#### **OVERVIEW AND SCRUTINY COMMITTEE**

Date of Meeting: 20<sup>th</sup> June 2016

**Present:** Councillor A Lythgoe (Chair)

Councillors L Barnes, Eaton, Hughes (substituting for Bromley),

Kenyon, McMahon, Roberts and Robertson

In Attendance: Sharon Martin, East Lancashire CCG

David Rogers, East Lancashire CCG Andy Laverty, East Lancashire CCG

Katie Gee, RBC

Councillor Ashworth, Portfolio Holder for Customers and Health

Councillor Marriott, Portfolio Holder for Resources and

Performance

Jackie Oakes, Portfolio Holder for Legal and Democratic

Alyson Barnes, Leader of the Council

Councillor Cheetham

Pat Couch, Scrutiny Support Officer

2 members of the public

#### 1. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Pam Bromley and Karl Kempson..

#### 2. MINUTES OF THE LAST MEETING

#### Resolved:

That the minutes of the meetings held on 14<sup>th</sup> March 2016 be agreed as a correct record signed by the Chair.

#### 3. DECLARATIONS OF INTEREST

There were no declarations of interest.

#### 4. URGENT ITEMS OF BUSINESS

There were no urgent items of business.

## 5. PUBLIC QUESTION TIME

The Chair agreed to deviate from the Procedure for Public Speaking and allow the members of the public to ask questions as the reports were discussed.

#### 6. CHAIR'S UPDATE

The Chair had no update to report.

# 7. PROPOSALS TO IMPROVE ACCESS TO GP SERVICES - ROSSENDALE NEW MODEL OF PRIMARY CARE

David Rogers, Communications and Engagement Lead from East Lancashire Clinical Commissioning Group presented the proposals to improve access to GP services in East Lancashire.

The Government is proposing that by 2020 everyone should have GP access to care from 8am-8pm. Therefore the CCG have been consulting its patients since 2013/14 and asking what they would need.

Stage one of the consultation was to ask patients the following:

- What is good about primary care?
- What is less good about primary care?
- What would make primary care great?
- What would be the priorities for change?

Approximately, 500 responses were received which provided 1953 comments, 170 people took park in focus groups and 22 people used paper survey to respond.

Members were informed of the services on offer at present and what the proposals would be for the future.

Patients have been using the Walk in Centre at Hyndburn for extended GP hours. This was accessible for the whole of East Lancashire, but primarily used by Hyndburn residents.

As part of the GP proposals to increase GP access, an alternative service – a hub designed by local GPs to improve access to GP services would be introduced.

There would be 4 'hubs' – Burnley, Pendle, Rossendale and Hyndburn, two of which would act as weekend GP hubs (Burnley and Hyndburn).

Patients will be able to ring their own GP practice between 8am-8pm to book an appointment. If one is not available within their own practice they can be offered an appointment at another practice, if they choose to.

All 4 hubs will be linked so that if demand is heavy at one hub, patients can, if they choose, be offered an appointment at another hub.

In Rossendale the Minor Injuries Unit does not come into this new model of care, they will continue to offer the same service as at present, nor will urgent care, A & E or GP out of hours..

The hubs will, with suitable consent, have full access to all patients' medical records, so that all GPs can see a patient's records.

The consultation closes at midnight on 8<sup>th</sup> July.

Members raised a number of questions, which Sharon Martin, Director of Performance and Quality at the CCG responded, these included the following:

- a) It is difficult to get an appointment under 7 days, will this change? The CCG understands that appointment can be difficult, therefore the CCG are working with GPs to ensure capacity is not an issue and that they open up more appointments to enable those that work have access to a GP till 8pm, with a network of practices working together.
- b) Transport could also be an issue if patients have to travel to other hubs. The response indicated that people can see their GP at their practice, home visits. Patients will have the choice.
- c) There was concern about the need to ensure that receptionists are fully trained and are compassionate to the patients' needs. The CCG indicated that training for receptionists will cover all elements so that they understand the issues of the patients. Reception staff will not do full medical triage.
- d) When asked if additional services will be brought in to help capacity, the CCG responded that they already work with the voluntary services and social prescribing. There will be a 'Care Navigator' to help people. The Integrated Neighbourhood Team working together from the hub is being considered.
- e) Whilst it was recognized that the proposals look well, there was concern that it was a way of saving money and the CCG were asked how they can make decisions about something that they do not know as to how well it would be funded. The CCG agreed that there was a real shortage of GPs and indicated that they were going to look at innovative ways to attract GPs to the area such as having links with a university to make the posts more attractive.

They also need to find ways to deliver a service for our population which is living longer. This can be done by involving different professionals, including nurse practitioners, but they need to invest more for the care to remain the same. It was noted that this is an additional service, requiring additional investment.

- f) In relation to transport, especially at weekend when it more limited, with no access for some Rossendale people to go to Blackburn or Accrington. The CCG indicated that evidence showed that most people do not want access to routine healthcare on Sundays.
- g) A question was asked about the 111 service, and the CCG indicated that people can still ring this service or their GP surgery. The 111 service will work in conjunction with the hubs.

The Communication and Engagement Lead indicated that once created the 'hubs' would be a starting point – local is best, but where centralised services include such as trauma, patients would still go to Blackburn. This type of service needs to be tested or they would never know if it works. The model is flexible and can therefore be altered.

#### **RESOLVED:**

That the representatives from East Lancashire CCG be thanked for their informative presentation.

#### 8 QUARTER 4 INTEGRATED PERFORMANCE REPORT

The Media and Engagement Officer presented the Q4 Integrated Performance Report and the Chair asked for comments from the Committee.

In relation to HHR8 – Implement the Declaration of Air Quality Management Areas, the Leader of the Council confirmed that by changing the bus station they no longer have air quality issues.

With regard to HHR10 – Delivery of effective services for homeless households, there was concern that grant funding was reducing in all areas. The Leader suggested that we invite an Officer from the housing options team around the County's cuts to the supporting people's budget for the under 35s.

A member of the public raised concern about the Lives and Landscapes development plan document, but agreed to contact the planning team himself.

In relation to LI12 – Working days lost due to sickness absence, the Chair asked for the HR Manager to attend a future meeting to provide information on HR policies and procedures in relation to sickness absence.

#### **RESOLVED:**

- 1. That the HR Manager be invited to attend a future meeting of the committee.
- 2. That an Officer from the housing options team be invited to a future meeting to explain the impact of the LCC's cuts to the supporting people's budget for under 35s.

## 9 OVERVIEW AND SCRUTINY ANNUAL REPORT 2015/16

The Chair presented the Annual Report for 2015/16, which was a combined report of the work of Overview and Scrutiny Committees, Task and Finish Groups and other relevant scrutiny information.

The Scrutiny Support Officer indicated that the report would be presented to the Full Council meeting in July 2016 for approval.

Members thanked the Scrutiny Support Officer for her hard work and support during the year.

# **RESOLVED:**

- 1. That the Overview and Scrutiny Annual Report 2015/16 be noted.
- 2. That the report be presented to Full Council in July for approval.

# 10. OVERVIEW AND SCRUTINY WORK PROGRAMME 2016/17

The Chair presented the Overview and Work Programme for 2016/17 which highlighted the work to be undertaken during the year.

A member asked that consideration be given to try to ensure that there are not too many presentations at each committee.

The Chair indicated that each of the five Portfolio Holders had been invited to a committee to explain their role and responsibilities and how objectives are set which support the realisation of the council's vision.

Members agreed the topics to go forward this year were as follows:

- Crime and ASB (anti-social behavior) task and finish group
- Website reform, including digital services task and finish group

Welfare Reforms was another suggestion, but it was agreed that it was still at an early stage and therefore the impact on Rossendale residents may not yet be known and it would therefore be undertaken at a later stage.

#### **RESOLVED:**

That the Work Programme for 2016/17 be agreed and sent to Full Council in July for information.

# 11. PERFORMANCE MANAGEMENT TASK AND FINISH GROUP

The Chair informed members that a report had been circulated at the meeting which provided information on the work of the performance management process task and finish group.

It was agreed by all members of the group that the group would continue to meet regularly to monitor the overview and scrutiny process and ensure that performance management is operating at the right level and remains focused.

**RESOLVED:** That the information be noted.

Signed..... Date .....