PARTNERSHIPS COMMITTEE

Tuesday, 28 September 2021

Present:	Councillor	J Robinson (Chair)	
	Councillors	J Johnson	D Brennan
		S Hayes	T Cottier
		D Mitchell	A Wright
		J Walsh	AER Jones (In place of P Martin)
		B Berry	M Jordan (In place of I Camphor)

13 WELCOME AND INTRODUCTION

The Chair welcomed Members, Officers and any members of the public viewing to the meeting. The Chair expressed the thanks of the Committee to Dr Rob Barnett who was in attendance to contribute to Item 6, and thanked Councillor Ivan Camphor for making the arrangements for Dr Barnett to attend.

14 APOLOGIES

Apologies for absence were received from Councillors Ivan Camphor and Paul Martin.

15 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state what they were.

The following declarations were made:

Councillor Joe Walsh	Personal interests as his two daughters worked for the NHS.
Councillor Tony Cottier	Personal interest by virtue of being a director of a construction company with contracts with the NHS, and his wife's employment in the NHS.
Councillor Mary Jordan	Personal interest by virtue of her employment in the NHS, her son's employment as a GP and her involvement as a trustee for 'incubabies'.

16 MINUTES

Resolved – That the accuracy of the minutes of the meeting held on 29 June 2021 be agreed.

17 PUBLIC AND MEMBER QUESTIONS

The Chair confirmed that no public questions, requests to make a statement or petitions had been received.

18 GP CONSULTATIONS

The Principal Democratic and Member Services Officer introduced the report of the Director of Law and Governance which provided the opportunity for the Committee to discuss and consider access to General Practitioner (GP) consultations. It was reported that the issue had been raised at Council by way of a question to the Chair of the Partnerships Committee, and consequently the Chair had undertaken to refer the matter to the Partnerships Committee in order for the Committee to be able to scrutinise it. The report provided the Committee with figures relating to access to GP Services as provided by the Wirral NHS Clinical Commissioning Group, with a breakdown of total number of attendances and the method of attendance such as in-person, virtual or telephone.

The Chair then invited Dr Rob Barnett, a General Practitioner from Liverpool to contribute. Dr Barnett outlined the background to the issue, reporting that access to GP services had always been an issue as far as he could recall. It was reported that in 2019 the government encouraged GPs to consider remote forms of consultations, but that GPs were eventually forced to incorporate remote consultations due to Covid-19, which Dr Barnett felt was ran well but presented challenges for those without access to internet or telephones.

The Committee was advised that within the NHS infection prevention and control measures were still in place and that GPs could not yet go back to pre-pandemic operations. It was reported that availability of consultations was fairly consistent across Cheshire and Merseyside. Dr Barnett felt that some people did like remote consultations particularly younger people, but he felt clinicians gained more from a patient from a face-to-face appointment. Furthermore, in some cases remote consultations were inefficient as a patient may initially access services via e-consultation, with a resulting phone consultation then taking place before eventually having a face-to-face consultation. It was however noted that due to demand, GPs would struggle even further to manage their workload should they return to total face-to-face consultations.

The Chair then invited members to ask questions of Dr Barnett. The issue of the number of GPs was raised and whether there were enough in the system to deal with the increased demand. It was reported that in 2015 the

government announced that there was a shortage of 5,000 GPs which would need to be addressed by 2020, but that there were in fact now 1,500 fewer GPs than in 2015. Dr Barnett outlined that in his previous experience GPs were encouraged to retire, but over the last 20 years there had been a shift and GPs at retirement age were now being asked to continue. It was felt that one way to address this was to employ different staff within GP services such as physiotherapists and paramedics.

Another issue raised by a number of members was the triage process, with some raising concerns at the involvement of non-clinicians such as receptionists. It was noted that different GP surgeries operated different triage models, but that the receptionists in Dr Barnett's surgery were trained to take basic details from patients to ensure that those requiring immediate access to GP services were able to. Dr Barnett acknowledged that some patients may find it intrusive and reinforced the rights of patients to not disclose the issue to the receptionist if asked.

A range of further questions were raised by members, including around the length of appointments given the increasing complexity of issues patients were presenting with. Dr Barnett advised that his surgery had moved from 10 to 15-minute appointments, but that in other countries the average consultation time was up to 40 minutes. It was felt that GPs had to balance the need for longer appointments with the increasing demands and that patients should be encouraged to access other primary care services when they were more appropriate to enable GPs to spend more time with increasingly complex issues with patients. Members also sought fought further information on the impact of access to GP appointments on Accident and Emergency, where it was noted that if there was evidence practices weren't able to meet the demand further then it needed to be looked into, but that there had been instances where up to 50% of staff in surgeries had been self-isolating due to Covid-19 which had impacted on surgery capacity during the pandemic.

On behalf of the Partnerships Committee, the Chair thanked Dr Barnett for his informative contribution and thanked all GP staff for their work during the pandemic.

Resolved – That the report be noted.

19 **INTERGRATED CARE SYSTEM**

The Director of Care and Health introduced the report which provided an update on the legislative changes that would lead to the establishment of the Cheshire and Merseyside Integrated Care Board, setting out the updated policy context for the development of Integrated Care Systems and Integrated Care Partnerships at "place" level. It was outlined that the primary aim of the bill was to enable greater collaboration across the NHS, changing much of the

competition rules as well as improving accountability. The Integrated Care Board would be the NHS leadership board with the Integrated Care Partnership holding a wider membership focusing on health inequalities. The timeline for the proposed reform was also outlined, where it was outlined that there was a significant amount due to take place in the run up to April 2022 when it was proposed that the legislation would come into force and that point would be the structural start of the reform.

Member raised a number of queries including where decisions on General Practitioners would be made in the new organisation. It was confirmed that it was proposed that primary care services, community services and social care services would continue to be commissioned and delivered locally via the "Place" Board which had the support of the Cheshire and Merseyside Integrated Care System at that stage. There had also been clarity that the budgetary situation for 2022-23 would remain the same as the current financial year, with high investment within the pooled fund which would continue to enable elected members to contribute to how those services were delivered.

The governance structure at place was also queried, specifically where Primary Care Networks would sit, where it was confirmed that the structure was still in development with NHS colleagues but it was intended that the place board would include a broad group of members including primary care to make decisions on the local system, whilst the Health and Wellbeing Board would continue to provide strategic overview of health outcomes for the population, and a formal decision-making body would be required jointly with the Local Authority and NHS to make decisions relating to the pooled fund.

Members raised a point in relation to the potential for undertaking joint scrutiny with neighbouring Local Authorities on the proposals, and it was confirmed that discussions were taking place amongst Monitoring Officers on how joint scrutiny could be best dealt with, with further detail to be reported to members in due course.

Resolved – That

(1) the legislative developments detailed in the Health and Care Bill that would lead to the establishment of the Cheshire and Merseyside Integrated Care Board (ICB) be noted.

(2) regular reports relating to the developments of the Integrated Care Board and Integrated Care Partnership at system level, and local placed-based partnership arrangements for Wirral be received.

20 **WORK PROGRAMME UPDATE**

The Head of Legal Services introduced the report of the Director of Law and Governance, which provided the committee with an opportunity to plan and review its work across the municipal year.

Members discussed whether the item on the Integrated Care System should be a standalone item to enable sufficient time for a detailed discussion, and whether it should be considered earlier in the municipal year.

It was proposed by Councillor Jean Robinson, seconded by Councillor Steve Hayes, that the pooled fund be removed from the work programme for the February 2022 meeting and instead be dealt with at a workshop. The motion was agreed by assent. It was therefore –

Resolved – That

(1) the pooled fund be removed from the work programme for the February 2022 meeting and instead be dealt with at a workshop.

(2) the work programme be noted.