

# Cabinet

18 April 2023

## GP Services Task and Finish Review

### Recommendation

That Cabinet considers for approval the recommendations made for actions by the County Council and the wider Coventry and Warwickshire health system as set out in the report of the GP Services Task and Finish Group (TFG).

### 1. Executive Summary

- 1.1 The County Council approved a motion on 16<sup>th</sup> March 2021 that the Adult Social Care and Health Overview and Scrutiny Committee (OSC) review and make recommendations about the provision of health centres within Warwickshire. To undertake this review, the OSC appointed a member TFG.
- 1.2 A scoping exercise was undertaken to guide this review process. In order to achieve an understanding of the topic, the TFG considered written evidence and held discussions with expert contributors from the NHS. Contributions were also provided by Healthwatch Warwickshire and a co-opted representative from a district council. The review included a comprehensive presentation from the then Coventry and Warwickshire Clinical Commissioning Group (CCG) and a GP doctor who also represented the Local Medical Committee.
- 1.3 Attached at Appendix A is the review report. The TFG makes a series of recommendations for the Coventry and Warwickshire Integrated Care System (ICS) and for those within the remit of individual agencies. The recommendations and the rationale for each of the recommendations are reproduced below. The appended review report provides the supporting information. It includes details of the evidence heard, the stages of the review and its findings. The review report includes appendices with the scoping document, detail of the evidence heard at each session and an action plan for monitoring outcomes from the review.
- 1.4 The report was submitted to and approved by the commissioning Adult Social Care and Health OSC at its meeting on 15 February 2023.

#### ***Recommendation 1 - Communications Activity***

- 1.5 That coordinated communications activity continues to be undertaken to explain to the public the revised primary care service delivery rationale. This is an area where partners in the local Integrated Care System, including

councillors as community leaders and the Health and Wellbeing Board members can assist, but should rest primarily with the Integrated Care Board (ICB).

- 1.6 Rationale – There has been misunderstanding at both the national and local level about access to primary care services and especially general practice. The evidence found that communications activity is already planned by the former CCG. The move to an ICS provides the opportunity for further promoting a consistent message across all partners. Such communications activity should address concerns and misconceptions, explaining the revised service delivery approaches required.

***Recommendation 2 – Involvement of Primary Care and Public Health in the ICS***

- 1.7 That the ICS includes involvement at all levels of both primary care and Public Health, especially as the new arrangements embed. There is a periodic monitoring role for the commissioning Adult Social Care and Health OSC post-implementation to ensure adequacy of representation.
- 1.8 Rationale – Evidence from this review showed the value of broad input from Primary Care and Public Health at all levels. The ICS is a complex structure with many tiers and organisations involved. There is a close interrelationship between primary and secondary healthcare services, especially when patients are discharged from an acute hospital to community settings. Public Health has broad experience and can contribute to discussions at all levels. There is value in ensuring that these bodies are represented at all levels of the ICS and this can be monitored periodically by elected scrutiny members.

***Recommendation 3 – Monitoring Patient Involvement in Decision Making***

- 1.9 That the Adult Social Care and Health OSC undertakes periodic monitoring around patient/resident involvement in the new ICS. There were perceived concerns that decision making may be moving away from the patient, which is not the intention.
- 1.10 Rationale – During the evidence gathering this was identified as an area for future monitoring, to ensure that the many tiers and complex structures involved in the ICS do not reduce patient involvement in decision making. There is a periodic monitoring role for the elected scrutiny members and Healthwatch Warwickshire. There is a role for the ICS to consider wider people engagement. The patient engagement function is important from a primary care perspective and there needs to be a mechanism for this to report into the ICS.

***Recommendation 4 – Monitoring of Future Estates Provision***

- 1.11 That periodic engagement is undertaken with the Integrated Care Board (as the body responsible for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure

delivery) to understand the delivery progress of its general practice estate programme.

- 1.12 Rationale – The key strand of this review is to ensure adequate provision of health centres to meet the needs of a growing and aging Warwickshire population. The estates data supplied by the ICB showed the GP practices within each Primary Care Network (PCN), the known housing developments, completed infrastructure development projects (a mixture of new build and extension projects) and proposals to provide additional capacity. It did show for the majority of PCN areas that the PCN total clinical rooms is currently less than the estimated future (2031) requirement and therefore there is planning and infrastructure delivery work underway to address the shortfall. The ICB provided extensive evidence regarding the systematic approach that it takes in relation to estate planning. However, the mechanisms for the release of funding linked to development for provision of new and extended health facilities are complex. There are two processes known as Section 106 agreements and the Community Infrastructure Levy. This is an area where councillors can bring influence through the planning process. There is a finite resource available from developer contributions for health and other services. This may cause competition between different health services, upstream preventative measures and other infrastructure sought from developer contributions. A coordinated and prioritised approach to the use of such funding would be helpful. Periodic monitoring of capacity by the scrutiny committee is also advocated, seeking updates from the ICB.

## **2 Financial Implications**

- 2.1 There are no direct financial implications for the County Council arising from this review report.

## **3 Environmental Implications**

None.

## **4 Timescales associated with the decision and next steps**

- 4.1 Subject to approval of the review report, there will be periodic monitoring by the Adult Social Care and Health OSC of the implementation of the associated action plan.

## **Appendices**

Appendix 1- Review Report

## **Background Papers**

None

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Bell, Drew, Golby, Holland and Rolfe.