

## Review Committee – 5 March 2013

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Minutes of the meeting of the **Review Committee** held on **5 March 2013** when there were present:-

Chairman: Cllr Mrs J R Lumley

Cllr Mrs A V Hale

Cllr B T Hazlewood

Cllr J R F Mason

Cllr Mrs C E Roe

Cllr I H Ward

### **VISITING MEMBERS**

Cllrs T E Cutmore, Mrs H L A Glynn, C J Lumley and Mrs C M Mason.

### **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr T E Mountain.

### **OFFICERS PRESENT**

P Warren	-	Chief Executive
A Lowing	-	Community Planning Officer
C Milton-White	-	Community and Local Strategic Partnership Officer
C McClellan	-	People and Policy Manager
P Tonge	-	Environmental Health Manager
P Gowers	-	Overview and Scrutiny Officer
M Power	-	Committee Administrator

### **43 MINUTES**

The Minutes of the meeting held on 5 February 2013 were agreed as a correct record and signed by the Chairman.

### **44 DECLARATIONS OF INTEREST**

Cllr T C Cutmore declared a non-pecuniary interest in the 'Emerging structure around health and wellbeing and the changing role of the District Council in this context' item of the Agenda by virtue of being a member of the Shadow Health and Wellbeing Board and Chairman of the local Health and Wellbeing Board. Cllr Mrs H L A Glynn declared a non-pecuniary interest in the item by virtue of being a Member on the Patients Forum of the Puzey Practice, Rochford.

### **45 THE EMERGING STRUCTURE AROUND HEALTH AND WELLBEING AND THE CHANGING ROLE OF THE DISTRICT COUNCIL IN THIS CONTEXT**

(Note: Cllr Mrs J R Lumley declared a non-pecuniary interest in this item by virtue of being Vice-Chairman of Rayleigh and Rochford Association of Voluntary Services (RRAVS).)

Members received presentations from Kevin McKenny, Chief Operating Officer, Castle Point & Rochford Clinical Commissioning Group (CCG) and Jane Richards, Assistant Director of Public Health (Health Improvement and Health Inequalities) NHS North Essex on the changes due to take effect from 1 April 2013.

In response to questions, the following was noted:-

- In respect of the 111 telephone service, the person answering the calls will have full access to the information systems of all local services, including GP surgeries. Details of the caller's condition will be taken and advice given as to where to go next, including referral to 999 ambulance service if appropriate. It is hoped that this will establish a gateway for non-urgent care and keep patients out of hospital where possible.
- The CCG has access to two completely separate budgets. The first is a budget of £190 million for commissioning services in Castle Point and Rochford, which is allocated by the Department of Health. A separate budget (worth in the region of £4 million based on an allocation of £25 per head of the population from the two areas), will be used to administer the CCG.
- The concern that health resources may be reallocated away from the Rochford District, which is a relatively affluent area, was recognised. However, the commissioning budget is allocated by taking into account factors such as social deprivation, trends and age profile. Commissioning is about delivering high quality care within this allocation. The CCG operates a transparent service; each Board meeting includes a financial report. It is hoped that a well-informed population will be more likely to access health care services.
- The often inequitable share of funding for third sector organisations according to their location within the county will be addressed via development of a 3-year commissioning strategy for the voluntary sector by the County Council in conjunction with the District/Borough Councils. Existing agreements with third sector organisations will be maintained for one year.
- Access to ophthalmology services in the community may be able to be developed as this would reduce the impact of ophthalmology on acute care services. The introduction of a mobile service for those who cannot attend these services centrally may be possible.
- RRAVS will be part of the new 'befriending' service set up to provide companionship and visits to the elderly in their homes.
- With reference to the recent publicity around high premature mortality rates at Mid-Staffordshire Hospital, it was confirmed that the NHS Commissioning Board has a system of quality standards and is constantly monitoring mortality rates in hospitals. There is also an established

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complaints procedure, details of which are available on the Essex County Council website.

- There are currently no plans to develop a similar facility as the Tyrells Health Centre in the Rochford District.
- There is a national push to develop GPs opening hours to include weekend surgeries. Out of hours health centres and walk-in centres, such as St Luke's ward at Southend General Hospital, have had mixed success and do not necessarily reduce admission to Access & Emergency as an increase in demand is often seen.
- A programme is being commissioned to implement an Abdominal Aortic Aneurysm (AAA) Screening Programme to help prevent premature deaths by way of early detection. One of the biggest challenges faced by the NHS is the number of people who fail to attend screening appointments.
- Priorities are set via the Joint Strategic Needs Assessment (JSNA) which provides the data to help understand how to target services. It is a continuing challenge for the Health and Wellbeing Board that services are targeted in areas with greatest need but that other areas are not neglected, as well as how to encourage people in certain areas to access services. The Health and Wellbeing Board sets policy and strategic direction. The Essex County Council Overview and Scrutiny Committee performs the scrutiny function, focussing on how and why things are being done and how improvements can be made.
- Public health services will have an impact on a range of Rochford District Council activities. Meetings will be arranged between the County's Public Health Team and Rochford District Council at a corporate level to discuss issues specific to the Rochford District.
- Concern was expressed about what would happen with the existing PCT estate and whether responsibility for this would be transferred to the CCG.

The meeting closed at 9.30 pm.

Chairman .....

Date .....

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