

**HEALTH OVERVIEW AND SCRUTINY PANEL
15 JANUARY 2015
7.30 - 9.40 PM**



Present:

Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Brossard, Davison, Mrs Phillips, Mrs Temperton, Thompson and Ms Wilson

Co-opted Member:

Dr David Norman, Co-opted Representative

Executive Members:

Councillors Birch and Hayes

Observer:

Chris Taylor, Healthwatch Bracknell Forest
Councillor Leake

Also Present:

Richard Beaumont, Head of Overview & Scrutiny
Sarah Bellars, Nursing Director, NHS Berkshire East Clinical Commissioning Group Federation
Helen Clanchy, Director of Commissioning, Thames Valley Area Team
Zoë Johnstone, Chief Officer: Adults & Joint Commissioning
Dr Martin Kittell, Bracknell and Ascot Clinical Commissioning Group and Forest End Surgery
Lisa McNally, Consultant in Public Health
John Nawrockyi, Interim Director of Adult Social Care, Health & Housing
Dr William Tong, Bracknell and Ascot Clinical Commissioning Group and Binfield Surgery

Apologies for absence were received from:

Councillors Baily and Kensall
Mark Sanders, Healthwatch Bracknell Forest

24. Apologies for Absence/Substitute Members

The Panel noted the presence of the following substitute members:

Councillor Brossard for Councillor Baily
Councillor Davison for Councillor Kensall

25. Minutes and Matters Arising

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 2 October 2014 be approved as a correct record, and signed by the Chairman.

26. Declarations of Interest and Party Whip

There were no declarations of interest.

27. Urgent Items of Business

There were no urgent items of business.

28. Public Participation

There were no submissions under the Council's Public Participation Scheme for Overview and Scrutiny.

29. General Practitioner Services

The Chairman welcomed, Sarah Bellars, Nursing Director Berkshire East Clinical Commissioning Group, Dr William Tong, Bracknell and Ascot Clinical Commissioning Group and Binfield GP Practice, Dr Martin Kittell, Bracknell and Ascot Clinical Commissioning Group and Forest End GP Practice and Helen Clanchy, Director of Commissioning NHS England, to the meeting to speak about the primary care service provided in Bracknell Forest.

Care Quality Commission Inspection of GP Surgeries

It was reported that to date 10 GP practices in the Borough had been subject to an inspection by the Care Quality Commission (CQC). Four practices had received a grading of Good, four had been graded as Requiring Improvement. The outcomes of two inspections were still awaited.

Analysis of the inspection reports had found that GP surgeries were failing inspections in the following areas:

- Record storage
- Staffing requirements e.g. Had DBS checks and references been obtained
- Monitoring of infection control standards
- Quality of service
- Supporting staff e.g. One to ones and appraisals
- Medicine dispensing had been raised as an issue in one surgery

It was stressed that further investigation had found that surgeries were complying with standards however evidence trails and records were not always being properly maintained and this had impacted on inspection outcomes. The Berkshire East Clinical Commissioning Group was working with practices to resolve the issues that had been identified by the inspections. All those practices which had been classified as requiring improvement had developed action plans and were working to deliver identified actions.

It was reported that the action plans and associated evidence would be submitted to the CQC for examination. It was hoped that the CQC would be able to carry out a desktop review or inspection visit within the next six months. The Clinical Commissioning Group was confident that all the surgeries would on re-examination be regarded as being good.

GP Satisfaction Surveys

The Panel considered the outcomes of the recent NHS GP Patient Survey and the CQC Intelligent Monitoring ratings of GP practices in the Borough.

It was stressed that caution must be exercised when using the GP Patient Survey to make inferences about the quality of GP service provision due to the small sample

sizes used and the fact that the survey did not take the socio-economic profile of patients or clinical outcomes into account.

Dr Kittell expressed disappointment with the outcomes of both the CQC inspection and the GP Patient Survey satisfaction ratings that Forest Park GP Surgery had received. The Panel was informed that the practice's designated area covered a high proportion of young people and a high proportion of patients with mental health problems both factors which impacted on satisfaction levels.

Initial plans to expand the building occupied by Forest End Surgery had fallen through however the available space had been re-organised and the surgery now had access to an additional consulting room. The surgery had also been approved to become a GP Training Practice and two trainee GPs had now been employed. It was stressed that surgeries had to pass stringent assessments before they were allowed to become GP Training Surgeries and a recent report from the training providers, which looked at similar areas to the NHS Patient Survey, had been very positive.

Work had also taken place to better manage demand so that patients were able to see a doctor more promptly if necessary.

Expansion of Primary Care

Helen Clanchy gave the Panel an overview of the way that expansion of primary care provision was managed and commissioned by the NHS in England.

It was acknowledged that recruitment of doctors into primary care settings was a national problem and whilst the Thames Valley was not currently experiencing a significant recruitment problem the age profile of the Thames Valley's GP population was a concern. Work was taking place within the NHS to raise the profile of GP practice as an option amongst student doctors and to increase the flexibility of doctors' careers to make it a more attractive option.

When planning the future provision of primary care services, including any decision over whether to expand existing practices or build a new surgery, a range of factors was examined including whether any planned development in an area was a larger development in a single area or if it was smaller numbers across a wide area

The provision of new GP surgeries was complex and required the involvement of multiple parties. Whilst NHS England ran the procurement exercises required to physically build premises, the funding for building was obtained through the Section 106/Community Infrastructure Levy process and the Clinical Commissioning Group took responsibility for commissioning the service that would run the surgery. The NHS also had to work closely with Local Planning Authorities to not only ensure that sufficient appropriate provision for primary care facilities was made in planning policy documents but also that any planning applications submitted had the best chance possible of being approved.

The Panel was informed that clarification would be sought over plans for the development of a health centre in Jennetts Park however it was stressed that Jennetts Park did not currently feature on the NHS Commissioners plans. If the NHS was to prioritise health facilities in Jennetts Park then this would be at the expense of expansion in another area.

Arising from the Panel's subsequent questions and comments the following points were noted:

- Greater use could be made of pharmacies to relieve pressure on GP surgeries
- There were anecdotal reports of GPs and pharmacies refusing to accept for disposal full sharps boxes that had been issued by hospitals. A situation that might encourage the inappropriate disposal of used needles. It was acknowledged that hospitals and primary care providers had separate contracts for waste disposal however this should not matter when it came to the disposal of used sharps and surgeries ought to accept full boxes issued by other agencies. It was agreed that the matter would be followed up with surgeries
- The maternity tariff was complex due to the way that the service was split between hospitals and the community. GPs only received funding for the elements of the maternity service that were included in the GP Core Contract. There was no funding available from the Quality and Outcomes Framework
- It was agreed that a suggestion to label medicines with their cost as a method of raising people's awareness and to reduce wastage would be explored by the Bracknell and Ascot Clinical Commissioning Group
- It was acknowledged that whilst there was space at the Urgent Care Centre to provide preventative services it was not necessarily the most appropriate location for these services
- A programme was underway to recruit 200 volunteer Health Makers who would learn about a range of chronic illnesses and then pass this knowledge on to others. This work would initially focus on diabetes, muscular-skeletal problems and chronic lung diseases
- The Panel requested that its frustration over the provision of GP capacity to meet the demands of an expanding population in Bracknell Forest be conveyed to NHS England. Members would return to this topic at a future meeting

The Panel thanked their guests for their time.

30. **Health and Wellbeing Board**

The Executive Member for Adult Social Care, Health and Housing, gave a presentation in respect of the Health and Wellbeing Board which he chaired.

The Health and Wellbeing Board was a statutory partnership body established to bring agencies together to work to improve health outcomes and reduce health inequalities of the Borough's residents.

It was reported that key areas of work for the Board over the past twelve months had been the publication of an easy to use new Joint Strategic Needs Assessment, the adoption of the Joint Health and Wellbeing Strategy, the development of a new and innovative approach to prevention which had been shortlisted for an LGC award and was recognised nationally as an example of good practice, the submission of a successful bid to the Better Care Fund and the initiation of work to re-commission Child and Adolescent Mental Health Services (CAMHS) in the Borough.

It was noted that initial work to re-commission CAHMS had resulted in the Clinical Commissioning Group increasing funding to both Tier 3 and the interface between Tiers 2 and 3 and work was taking place to further develop and improve the service. The Youth Parliament had also commissioned a piece of work to map mental health services from the perspective of young people and this would be used to further inform the Health and Wellbeing Board's work in this area.

Key priorities for the Board over the coming year included a review of the Board's membership and the way that it worked, the identification of new priorities that would feed into a refresh of the Joint Health and Wellbeing Strategy, establishing specific measurable priorities for the Board and the development of a joint approach to communications.

The Board was well supported by all agencies involved and work was taking place to engage with the area's Acute Healthcare Trusts. It was hoped that the review of the Board's membership and way of working would provide opportunities to involve a wider range of agencies with the Board's work however it was stressed that the Board remained action focused and did not become a 'talking shop'.

It was acknowledged that the Board operated within a complex landscape that often had multiple commissioners working to commission a single service. However, involved organisations recognised their own role in improving health and wellbeing.

31. **2015/16 Budget Scrutiny**

The Panel received a report setting out the draft budget proposals for 2015/16.

It was noted that the Public Health budget was almost entirely funded through a ring-fenced grant of £3.049million with an additional contribution of £100,000 from the NHS Money for Social Care Transfer.

The Panel noted that in a change from previous years, the Drug and Alcohol Action Team would be fully funded from the Public Health Grant in 2015/16 however the amount of the Team's budget would remain unchanged.

The Panel noted the budget proposals.

32. **Departmental Performance**

The Panel considered the sections of the Adult Social Care, Health and Housing Department's Quarter 2 (July to September 2014) Quarterly Service Report (QSR) relating to health.

It was reported that the Council's submission to the Better Care Fund had been approved in December and that work was taking place to develop and progress the eight projects proposed within the submission which included falls prevention and intermediate care

Arising from the Panel's questions and comments the following points were noted:

- It was agreed that a summary of the nature of compliments received would be included in future QSRs
- It was clarified that the Bridgewell Intermediate Care Centre was being relocated into new premises that would not only enable it to expand to take in more residents in the coming years but also enable the onsite provision of related services for example the Falls Clinic
- It was reported that although there was pressure on teams to expedite the discharge of patients from hospital this was well managed and the Department placed an emphasis on putting care packages in place that would help people continue to live in their own homes rather than having to move into residential or nursing care.

33. Executive Key and Non-Key Decisions

The Panel noted the forthcoming Executive Key and Non Key decisions relating to health.

It was clarified that the Joint Commissioning Strategy for Carers would look at the range of services being offered to ensure that they met the needs of carers.

34. Overview and Scrutiny Bi-Annual Progress Report

The Panel noted the bi-annual progress report setting out overview and scrutiny activity during the period June to November 2014.

35. 2015/16 Work Programme

The Panel considered a report setting out proposed items for inclusion in the Overview and Scrutiny work programme for 2015/16.

It was agreed that a review of the mechanisms for the allocation and commissioning of GP surgeries to match long-term growth in the Borough's population would be added to the review programme.

36. Date of Next Meeting

It was noted that the next scheduled meeting of the Health Overview and Scrutiny Panel would take place on 12 March 2015 at 7.30pm.

CHAIRMAN