

MID DEVON DISTRICT COUNCIL

MINUTES of a MEETING of the COMMUNITY WELL BEING POLICY DEVELOPMENT GROUP held on Tuesday 25 March 2014 at 2.15pm

Present

Councillors: Mrs H Bainbridge (Chairman), Mrs S Griggs, Mrs C Heal, M R Lee, R F Radford (substituting for Cllr E J Berry) and Mrs N Woollatt

Apology

Councillor: E J Berry

Also present

Councillors: R M Deed, Mrs J Roach and R L Stanley

Also Present

Officers: A Jarrett (Head of Finance), A Tregellas (Head of Communities and Governance), L Reeves (Head of Customer Services), D Snape (Supported Housing Manager), M Parish (Licensing Manager) and S J Lees (Member Services Officer)

Also in

attendance: A Chronias (Regional Head of Intelligence (South) NHS England) and J Clarke (Neighbourhood Health Watch Project Worker)

57 PUBLIC QUESTION TIME

There were no members of the public present.

58 MINUTES

The Minutes of the Meeting held on 28 January 2014 were approved as a correct record and **SIGNED** by the Chairman.

59 CHAIRMAN'S ANNOUNCEMENTS

The Chairman referred to a 'Panorama' programme she had watched the previous evening regarding serious level of fraud taking place within the NHS.

60 NHS SHARING OF PERSONAL PATIENT DATA (Recording 3 minutes and 28 seconds)

The Group had before it a leaflet *, which had been circulated to Mid Devon residents, setting out plans to share patient data across NHS organisations. Concern had been expressed at the previous meeting that patients had to proactively opt out of this scheme if they did not want to have their data shared.

The Regional Head of Intelligence (South) for NHS England explained that due to concerns being raised nationally a pause of six months would now take place in order to hold a number of 'listening' events across the country to

gather people's views and reconsider the approach. He provided further information regarding the proposed scheme which included the following:

- The vision was to provide high quality health and social care information in order to make intelligent commissioning decisions and to aid the monitoring and designing of services;
- A number of awareness activities had taken place including a leaflet drop to 20 million homes, website campaigns, a dedicated patient information line, information being given to 350 charities, press and social media coverage. This had led to the raising of concerns from the public, Health Watch and the Royal College of General Practitioner's predominately to do with whether individuals would be identifiable and the confidentiality between GP's and patients being compromised;
- There had been a recent amendment to the Health and Social Care Act 2012 which had attempted to put in place more controls and measures of assurance; this included the formation of the Confidentiality Advisory Group and an Independent Advisory Group which included representation from Health Watch, the British Medical Association and the Royal College of GP's;
- It was confirmed that as this was classed as a Government service even those residents who had signed up to the 'mail preference service' would have received the leaflet;
- The resulting new scheme would avoid duplication of processes and improve the quality and exchange of information.

A number of concerns were raised by the Group which included the following:

- The way the NHS had chosen to communicate such an important issue to patients; it had initially seemed to be a system of 'consent by default'. It was felt that patients should be written to individually by GP practices;
- The sale of patient data to private firms, although it was confirmed that the Secretary of State had stipulated that this information could only be used for healthcare purposes;
- Lack of clarity regarding the current two opt out clauses, one that information would not leave the GP's practice and the other that information would not leave the Health and Social Care Information Centre; this may require a review once the listening events had taken place;
- Lack of clarity regarding the governance and monitoring arrangements;
- The danger of incorrect data being input and the technological challenges of a computer system being able to cope with a significant increase in the volume of data;
- Security and hacking issues however it was explained that experts would be rigorously testing the system.

It was confirmed that a number of events would be held to which the public would be invited and there was also an email address for people to write in with their concerns. The Head of Intelligence (South) for NHS England would ensure that the Committee Clerk would be informed of the email address and the details of the public regional events once they were known.

Note: * Leaflet previously circulated; copy attached to the signed Minutes.

61 NEIGHBOURHOOD HEALTH WATCH (Recording 47 minutes and 16 seconds)

The Group had requested that it received information in relation to the Neighbourhood Health Watch scheme which was designed to increase community resilience and reduce isolation. The Project Worker provided the Group with a presentation and explained that although this was still a pilot project, the first phase had proved very successful and that it was now receiving national interest. Additional schemes were due to be set up in Ilfracombe and Sidmouth but more work was needed in the areas of Safeguarding and Risk.

Discussion took place regarding:

- How communities could set up their own Neighbourhood Health Watch. The website contained lots of useful information and a helpful toolkit. The Project Worker could also visit local communities and provide further advice and support;
- A successful scheme depended on there being genuine trust within a community;
- Strong leaders were needed and some initial funding;
- Each Watch was different but a basic model could be adapted.

62 CARE SERVICES (Recording 1 hour, 24 minutes and 30 seconds)

The Group had before it a report * which had previously been considered by the Decent and Affordable Homes Policy Development Group who had recommended that the Council cease providing a Housing Support Service to sheltered housing tenants after April 2015. In addition to this it had recommended that the Community Well Being Policy Development Group look at ways in which vulnerable residents, who were not entitled to statutory care, could be protected by the use of schemes such as Neighbourhood Health Watch. Both of these recommendations had been approved by the Cabinet.

The Supported Housing Manager explained that the Group were asked to consider the effect of ceasing to provide a Housing Support service to sheltered housing tenants. He explained that he was already working with the Head of Housing and Property Services and the Cabinet Member to determine whether a new post could be created to provide a reactive supportive service to residents left in a vulnerable position. The person would need to have experience of working with elderly clients and have an understanding of their needs. As a landlord the Council wanted to support people's tenancies. He felt that the removal of this service could have a significant impact upon the Neighbourhood teams.

Discussion took place regarding:

- The possible capacity within the existing Neighbourhood Teams to pick up supportive work given their ability to identify issues when visiting residents in their areas;
- Volumes of work were difficult to predict at the moment;

- Six members of staff had been lost to the supportive housing service last year;
- The Supported Housing Manager was trying to work with Devon County Council to establish what the criteria was for 'Fairer Access to Care' but information was unforthcoming.

Note: * Report previously circulated; copy attached to the signed Minutes.

63 ADULT RESIDENTIAL CARE SERVICES REVIEW

The Group had received information * regarding a consultation being undertaken by Devon County Council into the provision of adult residential care services. The Group had been asked to consider whether they wanted to make a formal contribution to the consultation process.

Discussion took place regarding the following issues:

- The cost of keeping one person in residential care per week, currently at around £900;
- The lack of information on the County Council's website meaning that Members were unable to make informed comments on this issue. The website did not state whether particular homes were specialists in mental health or whether they had a mix of adults with learning difficulties; it would have been more helpful to have had an officer present from the County Council to answer questions;
- The fear regarding the private sector having to absorb the fallout from the proposals and whether there were enough skills within the private sector to cope;
- Elderly people being moved when they were their most vulnerable and the negative effect this can have upon their life expectancy;
- If units were to close, they should close one at a time and not all at once;
- Whether staff could be given the opportunity to form a co-operative or enter into some sort of social enterprise;
- Reference was made to an study undertaken in 1977 which showed that if elderly people were moved in a crisis the risk of death within six months was over 95%, whereas if people were allowed to choose when they relocated the risk of death within six months dropped to under 20%;
- The closure of Alexandra Lodge had had a traumatic effect upon many of the staff who had previously worked there as following the closure many of the residents had died and staff had had to attend many funerals.

RESOLVED that the Group provide the following comments as part of the consultation on adult residential care:

(i) If homes are to close, it should take place over a reasonable period of time so as to allow residents the opportunity to organise alternative arrangements;

(ii) Consideration should be given to closing homes on a unit by unit basis and not all at the same time;

(iii) Consideration should be given to allowing existing staff the opportunity to form a co-operative and/or enter into a social enterprise arrangement;

(iv) Consideration should be given to the lessons learnt following the closure of Alexandra Lodge bearing in mind the results of a study which showed that if elderly people are moved during a crisis the risk of death within six months can be over 95%.

(Proposed by Cllr Mrs N Woollatt and seconded by Cllr Mrs S Griggs)

Note: * Consultation paper previously circulated; copy attached to the signed Minutes.

64 **FINANCIAL MONITORING (Recording 2 hours, 11 minutes and 10 seconds)**

The Group had before it, and **NOTED**, a report * from the Head of Finance presenting a financial update in respect of the income and expenditure in the financial year to date.

For the services falling within this PDG the General Fund was showing a healthy position being £100k better than forecasted. Planning and Building Control had seen a deterioration in income, however, income figures for the Leisure Service were holding up well despite challenging budget targets.

Note: * Report previously circulated; copy attached to the signed Minutes.

65 **PERFORMANCE AND RISK (Recording 2 hours, 19 minutes and 13 seconds)**

The Group had before it a report * from the Head of Communities and Governance providing it with an update on performance against the Corporate Plan and local service targets for 2013/14 as well as providing an update on the key business risks. The information provided covered the period from 1 April 2013 to 31 December 2013. The officer was satisfied that the risks, particularly in the Leisure Services, area were very well controlled.

Discussion took place regarding:

- The increase in footfall figures for Tiverton, it was felt that some analysis should be undertaken to find out why this was the case so that the other towns in the district could benefit;
- The need for a performance report that was tailored to each individual PDG;

It was **AGREED** that the following amendments be made to the performance targets for next year:

- i. Data to be provided showing the level of economic activity within each town rather than the annual footfall monitoring;
- ii. 'Scores on the Doors' ought to be monitored under the heading of Environmental Health.

Note: * Report previously circulated; copy attached to the signed Minutes.

66 TIVERTON CCTV MANAGEMENT GROUP (Recording 2 hours, 41 minutes and 18 seconds)

The Licensing Manager informed the Group that the current Terms of Reference for the Tiverton CCTV Management Group stated that the minutes from each meeting would be reported through this PDG and Tiverton Town Council. However, she explained that the minutes were often very detailed and included operational details. They also discussed the strengths and weaknesses of the CCTV system. As such it was probably not appropriate to publish such sensitive information on the website.

The Group **AGREED** that the Terms of Reference be amended to remove the need to report minutes through the two Councils.

67 CHAIRMAN'S ANNUAL REPORT FOR 2013/14 (2 hours, 50 minutes)

The Group had before it a draft report* by the Chairman on the work of the Group since May 2013. There being no further comments a final copy of this report would be submitted to Council on 30 April 2014.

Note: * Report previously circulated; copy attached to the signed Minutes.

68 IDENTIFICATION OF ITEMS FOR THE NEXT MEETING

There were no additional items identified for the next meeting.

(The meeting ended at 5.00pm)

CHAIRMAN