

**Health and Wellbeing Overview and Scrutiny Commission**

**9:30 a.m. Friday, 11 October, 2019, Room 77, The Guildhall, Alfred Gelder Street, Hull, HU12AA**

**Present:** Councillors, Chambers, Healand (substituting for Councillor Langley) Kennett, Matthews, Pritchard, (Mrs.) C. E. Randall and Wilson (Chair).

**In attendance:**

J. Dodson, Director of Integrated Commissioning, Hull Clinical Commissioning Group  
N. Dunlop, Commissioning Lead, Primary Care, Hull Clinical Commissioning Group  
T. Fielding, Assistant Director City Health and Wellbeing, Hull City Council  
A. Spouse, Scrutiny Officer, Hull City Council

**Apologies:** Councillors Brabazon (DC), Fudge and Langley

Minute Number		Action to be taken by
22	<b>DECLARATIONS OF INTEREST</b>	Scrutiny Officer – AS

Councillor (Mrs.) C. E. Randall declared a personal interest in Agenda Item 4 (Minute 24) in so far as she was registered as a patient with the Modality Partnership and had also been a registered patient at Faith House Surgery prior to its closure.

Councillor Chambers declared a personal interest in Agenda Item 4 (Minute 24), in so far as she was a lay member of the Royal College of General Practitioners.

23	<b>MINUTES OF THE MEETING HELD ON FRIDAY, 11 SEPTEMBER, 2019</b>	(a) Scrutiny Officer - AS
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The Scrutiny Officer submitted the September minutes for consideration and approval.

<b>Recommendations:</b>	<b>Reasons for Recommendations:</b>
<p><b>Agreed:</b></p> <p>a) That the minutes of the meeting held on Friday, 11 September, 2019, having been printed and circulated, be taken as read and correctly recorded.</p>	<p>a) As per the minute.</p>

J. Dodson, Director of Integrated Commissioning, Hull Clinical Commissioning Group (CCG), and N. Dunlop, Commissioning Lead, Primary Care, Hull Clinical Commissioning Group, attended for this item. The Director of Integrated Commissioning introduced the presentation which updated Members on the development of primary care services in the City, and the measures that had been put in place to minimise the risks associated with the closure of Faith House Surgery.

**Development of Primary Care Services:** A number of themes had come out of the NHS Long Term Plan; Primary Care Networks (PCNs) had been introduced; 33 practices in the City had now come together to form 5 PCNs; each PCN had between 30,000 and 80,000 registered patients; each PCN had a Clinical Director; NHS England had provided extra funding for additional primary care staff; the CCG and PCNs were working together to better understand and respond to workforce pressures but work continued to bolster and support the workforce; plans were also in place to help develop the strategic capacity of the PCNs; PCNs would be required to deliver seven mandatory services from April 2020 onwards.

**Faith House Surgery:** The transition was being managed via a project plan overseen by a dedicated project manager; the majority of patients had selected New Hall Surgery as their replacement practice; New Hall Surgery had good parking and was fully accessible; patient parking was being increased; a cycle to work scheme had also been put in place for employees to free up car parking space; patients had been able to book appointments at any Modality site prior to the closure; digital options, telephone triage and care navigation was in place; practice working models and capacity had been updated at all Modality sites in order to help manage the increased demand; a dedicated Patient Liaison Officer was working to improve communications with patients; the partnership website was being enhanced to improve patient access; the main concern raised by patients was having to wait while on the telephone and the issue was being addressed; there had been no significant complaints around service quality following the closure of Faith House.

#### **The Commission discussed:**

- i. The role of integrated commissioning in developing services such as primary care and whether partners could evidence how integrated commissioning had improved outcomes for residents. The Director of Integrated Commissioning outlined the close working arrangements between the CCG and Hull City Council Services (including Adult Social Care, Public Health and Children, young People and Family Services) citing the excellent work undertaken in relation to Better Care.
- ii. The impact of the new out of hours appointments; if it was becoming more difficult for residents to access GP appointments; whether Patient Participation Groups were fulfilling their roles and responsibilities. The Commissioning Lead confirmed that they had contracted an extra 159 hours capacity per week and they had sought assurances from the PCNs that the extra provision was being delivered in addition to existing services. The next step would be to test the service and monitoring would continue. The Commission discussed contacting Healthwatch Hull to see if they had received any feedback from patients in the City and whether they had any plans to revisit primary care access in the near future, given the developments in primary care at local level.

- iii. Practices that used a patient call back facility and the fact it was not always easy for residents to take a call if they were at work or had other commitments during the day. The Commissioning Lead acknowledged the comments and agreed to raise the concern with the Patient Liaison Officer.
- iv. Where the voluntary and community sector fitted into the primary care landscape, given the expectations that appeared to be being placed on them. The Director of Integrated Commissioning explained that primary care was one of the few areas that had received additional funding and work was ongoing to develop links between primary care and the community sector through mechanisms such as social prescribing. The Commission discussed the social prescribing referral process and the suggestion that it could be a two way process.
- v. Primary Care Networks planning and governance arrangements and how they were trying to work at scale in order to deliver service improvements and raise standards across primary care.
- vi. Where the data included in the Joint Strategic Needs Assessment fitted into the developing framework. The Assistant Director Health and Wellbeing confirmed that a major piece of work was underway with the PCNs to utilise the data, better understand the population and inform the strategic planning process going forward.
- vii. How the funding for primary care was calculated using patient numbers and deprivation weightings, and how the funding was split between GP practices and Primary Care Networks.
- viii. How the new workforce investment would be utilised over the coming years. The Director of Integrated Commissioning advised the Commission that funding in 2019/20 would primarily be used for Clinical Pharmacists and Link Workers, funding in 2020/21 for Physiotherapists and Physician Associates, and funding in 2021/22 for Community Paramedics.
- ix. What role Physician Associates would carry out within the developing primary care framework. The Assistant Director Health and Wellbeing explained that Physician Associates came up through the same medical route as doctors, undertaking the first three years of training. It was probably equivalent to foundation level. They always worked under the supervision of a fully qualified doctor. They could work in a GP or hospital environment. The Commission queried if there had been any negative feedback from patients around the introduction of new posts and the fact they were not seeing a fully qualified GP. The Commissioning Lead confirmed the CCG had not received any negative feedback. The Assistant Director Health and Wellbeing suggested that any criticism tended to come from within the medical profession itself and not from patients.
- x. Recruitment and retention of GPs from overseas and the potential impact of Brexit on GP numbers.

- xi. The number of GPs leaving the profession due to the existing pension rules and the hope that the issues would be addressed in the near future.

<b>Recommendations:</b>	<b>Reasons for Recommendations:</b>
<p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>a) The Commission welcomed the update on the development of primary care services in the City and the measures that had been taken to support patients following the closure of the Faith House Surgery.</li> <li>b) The given the Commission’s concerns around patient access and the timeliness of GP appointments, the Commission liaises with Healthwatch Hull to confirm whether they are receiving any feedback from patients, and whether they have any plans to revisit patient access in the near future.</li> <li>c) That Healthwatch Hull is also invited to attend the Commission following the appointment of a new provider, in order to reaffirm the Board’s plans and priorities for the year ahead.</li> <li>d) Confirmation of the five new Primary Care Network Clinical Directors is circulated to Members off agenda.</li> <li>e) That following the discussion around integrated commissioning, partners are asked to provide an update to a future meeting, demonstrating how the new arrangements are delivering improved outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>a) N/A</li> <li>b) As per the minute</li> <li>c) As per the minute</li> <li>d) As per the minute</li> </ul>

T. Fielding, Assistant Director Health and Wellbeing, Hull City Council, attended for the item and introduced the presentation that included updates on tobacco related services; alcohol related services; gambling harms; childhood obesity; establishment of a Fairer Hull Commission; progress in relation to mental health and suicide prevention; the Time to Change Conference; launch of the Active Hull Strategy; results of the recent Peer Review.

**The Commission discussed:**

- i. If the new Stop Smoking Service was markedly different to the old service and the effectiveness of stop smoking services. The Assistant Director Health and Wellbeing advised the Commission that that all the evidence showed people were more likely to stop smoking if they received appropriate support. Services were also targeted at high risk groups or those areas of the City where smoking was more prevalent. The new service was not radically different from the previous service but they hoped to see improved outcomes. A full smoking cessation update was scheduled for November 2019.
- ii. How the stop smoking services were advertised, if there was a clear communications plan, and whether details of that communications plan could be included in next month's smoking cessation update.
- iii. Pipeline funding of £180k, which was being used to help develop stop smoking services in hospital, which included ensuring links were in place so support could continue once patients were discharged from hospital.
- iv. The success of the 'Smoke free school gates' and the 'Smoke free side lines' initiatives and whether it might be possible to apply the same approach to bus stops in the City. The Assistant Director Health and Wellbeing advised the Commission that they were both voluntary schemes but it was certainly something he could take back to the Hull Alliance on Tobacco (HALT) for discussion. It was not something they had considered previously. The smoke free legislation had brought about huge changes including changes in attitude.
- v. The issue of E-cigarettes and the fact that problems reported in the USA were continuing to attract media coverage in the UK. The Assistant Health and Wellbeing Manager drew Members attention to the Public Health England statement that had been circulated to Commission Members for information. He reiterated that all the evidence coming out of the USA suggested the health problems that were being reported was a result of misusing E-cigarettes, for example using them in conjunction with cannabis oil. The UK market was much more tightly regulated and no similar cases had been reported. Also, a kneejerk reaction could also prove harmful. Public Health England continued to monitor the situation. E-cigarettes could not be prescribed but they were considered an effective step in helping to help people stop smoking.
- vi. How the current Alcohol Strategy was entering its final year and would be subject to peer review.

- vii. Work that was taking place to better understand gambling harms in the City. The Assistant Health and Wellbeing Manager advised the Commission that they had not encountered the breadth of problem they perhaps expected to find. There was a concern that younger people and women were more vulnerable as a result of aggressive advertising campaigns.
- viii. The actions that had been generated as a result of the work. The Assistant Health and Wellbeing Manager confirmed that the actions included raising frontline staff awareness; undertaking work with children and young people to better understand gambling harms; measuring problem gambling prevalence locally; increasing awareness of local treatment services. They had also used the Healthy Lifestyle Survey in order to collect local data.
- ix. Progress in regard to tackling childhood obesity. The Assistant Health and Wellbeing Manager explained that the issue had been in the news following the publication of a report by the Chief Medical Officer title 'Time to Solve Childhood Obesity'. There was some good and bad news in Hull, with figures for 4 to 5 years old worsening, and figures for 10 to 11 year olds improving.
- x. How the Health and Wellbeing Board was developing a 'Fairer Hull' Independent Fairness Commission and further information would be provided to a future meeting; the fact that the recent Time to Change conference had been a huge success; confirmation that the 'Towards an Active Hull Strategy' was being launched.
- xi. The Public Health Peer Review. The Assistant Health and Wellbeing Manager advised the Commission that the review had taken place in March 2019 and the report was published in July 2019. Overall the results were extremely positive, highlighting the value of the City's partnership approach and Members knowledge of the public health agenda. They had also hosted a very successful visit from Duncan Selbie, Chief Executive of Public Health England, who praised the work that was taking place in the City.

**Recommendations:**

**Reasons for Recommendations:**

**Agreed:**

- a. The Commission welcomed the update on tobacco related services; alcohol related services; gambling harms; childhood obesity; establishment of the Fairer Hull Commission; progress in relation to mental health and suicide prevention; the Time to Change Conference; launch of the Active Hull Strategy; results of the recent Peer Review.

a) N/A

<p>b. That following the success of the 'Smoke Free School Gates' and the 'Smoke Free Side Lines' initiatives, the Hull Alliance on Tobacco (HALT) is asked to explore the possibility of applying the same approach to the City's bus stops, with a view to reducing smoking related harms.</p> <p>c. That in order to ensure effective arrangements are in place, next month's Smoking Cessation Update includes full details of the service's communication strategy.</p>	<p>b) As per the minute</p> <p>c) As per the minute</p>
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