

Commenced –6.00 pm  
Concluded – 8.21 pm

## **Adults and Public Health Overview and Scrutiny Board**

**23 March 2015**

Present: Councillor Pegg (Chair) (33/14 – 37/14 inclusive)  
Councillor Webb (Chair) (38/14 – 39/14 inclusive)  
Councillors Hillier, J Khan and Skelton

### **33/14 Apologies for Absence**

No apologies for absence were received.

### **34/14 Late Items**

There were no late items.

### **35/14 Declarations of Interest**

There were no declarations of interest.

### **36/14 Minutes of the meeting held on 26 January 2015**

The minutes of the meeting held on 26 January 2015 were agreed as a true and accurate record.

### **37/14 Council Cabinet Forward Plan**

The Board considered the Forward Plan published on 17 February 2015. Members wanted an opportunity to consider and comment upon the following items:

- Item 59/14 – Grant Aid Process for Voluntary, Community and Faith Sector
- Item 65/14 – Your Life Your Choice
- Item 66/14 – Tackling Loneliness and Isolation for Derby's Older People

**Resolved to recommend that Forward Plan Items 59/14 – Grant Aid Process for Voluntary, Community and Faith Sector, 65/14 – Your Life Your Choice and 66/14 – Tackling Loneliness and Isolation for Derby's Older People be brought to a future meeting of the Adults and Public Health Board for consideration and comment.**

### **38/14 Access to GP Services**

The Board received a report of the Acting Chief Executive on Access to GP Services – Presentation by NHS England. The report and the presentation were presented by

the Head of Primary Care, NHS England and the Director of Planned Care for NHS Southern Derbyshire Clinical Commissioning Group.

It was reported that patients in Derby were complaining about difficulties they experienced in booking an appointment with their GP. It was further reported that patients were being asked to ring their surgery between 8.00am and 8.30am to book an appointment with the GP but when they did so, many were finding that the lines were engaged and when they eventually got through, they often found that the appointments had gone and were asked to ring back the following day.

Members noted that the Chair felt that access to GP services was an important local issue which needed to be looked at by the Adults and Public Health Board. It was reported that in order to get a better understanding of the nature and scale of the problems, Healthwatch Derby had been asked to provide any information it had on this issue. It was further reported that evidence from Healthwatch showed that that access to GPs was the number one concern from patients not only in Derby but also nationally.

Members noted that NHS England were the statutory body responsible for commissioning GP services. The presentation to Members covered NHS England's strategy and action plans to improve GP access for Derby patients.

Members discussed problems with the booking of appointments and noted that NHS England did not collect appointment bookings data. Members agreed that NHS England should routinely collect data on appointment bookings for all practices as part of the performance management process. Members also agreed that best practice should be identified in relation to appointment booking and disseminated amongst all GP practices.

Members discussed customer complaints and noted that NHS England did not usually get involved with access complaints as they were mainly dealt with by GP surgeries. Members agreed that NHS England should routinely monitor customer complaints received by GP surgeries as part of their performance management responsibility.

Members noted the problems with recruiting GP's and agreed that GP surgeries should work together, including sharing premises where appropriate, to provide comprehensive GP services.

**Resolved:**

- 1. to note the presentation outlining the action being taken by NHS England to improve GP access in the city;**
- 2. to request that NHS England routinely collect data on the appointment bookings for all GP surgeries as part of the performance management process;**
- 3. to request that NHS England identify GP surgeries with best practice in appointment booking and disseminate those processes amongst all GP surgeries across the city;**

4. to request that NHS England routinely monitor customer complaints received by GP surgeries as part of their performance management responsibility; and
5. to request that GP surgeries work together, including sharing premises where appropriate, to provide comprehensive GP services.

### 39/14 Health Inequalities Gap – where are we and what are we doing to narrow the gap between affluent and deprived areas of the city

The Board received a report of the Strategic Director of Adults, Health and Housing on Health Inequalities. The report was presented by the Consultant in Public Health Medicine and the Assistant Director of Public Health (Corporate).

It was reported that health inequalities were preventable and unjust differences in health status was experienced by certain population groups. It was further reported that health inequalities were not only apparent between people of different socio-economic groups but also existed between different genders, different minority ethnic communities and different ages and based on sexual orientation and disability.

Members noted that in England, inequalities in health existed across a range of social and demographic indicators, including income, social class, occupation and parental occupation, level of education, housing condition, neighbourhood quality, geographic region, gender and ethnicity, as stated in The Marmot Review, 2010.

It was reported that males living in the least deprived areas of Derby lived on average 12.4 years longer than those living in the most deprived, as stated in the 2011-13, Public Health Outcomes Framework. It was further reported that in 2002-4 the difference was 12.1 years. Members noted that following a reduction to 10.6 years in 2004-2006 it had increased to 13 years in 2007-09 and then stayed relatively static since 2008-10.

It was reported that in Derby, there was a disparity in life expectancy of 8.9 years between women living in the most deprived areas compared to the least deprived, as stated in the 2011-13, Public Health Outcomes Framework. It was further reported that this reduced to 8.2 years in 2006-08 and reached a peak of 9.8 years in 2009-11.

Members noted that legislation in the 2012 Health and Social Care Act, for the first time placed a duty on the Secretary of State, NHS England and clinical commissioning groups to give due regard to the reduction of inequalities. It was reported that under the Act, local authorities took on responsibilities for public health and were expected to use the associated funding to reduce inequalities across the life course.

Members discussed the setting of targets to reduce the health inequality gap. Members agreed that rather than setting a target to narrow the life expectancy gap, targets should be set in key areas and reductions sought in those areas.

**Resolved:**

- 1. to note the report and the issue of health inequalities in the city; and**
- 2. to agree that Members of the Board feedback appropriate indicators and targets to help reduce the health inequality gap to the Scrutiny and Civic Services Manager that can be recommended to the Health and Wellbeing Board.**

MINUTES END