

**SCRUTINY COMMITTEE held at COUNCIL OFFICES LONDON ROAD  
SAFFRON WALDEN at 7.30 pm on 12 JUNE 2012**

Present: Councillor E Godwin – Chairman.  
Councillors G Barker, P Davies, I Evans, D Morson,  
E Oliver and D Watson.

Also present: Councillors J Ketteridge – Leader.  
R Chambers – Portfolio Holder for Finance.  
Dr Rob Gerlis - Chairman West Essex Clinical  
Commissioning Group; Dr Susan Humphreys – Stansted  
Mountfitchet GP surgery; Mrs Toni Coles – Localities  
Director; Ms Kate Robson – Manger, Uttlesford Citizens'  
Advice Bureaux.

Officers: R Auty (Assistant Director Corporate Services),  
R Dobson (Democratic Services Officer), R Millership  
(Assistant Director Housing and Environmental Services),  
J Snares (Housing Needs and Landlord Services  
Manager), V Taylor (Business Improvement and  
Performance Officer) and A Webb (Director of Corporate  
Services).

**PUBLIC QUESTION AND ANSWER SESSION**

Professor Fentem made a statement a copy of which is attached to these minutes.

SC6

**GP PROVISION – PRESENTATION**

*Councillor G Barker declared a personal interest in that he worked as a locum GP in Mid Essex and North Essex, and he received a fee, in respect of his GP Annual Appraisal from North Essexl.*

Dr Gerlis gave a presentation on GP provision in the West Essex area. He said the process aimed to integrate purchase of services for healthcare with patients' "clinical pathways" whilst working with stakeholders. The CCG would involve nine representatives from GP practices and three lay representatives from the localities of West Essex, Epping Forest and Harlow and Uttlesford. He described the process which had taken place to set up the Clinical Commissioning Groups to take over from Primary Care Trusts from April 2013 and the complex issues to be tackled in the West Essex area, arising from geographical issues and the way in which the area's community and acute trusts needed to operate. He reassured the Committee that the resulting body was in a strong position to proceed, although there was certainly a steep learning curve ahead.

Members put questions on where the West Essex CCG would be based and how patients would access it; how patient representatives would obtain data and how they could provide feedback; and how the Clinical Commissioning Group would communicate with patients in general.

Dr Gerlis and Mrs Coles answered that the WECCG would be based at Epping at St Margaret's Hospital; there would be locality stakeholder groups; and a website had been set up for public and later for professional use. From next month meetings would be held in public in the three localities; the CCG would try to co-ordinate existing patient groups in order to try to get a range of representation. The aim was to keep access for patients simple with access by means of a single telephone call. Work was being done to try to simplify access for those presenting at A&E when their needs could be addressed more appropriately elsewhere. Communication was a key priority and GPs would play an important role in passing on information to patients.

In reply to a question regarding improving access to appointments, Dr Gerlis said the WECCG was not responsible for commissioning primary care, as it would have a conflict of interest, but that it would look at ways of incentivising practices to change. Matters which involved patient welfare would be given priority and would be fully scrutinised.

The Chairman said the changes were very significant for practice staff, and she asked what education and assistance they would receive.

Dr Gerlis said opportunities would be offered for discussions and workshops for practices across the area, plus an ongoing dialogue with the nine GP representatives. Dr Humphreys said the CCG had progress boards whereby a GP from each locality was supported by a range of programmes and could recommend best practice.

In reply to a question about how GPs would balance their clinical work with their commissioning work, Dr Humphreys agreed it was necessary to strike a balance. She said GPs were able to do so through use of protected time, and that colleagues were motivated in that they did see a benefit to patients.

In reply to a question about remote access of patient laboratory results between Addenbrookes and the Saffron Walden Community Hospital, which meant such results had to be carried by patients, Dr Humphreys said this issue would be looked into.

In reply to a question about how Members would know if the commissioning process was not working as it should, Mrs Coles explained that currently the CCG was operating in shadow form, but that in October it would undergo assessment by the NHS Commissioning Board. The outcome of such authorisation might impose conditions on CCGs, but in the case of West Essex CCG Mrs Coles reassured the Committee that no strict conditions were anticipated.

Further questions were asked, on matters such as quality assurance; increased links with East Hertfordshire health services and responsibility for capacity at GP surgeries.

Dr Gerlis and Dr Humphreys responded as follows: discussions were taking place with GP practices to work toward quality assurance. It was necessary to work in partnership with both East Hertfordshire and Cambridgeshire, but there were some practical issues due to cross-county boundaries which imposed a degree of restriction. However, it was true that referrals to the Herts and Essex Hospital had an impact on the Princess Alexandra in Harlow, as 37% of the patients there were from East Hertfordshire. Surgery capacity was a matter for practices but it would be up to the National Commissioning Board to consider the rules.

Councillor Rolfe commented that the new Healthy Communities Local Strategic Partnership, referred to by Professor Fentem at the start of the meeting, would need to work closely with the locality board to ensure an effective interface with no duplication of effort.

The Chairman said she would like the Committee to engage in more ongoing work with these groups and that she would be happy for the Committee to play a role in publicising information, as well as reviewing the work being done.

Dr Humphreys suggested using parish magazines to publish information about the new localities board. The Chairman agreed this was a good approach and asked members to pass on information sent to them about health care provision to their respective parish magazines. An article could also appear in the next edition of *Uttlesford Life*.

The Chairman thanked Doctors Gerlis and Humphreys and Mrs Coles for their presentation, and requested the Committee receive an update in April.

SC7

## **HOMELESSNESS PRESENTATION**

The Committee received a presentation by Mrs Snares, Mrs Millership and Ms Robson on homelessness in Uttlesford, and on the work of the housing options team in preventing homelessness.

Mrs Snares said homelessness was increasing, and this trend was likely to continue due to the reforms to the welfare system. She drew Members' attention to the definition of homelessness set out in the report. She explained there was a statutory duty to advise and assist those who came within this definition, but not always to provide accommodation.

Mrs Snares described the types of temporary accommodation the Council could provide. When such accommodation was full, bed and breakfast

accommodation would be used, although support for those using it was also given. Mrs Snares referred to the increased difficulties people now faced in using the private sector and said for some people there was no realistic alternative to social housing.

Mrs Snares summarised the work of the homelessness team which would be led by a new team leader who had recently been appointed. Currently the Council's staff resources matched need and the housing options team were delivering work which was invaluable.

In response to a question about the mortgage rescue scheme, Mrs Snares said the housing service had helped four families who were in danger of losing their homes, but the scheme was in hiatus at present as there was no money for it from the government. She said there had recently been an indication that money would be forthcoming, but that the Council's partner Moat Housing had reached capacity and had not yet found a partner agency to work with in Uttlesford. However, there might be further news on this subject soon.

In reply to a question on why landlords were resistant to having housing benefit tenants, Mrs Snares said this attitude was based on perception. Benefit claimants under the age of 35 were only able to take shared accommodation.

Kate Robson, Manager of the Citizens' Advice Bureaux in Uttlesford, then gave a presentation. She said having sufficient affordable housing was essential, as people's income was not meeting their rents. There had been a 20% increase in homelessness applications and an increase of 30% in expressions of interest in social housing. Worryingly there had been an increase in priority debt; there tended to be not so much credit card debt as in the past, because debt now reflected literally the inability to afford to live. The CAB was seeing more people with no money, who needed food vouchers. Next April Universal Benefits would be coming in, which meant gloomy prospects for those relying on the benefits system for housing in this area. Young people in particular were really struggling as those under 35 qualified for only a single room rate. Such accommodation was not available in this area, and there would be an impact on society in the district. Homelessness following family break up was also contributing to homelessness, with fathers struggling to find housing close to their children, since the mother was usually left with the family home. As a community there were jobs that would need to be done for which low income accommodation was needed.

In reply to a question about the standard of the bed and breakfast accommodation situated in Harlow which the Council sometimes had to use, Mrs Snares said that it was difficult to find establishments to accept bookings. The Council, along with other authorities in the area, had an arrangement to use this establishment and whilst accommodation was not first class in

emergency cases it did provide a roof over a head and was accessible to the services people needed.

In reply to questions about temporary accommodation units, Mrs Snares said these units were usually full and that those moving out of such units usually did so because they had been allocated housing through the register. Regarding timing, people had 8 weeks to apply for benefits and to bid for housing. The units had for some months been in constant occupation, subject to the necessary days taken for cleaning and checking between lettings. Temporary accommodation was not subject to a waiting list, as the system could not operate in that way due to the urgency of the situation. If the units were full and the Council had a void unit elsewhere then it could be taken out of the Choice Based Lettings system and used as temporary accommodation, but only if necessary, as using the accommodation in this way was not fair to those on the waiting list. Sometimes, it was necessary to accommodate people in bed and breakfast.

In reply to a question regarding the possibilities of pre-emptive measures to deal with any increase in homelessness, Mrs Millership explained future homeless figures were modelled by the Government and that funding received from the government was based on statistics that the Council provided. On this basis the Council had received additional funding in March of £30,000 for rough sleepers. She said that the housing benefits team were currently modelling the numbers of tenants likely to be adversely affected by the welfare reforms in order to ensure that those losing benefit could receive advice before the changes. The Council's arrears management was also being reviewed to ensure that arrears were managed in a timely way. With the potential for an increasing number of tenants to fall into debt it would be important to ensure there were processes to deal with this at an early stage with support networks in place. The question of how the Council dealt with arrears resulting from changes to benefits was also made more complex by the fact that the housing service had now become self-financing and its ability to service housing debt was reliant on high levels of rent collection.

Mrs Snares said the welfare changes would affect lettings in that any tenants in a property larger than they needed would need to consider downsizing, as their benefits entitlement would not be permitted to exceed their needs.

She said all these aspects would be examined in the review of the Council's housing strategy. There was to be an event on 4 July for all Members at which officers would give a presentation to identify priorities.

The Chairman thanked Ms Robson, Mrs Millership and Mrs Snares and said the Committee would be keen to invite them back for a further update.

Apologies for absence were received from Councillors Favell, Howell and Rich.

*Councillor Davies declared a personal interest in that his wife was an employee of the current Primary Care Trust.*

**SC9 MINUTES OF PREVIOUS MEETINGS**

The minutes of the meetings held on 3 April, 8 May and 21 May 2012 were approved and signed as a correct record.

**SC10 MATTERS ARISING**

**(i) Minute SC5 – Members’ Survey**

Councillor G Barker questioned why following circulation of the draft survey for comments the survey had been issued to all Members without an opportunity for the Committee to agree the final version. The Chairman explained that the next meeting of the Committee was not until September and that the intention had been to review the Cabinet system one year after its implementation. Her understanding was that it was the intent of the meeting to issue the survey once Members’ further comments had been incorporated.

**SC11 FORWARD PLAN**

Councillor Morson asked about the proposed decision dates shown on the Forward Plan for the Localised Council Tax Support scheme.

Councillor Chambers said the dates stated for when decisions would be taken related to the stages of discussion leading up to the Council’s decision on 11 December. The issue was complex and Members’ workshops would be held to enable councillors to be fully informed about this matter. The report to the meeting of Cabinet on 21 June was to approve the consultation process, plan and timetable.

**SC12 SCRUTINY WORK PROGRAMME**

The Chairman said Members were welcome to make suggestions for work topics at any time as the plan as it stood permitted additional topics to be slotted in. It was agreed to consider the following issues: the Highways Panel (October); healthcare provision and/or the ambulance service (April); Bridge End Gardens report to be circulated by email only.

SC13

## **POLICE SCOPING REPORT**

Members discussed whether there was any merit in inviting the police to provide an update on the reform of their service, as it would be difficult to assess from a presentation whether any elements were falling short of expectations of their service. Instead, it was agreed that Councillor Chambers would invite the new Police and Crime Commissioner to attend, perhaps in January.

SC14

## **MEMBER ATTITUDE SURVEY**

Some Members questioned the short response time allowed for the survey, especially as this took place over the week following the Jubilee. Many people would have been away; responses were likely to have been rushed; and a return rate of 30 out of 44 was not a particularly good rate.

The Chairman said the number of returns was not too bad; and that the response time of 5 days had been given as advice was that if responses were not received within 2 days that they were unlikely to be sent in at all.

Further points were raised including whether the survey should be anonymous, as it would eliminate duplicate returns if identification were possible; and whether the options for replies to certain questions had been closed down in the way the survey had intended.

The Chairman said the results showed that some Members felt disenfranchised; that many Members felt they would benefit from more scrutiny training; that the majority felt the call-in process was acceptable. However the exercise had been useful in learning lessons regarding the production of such a survey and she would like to carry out another survey in a few months' time in order to ensure Members did feel enfranchised.

The meeting ended at 9.45pm.

## **PUBLIC QUESTION AND ANSWER SESSION**

### **Statement of Professor Fentem.**

I speak as Chairman of the Healthy Communities and Older People's LSP which are extending their remit to keep abreast of changes in health and the changing relationship between local authorities and public health bodies. Draft terms of reference for the new group have been circulated to Members and will be reported to the LSP Board. We have a meeting of HCOP next week. The intention is to enable local people to be involved in local health decisions. I would like to draw members' attention to the draft terms of reference for the re-structured group.