was responded that this had been significantly revised and only those GPs with the willingness to undertake the checks were being commissioned to do so. HealthWatch raised discrepancies between the NHS and Council data relating to the number of checks currently completed for this year and Members noted that roughly 25% of those affected had completed their checks.

RESOLVED That the report be noted.

47. THURROCK BETTER CARE FUND PLAN

This fund was mostly made up of existing funding streams and was to be used jointly between the CCG and Council to transform health and care services. Governance arrangements needed to be established between the Council and the CCG to ensure the money could be spent to mutual benefit. The current plan for spending was being submitted as draft to NHS England on 14th February, although the final submission was not until 4th April 2014. Officers stated that the real impact of the transformation would take place in 2015-16 and beyond, and that 2014/15 would be a year of preparation and groundwork for that.

Members noted the synergy of this plan with other health partner strategies and welcomed this. It was felt that final sight of any revised plan should go through the portfolio holder and shadow portfolio holder. Mr Evans from Thurrock Coalition also suggested that an engagement plan be made part of the strategy submitted as it was key to the success of the project.

RESOLVED: That:

- i) The progress of the plan be noted.**
- ii) The steps and milestones being taken to develop the final draft be noted.**
- iii) The vision and direction of travel be endorsed.**
- iv) A co-produced engagement plan be developed and appended to the final submission.**

48. WORK PROGRAMME

RESOLVED that the portfolio holder question and answer session be moved to March's meeting.

The meeting finished at 8.40pm.

Approved as a true and correct record

CHAIRMAN

DATE

**Any queries regarding these Minutes, please contact
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