Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 6 March 2019

Present:

Members of the Committee

Councillors Mark Cargill, Clare Golby (Vice Chair), Dave Parsons, Wallace Redford (Chair), Kate Rolfe, Andy Sargeant, Jill Simpson-Vince and Adrian Warwick.

Other County Councillors

Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health
Councillor Alan Webb

District/Borough Councillors

Councillor Margaret Bell, North Warwickshire Borough Council
Councillor Pamela Redford, Warwick District Council

Officers

Emily Fernandez, Public Health and Strategic Commissioning
Helen King, Deputy Director of Public Health
Dr John Linnane, Assistant Interim Director (Director of Public Health and Strategic Commissioning)
Nigel Minns, Strategic Director for the People Directorate
Paul Spencer, Senior Democratic Services Officer

Also Present

Chris Bain, Chief Executive, Healthwatch Warwickshire
Anna Hargrave, Chief Transformation Officer, South Warwickshire Clinical Commissioning Group (CCG)
Jenni Northcote, Chief Strategy and Primary Care Officer, Coventry and Rugby and Warwickshire North CCGs

Member of the Public

David Lawrence

1. General

(1) Apologies for absence

Councillors Helen Adkins and Anne Parry
Councillor Christopher Kettle, Stratford District Council

(2) Members Declarations of Interests

None

(3) Chair's Announcements

The Chair welcomed everyone to the meeting, particularly the representatives of the clinical commissioning groups (CCGs). He reported on the meeting of the Horton 'super' Health Overview and Scrutiny Committee (HOSC) held at Banbury on 25 February. A meeting of the Coventry and Warwickshire Joint HOSC would take place on 20 March at Coventry. The

key focus for that meeting would be stroke services, with Andrea Green, the lead officer for the review giving an update.

This would be the last meeting for Dr John Linnane, Assistant Interim Director (Director of Public Health and Strategic Commissioning). The Chair paid tribute to his service to the authority, speaking particularly of his contribution and commitment. He placed on record the appreciation of the Council to Dr Linnane for his service to the people of Warwickshire.

At the last meeting, the Committee had received an update from Simon Gilby, Chief Executive of Coventry and Warwickshire Partnership Trust. Councillor Kettle had asked further questions of Mr Gilby outside the meeting and the Chair read the response which had been circulated to the Committee.

In January, the Committee had agreed to undertake a task and finish review of maternity services. This had been discussed further at a meeting of the Chair and party spokespeople, where the Deputy Director of Public Health had provided a detailed update. It was agreed that this update would be presented to the Committee for its consideration at the June meeting, to better inform members on the ongoing work within the system, to determine whether a task and finish review would be appropriate and if so the areas of focus for the review.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee held on 30 January 2019 were agreed as a true record and signed by the Chair.

2. Public Speaking

None

3. Questions to the Portfolio Holder

None.

4. GP Services Task and Finish Group Update

The Committee commissioned a task and finish review of GP Services. The circulated report outlined the process undertaken leading to the production of a report with recommendations. The report was considered and approved at the meeting of the Cabinet on 14 June 2018 and at the Health and Wellbeing Board on 18 September 2018.

It was good practice for the Overview and Scrutiny Committee to seek updates on the implementation of the recommendations from its reviews. Updates had been requested. A table set out each of the recommendations and the actions taken both within Council departments and across the local health and wellbeing system.

The Committee was asked to consider and comment on the progress to date, also to consider the frequency of future updates. Questions and comments were submitted on the following areas, with responses provided as indicated:

- There was discussion about GP Services available in the evenings and at weekends. Anna Hargrave and Jenni Northcote, representing the CCGs gave examples of the practices providing extended access in each area, together with those located in Coventry, close to the Warwickshire border. A document would be provided for circulation to councillors listing all the GP practices providing extended hours. It was confirmed that the service was available to all Warwickshire residents, irrespective of which practice they were registered with.
- A related issue was access to services for those reliant on public transport. It was acknowledged that both public and community transport remained a challenge and work with district councils was taking place to seek to address this. For the 'out of hours' services, extensive research had shown these were of primary benefit to the working population and that 80% of this group had access to a car. However, CCGs did need to work with councils about community transport.
- It was considered that more clarity was needed to signpost people to the most appropriate service, for example for treatment of minor ailments. People were often being encouraged to see the pharmacist rather than their GP. Jenni Northcote explained that there were campaigns and staff to give people support and advice. Reception staff were trained to help people to navigate through the system. Similarly, pharmacists would refer people to their GP where they needed to.
- Discussion about 'out of hours' services provided at the George Eliot Hospital walk in centre. This was co-located with the hospital Accident and Emergency (A&E) department, so people were directed to the most appropriate service, dependent on the condition they presented with. If they were referred to the walk in centre they could still transfer to the main hospital if further diagnostics were required. The walk in centre provided a complementary service, rather than duplicating services.
- The provision of 'out of hours' services in rural north Warwickshire. It was confirmed that there had been some technical issues with regard to IT systems and there was the need to get GPs on board to host the service. A dialogue was ongoing with two practices and it was hoped these would be operating with extended hours within three months.
- Clarification was sought about the provision of additional GP surgeries for the Leamington area, particularly that planned for Lillington and the current Cubbington Road surgery. It was confirmed that a new site was being sought for the Cubbington Road surgery, but discussions were at an early stage. The aim was to provide new premises. These would also accommodate the services provided currently at the Crown Way clinic and have adequate capacity to deliver integrated services. It would include capacity for known housing developments in the area.
- In Stratford, there would be additional GP demand from five new care homes planned for the area. It was questioned how CCGs factored in the additional demands for undertaking care home visits, rather than patients presenting at the practice. CCGs were informed through the planning process of such developments. They could seek financial contributions towards health services, but this did not take account of visits to care homes. Proactive measures were being taken though out of hospital working and primary care networks. Service providers were working closely to understand and respond

to the needs of residents. An example was Queensway Court in Leamington, which was a proof of concept, where a range of services were being provided. There would be additional requirements for GPs in terms of care homes as a result of the new GP contract, but the detail of this was awaited. There was a misconception that if a nurse was located at the home, its residents wouldn't require GP support.

- Reference was made to the findings from the task and finish group (TFG). People wanted to access services in different ways and the nature of their condition was a factor. For chronic and long-term conditions, people wanted continuity of care with the same clinician. For 'out of hours' services, it was unlikely that patients would see their own GP.
- The report showed progress against the recommendations of the TFG, but it was questioned what difference the TFG had made and whether the measures were proposed anyway. There were some areas that hadn't been referred to, notably in regard to planning funding (Section 106), which provided capital monies, but not the ongoing revenue costs. It was questioned if this aspect had been pursued.
- A further point was the pooling of contributions from smaller developments and how many developments could be combined for this purpose. This was acknowledged and it was difficult to pool more than five smaller developments. The situation was exacerbated if sites were divided and involved multiple developers.
- The process of developing new premises was challenging and needed to be managed in order to ensure the additional services were delivered in a timely manner. Jenni Northcote acknowledged this point. There was a need to manage expectations, as there were a lot of complex issues to work through, to ensure the best use of public money and to resolve planning issues. CCGs had to manage this. There were estates forums and good working relationships with planning authorities. However, there were often timing differences from when the monies were released and when the demand for additional services was triggered.
- Communication between acute services and GP practices needed to be improved. Several contributing factors were referenced. Some GPs were working on different clinical IT systems and the CCG was looking at this aspect. Improvements were being made in regard to information sharing, with extended GP access at different practices being one driver. IT solutions were being sought to work across acute and primary care services for some cohorts of patients, where services were delivered away from the acute setting.
- In terms of pharmacy services, there were different levels of experience and expertise, which required signposting in the locality of where patients should present. Through primary care networks (groupings of GPs), and the revised GP contract, it was planned to provide a broader range of services and closer collaboration including with pharmacy. Discussions were ongoing with NHS England and Public Health in terms of strategic needs. There was a push for more integrated services to be provided in localities.
- It was questioned how CCGs informed people when a new GP service would be provided for a new development site. Those residents would seek to register at existing practices. An example was given of the Rugby mast site development and discussions with the developer on the rate of building and occupation of the new homes. In this case, the developer was working with the CCG to identify a suitable site. The developer saw this as a selling point for the family homes that there would be a new GP service and a school. The developer would provide a building that could be used as a GP practice,

possibly as a temporary measure. At the same time, the CCG was looking at the capacity within existing practices in the area.

- In the south of Warwickshire, there were a number of potential sites for new GP practices, with land reserved, but it may not all be required. The approach was first to assess existing GP capacity within the area of the development. There were long lead times of up to fifteen years for significant housing developments, so the CCG had a medium term plan to make best use of existing services. Some of the residents moving may currently live in the same local area and already be registered with a GP. There was modelling which showed that the proportion of new residents could be as low as 40%. Added to this, the new requirement for a digital option for access to GP services and other private providers all reduced the demand for new surgeries. Over building of new premises would be a poor use of public money.
- Reference was made to the Brownsover surgery in Rugby. This had opened with one permanent GP and the rest were understood to be locums. Jenni Northcote agreed that workforce was a key aspect. For the Brownsover surgery, the practice had brought in its existing patient list, so there was demand and adequate staffing for this site, although some GPs were salaried rather than partners. Jenni also spoke about the joint CCG marketing of Warwickshire to GPs to encourage them to relocate to the area. There was a joint workforce plan across the STP area for both recruitment and retention at all stages of a GP's career. There were challenging targets in terms of primary care staffing requirements but also a number of initiatives to contribute to this.
- The Chair had recently attended a conference where it was quoted that only one in ten qualified GPs would work in the NHS. This point was noted and when GPs were located in training practices, they were far more likely to stay in that locality. Practices were being encouraged to become training practices as this would help with their own recruitment. The move to primary care networks should enhance this too. Other points raised were indemnity costs and many GPs now wanted to be salaried rather than partners, also having the option to move into other clinical areas. Councillor Parsons also referred to GP retention, noting the costs GPs paid for their training.
- Councillor Caborn would ask for a further update to be provided to the Health and Wellbeing Board. He suggested that it would be useful for the Committee to receive a briefing on the revised GP contract. It was agreed that this would be provided by the CCGs.
- Dr Linnane spoke of the benefits arising from the work of the GP Services TFG. The constructive discussion at this meeting and better understanding between the NHS and councils was a positive example of the difference the TFG had made. On pharmacy, he referred to the healthy living pharmacy programme supported by the County Council. In Warwickshire, 80% were healthy living pharmacies which delivered health, wellbeing and other services. There was publicity, a specific branding and a training programme. Perhaps this would be a useful topic for a committee briefing session. On transport, the JSNA work had highlighted this consistently. The Council had established a health and transport group, working with CCGs, community transport groups and WCC transport staff amongst others. He outlined plans for a conference later in the year. Rural transport was a difficult issue for counties like Warwickshire, but there were possible solutions and there were several schemes both within communities and the NHS, which may be able to be brought together. This could be an area of interest for the Committee to consider in the future.

The Chair closed the debate, proposing that the future work programme includes an item on pharmacy, which was agreed.

Resolved

1. That the Committee's comments are noted and the follow up actions as outlined above are implemented.

2. That a further update on the implementation of the recommendations from the review of GP services is provided to the Committee in 12 months.

5. Performance Monitoring – Clinical Commissioning Groups

Dr John Linnane presented a six-monthly update on performance monitoring by the three clinical commissioning groups (CCGs) serving Warwickshire. The CCG performance was measured against NHS constitution measures and this update was for the period to November 2018. Tables provided key facts on the CCGs and data on the NHS constitution measures for each CCG. The CCG's jointly commissioned Coventry and Warwickshire Partnership Trust to provide mental health and learning disability services for children, adults and older adults. South Warwickshire NHS Foundation Trust provided a range of community services. Commentary was provided for each of the CCGs, which had been extracted from their respective 2017/18 annual reports.

The following questions and comments were submitted with responses provided as indicated:

- Clarification was provided on the data which reported A&E four hour waits. In September, the 95% target had been missed, but more recently it had been achieved. Anna Hargrave provided a further update that the target had been missed in December 2018, but achieved for the last quarter overall.
- With regard to A&E four-hour waits at the George Eliot Hospital, it was questioned what improvements had been achieved from the revised management arrangements. Jenni Northcote referred to a recent inspection by the Care Quality Commission (CQC), which had noted some areas of significant improvement. Reference was made to end of life care particularly. A&E remained a challenge in terms of capacity and demand. It was an area of continued focus and extra support had been put in place. Patient flow was also referred to.
- Due to the timing of the report, there was some missing data for the South Warwickshire CCG in relation to treatment for early intervention in psychosis within two weeks. This data would be provided.
- A comment was made about the higher level of resources provided to the city of Coventry when compared to that for Warwickshire. This was due in part to deprivation weightings.
- Reference was made to the performance indicator concerning treatment for cancer patients within 62 days of their referral. Performance varied across the three categories of GP referral, consultant referral or referral via the screening service. The data showed the lowest performance for GP referral cases and the reasons for this were questioned. Dr Linnane commented that this was about improving the service provided. He gave more information

about cancer screening services and the aim to ensure that all patients were referred in a timely manner. For many people, initial contact was through their GP. Dr Linnane assured that there wasn't a priority between different referral routes. The CCG representatives gave context on other contributing factors, quoting recent data and some of the causes for the 62-day target to be breached. These could include complex diagnostic pathways, provider capacity, other medical reasons and patient choice. The points were noted by members, but the target was set at below 100%, to account for this. This was an area of further focus for the Committee.

- Context was sought about the reported twelve-hour trolley waits in the A&E department for the Warwickshire North CCG area. Jenni Northcote spoke about escalation processes, the potential for the data to change on a daily basis and the management of trolley waits. Each case was reported and the clinical management of the individual was key. There were a variety of causes and the target was scrutinised, but it didn't necessarily mean there had been poor clinical care for the individual.

On behalf of the Committee, the Chair thanked Anna Hargrave and Jenni Northcote for their contribution. He considered it would be useful to have a further performance update in six months. In order for the CCGs to ensure the appropriate officers were in attendance, a thematic approach would be helpful with the committee giving advance notice of the specific areas involved. This would be taken on board.

Resolved

That the Overview and Scrutiny Committee notes the updated performance monitoring report from the three clinical commissioning groups.

6. Work Programme

The Committee reviewed its work programme. The Chair referred to items being considered by Cabinet the following day on the Section 75 partnership agreement and the write-off of irrecoverable debts, on which the Portfolio Holder, Councillor Caborn provided further information.

Following the decision earlier in the meeting, an item would be added to the work programme on pharmacy services. It was also agreed that an item be added to the programme to receive an update from West Midlands Ambulance Service and the paramedic service, their priorities and performance on response times. This would be discussed in more detail at the Chair and party spokesperson meeting.

Councillor Parsons had been passed further information from the CCG on the latest CQC report in regard to George Eliot Hospital and he acknowledged the improved position on end of life care.

It was requested that the information on extended GP services be provided to all members of the Council.

Resolved

That the work programme is updated as detailed above.

8. Any Urgent Items

None.

The Committee rose at 12.00pm

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Chair