

HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 6 June 2017 at the Council Chamber - Shire Hall, Gloucester.

PRESENT:

Cllr Doina Cornell	Cllr Steve Harvey
Cllr Janet Day	Cllr Stephen Hirst
Cllr Iain Dobie	Cllr Carole Allaway Martin (Chairman)
Cllr Collette Finnegan	Cllr Rachel Smith
Cllr Terry Hale	Cllr Pam Tracey MBE
Cllr Joe Harris	Cllr Robert Vines

Substitutes: Cllr Stephen Andrews (In place of Cllr Jim Parsons)

Apologies: Cllr Helen Molyneux, Cllr Jim Parsons and Cllr Nigel Robbins OBE

Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer
Becky Parish – Associate Director Patient and Public Engagement
Dr Hein le Roux – Deputy Clinical Chair
Caroline Smith - Senior Manager Engagement and Inclusion

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

Deborah Lee – Chief Executive
Peter Lachecki – Chair
Dr Sally Pearson – Director of Clinical Strategy

Gloucestershire County Council

Margaret Willcox – Director of Adult Social Services
Sarah Scott – Director of Public Health
Mark Branton – Deputy Director Adult Social Care
Cllr Roger Wilson – Cabinet Member Vulnerable Adults and Commissioning
Cllr Tim Harman – Public Health and Communities

Healthwatch Gloucestershire

Chris Graves – Chair

Gloucestershire Care Services NHS Trust

Katie Norton – Chief Executive

1. DECLARATIONS OF INTEREST

Cllr Stephen Hirst declared a personal interest as a Trustee of Tetbury Hospital.

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

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on Tuesday 7 March 2017 were agreed as a correct record and signed by the Chairman.

3. ELECTION OF VICE CHAIRPERSON

The committee chose not to elect a Vice Chairperson at this juncture, but that it would reconsider this option at a later date in the committee's meeting calendar.

4. ONE GLOUCESTERSHIRE: TRANSFORMING CARE, TRANSFORMING COMMUNITIES (SUSTAINABILITY AND TRANSFORMATION PLAN (STP))

4.1 As this was the first meeting of the committee in the new council it was important to give members an understanding of the landscape of health and adult social care in Gloucestershire. The STP, which sets out the direction of travel for health and social care in the county, was therefore best placed to inform members on the context and direction of travel for health and care services in the county. The Gloucestershire STP Lead gave a detailed presentation and the presentation slides were uploaded to the council's website for information.

4.2 The presentation described the challenges facing services, which included the projected, significant, increase in the number of people over 65 living with long term conditions, and the projected increase (20%) in the 75 to 84 age group by 2021. Gloucestershire has both an urban and rural landscape and the STP recognised that one size did not fit all, that it was important to fully understand the needs of the local community, and were therefore taking a *place based* approach to health care.

4.3 The presentation highlighted the significant amount of work in progress to deliver the STP and the many positive health outcomes already being achieved. The detail of the work was being driven forward by a series of system enablers (e.g. workforce development, primary care and estates strategies) with leadership from across the wider health and local authority partnership. The committee was informed that there has been a strong improvement in partnership working across health and social care in Gloucestershire.

4.4 Some members were frustrated by what they felt was a lack of necessary detail in the STP to help members of the public understand what this meant for them. The committee was assured that as soon as any proposal for change was ready to go out for consultation the committee, as a statutory consultee, would be consulted.

4.5 There was also a concern that the models of care going forward could impact on the number of beds available in the county. It was explained that the focus continued to be on providing more care in a community setting, which reflected the changing nature of healthcare. Patient safety and levels of need were also key considerations. Changes in bed numbers were not a main focus of the STP.

4.6 In response to a question it was explained that commissioners had invested more money into Improving Access to Psychological Therapy (IAPT) and expected that more would be invested in 2018. It was commented that commissioners had invested in mental health at a higher level than the national funding received from the Department of Health.

4.7 The meeting was informed, by a committee member, that she had been informed that there had been occasions when the Vale Hospital Minor Injuries and Illness Unit (MIIU) in Dursley had been temporarily closed and that people had instead been directed to Stroud General Hospital. She hoped that should any proposals come forward relating to MIUUs that these temporary closures were not used as evidence that the Vale MIIU was not used. The committee requested more information on these temporary closures.

ACTION: Candace Plouffe

Minutes subject to their acceptance as a correct record at the next meeting

4.8 Committee members were aware that workforce development was a specific system enabler within the STP but were very concerned with regard to the resilience of primary care given the known workforce challenges. The STP Lead, GCCG, assured the committee that STP partners were working hard on this issue.

5. ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT

5.1 The Director of Adult Social Services (DASS) explained that the number of people with a learning disability in employment was at its highest; however the way this indicator was now measured did not reflect this position. A full explanation was in the report.

5.2 The committee was pleased to note the increase in the number of people receiving direct payments, but did ask for some clarity with regard to the process, as there was a concern that some people were having their direct payments withdrawn. The DASS explained that the council had established a dedicated team to encourage people to receive direct payments and facilitate the process. In evaluating this process it had been identified that some people were not using direct payments effectively and that receiving a service in a different way might be the better option for some individuals.

5.3 The Director of Public Health (DPH) highlighted that the number of adults receiving 'alcohol brief interventions' indicator was underperforming. The service had previously been achieving target and it was felt that this dip related to the change in provider at the beginning of this year. The DPH expected performance to improve during the first two quarters of 2017/18. The DPH also informed members that the council would be changing how it commissioned NHS Health Checks next year such that those people at most risk would be targeted.

5.4 With regard to drug and alcohol support, there was concern as to access to this service in the Cotswolds; and how young people were supported. The DPH agreed to provide information on these matters outside the meeting.

ACTION: Sarah Scott

6. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT

6.1 The Accountable Officer, GCCG, informed the committee there was a new CCG Improvement and Assessment Framework in place. There were six clinical priority areas within this framework and the GCCG's current assessment was that Cancer, Learning Disabilities and Mental Health need improvement, and Dementia, Diabetes and Maternity were performing well.

6.2 The committee welcomed the commitment to the work relating to dementia. The Deputy Clinical Chair, GCCG, informed the committee that historically there had been a lot of stigma attached to dementia and that a lot of work has been undertaken on a national level to address this issue. It was important to note that a lot could be done to improve the quality of, if not the length, of life of a dementia sufferer. The committee was pleased to note that Gloucester City Council had agreed to become a dementia friendly city, and that organisations such as the Gloucestershire Fire and Rescue Service have been trained in dementia awareness.

6.3 The committee noted that the GCCG and GCC would be tendering for a contract for a community connector service which built on the learning from the village agents service and social prescribing.

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7. DIRECTOR OF ADULT SOCIAL SERVICES REPORT

The committee noted the report.

8. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The committee was pleased to receive this report which outlined how the public grant was spent and information on the health and wellbeing of the residents of Gloucestershire. The report also uses case studies which were particularly helpful in demonstrating how effective interventions have been, in effect, the difference they have made to individual lives. The case study relating to a referral to Slimming World for a diabetes sufferer showed the real change that could be effected by enabling and supporting an individual to take control of their condition (where appropriate); the individual was now free of diabetes.

**9. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP
CHAIR/ACCOUNTABLE OFFICER REPORT**

9.1 The committee congratulated Consultant Nurse Ian Ingledew for being awarded Oncology Nurse of the Year at the British Journal of Nursing (BJN) awards recently.

9.2 The committee was pleased to note that the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) had not been affected by the recent cyber security attack. Members were informed that GHNHSFT has reviewed all processes following the attack, and has heightened the focus in this area. It was also important that as some systems were shared that all partners were robust in this area.

CHAIRMAN

Meeting concluded at 12.15 pm