

HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 11 September 2018 at the Council Chamber - Shire Hall, Gloucester.

PRESENT:

Cllr Stephen Andrews	Cllr Martin Horwood
Cllr Janet Day	Cllr Steve Lydon
Cllr Iain Dobie	Cllr Carole Allaway Martin
Cllr Collette Finnegan	Cllr Nigel Robbins OBE
Cllr Terry Hale	Cllr Robert Vines
Cllr Colin Hay	Cllr Eva Ward
Cllr Stephen Hirst	

Apologies: Cllr Helen Molyneux and Cllr Pam Tracey MBE

Also in attendance

Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer
Becky Parish – Associate Director Patient and Public Engagement
Dr Andy Seymour – Clinical Chair
Maria Metherall – Senior Commissioning Manager Urgent and Emergency Care

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

Deborah Lee – Chief Executive
Peter Lachecki – Chair
Simon Lanceley – Director of Strategy and Transformation
Dr Ian Shaw – Consultant Gastroenterologist

Gloucestershire County Council

Margaret Willcox – Director of Adult Social Services
Sarah Scott – Director of Public Health
Cllr Roger Wilson – Cabinet Member Adult Social Care Commissioning
Cllr Tim Harman – Cabinet Member Public Health and Communities
Zoe Clifford – Public Health Consultant

Healthwatch Gloucestershire

Bob Lloyd Smith

Gloucestershire Care Services NHS Trust/2Gether NHS Foundation Trust

Paul Roberts – Chief Executive
Ingrid Barker - Chair
Jane Melton - Director of Engagement and Integration

41. DECLARATIONS OF INTEREST

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

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

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Cllr Carole Allaway Martin declared a personal interest as she is a member of the Royal College of Nursing.

Cllr Martin Horwood declared a personal interest as a family member works for the NHS.

42. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting on Tuesday 10 July 2018 were agreed as a correct record and signed by the Chairman subject to the following amendment: -
Cllr Iain Dobie had sent his apologies.

43. THE IMPACT OF THE HEALTH AND WELLBEING BOARD 2013-2018

43.1 Cllr Roger Wilson, Chairman of the Gloucestershire Health and Wellbeing Board and Sarah Scott, Director of Public Health (DPH), gave a presentation informing the committee on the responsibilities of the Health and Wellbeing Board (HWB), work undertaken so far, and plans for the future. The DPH highlighted that the Joint Health and Wellbeing Strategy (JHWBS) was currently being refreshed and would be completed by April 2019. The committee thanked Zoe Clifford, Public Health Consultant, for the clear and informative report.

43.2 The presentation referred to guidance from the Centre for Public Scrutiny on HWBs which reflected the HWB role in local democracy. Some members stated that as the HWB membership did not include any opposition members this did not seem, to them, to be democratic. Cllr Wilson explained that the council had only a limited number of spaces on the HWB, and that the Leader of the council had elected to place the Cabinet Members responsible for health and wellbeing matters on the HWB.

43.3 Comments were also made with regard to the LGA prevention peer review that took place earlier this year with some members feeling that the committee should have had greater involvement in this process and the actions to address the recommendations from the LGA peer review. However the Director of Public Health reminded the committee that she had provided regular updates in her reports to committee and that elected members were included in the 106 interviews that were undertaken as part of the review. In response to a question the DPH acknowledged that the Peer review had highlighted that the HWB did need to strengthen its communication/working with communities and that Appendix 4 of the report received by the committee indicated how this matter would be taken forward. She also reminded the committee that the prevention peer review was, in the main, very positive about Gloucestershire.

43.4 It was commented that the report was very public health focussed; and that one of the statutory responsibilities of the HWB was to line up the needs of the local population. It was explained that the Joint Commissioning Partnership Board and Executive meet every month and this work fed into the work of the HWB. The HWB also received an annual report on integrated commissioning. There was a line of sight demonstrating that the HWB does influence commissioning.

43.5 In response to a question it was explained that there was district representation on the HWB, although this was currently under review.

43.6 The committee was clear that it wished to continue to scrutinise the work of the HWB, particularly the JHWBS; this was welcomed by Cllr Wilson. This would be discussed at the committee's work planning meeting this month, and could also be discussed through the review of scrutiny which was due to start in the autumn.

44. GLOUCESTERSHIRE URGENT AND EMERGENCY CARE SUSTAINABILITY PLAN 2018/19 (WINTER PLAN)

- 44.1 The committee received a detailed presentation from Maria Metherall, Senior Commissioning Manager Urgent and Emergency Care at the Gloucestershire Clinical Commissioning Group (GCCG). (For information the presentation slides were included in the meeting agenda pack.)
- 44.2 It was noted that NHS England has instructed Clinical Commissioning Groups to now refer to sustainability rather than winter plans; this reflected the significant level of demand across the year rather than just over the winter period. The sustainability plan built on the Winter Resilience Plan 2017/18 and picked up the learning opportunities discussed at the committee's meeting on 6 March 2018. The committee was informed that NHS England have approved the GCCG sustainability plan and that it had been stamped as 'best in class'.
- 44.3 The committee agreed that this was a robust plan, and members hoped that it would be successful but recognised the challenges faced by the NHS in Gloucestershire, particularly regarding the pressures on A & E.
- 44.4 In response to a question it was clarified that the GP support in the Emergency Department (ED) at Gloucestershire Royal Hospital (GRH) was a pilot programme. This would be reviewed and evaluated in order to identify whether this scheme should be taken forward across both EDs at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT). Members were informed that there was an onsite GP at Cheltenham General Hospital (CGH) for the Out of Hours Service.
- 44.5 A member commented that the A & E data was showing that the ED at GRH had missed the target for the last four months. He stated that he felt that there was a fundamental structural problem with A & E in Gloucestershire. The Clinical Chair, GCCG, acknowledged that there were differences between the two EDs but was clear that the current position was a significant improvement from where the system was some years ago. The Chief Executive, GHNHSFT, stated that it was important that we collectively recognised that the urgent care system has changed significantly over the last five years.
- 44.6 In response to a question the committee was informed that the business case for the service change proposals relating to urgent care was still being worked through. A significant challenge related to the workforce. However it was important to note that Gloucestershire was bucking the national trend with regard to the recruitment and retention of GPs.
- 44.7 As part of the sustainability plan the committee was informed of a proposal relating to the pilot reconfiguration of gastroenterology. This proposal aims to bring all gastroenterology inpatient activity into a single ward at CGH to optimise care quality and outcomes. Simon Lanceley, Director of Strategy and Transformation, GHNHSFT, and Dr Ian Shaw, Consultant Gastroenterologist presented the detail of the proposals, including the key performance metrics that would be baselined and tracked to ensure that the expected outcomes were achieved. The committee agreed that it could support this pilot given the expected benefits for both patients and staff. It was also commented that this proposal, and the stroke rehabilitation proposal received at the previous meeting, demonstrated that centres of excellence were the way forward, and it was hoped that there would be other opportunities to do this. It was also commented that no one was arguing for everything to be locally based, but that it was important to understand the pressures, eg. access to

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transport; it would be important to ensure that health inequalities did not 'creep in'. The committee would be briefed on the evaluation of the pilot next year and the planned course of action should the pilot have proved successful.

45. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT

- 45.1 The main discussion focused on the type of performance data that the committee needed to do its job well. It was suggested that the committee could benefit from looking at how EDs performed over time, and outcome data by postcode. The committee was reminded that the government directed NHS bodies on which data needed to be reported. Members were also informed that there were many complexities and confounding factors involved in trying to report by postcode or at ward level.
- 45.2 The committee was reminded of the planned NHS performance workshop at which these questions could be better explored, including ambulance trust data, particularly as it was important to manage expectations on both sides.
- 45.3 The committee was informed that each year the government identified a chosen outcome and that last year this had been asthma. The committee asked to receive this report.
ACTION: Deborah Lee
- 45.4 The committee was concerned to see that the Mental Health Children and Young People Services (CYPS) referral to treatment indicators (level 2 and 3) had dropped significantly from 2017/18 outturn position of 78% receiving treatment within 8 weeks and 86% within 10 weeks. The committee was informed that this was due to an increasing demand for specialist treatment in the second half of 2017/18. The service have looked for a number of efficiencies and would be providing a report with completed actions and expected demand and capacity gap going forward. The committee asked to receive this report when available.
ACTION: Jane Melton

46. QUARTER 1 PUBLIC HEALTH PERFORMANCE REPORT

- 46.1 In response to a question relating to the rate of STI referrals it was explained that the manner in which the data was reported made it difficult to identify the trend. The committee was informed that the increase in Gloucestershire was not at the same rate as nationally. Members agreed that it was good to see that more people were coming forward to be checked.
- 46.2 Committee members remained concerned with performance against drug and alcohol targets. The Director of Public Health (DPH) agreed to provide a more detailed briefing on this issue in a future DPH report to committee.
ACTION: Sarah Scott
- 46.3 A member questioned whether there was any evidence that the number of people with mental health problems presenting at the criminal courts was increasing. The 2gether NHS Foundation Trust informed the committee that they have a good working relationship with the criminal justice system, and this was a question that they would work through with this member outside of the committee meeting.

47. QUARTER 1 ADULT SOCIAL CARE PERFORMANCE REPORT

- 47.1 The committee remained concerned about performance against the percentage of service users who have had a full reassessment of their needs in the last 12 months. The Director of Adult Social Services informed members that this was the most challenging area of

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work. Work continued to address this situation but it was important to be aware that the demand from the front door, particularly from Gloucestershire Hospitals NHS Foundation Trust, was the immediate priority. It was suggested that it might be helpful to have a workshop on this matter to support members' understanding of the issues involved. This would be discussed at the forthcoming work planning meeting.

48. ONE GLOUCESTERSHIRE ICS LEAD REPORT

48.1 The committee was interested in the three pilot locality boards (now called networks) and members questioned whether they would be able to see the terms of reference and who sits on the boards.

ACTION: Mary Hutton

48.2 In response to a question the committee was informed that there was a lot of progress on mental health and that more information would be shared in future reports.

ACTION: Mary Hutton

49. GCCG CLINICAL CHAIR/ACCOUNTABLE OFFICER REPORT

The committee noted the report.

50. DIRECTOR OF PUBLIC HEALTH REPORT

The committee noted the report.

51. DIRECTOR OF ADULT SOCIAL SERVICES REPORT

The committee noted the report.

CHAIRMAN

Meeting concluded at 12:50