

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 7 June 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Frost, Gollick, Hampson, Hayward, W. Johnson, Makinson, Mathers, Philips, Pourali, Sixsmith MBE, Spence, Tattersall, Unsworth and Wilson together with co-opted members Ms P. Gould, Ms J. Whitaker and Mr J. Winter.

1 Apologies for Absence - Parent Governor Representatives

Apologies for absence were received from Ms Kate Morritt in accordance with regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

There were declarations of interest from Councillor Ennis, as a Lay Member Director for Public and Patients, Barnsley Healthcare Federation Community Interest Company (CIC) and Councillor Unsworth as a Governor at Barnsley Hospital NHS Foundation Trust.

3 Minutes of the Previous Meeting

The minutes of the meeting held on 5th April 2016 were approved as a true and accurate record.

4 GP (General Practice) Services in Barnsley

Due to Councillor Ennis being a witness for this item on the agenda, the committee selected a Chair from the floor. It was proposed and agreed for Councillor W. Johnson to Chair; therefore he introduced the item and welcomed the following witnesses:

- Lesley Smith, Chief Officer, Barnsley Clinical Commissioning Group (CCG)
- Vicky Peverelle, Chief of Corporate Affairs, Barnsley CCG
- Jim Logan, Chief Executive, Barnsley Healthcare Federation CIC (Community Interest Company)
- James Barker, Director of Business Development and Strategy, Barnsley Healthcare Federation CIC (Community Interest Company)
- Paul Bibby, Chief Nurse and Director of Learning and Development, Barnsley Healthcare Federation CIC (Community Interest Company)
- Councillor Jeff Ennis, Lay Member Director for Public and Patients, Barnsley Healthcare Federation CIC (Community Interest Company)
- Carrienne Stones, Healthwatch Barnsley Manager

Lesley Smith explained that 90% of all patient contact in the NHS is through GP services, with the demand continuing to rise. This can be explained by an increase in life expectancy, as people live longer, however healthy life expectancy in Barnsley is reducing hence patients' needs becoming more complex. 24% of the Barnsley

population are living with 1 or more long term condition; however the national average is below 17%. The healthy life-expectancy for men and women in Barnsley has fallen to 56 years. Additionally, 1 in 4 children in the borough are living in poverty and nationally there is an 11% vacancy rate for GPs. The CCG are working in partnership with the Council, voluntary sector and other agencies to respond to the social and economic factors which contribute to poor health, such as unemployment, smoking and lack of exercise.

Members proceeded to ask the following questions:

- i) The GP Patient Survey Data in the cover report shows that most of the Barnsley results are similar to what was found nationally apart from there were poorer results in relation to phone access to GP surgeries, why is this?

Members were advised as every household does not have internet access this reduces the number of people who are able to book their appointment on line. This then leads to an increase in the number of patients using the telephone service however the CCG is investigating this to see how it can be addressed.

- ii) What is the uptake in relation to patients registering for appointments with their GP online?

The committee were advised there is currently a national initiative for 10% of access to GP appointments to be made online, with work being done towards this process to be paperless by 2020.

- iii) How do you see the future of the healthcare economy; are there enough GPs to provide Primary Care?

The group were advised nationally there is an 11% vacancy rate in relation to GPs; therefore there are not enough GPs in the country to fill the vacancies we have. The CCG are working with other clinicians to meet the demand for services such as Advanced Nurse Practitioners and Healthcare Practitioners. We have recently recruited 17 Healthcare Specialists and 40 Healthcare Assistants.

- iv) Please can you provide some context around the workforce figures provided on page 19 of the attached report?

Members were advised that as referred to previously, there is a shortage of GPs both locally and nationally and we have to consider how GPs manage the increase in complex demand for services. We find that a lot of Barnsley patients are visiting GPs for social rather than medical reasons, such as loneliness and isolation. Medicines aren't the solution to this therefore we are working with partners to look at 'social prescribing' such as befriending services and attendance at social clubs.

- v) In the Central Area Council we commissioned the Royal Voluntary Service (RVS) to offer assistance with care in relation to non-medical conditions however the response from medical practitioners has been disappointing with limited engagement?

The service advised the committee they welcomed this feedback. They acknowledged this work had been slow to progress however hoped this would become available across the Borough and that Link Workers would pick this up with

practices. The CCG advised this information will be fed back at the next meeting of the Barnsley CCG Membership Council.

- vi) The 'I Heart' service was supposed to help to reduce the pressure on the Accident and Emergency (A & E) department; are there any solid plans to make sure that this service is benefitting the community?

The group were advised there has been a general misconception over the role of the 'I Heart' service; its purpose is to offer additional primary care services, rather than replacing existing services. 'I Heart' offers extended appointment times including evenings and Saturday mornings. We are also looking to extend the services to Sunday opening and we're due to launch video consultations before June. In future we are looking to extend the service to be open 365 days per year. 'I Heart' has been collecting data around where people would have gone if they had not accessed this service; during May they found 30% of patients would have attended A & E. This is however a secondary benefit to the service and not its primary purpose. Additional funding to support the 'I Heart' service has been approved up until 2019 which allows for further development of the service.

- vii) Not many people in our communities are aware of the 'I Heart' service; how is it being promoted?

Members were advised a lot of promotion work was done in November 2015; also the service is the number one search item in Google when people are looking for health advice in Barnsley. There will be a stall in the Alhambra Centre in Barnsley next week that will be promoting the 'I Heart' service, which has the potential audience of a weekly footfall of 170,000. We are also looking to develop Facebook and Twitter accounts and market the service further through GP practices.

- viii) Whilst people are aware of 'I Heart', they are not always knowledgeable as to what it represents?

The group were advised the CCG has undertaken promotional work to highlight the benefits of the 'I Heart' service, which can provide additional primary care for the Barnsley residents. This has included working with community services as well as the hospital, to ensure all partner agencies are aware in addition to next week's planned event at the Alhambra. The CCG welcomed ideas from members of the committee as to how the 'I Heart' service can be further promoted. A member of the committee commented on the figures in the report about the GP Patient Survey, specifically the percentage of people able to get a convenient appointment; which did not seem to reflect their own anecdotal feedback.

- ix) With reference to paragraph 2.2 in report 4b, what are the perceived and actual conflicts of interest?

When CCGs first formed, commissioning of Primary Medical Care was the responsibility of NHS England. As a CCG, we were offered to take on delegated responsibility. We have very clear processes and systems in place to manage conflicts of interest and guidance in relation to delegated commissioning is very clear. We also undertake internal audits in relation to this. GPs are the gatekeepers to the whole NHS with 90% of NHS contact coming through primary Care. The advantage of the CCG being responsible for commissioning is that the people who

know the population best are making informed decisions over what services need to be provided.

- x) A member of the committee suggested to engage with patients further, an information file containing the details of community groups, as well as services such as 'I Heart' and information on Ward Alliances could be displayed in GP practices. Also, a volunteer from a local group could be present to provide additional assistance?

The members of the committee were given an excellent response to this suggestion, with the CCG acknowledging this idea would enhance social prescribing. It was agreed that the Member and CCG would liaise outside this meeting to progress the idea further.

- xi) There is no mention in the report of patients with mental health issues; also often isolation can be due to a lack of public transport in a local area; what is being done regarding these issues?

The committee were advised that GPs would say 50% of their patients suffer with mental health issues. This can be low level mental health as a result of loneliness and isolation; therefore we need to focus efforts on social prescribing before issues become more complex. People with complex mental health problems also tend to have poorer physical health; therefore the CCG is working with South West Yorkshire NHS Foundation Trust (SWYPFT) to ensure parity of esteem. The NHS constitution also has pledges regarding mental health services and recognises that access to these is not as good as it could be.

In relation to transport the services acknowledged this was a very important issue and that problems tend to occur in communities where patient numbers are low. Members of the committee were encouraged to engage with the Barnsley Bus Partnership in their Network Consultation over planned changes to bus routes in the borough which were taking place the following week. The committee was also advised of Berneslai Homes' concern over low level mental health issues on our estates and are looking to employ a specific officer in relation to this.

- xii) The report provides information comparing the ratio of clinical to non-clinical posts which identifies that 'Barnsley is only second to Sheffield in the South Yorkshire and Bassetlaw area'; please can you clarify this?

Members were advised this referred to Barnsley being second from the bottom to Sheffield in this comparison.

- xiii) What is being done to attract GPs to Barnsley as well as ensuring they are retained?

The committee were advised we are trying to be as innovative as possible in relation to GP posts and offering fellowships to make posts more exciting and varied. A key role in this is Barnsley GP Federation which is looking at how we can encourage GPs into the Barnsley area by providing competitive packages including integrated posts which work in different areas of the health service. We are also working with young people to encourage them to consider a career within the health service.

- xiv) Smoking, alcohol and a lack of exercise have all been identified as causes that can result in long term health issues; what is being done to educate people to adopt a healthier, more active lifestyle?

The group were advised the service works in partnership with the Council's Public Health department and has recently employed a joint position to help drive and promote healthier lifestyles and targeting those most at risk.

- xv) An example of a conflict of interest was given in relation to a recent meeting; following this the committee member stated that conflicts of interest and perceptions of conflicts of interest should be managed and asked how effective are Barnsley CCG's governance arrangements in relation to this?

Members were advised a 360 Audit review was undertaken of governance arrangements which showed there were no high or medium risks, the report of which the service will circulate to the committee. NHS England also have concerns in relation to conflicts of interest and have created statutory guidance in relation to this, therefore we have to be confident that the decisions made are appropriate.

In relation to the meeting example given, this was a judgement call, the meeting was being held in public for transparency which meant those with a conflict of interest could have attended as Members of the public anyway. Those individuals were not involved in the meeting discussion which was purely sharing the outcome of a decision which could not be altered. Conflicts of interest are an area for concern; we did have two lay members, however as our accountabilities have increased we are looking to amend our procedures and have an additional lay member who is also a 'Champion' in relation to conflicts of interest.

- xvi) The report identifies following Care Quality Commission (CQC) inspections, of the 27 GP practices that have been inspected, 22 were rated as 'Good' and 3 'Requires Improvement' with 1 in 'Special Measures'. Do these ratings reflect any inherent trends and what measures are in place to address these?

One common theme was in relation to monitoring of fridge temperatures in relation to vaccines. It wasn't that the practices weren't monitoring them but they weren't recording it. The other theme was to make sure that every member of a practice understands how the practice functions; therefore our Head of Quality is working with practices to learn how to prepare for CQC inspections and to share best practice. It is important to note that inspections are a snapshot of a single day in a practice. 22 rated as 'Good' is a very good result for Barnsley and a common theme was that they all provided good, caring services.

- xvii) What was the reason for the one practice being placed under 'Special Measures'?

The group were advised this was due to subdomain ratings in relation to patient safety and quality due to record keeping and safeguarding. A lot of work has been done at the practice and the issues have been rectified rapidly, therefore the practice is now rated overall as 'Requires Improvement' not 'Special Measures'.

- xviii) Why was the contract for Highgate Practice in Shafton awarded to a new provider rather than the established one?

Members were advised the contract for the provision of healthcare at the practice had come to an end, therefore under European Union (EU) Regulation we were forced to take the contract out to tender; this was subsequently awarded to the preferred bidder.

- xix) Is the service proactively in contact with local schools to encourage young people to live a healthy lifestyle; if not, are there any plans to do this? Also, do the practices inspected by the CQC have their ratings displayed for patients to see?

The committee were advised the service works with colleagues in Public Health to improve the wellbeing of children in the borough, for example the CCG will work with the Council on the 0-19 Service Pathway. It is really important that we undertake this work as 1 in 4 children in Barnsley are currently living in poverty; therefore we need to manage this to manage demand on services.

In relation to displaying CQC ratings of GP practices in their surgeries, the ratings and reports are available in the public domain. The service is also working with their communications department to ensure these displays are both prominent and highly visible.

- xx) How are the decisions made as to the level of access to mental health services across the borough?

The committee were advised this item is on the agenda of the Health and Wellbeing Board meeting this afternoon to consider the Mental Health Strategy, Action Plan and 'You Said We Listened Report'. We look at figures in relation to the incidence of mental health and where we need to invest resources including seeking feedback from service users. Papers from the meeting can be circulated to the committee.

- xxi) When do you review the commissioning of community services?

Members were advised these are reviewed on an ongoing basis. We have an annual cycle and contract review in relation to community services and consider where we can make changes to and develop services.

- xxii) How many GPs are members of the Barnsley Healthcare Federation; what challenges do they face; and how are these being addressed?

The group were advised the Barnsley Healthcare Federation is a not-for-profit Community Interest Company. It currently has 28 local member practices which are able to share best practice amongst each other. The Federation also has a core clinical management team to look at the contracts it delivers. The challenge in Barnsley is the recruitment of GPs; therefore the Healthcare Federation has one salaried GP as well as a number of GPs contracted on a long term basis. Due to life expectancy rates and complex conditions within the borough we're working with the hospital, community services and primary care to ensure a holistic approach to services.

- xxiii) As 28 out of 36 GP practices in Barnsley are part of the Federation could this be seen to be a monopoly situation?

The committee were advised the CCG is very positive with the large number of practices in the Federation as it's about independent business coming together. If we had multiple federations this would become very complex and having a federation provides strength in the recruitment of GPs. The Barnsley Federation secured funding of £2.3m for the 'I Heart' service in Barnsley on behalf of the whole population; therefore this is available to all GP's patients regardless of whether they are part of the federation.

The contract at the Highgate practice at Shafton had reached the end of its term, therefore the procurement process ensued. Through this process we maintained GP services for 2500 people, whereas in other areas with numbers as small as this, practices no longer exist therefore it's positive that we have managed to maintain the service. We could do more in terms of communication in relation to this; however we followed a process where a contract was bid for, we evaluated them against set criteria and the contract was awarded to the winning bid.

A member of the committee commented that this had not been handled in an appropriate way as we should be celebrating and publicising those achievements. The CCG responded that they would take this on board. The committee was that since the contract was taken over there were now more appointments available for patients and the service has been open and running every day.

- xxiv) The report identifies there is a financial challenge of £500 million over the next five years across the South Yorkshire and Bassetlaw area; what affect will this have on the services that can be provided?

Members were advised the funding applies to the whole of the South Yorkshire and Bassetlaw region including NHS and social care budgets. There has also been a change to the funding formula, previously Barnsley benefited from how this was calculated which was based on per head of population including deprivation and age. The formula is now more focussed on age, therefore Barnsley will loose out and more money will go to the South of the country where there are higher elderly populations. By 2020 there will be a deficit of £20 billion pounds nationally; therefore we need to make sure our hospitals work more effectively together. We also need to ensure we transform out of hospital care and work with the voluntary sector, self-care schemes and help people to live healthier lives at home.

Carriane Stones, Healthwatch Barnsley Manager advised the group of the work being done by Healthwatch. They gather feedback from people's experience of health and social care services and have recently launched an online Feedback Centre where people can put their views and services can respond directly to them. They have recently worked with Councillor Gollick who approached them as the local area had a number of concerns about access to GP services. Through this Healthwatch spoke to over 80 members of the public and held events at GP practices to understand the barriers to services. Following this Healthwatch is due to produce a report and feed this back to the local services. In addition to online contact, Healthwatch can be contacted by phone. Through the process, Healthwatch also identified people were unaware of both the Pharmacy First scheme which provides an alternative resource to obtain advice / medicines for less serious illnesses from your local pharmacy, without having to visit your GP, as well as the 'I Heart' service; therefore they gave people further information about both of these services.

- xxv) A member of the committee began by complimenting Healthwatch on the excellent work they are doing, followed by enquiring whether they have a direct influence on improvement action plans?

The committee were advised Healthwatch have a number of systems where they can feed into, to improve performance, including meetings with the Chief Nurse of the CCG and other colleagues. They speak directly to providers and also attend the GP co-commissioning group so can influence work undertaken.

The Chair brought this item to a close and thanked the witnesses for their attendance and contribution.

5 Overview and Scrutiny Committee (OSC) Work Programme 2016-17

Cllr Ennis resumed the role of Chair for the meeting and began by explaining to the committee the new arrangements for Scrutiny meetings, which will combine the roles of both the OSC and the Safeguarding Scrutiny Committee (SSC). Alternate OSC meetings will examine a safeguarding issue; this format will be trialled for 9 months to evaluate how successful it is. Members of the committee were advised at meetings where there is a safeguarding topic focus, following this a Private Member Briefing will be held on Social Care performance information. To provide members with knowledge of how to scrutinise the safeguarding data, there will be a training session as part of the meeting on 12th July 2016, which Cllr Ennis recommended every member to attend.

Members were advised, item 3.4 on the report details the proposed OSC meetings for the 2016/17 Municipal Year, this includes the annual topics that are due to be looked at: Cllr Ennis explained some of the meetings had spare capacity to include other topics to be agreed nearer the time and advised that 'The Local Sustainability and Transformation Plan (STP) would be considered on 4th October 2016 meeting as this was an important piece of work in relation to the delivery of Health and Social Care services. Additionally, there will be 3 Task and Finish Groups (TFGs) which are due to investigate Higher Level Skills and Jobs, Fly Tipping and Flooding Resilience.

Cllr Ennis advised members to either notify himself or Anna Morley of any additional issues which they felt ought to be considered for the Work Programme and asked the members of the committee to put themselves forward for one of the TFGs.

- i) Following discussions within the Central Area Council, should Neighbourhood Services be an area that could be looked at?

Members were advised that as the issues raised were specific to the Central Area Council, we would need to contact the Area Chairs to establish if there were Borough-wide issues, then this could be considered by the OSC.

The Chair thanked all for their attendance and declared the meeting closed.

Action Points

- 1) Barnsley CCG to feed back comments to the next Membership Council meeting regarding poor engagement from medical practitioners in relation to social

prescribing services provided by the Royal Voluntary Service (RVS) which had been commissioned.

- 2) Members to advise the Barnsley Healthcare Federation/CCG of any further ideas how the 'I Heart' service can be promoted further.
- 3) Elected Member and CCG to liaise regarding the development and implementation of a file within GP practices, containing information on local community groups/services.
- 4) Members to engage with the Barnsley Bus Partnership in their Network Consultation.
- 5) CCG 360 Assurance internal audit report on the CCG co-commissioning governance process to be circulated to the committee.
- 6) Mental Health Strategy, Action Plan and 'You Said, We Listened' Report to be distributed to Members.
- 7) Members to advise Cllr Ennis or Anna Morley of any additional issues to be considered for the Scrutiny Work Programme 2016-17.
- 8) All members of the committee to put themselves forward for one of the TFGs.