

Review Committee – 8 September 2015

Minutes of the meeting of the **Review Committee** held on **8 September 2015** when there were present:-

Chairman: Cllr J H Gibson

Cllr C I Black

Cllr Mrs L A Butcher

Cllr R R Dray

Cllr J D Griffin

Cllr M Hoy

Cllr G J Ioannou

Cllr J L Lawmon

Cllr J R F Mason

Cllr Mrs C A Pavelin

Cllr Mrs M H Spencer

Cllr M J Webb

VISITING MEMBERS

Cllrs T G Cutmore and M Maddocks

APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs J C Burton, B T Hazlewood and D J Sperring.

OFFICERS PRESENT

A Lowing - Strategic Partnership Officer
P Gowers - Overview and Scrutiny Officer
M Power - Committee Administrator

ALSO PRESENT

Mousumi Basu – Head of Commissioning, Essex County Council Public Health
Jane Richards – Head of Commissioning, Essex County Council Public Health
Ian Stidston – Accountable Officer, Castle Point and Rochford Clinical Commissioning Group (CCG)

177 DECLARATIONS OF INTEREST

The following declarations of non-pecuniary interest were made in respect of Item 5 of the Agenda 'Health: The Care Act and the Integration of Health and Social Care', by Cllr J H Gibson by virtue of being a non Executive Director of Outlook Care, a not for profit care provider; by Cllr T G Cutmore by virtue of being on the Southend University Hospital Trust Governing Body and Chairman of the Castle Point and Rochford Health and Wellbeing Board and by Cllr G J Ioannou by virtue of being a Trustee of the Citizens Advice Bureau.

178 MINUTES

The Minutes of the meeting on 7 July 2015 were agreed as a correct record and signed by the Chairman.

179 HEALTH: THE CARE ACT AND THE INTEGRATION OF HEALTH AND SOCIAL CARE

The Committee heard from representatives from local health and social care organisations about recent changes brought about by the introduction of the Care Act and plans for increased integration of health and social care.

The Essex County Council (ECC) role in the health agenda is to support integration of health and social care in Essex by working with the CCG and local hospitals.

The changes brought about by The Care Act, which came into effect in April 2015, reflect a focus on health and wellbeing and on commissioning projects around prevention and early intervention. A list of projects funded in Castle Point and Rochford can be provided.

Engagement with General Practitioners is vital as GPs are at the heart of shaping the National Health Service locally.

In response to Member questions, the following was noted:-

- In these times of reduced funding, it is anticipated that expenditure by both the NHS and Local Authorities will be reduced in those cases where patients who have previously been treated in hospital accident and emergency departments can be treated effectively in the community. The cost effectiveness of this has already been demonstrated. Improved quality and care can be achieved by listening to the patient and the increased provision of local multi-disciplinary teams.
- Prevention and early intervention is key and the aim is to commission a range of services in the community. The ECC 'Living Well' portal contains information advice and guidance but it is recognised that other ways of making information accessible must be provided. An important aspect of providing healthcare in the community is to ensure that health checks are more accessible to 'hard to reach' groups. There is the Community Agents Project where local people are employed to raise awareness of services and to help people to access services. It is recognised that the GP is the gateway to services to most people and doctors' visits represent an important opportunity to make contact with these patients.
- The proposals to invest more in prevention and develop a single point of access for care will free up funding to be spent elsewhere. Savings have been made by reducing the number of providers when procuring services and in joint commissioning of services. The CCG is looking into developing partnership working and establishing the best way of residents accessing support services in the community.
- A major drawback in the Care Act is that the following two aspects have been put on hold for implementation until 2020: a cap on charging for care

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of £75,000 and the increase of capital thresholds before people have to contribute to their care.

- There is no national programme of prostate screening; it is recognised that there is a need to raise men's awareness of the symptoms of prostate cancer.
- Originally the CCG just commissioned secondary care via the hospitals, and the primary care commissioning i.e. the GP service, remained with NHS England. The CCG has now taken over the primary health care role and is commissioning the GP service as well. The Castle Point and Rochford CCG is the first in the East of England to do this
- There is a national requirement for all CCGs to have a £1 million reserve.
- GPs can commission certain services, previously dealt with in the acute sector in hospitals, for delivery in the community. More and more care is being delivered in the community, an example of which is diabetic care, previously delivered in the hospitals, which can now be delivered in the community. If it is more cost effective and better for the patient if care can be delivered in general practice.
- The individual is at the heart of the new Care Act and people are responsible for their own health. However, people who make poor choices and do not take up the support offered will not be penalised. The CCG will be there to provide the appropriate intervention for people at the right time.
- The CCG are looking to promote their services and make people aware of what they can offer by liaising with other organisations.

The meeting closed at 9 pm.

Chairman

Date

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