

Community Overview & Scrutiny Committee – 17 January 2006

Minutes of the meeting of the **Community Overview & Scrutiny Committee** held on **17 January 2006** when there were present:

Chairman: Cllr Mrs T J Capon
Vice-Chairman: Cllr T Livings

Cllr Mrs R Brown
Cllr D G Stansby

Cllr Mrs M S Vince

VISITING MEMBER

Cllr C I Black

APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs R G S Choppen and C J Lumley

SUBSTITUTES

Cllr R A Oatham

OFFICERS PRESENT

G Woolhouse - Head of Housing, Health and Community Care
S Worthington - Committee Administrator

ALSO ATTENDING

M McCann - Chief Executive, Castle Point & Rochford Primary Care Trust

9 MINUTES

The Minutes of the meeting held on 22 November 2005 were approved as a correct record and signed by the Chairman.

10 PROVISION OF PRIMARY CARE SERVICES IN THE DISTRICT

The Committee welcomed Malcolm McCann, Chief Executive, Castle Point and Rochford Primary Care Trust, to the meeting. Mr McCann was in attendance to provide Members with an update on the progress being made in improving GP provision within the District, and particularly in Western Rayleigh.

During the presentation, which provided Members with details of what steps the Primary Care Trust had been taking in order to improve patients' access to healthcare and also outlined future plans, the PCT Chief Executive asked Members to outline their experience of accessing GPs and primary care within the District. During the discussion that followed Members reported issues associated with long waits for GP appointments in Rayleigh, inadequate

provision for phlebotomy, difficulty in booking GP appointments in advance, instances of poor standards of hygiene at Southend Hospital and, on occasion, poor quality of care there.

During the presentation, the following points were noted:-

- During the last three years there had been more investment in healthcare within the Rochford District resulting in 14 new GPs, 5 of which were in the Rayleigh area, £1.4 million more being spent on prescribing, a new dental practice being established in Hockley and a long term conditions nursing team being set up in Rochford/Great Wakering, with another planned for Hockley/Rayleigh in 2006/7.
- Currently patients should be able to access a GP within 48 hours; the PCT was working with GP surgeries with a view to 25% of GP appointments being made available for patients to book in advance.
- Improvements had been introduced at Southend Hospital, resulting in a maximum 4 hour wait in A and E, a maximum wait of 6 months for inpatient care and a maximum wait of 13 weeks for outpatients appointments, with a choose and book system introduced for patient appointments.
- One of the problems facing the PCT was that there were many instances of patients going to the A and E department when they were unable to access their GP quickly. This obviously impacted on the waiting times for A and E.
- More emphasis was now placed on quality with respect to GP contracts. Surgeries kept disease registers and approached directly patients suffering from conditions such as heart disease with a view to offering them regular GP appointments to monitor and treat such conditions. Enhanced services had been introduced which meant, for example, that GPs could refer patients suffering from depression, to specialist care.
- A new integrated out of hours GP service was introduced at the end of January last year, in response to patients' comments about the previous service.
- The Primary Care Trust was listening to concerns raised by patients and was responding to patients' needs; it had introduced a new dental practice in Hockley in response to residents' need.
- An independent, anonymous patient survey was conducted last year of a cross section of 400 people. The Primary Care Trust had not fared well in this, scoring badly in areas such as communication and access. Surveys conducted by individual GP practices had, however, resulted in high scores for the practices, although these had not been anonymous.
- The GPs had subsequently agreed to take part in anonymous patient surveys of their practices and this work was currently being conducted by

4Ps, an independent organisation.

- It was clear that competition between GP practices could lead to better services for patients. Since there had been a split between practices in the Back Lane surgery in Rochford patients had more choice of GP appointments and clinics.
- The Board and Executive Committee of the PCT had signed up to integrated primary care developments, with 2 planned for Canvey Island, and plans for Rayleigh, Hockley/Rochford and potentially in Benfleet. Integrated developments would incorporate GP facilities, community nursing/health visiting facilities, outpatient and diagnostic facilities, and out of hours centres.
- The PCT Board had also agreed the local improvement finance trust (LIFT) initiative for the purpose of building integrated developments. The PCT would work in partnership with a private developer to realise this. It was anticipated that the preferred partner (developer) would be determined by June 2006 with negotiations completed by the end of the year.
- Further development was dependent on primary care colleagues working closely together with the PCT; it was, however, disappointing that some GPs were currently not very supportive of the LIFT initiative.
- Health provision in the future would be very much shaped by practice based commissioning; GPs would have more responsibility for the way in which services would be provided, would determine how to work on the acute sector and would be responsible for organising a range of different services.
- The Local Area Agreement (LAA) offered the PCT the opportunity to work more closely with partner organisations on estates issues. The PCT was, for example, working on developing a possible children's development centre in Canvey Island, with Social Services, and hopefully Library Services also on site.
- As a result of meetings between the LIFT team and the Park School site developer and with Asda it was clear that the site proposed in Rawreth Lane for GP provision was not big enough to accommodate an integrated development. The PCT did not see any advantage in pursuing a new facility that would not be able to improve on existing health services.
- The PCT had therefore commissioned a site survey of Rayleigh with the aim of identifying potential sites within Rayleigh for an integrated development.

During debate, Members expressed disappointment that the PCT had not acted swiftly earlier to secure the whole of the site in Rawreth Lane identified for a neighbourhood centre in order to develop such an integrated

development, particularly in light of the substantial residential development in that vicinity.

In response, the PCT Chief Executive advised that the Local Area Agreement should help to facilitate integrated partnership working between Local Strategic Partnership members.

11 COMMISSIONING A PATIENT-LED NHS – FORMAL CONSULTATION

The Committee considered the report of the Head of Housing, Health and Community Care inviting Members to respond to formal consultations on the reconfiguration of some health service structures and received a presentation from Malcolm McCann outlining the PCT's intended approach.

During the presentation, the following points were noted:-

- The formal public consultation on the reconfiguration of health service structures relating to Primary Care Trusts in Essex, Strategic Health Authorities in the East of England and NHS Ambulance Trusts in England commenced on 14 December 2005 and was due to conclude on 22 March 2006.
- The proposals relating to Primary Care Trusts included four different options. The third option was a new one, and proposed 4 PCTs for North Essex, South Essex, Southend and Thurrock.
- It was vital that any future structure should give consideration to the configuration of Local Strategic Partnerships.
- The proposal for one Strategic Health Authority covering Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire had been made on the basis of achieving £7.5 million in management costs, which would be re-directed to frontline services.
- The Primary Care Trust was due to decide its intended approach to the proposals at its February Board meeting.
- The Department of Health would make a final decision, post consultations, in April/May 2006 with a view to new Strategic Health Authorities being established by 1 July 2006.
- It was anticipated that the Chief Executives of the newly formed PCTs would be appointed in July 2006, with the PCTs becoming operational between October 2006 – April 2007. Current PCT staff would, however, retain entitlement to employment until June 2007.

In response to a Member enquiry relating to option 4 for PCTs, the PCT Chief Executive advised that the proposed South East Essex PCT would be comprised of Castle Point, Rochford and Southend on Sea.

Responding to a Member concern relating to the inclusion of Southend on Sea in the proposed South East Essex PCT at option 4, the PCT Chief Executive confirmed that the Primary Care Trust had clear resource priorities for Castle Point and Rochford and that these would be safeguarded under any new structure.

There was a general consensus that the Primary Care Trusts should not change; it was disappointing that they were being re-structured at such an early stage. However, given that there would be change, Members concurred that option 4 appeared to be the most local option proposed, although there was much concern about the inclusion of Southend on Sea within the S.E. Essex PCT proposed.

Members considered it important that, under the new proposals, local operational ambulance services should be maintained. Members also expressed concern about the proposal to move to one Strategic Health Authority, particularly in light of the considerable financial problems experienced by the current SHAs in Norfolk, Suffolk and Cambridgeshire.

On a Motion moved by Cllr Mrs M S Vince, amended by Cllr T Livings and seconded by Cllr Mrs T J Capon it was:-

Resolved

That the Essex Strategic Health Authority be informed that this Council's response to "Commissioning a Patient-Led NHS" be that:-

"This Council wishes to express its disappointment with the proposals put forward for the future of Primary Care Trusts and considers the re-structuring to be premature, given the progress made to date by the Castle Point and Rochford Primary Care Trust. This Council would prefer to see the retention of a Primary Care Trust for Castle Point and Rochford, but in view of this option being excluded from the proposals, will support option 4, as the only local option.

This Council would like to see the retention of the Essex Strategic Health Authority, because of concerns it has with respect to the financial affairs of the Norfolk, Suffolk and Cambridgeshire Strategic Health Authorities.

This Council, while supporting the creation of one NHS Ambulance Trust for the East of England, does so only on the basis that local operational services will be maintained." (HHHCC)

12 ANIMAL WELFARE CHARTER REVIEW

The Committee considered the report of the Head of Housing, Health and Community Care asking Members to consider amendments to improve the Council's Animal Welfare Charter.

Community Overview & Scrutiny Committee – 17 January 2006

During debate Members concurred that this required a more detailed examination. Issues relating to angling, guidance on the long-term tethering of horses and long-standing agreements relating to pets at the Crown Hill bungalows, in particular, should be thoroughly explored.

There was a general consensus that the Animal Welfare Charter Sub-Committee should be re-formed in order to hold one meeting in order to address these issues and bring back recommendations to the next meeting of this Committee.

Resolved

That an Animal Welfare Charter Sub-Committee be formed, comprising Cllrs R A Amner, Mrs T J Capon, Mrs S A Harper, J M Pullen, Mrs M J Webster and Mrs C A Weston to consider, at a single meeting, amendments to improve the Council's Animal Welfare Charter, and to report back to the next meeting of this Committee with recommendations. (HHHCC)

The meeting closed at 9.10 pm.

Chairman

Date