

Minutes of the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10.30am on Wednesday 12 June 2019

Present:

County Councillors

Councillor Reeves (Chairman)	Councillor Massey
Councillor Brown	Councillor McEwan
Councillor Chandler	Councillor Moran
Councillor Egan	Councillor Robinson
Councillor Lumley	Councillor Sargeant

Graham Hughes - Senior Democratic Services Officer, Richard Buttress, Democratic Services Manager, and Hannah Fletcher from Healthwatch Essex were also present throughout the meeting.

1. Membership, Apologies, Substitutions and Declarations of Interest

Apologies had been received from Councillors Gadsby and Harris.

The following Councillors declared an interest:

Councillor Egan – Code interest. Her cousin is Managing Director of Basildon and Thurrock University Hospital Trust – however, she believed that this did not prejudice her consideration of the public interest and that she was able to speak and vote on the matters on the agenda.

2. Minutes

The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 22 May 2019 were approved as a correct record and signed by the Chairman.

3. Questions from the Public

There were no questions from the public

4. Appointment of second Vice-Chairman

Councillor Sargeant was nominated by Councillor Egan and seconded by Councillor Chandler. As there were no further nominations, by general consent his appointment was agreed.

5. Primary Care Update

The Committee considered report HOPSC/18/19. The following joined the meeting and, at the invitation of the Chairman, introduced the item.

Dr Anna Davey – Chair, Mid Essex CCG and elected GP

William Guy – Director of Strategy and Transformation, Basildon & Brentwood CCG

Lisa Llewellyn, Director of Nursing and Clinical Quality, North East Essex CCG

Caroline Russell, Accountable Officer – Mid Essex CCG

Jennifer Speller – Associate Director Primary Care, Castle Point & Rochford CCG

Peter Wightman, Director of Primary Care and Localities, West Essex CCG.

Since October 2018 NHS England had published the Long-Term Plan and a five year reform programme for the GP contract. The witnesses introduced some of the challenges and issues arising from these publications as they related to primary care and the current local planning for GP services in Essex.

During discussion the following points were highlighted and/or acknowledged:

Primary Care Networks (PCNs)

- (i) PCNs were being established to cover all areas. It was expected that, by being part of a PCN, that GP practices could work more closely together, sharing some functions (especially non-clinical back-office) and provide a wider support network for each other;
- (ii) Participation in a PCN would be embedded in GP contracts and would be fundamental to the future viability of Primary Care. Further funding would probably be refocussed to come through PCNs. It was acknowledged that a GP practice could opt-out of being in a PCN agreement but all patients, in any case would need to be covered by a PCN. To date only a handful of GP practices in Essex had decided not to opt in to a PCN.
- (iii) Dr Davey suggested GPs in Mid Essex were beginning to feel more supported and becoming more resilient through greater collaborative working between GP practices.

Care navigation

- (iv) Care navigators and advance nurse practitioners were increasingly being used.

- (v) Good robust training of care navigators was required to ensure signposting to services was appropriate and safe. In Basildon & Brentwood CCG consultants had been appointed to further develop such training. The training would use algorithms and red flag prompts to refer to specialists in certain circumstances.
- (vi) It was stressed that each CCG was piloting different care navigation approaches which could be applied more widely if they were then evaluated to be working well.
- (vii) Members challenged the witnesses to ensure that adequate audit processes were in place to evaluate care navigation.

Access and sustainability

- (viii) North East Essex CCG were looking at digital solutions and working with local councils to improve on-line access (e.g. utilising libraries as well) and with pharmacists for repeat prescriptions. Members encouraged other CCGs to look into this as well.
- (ix) The development of PCNs was designed to protect the continuation of smaller GP practices by recognising that they would be more resilient as part of a support network with other practices.

Staffing

- (x) In terms of recruitment, some GP practices managed to recruit more easily than others.
- (xi) Some additional roles were being introduced into primary care to supplement the GP and nurse workforce.
- (xii) Incentivising staff to upskill would be the responsibility of each individual practice. Some upskilled roles may need relabelling. In some practices the care navigators were working as part of the clinical team and this could be part of the wider rebranding of the role.
- (xiii) Some GPs preferred to work within a salaried model but it was hoped that the development of collaborative and supportive PCNs might encourage more GPs to take on the responsibility of partnerships. Good leadership training would need to be available.
- (xiv) Offering portfolio job roles across more than just primary care could be possible in future with ongoing discussions between health and local government.
- (xv) Encouraging the establishment and use of more advanced clinical pharmacists was part of the development of PCNs. It was

acknowledged that more clinical pharmacists were needed in community pharmacists so that they could also examine, advise and prescribe.

Joint working

- (xvi) Members queried how much local government had been included in the development of PCNs. In West Essex there was beginning to be the joint appointment of some operational staff.
- (xvii) Members challenged how health bodies were linking with the County Council's community agents who were already promoting social prescribing. In some instances, a link was already there through the joint commissioning of social prescribing.

Patient experience and communication

- (xviii) Members sought examples of patient experience being sought and acted upon. As a result of feedback in West Essex, a pilot had enabled patients to be referred direct to a physiotherapist as a first point of contact rather than after a diagnostic test first. As a result of feedback in Mid Essex a pilot allowed GPs to have a longer appointment slots to enable a more comprehensive conversation about holistic care and not just a specific treatment. North East Essex had increased support to dementia carers as a result of feedback.
- (xix) Members asked commissioners to encourage dementia friendly layouts at GP practices. North East Essex confirmed that they were already working with the Alzheimers Society.
- (xx) There needed to be more communication with the public about the development of PCNs and commissioners were looking to see how more digital tools could be used to help people recognise the changes. Members encouraged also working with Parish Councils and community magazines.

Conclusion:

The Chairman thanked the witnesses for attending and supporting the discussion.

It was **agreed** that a further update on the implementation of changes currently being introduced would be required in the autumn.

[The meeting briefly adjourned at 12.02 and reconvened at 12.10pm]

6. Princess Alexandra Hospital

The Committee considered and noted the report on the site visit of Harlow Hospital by some Committee members the previous Friday. It was **agreed** that similar visits to other acute trusts should be arranged.

7. Chairman's Report

The report (HOPSC/20/19) was noted, there were no questions.

8. Member Updates

Councillor Brown advised that she had been invited to meet the new Chairman of the East Suffolk and North East Essex Foundation Trust and would report back on that at a future meeting. Councillor Egan referred to CCGs in the area being requested to help 'bail-out' a financial deficit in an adjoining CCG. There were no other updates.

9. Work Programme

The committee noted and considered report (HOPSC/22/19).

10. Date of next meeting

The committee noted that the next committee activity day was scheduled for 09:30 on Wednesday 24 July 2019.

11. Urgent Business

There being no further business the meeting closed at 12.18pm.

Chairman