
**MINUTES OF THE MEETING OF THE
COMMUNITY LEADERSHIP AND PARTNERSHIPS COMMITTEE**

HELD ON 17 NOVEMBER 2014 AT 7.30 P.M. IN THE COUNCIL OFFICES, WEELEY

Present: Councillors D Miles (Chairman), C Amos, C Callender, J Hawkins, T Howard, A Pugh and I Tracey

Also Present: Councillors L McWilliams (Well-being and Partnerships Portfolio Holder), Broderick, Bucke and Winfield

In Attendance: Martyn Knappett (Corporate Director (Corporate Services), Democratic Services Manager (Colin Sweeney), Environmental Services Manager (John Fox), Strategic Housing and Needs Manager (Tim R Clarke), Peter Russell (Housing Needs and Strategic Policy Manager), Democratic Services Officer (Janey Nice)

Also in Attendance: Chris French (Head of Public Health and Well-being Commissioning (Essex County Council)), Jenni Speller (Contracts Manager NHS England - Essex Area Team) and Ian Stidson (Director of Commissioning NHS England - Essex Area Team)

27. WELCOME

The Chairman (Councillor Miles) extended a warm welcome to Chris French, Head of Public Health and Well-being Commissioning (Essex County Council), Jenni Speller, Contracts Manager NHS England (Essex Area Team) and Ian Stidson (Director of Commissioning NHS England (Essex Area Team) as well as to all Councillors and Officers who were present.

28. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

An apology for absence was submitted from Councillor Patten.

29. MINUTES OF THE LAST MEETING

The minutes of the special meeting of the Committee, held on 3 September 2014, were approved as a correct record and signed by the Chairman.

The minutes of the last ordinary meeting of the Committee, held on 15 September 2014, were approved as a correct record and signed by the Chairman.

The Chairman referred to the minutes of the last meeting of the Committee held on 15 September 2014 (minute no. 24) wherein the Committee was asked to make a recommendation to Cabinet based on additional information received from Linda Isaac (Chief Executive Officer, Tendring Citizens Advice Bureau).

It was **RECOMMENDED TO CABINET** that it should seek to look sympathetically at additional financial support for the Citizens' Advice Bureau who may be required to undertake an enormous amount of additional work due to the introduction of the Universal Credit in 2015.

30. DECLARATIONS OF INTEREST

There were none declared at this meeting.

31. **HEALTH AND WELL-BEING BOARD – HEALTH INEQUALITIES AND IMPACT ON HOMELESSNESS**

Chris French (Head of Public Health and Well-being Commissioning (Essex County Council)) spoke on the Homeless Health – Joint Strategic Needs Assessment 2014 and gave a breakdown of the categories of 3,000 or so homeless people in Essex

Mr French said that stress, anxiety and depression were the most common mental health symptoms experienced and that 84% of participants had experienced at least one of these, with 67% experiencing all three. Nearly half of the participants (46%) had reported using drugs and alcohol to help them cope with their mental health issues. He added that only around one third of individuals with mental health issues were currently receiving mental health support and 41% had formally been diagnosed with a mental health condition.

Mr French spoke on the levels of drugs and alcohol use and misuse and informed the Committee that less than half of the participants with drug misuse issues were currently receiving support and around half of those, with an alcohol addiction, were currently receiving support for their alcohol addiction. He said that only 37% were registered with a Doctor which meant all others had to go to Accident and Emergency for medical treatment. He went on to say that smoking in the homeless population was more than three times that of the population of Essex and that muscular and joint related pains, dental issues, skin and wound infections and problems with feet, were the most common of all the health issues that affected the homeless with around 50% having received support for their physical health problems.

Mr French said that only 10% of homeless people in Essex were currently in training or education, with a further 10% currently employed. He said that around 83% were not able to get any guidance around work or further training and 37% of homeless thought their health stopped them from training and volunteering or being in work.

Mr French said that the Primary Care Trust had been working with Beacon House, a Christian Charity Group which worked three days a week in Tendring offering support and other services, which were available to assist the homeless.

In response to Members' questions and issues raised, Mr French provided a definition of homeless and where support was available to them. He said that the accuracy of the figures he quoted could be affected by different circumstances and that the immunisation figures for Tendring and Colchester were higher than other areas thanks to the support of Beacon House.

The Chairman thanked Mr French for his detailed and comprehensive presentation and invited Mr Peter Russell, the Council's Housing Needs and Strategic Policy Manager, to provide an outline of the Council's responsibilities towards homeless people. He explained how Local Authorities were legally bound to have a Homeless Strategy in place and that the Council was due to have a new one published within the next few weeks.

He explained the questions that were asked of applicants for social housing and that, since 1 April 2014, 973 approaches had been made to the Housing Department for accommodation. He said the main causes of homeless had been the loss of private or other contractual accommodation, relationship breakdowns, which included domestic violence and persons being asked to leave by a parent, friend or relative.

Mr Russell then gave a breakdown of the number of homelessness applications, the figures for homeless preventions and the numbers of those that had been assisted to rent privately.

It was reported that the number of people sleeping rough in Tendring over recent years had been no more than five and the Council had a Severe Weather Emergency Protocol in place

whereby if the temperature dropped below zero degrees, the Council would try and source accommodation, whether homeless people were eligible to take advantage of this or not.

Mr Russell went on to speak on the figures for those who were single and homeless, which included 447 households since April 2014. He added that Tendring District Council operated a Deposit Guarantee Scheme, which many other Local Authorities did not offer.

The Committee raised a number of issues which included the number of homeless in Tendring, concern that the statutory figure of 28 days to find alternative accommodation was not sufficient and youth homelessness.

Mr Russell responded with figures of homeless and the fact he had been given a target to reduce the number of homeless in temporary accommodation. He said that wherever possible, applicants for social housing were directed, where applicable, to private rental and where problems with landlords had been identified, mediation was offered in an attempt to try and resolve these. He added it was not an automatic right that social housing was offered when applied for. When it came to youth homelessness, he said how assistance was offered and what help could be offered through Social Services, especially when 18-20 year olds had left social housing and needed help.

It was **RECOMMENDED** to Cabinet that: the Council give consideration on how it could better assist in addressing problems that were facing the homeless of the District, with particular consideration to seeing what resources were available to support this.

32. PROVISION OF NEW GP SURGERY WITHIN HOLLAND-ON-SEA

Mr Ian Stidson, Director of Commissioning (NHS England - Essex Area Team) said that he was very aware of how long the issue of a new GP surgery for Holland-on-Sea had been discussed, particularly by the Committee, however he was now confident that this was at last moving forward. He said that this was on the back of the reorganisation of NHS England and that it had maintained its commitment to the development of a new surgery by identifying funds over a five-year plan ensuring that the scheme was very much alive. Mr Stidson mentioned the original option of the Ipswich Road site and the development at Kennedy Way, which was already more advanced, and that both sites were being considered to determine which would be the most suitable for residents. He said that a full financial analysis appraisal of both sites would be completed by the end of December and residents would then be advised of which of the two sites would be the best option for a GP surgery.

On being questioned about the current surgery at North Road, Great Clacton, Ms Speller said it was a possibility that the North Road Surgery could be relocated to Kennedy Way and that it was an option the architects were looking at. When asked why the matter was taking so long to move forward, Ms Speller said the procurement of a site for a surgery at Great Holland had taken a considerable time as the original site at Brighton Road had not been suitable and therefore, other options had to be looked into.

Ms Speller responded to questions from Members in respect of recruiting doctors to the area and the long delay in resolving this matter.

After discussion, Cabinet was asked to note that Councillor McWilliams, the Portfolio Holder for Well-being and Partnerships, was already monitoring the situation and that she continues to work with health colleagues to work towards a successful conclusion.

33. USE OF LOCUM DOCTORS WITHIN SURGERIES IN TENDRING

Ms Jenni Speller (Contracts Manager NHS England - Essex Area Team) informed the Committee that "Attain", was commissioned by NHSE to work with Tendring GP practices to look at workforce issues and that Attain had identified that whilst some practices were having recruitment difficulties, others were not. She added that, after two workshops in September

2014, Attain's final report would be finalised within the next month or so and that an action plan would be agreed for Tendring.

Ms Speller outlined a number of actions that were being taken forward and mentioned specifically Caradoc Surgery in Frinton, which was being run by a new enterprise, two GP Partners being taken on at the Great Clacton North Road surgery and Thorpe-le-Soken surgery taking over responsibility for the provision of services at the Kirby Cross Branch Surgery from Walton Surgery with additional staff to be based at the Kirby Cross surgery.

She said that the Essex GP Workforce Task Group had met recently to further progress short, medium and long-term plans, which had included providing both clinical and non-clinical staff with the necessary workforce skills; promoting Essex to be the first choice career location for GP's, Nurses and other health professionals planning their future by promoting Essex as a great place to live and work in; every new GP and Nurse in Essex to have a personal development and career plan; and to immediately improve GP and Nurse recruitment and retention in Essex through the implementation of various recruitment and retention initiatives. She added that a "Golden Hello" scheme was being progressed to encourage GP recruitment to the area, which would commence on 1 December 2014.

During questions from Members it was queried if the shortage of GP's was a national problem as well as a local problem and if so, were there enough students entering Medical School to address the shortage. Mr Stidson agreed it was a national problem, which was being addressed by looking at increasing training numbers, and said that primary care was not only about GP's but pharmacists, nurses etc. and enriching the workforce to ensure patients received the care that was needed. He added that GP's provided a continuity of care and as this area had medical centres not available elsewhere, this would mean Essex would be at the forefront at attracting GP's and others into the locality.

On being asked about the reduction of GP's at the Walton-on-the-Naze surgery and if it had been addressed, Ms Speller said that the original responsibility of running the Kirby Cross surgery had been with Walton but this was now being run by Thorpe-le-Soken and patients would be encouraged to transfer to Thorpe from Walton. Mr Stidson added that Kirby would be open from 8.00 a.m. to 6.30 p.m. but that Thorpe was open from 8.00 a.m. to 8.00 p.m. and this would give a real improvement for access to patients.

Ms Speller said that a full report and recommendations for surgeries in Essex would be published within a few weeks and made available in the New Year. The Chairman said she would like to invite Ms Speller back to the Committee at its meeting in February 2015 when the Committee was to consider health-related matters.

34. CHAIRMAN'S CLOSING REMARKS

The Chairman thanked Mr French, Mr Stidson and Ms Speller for attending what had been a very interesting and informative meeting.

The meeting was declared closed at 9.05 pm

Chairman