

HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 15 January 2019 at Shire Hall, Gloucester.

Present:

Cllr Stephen Andrews	Cllr Martin Horwood
Cllr Janet Day	Cllr Steve Lydon
Cllr Iain Dobie	Cllr Carole Allaway Martin (Chairman)
Cllr Collette Finnegan	Cllr Brian Oosthuysen
Cllr Terry Hale	Cllr Pam Tracey MBE
Cllr Stephen Hirst	Cllr Robert Vines
	Cllr Joe Harris

The following were also present:

Bob Lloyd Smith from Gloucestershire Healthwatch
Cotswold District Councillor for Moreton West: Cllr Alison Coggins

Officers in attendance:

Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer
Becky Parish – Associate Director Patient and Public Engagement
Karl Gluck (Joint Commissioner)
John Campbell (Director of Service Delivery)
Les Trewin (Locality Director)

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

Deborah Lee – Chief Executive
Peter Lachecki – Chair
Simon Lanceley – Director of Strategy and Transformation
Jane Melton (Director of Engagement and Integration);

Gloucestershire County Council

Mark Branton – Deputy Director: Adult Social Care
Sarah Scott – Director of Public Health
Cllr Roger Wilson – Cabinet Member Adult Social Care Commissioning
Cllr Tim Harman – Cabinet Member Public Health and Communities

Gloucestershire Care Services NHS Trust/2Gether NHS Foundation Trust

Ingrid Barker - Chair
Jane Melton - Director of Engagement and Integration
Candace Plouffe – Chief Operating Officer

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1. APOLOGIES

Apologies for absence were received from Cllr Suzanne Williams, (substituted by Cllr Joe Harris) and Cllr Helen Molyneux.

The Chairman welcomed new and returning committee members to the meeting. Cllr Brian Oosthuysen to replace Cllr Eva Ward and Cllr Suzanne Williams (not present at the meeting) to replace Cllr Colin Hay.

2. DECLARATIONS OF INTEREST

Cllr Stephen Andrews declared a personal interest as a Community First Responder with the South Western Ambulance Service NHS Foundation Trust.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 13 November 2018 were noted and signed as a correct record of that meeting.

The following actions arising were noted: -

1. Gloucestershire Safeguarding – a letter expressing the committee’s concerns about people being placed out of area had been sent to the Secretary of State;
2. Visits to MASH (Multi Agency Safeguarding Hub) – members of the Health and Care Scrutiny Committee and Children and Families Scrutiny Committee were advised to contact Amie Moore, (Executive Support Assistant to Julie Miles, Head of Service for the Cheltenham Safeguarding and Assessment Teams), to arrange visits to the Multi Agency Safeguarding Hub located at Shire Hall, Gloucester. It was requested no more than 5 people visit at the same time

Proposed dates for visits included:

Wednesday 6 February from 2 pm until 3 pm
Thursday 14 February from 11 am until 12 pm
Wednesday 20 February from 2 pm until 3 pm
Thursday 28 February from 11 am until 12 pm
Wednesday 6 March from 2 pm until 3 pm
Thursday 14 March from 11 am until 12 pm

3. Public Health Performance Report – a discussion on concerns regarding drug and alcohol performance will be made at the work planning meeting on Monday 28 January 2019;
4. Members received a short update on concerns relating to cross border factors and continuing health care. Cllr Andrew Stephens stated that he had

been notified of the person to contact to discuss the concerns but that a meeting had yet to be arranged.

5. It was confirmed that an additional scrutiny committee meeting would be held on 20 February 2019 for the committee to discuss the intention to pilot the proposed reconfiguration of General Surgery Services across Gloucestershire Royal Hospital and Cheltenham General Hospital. Members were requested to submit their comments in writing to the Chairman by Friday 18 January 2019. Any comments to be incorporated into an outline letter for discussion at the committee meeting on 20 February 2019. Subject to the agreement of the committee at this meeting, the letter would be sent to the Gloucestershire Hospital NHS Foundation Trust and GCCG Boards for consideration.

4. PETITION - SAVE NORTH COTSWOLD X-RAY SERVICES

The committee was asked to note a petition presented at the Gloucestershire County Council meeting on 28 November 2018 expressing concerns about the future of X-Ray services at the North Cotswolds Hospital in Moreton-in-Marsh.

It was explained that the petition relayed 'grave concerns that the NHS acute trust would be reducing radiology services from around 30 hours to 8 hours per week. This could have significant repercussions for minor injuries involving breaks and fractures, which would require making travel arrangements to Cheltenham or Gloucester should the service be reduced. The petition sought to 'maintain the current level of local X-Ray services and ensure that the North Cotswold Hospital continued to serve the residents of Moreton-in-Marsh and surrounding villages'.

Members were informed that, prior to presentation of the petition at the Gloucestershire County Council meeting, Cotswold District Councillor for Moreton West, Cllr Alison Coggins, and members of Moreton-in Marsh Town Council met with NHS officials on Monday 12 November 2018 to discuss the provision of X-Ray Services at the North Cotswolds Hospital.

Chairman, Cllr Carole Allaway Martin, reported that the petition, (presented to the County Council in November with a little over 5k signatures), had increased in recent weeks, totalling 7k signatures at the beginning of the January 2019, now totalling nearly 9k. She clarified that a large proportion of the signatories signing the petition since November 2018, lived out of County. She explained that, in essence, petitions should reflect issues impacting on members of the community who lived or worked in Gloucestershire. For this petition, however, it was accepted that the context of the issue reflected general concerns, both nationally and locally.

Members attention was drawn to section 7 (implementation update section) of a briefing paper considered at the Health and Care Overview and Scrutiny Committee (HCOSC) meeting on 13 November 2018, advising of the intention (by the Gloucestershire Hospitals NHS Foundation Trust) to introduce temporary changes to the provision of radiographic services across Gloucestershire.

At the committee meeting in November, members were informed that the key driver for the changes was the 'unsustainable level of staff vacancies and the risk of jeopardising safe provision of specialist interventional radiology services provided at the 2 acute and 7 community hospitals in Gloucestershire'. Proposed changes to the service were developed on the basis of patient safety, patient experience and workforce impact, with an anticipated reduction in service hours across the County's 7 community hospitals from 252 hours to 177 hours per week (30%).

Members had been informed that, whilst radiographic services in Gloucestershire were regarded as 'high quality', recruitment for the service was unable to keep pace with the levels of staff turnover, resulting in an unsustainable position whereby the Gloucestershire Hospital NHS Foundation Trust was unable to provide the full range of radiology services; nor maintain the safety of patients.

Noting that the shortage of radiographic staff reflected the current national position, it was reported that the situation in Gloucestershire was significantly more acute than elsewhere in the South West Region, with a vacancy rate of 24% (compared to the regional average of 17%).

Conscious of the impact the changes might bring to patients with limited access to transport, arrangements had been put in place to provide transport services at each of the affected sites. Furthermore, additional capacity from service redesign initiatives endeavoured to prevent no overall loss of service capacity across the nine hospitals and avoid an increase in waiting times. The planned changes had been introduced on 19 November 2018.

The committee was informed that, whilst the revision of X-ray services across the county was regrettable, the need to make changes had been unavoidable in order to ensure the diagnostic services provided by Gloucestershire Hospitals Foundation NHS Trust operated safely. Despite a proactive and vigorous approach to recruitment, the appointment of suitably qualified staff continued to be a challenging issue.

During the ensuing discussion, members questioned the temporary status of the changes and asked whether the changes might become permanent. They were informed that, as a temporary issue, the changes would be administered as a temporary measure. The changes would be monitored and reviewed in response to safety concerns, and every effort would be made to improve staff turnover and recruit experienced radiographers. At the same time, efforts would be made to retain key staff already in post. The aim was to restore services to the community as quickly as possible.

Requesting an indication of the timescales involved, members were advised that an initial 6 months was anticipated, culminating in a review of the position. In the meantime, regular feedback would be provided.

Acknowledging that the current shortage of experienced radiographers could continue in the long-term, members were advised that this would be addressed with

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investment in overseas recruitment and discussions with universities and other further education providers.

Bob Lloyd Smith from Gloucestershire Healthwatch confirmed that ongoing discussions were being held to consider the impact of the changes. He suggested to the committee that, whilst 'no one wanted to see a reduction in services', as a management issue, the matter would need to be addressed and monitored 'for as long as was necessary'.

Deborah Lee (Chief Executive of Gloucestershire Hospitals NHS Foundation Trust) acknowledged the petition and noted the committee's concerns.

Deborah assured members every effort would be made to address the 'impact of change' affecting the delivery of services. She advised that new staff rotas have been introduced to support the necessary changes and Interventional Radiography (IR) services (operating 24 hours a day/7 days a week) had been put in place at Cheltenham General (CGH) and Gloucestershire Royal (GRH) Hospitals.

The Trust continued to work with partners to minimise the impact of the changes. Measures had been undertaken to maintain consistent opening hours to support the public's understanding of what services were available and by the scheduling of X-ray provision on days needed to support outpatient clinics.

During the discussion, Members questioned the definition of the term 'temporary' and how long this was likely to be.

Paying tribute to the work of the recently deceased colleague and friend, Gloucestershire County Councillor, Jack Williams, Cllr Harris proposed investment in smaller facilities and the lobbying of local MP's as options to resuming normal service delivery. Cllr Harris also expressed concern about the anticipated timescale of the changes and informed members he had little confidence in the changes not becoming permanent .

Commending the petitioners, Cllr Harris requested that the *'Health and Care Overview and Scrutiny Committee seek a written commitment from the Clinical Commissioning Group and Gloucestershire Care Services NHS Trust to restore the radiology service at North Cotswold Hospital in Moreton-in-Marsh and put together a plan to ensure a long term future for radiology at this site'*. Cllr Nigel Robbins seconded the request. Several other members supporting the proposal.

Seeking views on the proposal, Cllr Allaway Martin endorsed that, (with the majority agreement of the committee), the committee write to the Clinical Commissioning Group and Gloucestershire Care Services NHS Trust, requesting restoration of the radiology service at North Cotswold Hospital in Moreton-in-Marsh.

It was also agreed the committee would add a review of the data available from which to monitor the changes and the management of expectations to the committee work plan.

5. ADULT MENTAL HEALTH - WHAT HAPPENS IN A CRISIS SITUATION?

The committee received a presentation from the 2gether NHS Foundation Trust on emergency mental health care services in Gloucestershire. Representatives from partner organisations 'Kingfisher Treasure Seekers' and 'Swindon and Gloucestershire Mind' were in attendance at the meeting.

Noting some of the initiatives emerging from the Gloucestershire Mental Health Crisis Care Continuous Action Plan, members commended the presentation. Acknowledging the commitment and dedication from organisations participating in the multi-agency partnership, the committee noted progress and the hard work being undertaken. With anticipated improvements from the extensive recruitment programme underway, the committee welcomed the opportunity for change.

Members received a summary of the initiatives and of the progress to date of the range of services and community involvement included in the four stages of the urgent and emergency mental health care model developed to support people back to their day-to-day life

The four areas included: -

- i. Providing support before crisis point
- ii. Urgent and emergency access to crisis care
- iii. Quality of treatment and care when in crisis
- iv. Recovery and staying well/preventing future crisis

Responding to questions, the Together NHS Foundation Trust endorsed the desire for earlier intervention as a means of preventing crisis situations and agreed the support provided before a crisis was of vital importance. The Trust confirmed its commitment to providing 100% support to young people with mental health issues and advised that Gloucestershire had been the first county to sign up to a Mental Health Crisis Care Continuous Action Plan.

A reoccurring message throughout the presentation was the significant amount of work being undertaken, the outcomes of which were achieved through a dedicated multi-agency effort, including police support. It was acknowledged that, whilst progress to date was favourable, there was no room for complacency. Systems of regular monitoring of progress had been introduced with encouraging multi-agency partnership involvement and evidence of attracting funds for further development.

Members were requested to visit a You Tube Video at the link below to gain a deeper understanding of some of the work being undertaken by the specialist areas that represented the core team of service providers of urgent and emergency access crisis care in Gloucestershire: -

<https://www.youtube.com/watch?v=8PyEiH6ZHpw>

It was announced that Gloucestershire's annual results from the National Patient Survey had suggested the Together NHS Foundation Trust was delivering a good

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experience of service overall. It was hoped this positive message would extend people's confidence of the efforts being invested in the whole system of mental health care in Gloucestershire. It was agreed 'Gloucestershire was currently in a good position'.

The committee thanked Karl Gluck (Joint Commissioner); Jane Melton (Director of Engagement and Integration); John Campbell (Director of Service Delivery) and Les Trewin (Locality Director) for an informative presentation. Members also thanked those involved in the work and continuing development of the Multi Agency Mental Health Team.

6. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2017/18

Sarah Scott, Director of Public Health at Gloucestershire County Council, presented the county's third Public Health Annual Report. The focus of this year's report was mental wellbeing. Following on from the previous years report and the emphasis on the health and wellbeing of children and young people, the Director gave a detailed presentation on the provision of timely and good quality treatment and support for people of all ages living with mental illness.

The annual report presentation included a detailed update on the actions being undertaken to improve Gloucestershire Mental Health Well-being. The Director of Public Health hoped the efforts being taken would assist in placing health on the wider spectrum of the Mental Health Movement.

Outlining the council's movement to promote good mental wellbeing and prevent mental illness, it was confirmed 29 organisations had signed up to the 'Gloucestershire Commitment'. Led by the Gloucestershire Health and Wellbeing Board, the movement is a countywide movement to promote good mental wellbeing and prevent mental illness. The aim of the campaign is to increase focus on the contributing factors of mental wellbeing; where people live, education, employment and social and community networks. Another aim was to assist organisations and communities recognise where improvements can be made to produce a positive impact on day to day wellbeing.

Taking a new approach to how health and social care services are delivered, (moving away from the historic perceptions of mental wellbeing), it was suggested that to focus on factors affecting a person's day to day wellbeing would place individuals in a better position of keeping themselves well and less likely of hitting crisis point. Working in parallel with the work of the Gloucestershire Vision 2050 Programme, the intention was to adopt simple measures and to try to eradicate some of the stigma attached to mental health.

The committee welcomed the update with the majority of members commending the report and the decision to focus on a specific topic. It was announced that the topic selected as the theme for the 2019/20 report would focus on the influences of prosperity and links between wealth and health.

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To consider more information on the work of the Mental Health Team, members were invited to visit the 'positive actions for better mental wellbeing' web page at the following link: www.gloucestershire.gov.uk/glow

7. ONE GLOUCESTERSHIRE ICS LEAD REPORT

Mary Hutton, Accountable Officer for the Gloucestershire Clinical Commissioning Group (GCCG) gave an update on the progress of key programme and projects across Gloucestershire's Integrated Care System (ICS).

Members received an update on the Enabling Active Communities Programme and development of the Gloucestershire Prevention and Shared Care Plan, (led by Public Health).

Some of the key priorities for 2018/19 included:

- i. Aiming to reach a target of over 5,000 patients being on the National Diabetes Prevention Programme
- ii. Appointing a GP Clinical Champion in Diabetes to further raise the profile of diabetic care in general practice (action completed)
- iii. Commissioning a new Child Weight Management Service and implementing a new Adult Weight Management Service Model to support people to reduce their weight in a sustainable way
- iv. Continuing to deliver an early identification and intervention model for victims of domestic abuse
- v. Developing a Breastfeeding Social Marketing campaign
- vi. Progressing the Gloucestershire Moves Project (striving to getting 30,000 inactive people active)
- vii. Launching a new Gloucestershire Self-Management Education Programme called 'Live Better, Feel Better'
- viii. Creating a direct route into the community wellbeing service from urgent care A&E
- ix. Increasing the focus on supporting the following pathways with self-care and prevention schemes: Adult Mental Health; Paediatric Epilepsy; Paediatric Type 1 diabetes; Tier 3 obesity; Adult chronic pain and adult respiratory pathways

The committee received a detailed update on the work of the NHS Gloucestershire Clinical Commissioning Group (CCG) and partner organisations in improving services for people requiring palliative and end of life care. It was clarified that as a

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health and social care community, sustainable change and improvements were better realised when working in partnership and with shared vision.

The Gloucestershire End of Life Care Strategy had been developed, an important step towards making improvements. The strategy was developed with input from a wide range of people, including health and social care providers, voluntary sector, families and carers and outlined how the CCG aimed to take forward the development of palliative and end of life care services in Gloucestershire over the period 2016-2020.

To view the strategy, members were advised to access the following link:
<https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2012/03/End-of-Life-Strategy-FINAL-nov-2016.pdfv>

Members were informed more research would be undertaken by the Integrated Locality Partnerships Board, with a report to the committee on Integrated Council Partnerships at a later meeting.

The committee noted the report. Noting the report, one member asked for more consistent use of language with less acronyms.

8. DIRECTOR OF ADULT SOCIAL SERVICES REPORT

Mark Branton, Deputy Director: Adult Social Care, introduced the Director of Adult Social Services Report. Responding to questions, the Deputy Director welcomed the opportunity to reassure members about the capabilities of the adult social care sector for Gloucestershire.

It was reported that existing carers' support contracts were due to expire on 31 March 2019. To ensure continued services from April 2019 an open and transparent procurement process had been undertaken. The specification for the tender had been developed through extensive engagement with local carers and had taken into account local policies, strategies and national best practice. PeoplePlus had been awarded the Adult Services element of the contract. The council was now working with PeoplePlus in respect of mobilisation and implementation.

Responding to questions submitted prior to the meeting, the Deputy Director assured members that it had been accepted by Care Gloucestershire, (the previous contract provider), that the tender process for the new contract had been a fair and transparent process. It was explained that there had been concerns about the former care provider and that the concerns had been legitimate criticisms. The Deputy Director agreed to share the scoring criteria for the tender process with the committee. **Action by – Mark Branton**

The Deputy Director confirmed that the Adult Care Single Programme of Change, (introduced to modernise and transform Adult Social Care), was progressing at pace. The programme, (with over 80 projects), was on track to deliver a modern Adult Social Care fit for the next ten years.

The report was noted.

9. HOSPITAL WALK IN SERVICES

At the Health and Care Scrutiny Committee on 13 November 2018, members agreed to holding an additional meeting to discuss the proposal around the General Surgery Reconfiguration Pilot. At the meeting, members had requested more detail on the pilot, including the benefits anticipated for both staff and patients, information on the implementation planning timeline, including decision points, and the frequency of updates to the committee going forward. Members had been informed that the committee formed the role of critical friend and could express views and concerns on the issue but did not have the power to make recommendations or seek action from the Secretary of State as this was a reconfiguration pilot.

It was announced that an additional meeting would be held at Shire Hall on 20 February 2019. Arranged at the request of the committee, the meeting would be arranged to provide members with an opportunity to gain a better understanding of the proposal to 'pilot the reconfiguration of General Surgery Services across Gloucestershire Royal Hospital and Cheltenham General Hospital'.

Members were requested to submit their views and any concerns on the proposals before the end of the week. The responses to be incorporated into a draft letter that would be used to form the structure of the discussion at the meeting on 20 February 2019. Subject to approval by the committee, the letter to be sent to the Gloucestershire Hospital NHS Foundation Trust and GCCG Boards for pre-consideration.

It was agreed the additional meeting on 20 February 2019 would include a second item - Motion 825 'Protecting Gloucestershire Hospitals' Walk in Services'. Motion 825 was debated at the Gloucestershire Full Council meeting on 28 November 2018, where it had been agreed to refer the outcomes of the discussion, (including the resolution below), to this committee for further discussion.

Motion 825 to Full Council – 28 November 2019

Council noted:

- i. The value communities place upon the Accident and Emergency units, in both Gloucester and Cheltenham*
- ii. The enormous and varied contributions made by the seven minor injury units spread across Gloucestershire*

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- iii. *The great value communities across Gloucestershire place upon having hospital facilities close by.*

The Council further noted that all Walk in Centres, Urgent Care Centres, and Minor Injury Units will be rebranded as Urgent Treatment Centres by the end of 2019, and

RESOLVED to write to the Gloucestershire Clinical Commissioning Group to appeal in the strongest possible terms, that none of the services currently on offer to walk-in patients at any of the nine hospitals be removed, and that Cheltenham General Hospital to not be further downgraded to an Urgent Treatment Centre from an Accident and Emergency department.

Full details of the minutes can be viewed at the following link:

<http://glostext.gloucestershire.gov.uk/documents/g8885/Printed%20minutes%20Wednesday%2028-Nov-2018%2010.00%20County%20Council.pdf?T=1>

Clarity on the context of the motion was questioned by the Chief Executive of the Gloucestershire Hospitals NHS Foundation Trust. It was explained that the motion would be considered in the context as that referred to the full council meeting on 28 November 2018, but that clarification on the detail of the motion would need to be sought at the additional meeting to be held on 20 February 2019.

10. DIRECTOR OF PUBLIC HEALTH REPORT

Sarah Scott, Director of Public Health gave a detailed overview of some of the work undertaken by the Public Health Team at Gloucestershire County Council.

Referring to the success of the Action on ACE's, (Adverse Childhood Experiences), Conference held on 8 November 2018, (involving members of the Children and Families Overview and Scrutiny Committee, elected members, senior executives from GCC, GCCG, GHNHSFT, the 2gether Trust, Police and representatives of voluntary and community groups), attention was drawn to the ACE's Panel Roadshows planned for 23 January and 13 February 2019.

The committee noted that the screening of a 'resilience' documentary would be made at each of the roadshows, followed by discussion. Directed by James Redford, the film considered the biological effects of the ACE's Team and how professionals and communities could work together to overcome established harm. More information would be included in the council's weekly Members Matter publication, including details of the screenings. Alternatively, members were encouraged to visit the ACE's Gloucestershire website at www.actionaces.org.

The report was noted.

11. GCCG CLINICAL CHAIR/ACCOUNTABLE OFFICER REPORT

A detailed overview report detailing the work and activities of the NHS Gloucestershire Clinical Commissioning Group (CCG) was considered.

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Particular attention was made to the 'No Show' campaign launched in December 2018, encouraging people to cancel appointments when they are unable to attend. It was confirmed that more than 60,000 hospital appointments had been missed in Gloucestershire in 2018, along with 125,000 GP surgery appointments.

Members were advised to follow the campaign using the #NoShow on twitter and website at the following link: <https://www.gloucestershireccg.nhs.uk/no-show-campaign-to-tackle-missedappointments/>

Members attention was drawn to confirmation of the new non-emergency patient transport provider. The committee noted that, following a thorough procurement process, a new provider had been selected to provide non-emergency patient transport services in Gloucestershire. Subject to contract, patients with a non-emergency medical need who require help with transport to reach their hospital appointment will benefit from a dedicated service operated by E-zec Medical Transport Services.

The report was noted.

CHAIRMAN

Meeting concluded at 1.45 pm