

# HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Health Overview & Scrutiny Committee held at Shire Hall, Gloucester on Tuesday 31 January 2023.

**Present:**

Cllr Andrew Gravells MBE (Chair)	Cllr Stephen Hirst
Cllr David Brown	Cllr Paul Hodgkinson
Cllr Linda Cohen	Cllr Alan Preest
Cllr David Drew (Vice-Chair)	Cllr Stephen Andrews
Cllr Stephan Fifield	Cllr Collette Finnegan
Cllr Tim Harman	Cllr Helen Fenton

## 1. APOLOGIES

Apologies were noted from Cllr Jill Smith, (representing Tewkesbury Borough Council), Cllr Adrian Bamford, (representing Cheltenham Borough Council), and Cllr Helen Molyneux, (representing Forest of Dean District Council). Cllr Linda Cohen joined the meeting via remote access.

Other apologies included Deborah Lee, (Gloucestershire NHS Hospitals Foundation Trust), Ingrid Barker, (Gloucestershire Health and Care Foundation Trust), and Nikki Richardson from Healthwatch Gloucestershire.

## 2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

## 3. MINUTES

The minutes of the meeting held on 6 December 2022 were noted (subject to approval at the meeting on 14 March 2023).

## 4. PUBLIC QUESTIONS

No public questions were received in advance of the meeting.

## 5. OPHTHALMOLOGY

The committee received a presentation from the NHS Gloucestershire Eye Health Clinical Programme Group (CPG) on the delivery of Ophthalmology (Eye Care) Services. Presenting officers, Kerry O'Hara and Dr Graham Mennie from NHS Gloucestershire and Alun Davies from the Sight Loss Council joined the meeting remotely.

Members were informed that the focus of the Eye Health CPG was to provide a holistic approach to the development of eye health services in the county Running in conjunction with the charity 'Vision Care for Homeless People' (VCHP) and staffed entirely by a volunteer rota of community optometrists and optician

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supported staff from across Gloucestershire, the aim of the CPG was to ensure patients received the best possible experience by prioritising service user involvement and service quality, improving delivery of service and by utilising public health intelligence to reduce any variations in service.

Overall, homeless people were known to have higher eye care needs than the general population. This was likely a result of homeless people not being entitled to free eye tests and from avoiding high street opticians due to the costs associated with purchasing spectacles.

Outlining some of the evidence base emerging from the work of the CPG, it was reported that the majority of people who had attended the clinic had not accessed a sight test for over 10 years. 81% of those seen by the clinic had needed spectacles, for which the clinic had been able to provide free of charge. 14% of people attending the clinic had needed onward referrals into secondary care eye care services. The Ophthalmology Department at the Gloucestershire NHS Foundation Trust was able to support the charity by making urgent referrals into the service.

NHS Gloucestershire had also commissioned the Royal National Institute of Blind People (RNIB) to provide Eye Care Liaison Officer (ECLO) support to elderly patients at Gloucester and Cheltenham hospitals. Of the patients seen to date, 27% had needed additional support from either, the provision of spectacles, emotional support, or aids and adaptations for onward referral. To ensure patients discharge was supported, the Gloucestershire Hospitals NHS Foundation Trust, (GHNHSFT), had made urgent provision to provide spectacles to inpatients in addition to offering to treat patients in the relevant clinic.

Reporting on digital developments in ophthalmology, in conjunction with issues relating to the recording of information by community optometrists and GPs, it was reported that Gloucestershire was the first area in the country to provide support to community optometrists by allowing access to hospital eye images, data and referral information. It was explained that work to combine and share personal records was managed collaboratively between the NHS Gloucestershire ICB, the Ophthalmology Department at GHNHSFT and the Local Optical Committee (LOC). It was reported that only 2 practices in the county did not have access to the system, and that one of the practices was due to be connected shortly.

Members were informed of a reduction in hospital referrals for patients who could be treated in the community. Access to information and essential history from which to improve the care of patients in the community and for patients requiring referral was essential.

It was agreed that an important part of realising the ambition of providing more care closer to home was to ensure and maintain a highly skilled workforce in the community. The CPG provided support to 37 community optometrists with access to qualifications in low vision, medical retina, glaucoma and independent prescribing. In doing so, enabled the group to look at opportunities from which to benefit shared care with hospitals, enabling more patients to be cared for closer to their home by appropriately qualified professionals. It was explained that this was

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particularly important to older people requiring eye care and to the visually impaired, both of whom may experience difficulties when required to travel distances and visit new environments.

Welcoming Alun Davies to the meeting, (a person with lived experience and a member of the Gloucestershire Eye Health Group), the committee were advised of the importance of raising awareness for people with visual impairment. It was agreed that, by providing visual awareness training to staff in primary care would help ensure a better experience for patients in primary care.

It was acknowledged that the CPG placed great emphasis on ensuring the voice of people with lived experience was central to its work. The committee was informed that the CPG was keen to continue to innovate and advocate for eye health issues and that it would continue to look for opportunities to improve eye care for the residents of Gloucestershire.

The committee welcomed the presentation, with several comments of commendation regarding the good work the NHS Gloucestershire Eye Health Clinical Programme Group was doing.

Responding to concerns about the impact of age-related macular degenerative disease, Dr Graham Mennie, informed the committee that a considerable amount of work was being invested in better understanding and responding to the condition. Dr Mennie was pleased to advise that, as a county, Gloucestershire was one of the best served in the UK in terms of information and providing support. Alun Davies added that he hoped to see more work with the Gloucestershire Health and Care Foundation Trust on treating the disease.

Responding to reports of intervention work aimed at older people with eye conditions, a member asked what intervention work was assigned to children and younger people, and whether this was an area of focus for the CPG? Alun Davies agreed the question raised a valid point and one he would take it away to consider in more detail, to be supplemented by a request for a briefing paper from public health colleagues. **Action by CPG**

Acknowledging the benefits and value of the 'Be my Eyes' website and smart phone application, from which people with sight loss can make a huge difference to their lives, the CPG referred to the application as a significant development in improving the quality of life of people with visual impairment. Encouraging committee members to experience the application for themselves, it was agreed to circulate the website address and application link to members after the meeting.

The 'Be my Eyes' website can be found here <https://www.bemyeyes.com/> or alternately can be located in the application store on mobile phones.

Expanding on efforts to progress digital developments in the delivery of ophthalmology services and improve the quality of life for people with sight loss in the county, one member referred to the disadvantages to people living in rural settings or locations where internet connections were limited. Responding to the

concerns, NHS Gloucestershire reassured members that its digital transformation work was far from finished, and that connectivity issues would be considered.

The committee thanked presenters and officers for the encouraging report.

## **6. GLOUCESTERSHIRE INTEGRATED CARE STRATEGY**

Mary Hutton, Chief Executive of the NHS Gloucestershire Integrated Care Board (ICB), outlined recent developments in the delivery of health services following the establishment of the Gloucestershire Health and Wellbeing Partnership in July 2022, and presented an overview of the recently published One Gloucestershire Integrated Care System (ICS) Interim Integrated Care Strategy.

The Chief Executive referred to the Health and Care Act 2022 and to the significant changes brought about by the Act to the structures and governance of local NHS bodies, including changes to the way local Health bodies work with Local Government. She explained that, under the new Act, the Gloucestershire Integrated Care System was formalised into a legal entity, comprising two equally important and complementary components, the Integrated Care Board (ICB), and the Integrated Care Partnership (ICP).

In Gloucestershire, the ICP will be known as the One Gloucestershire Health and Wellbeing Partnership. The Partnership will bring together health care services, (including GP providers, community and hospital services, emergency 999 care and mental health and learning disability services), social care, public health and other public, voluntary and community sector partners to collaboratively achieve better health and wellbeing outcomes for Gloucestershire.

Following the introduction of the new Act, the Department of Health and Social Care (DHSC) tasked Integrated Care Partnerships with the development of Integrated Care Strategies from which ICPs were required to achieve system wide priorities to improve the health, care and wellbeing of the county and reduce any disparities that might exist. At the first formal meeting of the Partnership, in December 2022, the ICP considered and agreed the interim Integrated Care Strategy for Gloucestershire. The development of the strategy followed extensive public engagement and wide-ranging discussions with wider stakeholders across the county.

It was explained that 2023 would be a transitional period for the new integrated care system. As an interim strategy, it would be necessary to refresh the strategy as the Partnership developed and progressed. One important consideration for Gloucestershire was that the strategy would build on the work that already been put in place across the county. It was acknowledged that Gloucestershire benefited from having had a successful Integrated Care System in place for several years, (prior to the formation of the ICP), an arrangement that would help pave the way in strengthening the collaborative working relationship between the County Council and NHS partners.

The membership of the ICP is drawn from a wide range of partner organisations, including representatives from each of the 6 districts and from each locality partnership. Working towards the vision of making Gloucestershire the healthiest place to live and work, members were asked to note the three overarching pillars of action, (ambitions for the forthcoming 12 month and 5 year periods), set out within the strategy and the 3 unifying themes of Employment, Smoking and Blood Pressure. It was explained that the 3 unifying themes had been set following discussions at engagement sessions held in the months prior to the inaugural meeting of the ICP in December 2022. The next stage of progressing the strategy involved work to consider how the Partnership intended to commit to the 3 unifying themes.

Siobhan Farmer, Director of Public Health at the County Council, said that the ICP offered a wonderful opportunity of progressing key work already underway in the county. Focussing attention on the three underlying themes set out in the strategy would enable the work to progress at a faster pace and develop a platform from to build on and consider wider themes.

Cllr Carole Allaway-Martin, Chair of the ICB and of the Gloucestershire Health and Wellbeing Partnership, (ICP), conveyed her appreciation at how quickly the strategy had developed and said that the document provided the drive to make real changes in the delivery of health and care services in Gloucestershire.

Commending the detail of the document and the good work that had been involved in producing such a comprehensive strategy, it was suggested that a further update on the work on the progress being made on the three unifying themes be presented to the committee, and this was agreed.

One member reflected on the high rates of obesity referred to in the strategy and noted that 65% of adults in Gloucestershire had been classified as obese, slightly higher than that reported for England as a whole. Acknowledging the concerns and responding to questions on what action was being taken to address the issue, the Director of Public Health referred to a report that had been considered by Cabinet in 2022, seeking approval of a contract to focus on childhood obesity. The Director of Public Health agreed to circulate the report to the committee after the meeting. It was also agreed to circulate a presentation to the Health and Wellbeing Board on the same issue. **Action by – Director of Public Health**

Other concerns raised at the meeting included concerns relating to mental health, particularly after the period of lockdown during the pandemic. Paul Roberts from the Gloucestershire NHS Health and Care Foundation Trust acknowledged the concerns and said that the figures recorded in the strategy were a concern to everyone. Work was continuing to address mental health issues and the recovery from the pandemic. Early intervention, particularly in schools, was a key priority.

Responding to questions on how the strategy would be communicated to the wider community, it was confirmed that a significant amount of work was being undertaken by the various partners to promote the work, including work with the voluntary and community sector.

The report was noted.

## **7. GLOUCESTERSHIRE INTEGRATED CARE SYSTEM (GICS) PERFORMANCE REPORT**

Mary Hutton, Chief Executive of the Gloucestershire Integrated Care Board, (ICB), presented the ICS Performance Report relating to performance of the NHS Gloucestershire ICB for January 2023. The report includes information on performance, quality and workforce.

Key areas of focus highlighted by the report included the significant increase in pressure across the majority of Urgent and Emergency Care Services during late December, resulting in a deterioration in waiting times and other performance measures associated with capacity. Infection from Covid and flu symptoms increased significantly across the system, with challenges arising from hospital infection control, closure of nursing/residential homes and staff sickness. It was noted that the rates of infection now appeared to be declining.

Concerns relating to the Aspen Centre and a member request for an interim update on the work being undertaken by Newton Europe were noted, supplemented with the offer of addressing the concerns outside of the meeting. It was explained that the work of Newton Europe was continuing and that whatever information could be provided at the next meeting would be included in the ICB information report.

It was confirmed that ambulance handover and response times had been significantly under pressure during December, with increasing time lost to handover and longer Cat 2 response times. Remedial action plans were focussing on reducing delays from the triaging of ambulance calls to ensure that the most serious incidents received a quick response. Latest ambulance response times indicated improvements in response times and continued to be steady.

An elective recovery task and finish group had been set up to support the ongoing review of elective activity, (including identifying areas requiring further attention).

Maternity services in Gloucestershire continued to implement improvement plans. A serious incident surrounding antenatal screening had been declared and an action plan developed to address the concerns that had been raised. Members welcomed the good news that Gloucestershire Hospitals Maternity Services had been rated very positively among 121 acute NHS trusts that had taken part in the Care Quality Commission (CQC) 2022 National Maternity Survey.

One area of concern raised at the meeting related to the Gloucestershire GP Out of Hours Service and a letter from the Care Quality Commission (CQC). When asked about the contents of the letter, it was explained that the letter had only just been received by NHS Gloucestershire and that a copy would be sent to the Chair of the Committee as quickly as possible. Chair and Vice Chair of the Committee, Cllr Andrew Gravells and Cllr David Drew, reiterated concerns about the outcomes of CQC Reports relating to the delivery of Gloucestershire Health and Care Services

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and asked that regular updates be provided to the committee. It was noted that a full review of the NHS Gloucestershire Winter Sustainability Plan 2022/23 would be presented at the HOSC meeting on 14 March 2023, during which, several of the key issues raised at the committee today would be referred to. **Action by – Mary Hutton, (Chief Executive of the ICB)**

Responding to concerns about the outcomes of a CQC inspection report relating to the performance of renal services in Gloucestershire, Professor Mark Pietroni, clarified that, following an inspection of the service, (including the performance of the 3 units on the Gloucestershire Royal Hospital site), the report had classified the service as good. Areas of concern/poor performance identified by the report related to the performance of managed services, (a subsidiary of the Trust), provided by a third party. An action plan would be produced to respond to the concerns.

The performance report was noted.

## **8. NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) REPORT**

The NHS Gloucestershire Integrated Care Board, (ICB), report was taken as read. The report included updates from Integrated Care System (ICS) Partners with responsibility for overseeing the day-to-day commissioning and provision of NHS services in Gloucestershire.

Following on from the previous item, it was noted that maternity services in the county had received outstanding feedback in the Care Quality Commission (CQC) 2022 National Maternity Survey, published on 11 January 2023. The Trust had been rated highly among the 121 acute NHS trusts that had taken part in the survey. It was acknowledged that, given the considerable challenges to maternity services in Gloucestershire during the past year, the Trust and its partners were delighted with the results.

Reflecting on the need to ensure safe provision of the county's maternity services and the proposal to extend a number of temporary service changes, (as set out below), for a further 3 months, the Trust reiterated its previous assurances about its long-term commitment to the future of both Stroud Maternity Unit and the Cheltenham Aveta Birthing Pool.

Outlining the proposals, (as set out in detail in the Memorandum of Understanding Proforma and attached to the agenda at Appendix 1), members were asked to note and agree the Memorandum of Understanding.

The document was noted, with a request that a full update be provided at the next meeting.

Details of the changes, based on the following proposals, included: -

- 1) Due to on-going midwifery staffing challenges, it was proposed that the temporary closure of the Cheltenham General (AVETA) Birth Unit for labour and birth be extended until April 2023; and that the

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- 2) Temporary closure of postnatal beds at the Stroud Birth Unit be also extended;
- 3) At the AVETA Birthing Unit, all other services to remain open, including planned antenatal care;
- 4) Stroud Maternity Birthing Unit to remain open for births, and postnatal care for families in the first 6 to 12 hours post birth to continue, after which families to be discharged home. If a mother or baby born at Stroud Hospital needed postnatal care, and required on-going in hospital monitoring, this would need to be accommodated at the Maternity Ward at the Gloucestershire Royal Hospital.
- 5) The community midwifery service in Stroud to also remain unchanged. Women to be offered home visits or the opportunity to attend a postnatal clinic run by midwives in the postnatal period. Breastfeeding parent support will also be available at the Unit.

Addressing concerns about the need to extend the temporary service changes to maternity services for a further 3 months, the Chair of the Committee, Cllr Andrew Gravells, requested a full report on the county's maternity services at the next committee meeting. Although it was explained that the outcomes of a review of the service would not be available until the May meeting, it was agreed that the committee would receive an update on maternity services at the committee meeting on 14 March 2023, followed by a review of data and reports at the May meeting.

**Action by – NHS Gloucestershire**

Members were assured NHS Gloucestershire had no plans to close Stroud Maternity Hospital at this time.

Responding to a request for an update on Fit For the Future at the next committee meeting, it was explained that there were no plans to consider an update at this time.

**As referenced by the report: -**

At its meeting at the end of November 2022, the NHS Gloucestershire Integrated Care Board had agreed no further FFTF phase 2 public involvement/ public consultation activities would be required and that an FFTF Phase 2 Decision-Making Business Case (DMBC) should be developed, based on the 5 services in scope and moving to implementation, with the DMBC presented to GHFT and ICB Boards in March 2023 for approval.

This decision followed on from the discussion at the HOSC meeting in October 2022, at which HOSC members had not raised any concerns about public involvement activities completed during Phases 1 and 2.

The report was noted.



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## **9. WORK PLAN**

The committee noted the dates of future meetings, including: -

14 March 2023  
23 May 2023  
11 July 2023  
10 October 2023  
28 November 2023

Committee Chair, Cllr Andrew Gravells, summarised the items put forward as items for consideration at future meetings: -

1. Maternity Services Update – 14 March 2023
2. Out of Hours (Practice Plus) Service Briefing – 14 March 2023
3. CQC Report Update – 14 March 2023

It was noted that the main topic for discussion at the 14 March 2023 meeting would be a review of the NHS Gloucestershire Winter Sustainability Plan 2022/23. The members of the Adult Social Care and Communities Scrutiny Committee to be invited to join the meeting via remote access to ask questions on this item.

Cllr Paul Hodgkinson suggested the following topics as items for consideration at future meetings: -

1. Obesity
2. NHS Workforce Issues
3. Sexual Health Issues

**CHAIRPERSON**

Meeting concluded at 12.25