

Minutes of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 2 September 2014 at 7.00pm

Present: Councillors Charlie Key (Chair), Yash Gupta, James Halden and Sue Gray.

Kim James – HealthWatch Representative
Neil Woodbridge – Thurrock Coalition Representative

Apologies: Councillors Mark Coxshall, Maggie O’Keeffe-Ray and Charlie Curtis and Mr Ian Evans and Ms Joyce Sweeney

In attendance: Councillor Barbara Rice – Portfolio Holder for Adult Health Services
R. Harris – Director of Adults, Health and Commissioning
H. Dhillon – Statutory Complaints and Engagement Officer
C. Wilson – Service Manager - Commissioning
M Boulter – Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council’s website.

10. Minutes

The Minutes of the Health and Well-being Overview and Scrutiny Committee, held on 29 July 2014, were approved as a correct record.

11. Declaration of Interests

Councillor Gupta declared a non-pecuniary interest in relation to Item 6 by virtue that he was a member of the Older People’s Parliament and he had a daughter with learning disabilities who may be affected by the proposals.

Kim James declared an interest in relation to Item 6 by virtue that she was an officer of HealthWatch.

Neil Woodbridge declared an interest in relation to Item 6 by virtue that he was a member of Thurrock Diversity Network and Thurrock Lifestyle Solutions.

12. Items Raised by HealthWatch

It was stated that most issues at present related to the issues in Item 6 so comment would be reserved for that item.

13. Adult Social Care Complaints and Representations Annual Report 2013/14

The Committee learnt that the Council had a statutory complaints procedure and that this produced an annual report each year which was before members. 351 representations were made to the department in the last year, 57% of which were compliments. Compliments numbered at 57 and represented a 24% reduction in complaints from the year before. Compliments were rising each year. These trends were in part due to the Council commissioning more services, therefore, the care services would now be receiving their own compliments and complaints. It was also felt that the council was good at dealing with issues before they became complaints. Officers highlighted one ombudsman investigation that was upheld and attached at appendix 1.

The Committee commended the performance but queried whether compliments and complaints could be dealt with in different ways so as to affect the levels reported. Officers clarified that all compliments were simply not just someone saying 'thank you' but concerted communication by users to let the department know they were pleased with services. Likewise, complaints were separate and distinct from 'member enquiries' and 'concerns'. Officers also clarified that one person complaining on the same issue, depending on the timescale involved, would be considered as one complaint.

Through the discussion it was found that complaints that were upheld were simply not the most serious although it was noted that complaints within this department were often complex and required detailed investigation. The absence of comparative data from other councils was explained by the fact that the other councils Thurrock liaised with had not produced their performance reports to the same timescales. This was being rectified for next year.

The Thurrock Coalition representative highlighted the future need for vulnerable people to be able to complain or compliment on services and officers responded that an advocacy service would remain in place to allow this. The representative of HealthWatch added that they were able to assist people and requested the council put the organisation's details on all documents.

RESOLVED that the report be noted.

14. Budget Reductions: Voluntary Sector Contracts, Learning Disability Development Fund, HealthWatch and Homeless Early Intervention

Officers highlighted they would be speaking with each organisation individually on the budget proposals. Two of the organisations mentioned had been funded by the Learning Disability Development Fund which had ceased two or three years ago. Most other councils had ceased funding at that point although Thurrock had continued to fund from their own resources. In the present situation, it seemed Thurrock should also cease this support.

Following a question officers stated that it was very difficult to differentiate between non-statutory and statutory duties within some of these organisations but by and large the organisations affected had been assessed as providing a non-statutory service. It was added that legislation did not prescribe the amount or level of statutory service so the volume of statutory service was also being reassessed.

Councillor Gupta stated that non-statutory services played an important role within the community and that these services had not received any feedback from the Council as to the criteria used to decide which organisations were affected. Councillor Rice replied that budget decisions had to be made and that if these services were not affected others would. She asked the Committee to comment on the mitigation factors within the report.

Thurrock Coalition raised the issue that all the organisations were interdependent so the failure of one group to pay rent at the Beehive, for example, could jeopardise the wider sector. The representative added that budget reductions would be more manageable if they were 20% rather than 100% to each organisation. Officers stated that a certain level of saving had to be made within this sector but the way in which that was made was still open to debate. There was a possibility of bridging loans and all support necessary would be provided by the Council to ensure organisations accessed new funding or other arrangements.

The Committee began to comment on the mitigation section of each proposal and the following was noted:

- Kim James of HealthWatch stated that the mitigation for BATIAS which proposed the engagement of the Community Safety Partnership (CSP) would also be in jeopardy because the CSP was also facing cuts. Likewise the use of volunteers would not wholly replace the skills and expertise of staff.
- Councillor Halden felt HealthWatch was in need of greater support as it could prevent additional costs on the department through its work. Likewise, the reduction for Age Concern seemed to have a disproportionately negative effect. He felt that other organisations listed did not have a direct effect on the health of residents and could legitimately be reduced. He queried whether organisations offering similar services could be merged or work in collaboration and officers responded that this was being considered at present.
- Councillor Gray was concerned that volunteers would not be able to provide a consistent and reliable service in comparison to a funded professional body of workers.
- Councillor Key also highlighted the need for the HealthWatch mitigation to be more robust before Cabinet made a final decision on its funding future.

RESOLVED: That:

- i) **The committee note the impact assessments and proposed savings.**
- ii) **The comments made above are taken into consideration by Cabinet and any other future meetings on this topic.**

15. The Care Act – Proposed Changes and the Council’s State of Readiness

The Committee was taken through a presentation which gave an overview of the Care Act, which was the most significant legislation on adult care in Britain and bounded different parts of care legislation together into one Act. The Care Act arose from the Law Commission enquiry in 2010 and the Dilnott Enquiry in 2012 and promoted well-being of those in need of care but also of carers. It enshrined the right of every person to have a personal budget in relation to care.

One of the key features of the new Act was that people were only required to pay £75,000 towards their care. Once this limit was reached, the care would be state funded. This cap did not include accommodation costs. In addition people would not be required to sell their homes but could defer payments until after they had passed away. There were currently 70 to 80 self funders in Thurrock and therefore the budget pressures introduced by the cap would not cause as great a problem to the Council as other parts of the country.

Other features of the Act included the Council having to outsource more services but maintain the ultimate duty of care. The advocacy service would be reviewed and expanded and the Adult Safeguarding Board would be made statutory. The Council was already working with partners to implement the better care fund and review the transition arrangements from children’s to adults care.

Councillor Halden felt that the more widespread use of telecare would keep costs down and provide a responsive service. Officers agreed that this would be desirable and they were working on using telecare where possible.

The Council was expecting to receive two tranches of funding from central government for the new Act. The first would be April 2015 and the second in April 2016. However, no funding provision had been made within our Medium Term Financial Strategy, it was expected that all the extra costs would be met by central government.

RESOLVED that the report be noted and that the readiness of the Council to implement the Care Act’s requirements and the steps being taken to ensure compliance by April 2015 and April 2016 is also noted.

16. Work Programme

RESOLVED that a report on GP coverage in Thurrock be added to an appropriate meeting.

The meeting finished at 8.56pm.

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**