

**Minutes of the Overview and Scrutiny Committee  
26 November 2019**

**Present:**

Councillor V.J. Leighton (Chairman)  
Councillor J. McIlroy (Vice-Chairman)

**Councillors:**

C.L. Barratt	N.J. Gething	D. Saliagopoulos
J.T.F. Doran	M. Gibson	J.R. Sexton
R.D. Dunn	H. Harvey	R.A. Smith-Ainsley
T. Fidler	L. E. Nichols	

**Apologies:** Councillors J.H.J. Doerfel and R.W. Sider BEM

**303/19 Minutes**

The minutes of the meeting held on 10 September 2019 were approved as a correct record.

**304/19 Disclosures of Interest**

Councillor T. Fidler declared a non-pecuniary interest in Item 6 – Access to Healthcare, due to his membership of Sunbury Health Centre PPG (Patient Participation Group) and in Item 11 – Housing and Homelessness Prevention Strategies, as he has a family relation working in the Council's housing department.

Councillor L.E. Nichols declared a non-pecuniary interest in item 6 – Access to Healthcare, due to his involvement as a patient representative on the Surrey Heartlands GP online consulting project.

Councillor R.A. Smith-Ainsley declared a non-pecuniary interest in Item 11 - Housing and Homelessness Prevention Strategies, due to his position as a council representative on A2Dominion Customer Insight Panel.

Councillor D. Saliagopoulos declared a non-pecuniary interest in Item 6 – Access to Healthcare due to her position as a Governor for Ashford and St. Peter's NHS Trust.

**305/19 Call-in of Cabinet decisions**

No Cabinet decisions had been called-in.

**306/19 Cabinet Forward Plan**

The Cabinet Forward Plan was noted.

### **307/19 Access to Healthcare in Spelthorne**

The Director of the North West Surrey Integrated Care Partnership (ICP), Jack Wagstaff gave a presentation (attached to these minutes) on the future direction for health services in the area. The presentation covered the ICPs areas of focus, its priorities across 6 key programmes and the challenges for improving access to and building, sustainable primary care services.

The Committee had requested this item be included on its work programme particularly because of concerns raised about how the new triaging and booking system, piloted at Shepperton Health Centre, had been introduced and the lack of communication with patients about the system. The Committee sought reassurance that residents' experience of the pilot would not be repeated at other practices elsewhere in the Borough.

Mr Wagstaff explained that the Clinical Commissioning Group (CCG) had no ability to influence day to day services at GP surgeries but that the ICP had worked with Shepperton Health Centre to review the pilot. As a result of an evaluation of the pilot it was decided to discontinue it and revert to the previous booking system. Mr Wagstaff confirmed that the ICP was working with the Health Centre to ensure this message was communicated to its patients in the most appropriate way. He advised that the responsibility for the deployment of, and patient communication about, any future digital solutions fell on the body who introduced them; a particular GP practice, or the ICPs for a solution introduced universally.

Mr Wagstaff reassured the Committee that neither the CCG nor ICP had plans to roll out a system similar to the one unsuccessfully trialled at Shepperton Health Centre, across Spelthorne. However, NHS England would roll out a single, consistent, digital practice encompassing all parts of a GP Surgery called FootFall over the next couple of years. A pilot of this web service had received overwhelmingly positive patient satisfaction feedback. Mr Wagstaff was confident of the ICP being able to deliver a cohesive digital strategy which did not pass people between different physical and digital systems.

Mr Wagstaff responded to members' questions and made the following points:

- The Locality Hub at Ashford Hospital is available to all frail and elderly patients across Spelthorne offering longer appointments and the full range of services available at a GP practice to address complex and multiple needs across different specialists. The Hub also provides a transport service to take people to their appointments.
- There is a contractual requirement to provide named doctors for all patients but there is a trade-off between waiting times and seeing a particular doctor.
- ICPs, CCGs and health care providers are in charge of the running and planning for delivery of services. NHS property services owns a proportion of NW Surrey's Practice buildings and are responsible for

maintaining and improving their estate. These Practices do not have autonomous control to design their internal space. The CCG has petitioned NHS property services to make improvements but they have a huge backlog of works waiting to be done. For those Practices that do own their building, many struggle to raise the necessary capital funding to refurbish or design their internal space as they wish. The ICP is looking at opportunities to work with Boroughs to strategically move away from this system.

- Reception privacy requirements - Surgeries have a standard set of guidelines for configuration of their space to secure privacy. This has become more difficult for surgeries to achieve because space has been converted to operational use to address the increasing number of patients they have to look after. The Quality Care Commission explicitly looks at privacy space when they inspect and it will count against surgeries if the standard is not met.
- The process for recruitment onto patient panels varies by Practice. The contractual requirement is only for a practice to have a patient panel, not how it is run. There are guidelines on how to set up and run these.
- Mr Wagstaff agreed that patients should be provided with performance management data and the ICP was working towards agreeing a data flow for all practices in NW Surrey.

The Independent Living Senior Team Manager provided information to the Committee about the innovative approach the service had taken to enable vulnerable residents to access GPs using LIVI, with support at the Borough's Community Centres.

**Resolved** to note the presentation and thank Mr Wagstaff for his generous responses at this meeting and for actively working with the Council to transform services.

### **308/19 Budget Issues 2019/20 - 2020/21**

The Chief Finance Officer gave a presentation (attached to these minutes) on the Budget Issues for 2020/21 to 2021/22. He outlined the process leading to approval of the budget and setting of Council tax for 2020 and explained the pressures on the budget in future years.

The Committee noted that more detailed briefings would be provided in February 2020.

**Resolved** to note the presentation on Budget Issues for 2020/21 to 2021/22.

### **309/19 Capital Monitoring Quarter 2**

The Committee considered a report on capital expenditure covering the period April to September 2019.

A member of the Committee requested that consideration was given to improving the way the information was presented so that the total cost of a project, as well as the commitment in the current year, was clear.

The Deputy Accountant agreed to provide a written response to a question about whether the corporate management EDMS (electronic document management system) project was correctly identified as a capital cost.

**Resolved** to note the current level of capital spend.

### **310/19 Revenue Monitoring Quarter 2**

The Committee considered a report on revenue expenditure covering the period April to September 2019.

**Resolved** to note the current level of revenue spend.

### **311/19 Capital Strategy update**

The Committee Property and Development Manager gave a presentation (attached to these minutes) on the Council's Capital Strategy. He outlined the Chartered Institute of Public Finance and Accountancy requirements and need for a Capital Strategy, the investment approach and acquisitions to date, current housing needs and delivery now and in the future.

**Resolved** to note the presentation.

### **312/19 Housing and Homelessness Prevention Strategies**

The Housing Strategy and Policy Manager gave a presentation (attached to these minutes) on the development of the Housing and Homelessness Prevention Strategies 2020-2025 and responded to members questions. The presentation explained the context within which the review of the Housing Strategy had taken place, the method for the review, the outcome of public consultation and the three priorities identified within the Strategy. An update was also provided on the review to date of the Homelessness Strategy and its emerging priorities.

The Housing Strategy and Policy Manager advised that a Working Group would be set up to monitor the development of the action plan.

The Chairman thanked the Housing Strategy and Policy Manager for his succinct and clear overview of the Housing and Homelessness Strategies.

**Resolved** to note the presentation.

### **313/19 Work Programme**

The Committee noted the forthcoming Work Programme for the remainder of the municipal year.