

HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Health Overview & Scrutiny Committee held on Tuesday 10 October 2023 in the Council Chamber at Shire Hall, Gloucester.

Present	Cllr Andrew Gravells MBE (Chair)	Cllr Alan Preest
	Cllr David Brown	Cllr Adrian Bamford
	Cllr Linda Cohen	Cllr Helen Fenton
	Cllr Dr David Drew (Vice-Chair)	Cllr Dr Collette Finnegan
	Cllr Terry Hale	Cllr Dilys Neill
	Cllr Stephen Hirst	Cllr Gemma Madle
	Cllr Paul Hodgkinson	

1. APOLOGIES

1.1 Apologies were noted from Ingrid Barker and Angela Potter, (Gloucestershire Health Care NHS Foundation Trust), Professor Mark Pietroni, (Gloucestershire Hospitals NHS Foundation Trust), and from Nikki Richardson, (Healthwatch Gloucestershire).

1.2 Cllrs Julia Gooch and Susan Williams and Becky Parish (NHS Gloucestershire) joined the meeting via remote access.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

3. MINUTES

2.1 The minutes of the meeting held on 11 July 2023 were confirmed as a true and accurate record of that meeting.

2.2 The action log from the previous meeting was noted. It was confirmed that any outstanding actions would be monitored and reported at the next meeting.

4. PUBLIC REPRESENTATIONS

No public representations were made at the meeting.

5. NHS GLOUCESTERSHIRE WINTER SUSTAINABILITY PLAN 2023-24

5.1 The committee received an overview of the priorities and plans set out for the delivery of Urgent and Emergency Care in Gloucestershire across the Winter months of 2023 and early Spring 2024.

5.2 The committee was asked to consider: -

- a) The NHS Gloucestershire Winter Sustainability Plan 2023/24.

- b) A briefing paper on the 'Working as One' programme, including an update on current progress in delivering transformation in Urgent and Emergency Care services across the One Gloucestershire Health and Care System.

5.3 The committee will be asked to review and evaluate the performance of the Winter Assurance Plan at the committee meeting in March 2024.

5.4 To view the presentation pack published with the agenda for the meeting, please refer to the link [here](#)

5.5 Members were informed that the NHS Gloucestershire Winter Assurance Plan for 2023/24 had been developed in response to the 'usual' anticipated winter challenges, as well as planning for seasonal flu, the ongoing impact of Covid 19 and continuing industrial action and workforce challenges experienced across the Gloucestershire Health and Social Care Network.

5.6 The plan was produced in collaboration with system partners, including Adult Social Care, Gloucestershire Hospitals NHS Foundation Trust, Primary Care, Voluntary Care Sector providers, Gloucestershire Health and Care NHS Foundation Trust, (community physical and mental health), the South West Ambulance Service NHS Foundation Trust and Private Sector Providers.

5.7 Asked to identify key changes from previous years, the committee was advised of the key challenges, (high-impact interventions), anticipated to impact on the health and care system, and the actions being proposed to address the challenges.

5.8 Proposed interventions included: -

- a) **Same Day Emergency Care:** proposals included reducing variations in Same Day Emergency Care provision and providing guidance on operating a variety of services for at least 12 hours per day, 7 days per week.
- b) **Frailty:** proposals included include reducing variations in acute frailty service provision and improving recognition of cases that might benefit from specific frailty services.
- c) **Inpatient flow and length of stay:** proposals included include reducing variations in inpatient care, (including mental health), and length of stay for key Urgent and Emergency Care pathways, conditions and cohorts by implementing in-hospital efficiencies and bringing forward discharge processes.
- d) **Community bed productivity and flow:** proposals included include reducing variations in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
- e) **Care transfer hubs:** proposals included include implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re admission to a hospital bed.
- f) **Intermediate care demand and capacity:** proposed actions include supporting the operationalisation of ongoing demand and capacity planning,

- including improved use of data to improve access to and quality of intermediate care, including community rehabilitation services.
- g) **Virtual wards:** proposed actions include standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
 - h) **Urgent Community Response:** proposed actions include increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
 - i) **Single point of access:** proposed actions include standardisation of urgent integrated care co-ordination to facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This to include mental health crisis pathways and alternatives to admission, e.g. home treatment
 - j) **Acute Respiratory Infection Hubs:** proposed actions include support to consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

5.9 Key messages highlighted during the discussion included the intention to avoid un-necessary admissions into hospitals and the focus on urgent emergency response performance. It was noted that Gloucestershire currently held the highest performance position in the South-West region for urgent emergency response.

5.10 Following NHSE guidance issued in August 2023, the Winter 2022 System Control Centres would now be identified as System Co-ordination Centres (SCCs) in recognition of their core function within the Integrated Care System and in support of local authorities, primary care, and voluntary, community and social enterprise partners. Operating Monday to Sunday from 08.00 to 18.00 the centres will provide a central coordination service to the providers of care within the ICS with the aim of supporting patient access to ensuring the safest and best quality care.

5.11 The Gloucestershire 'Click or Call First Campaign' operating in 2022 had been developed in consultation with Healthwatch Gloucestershire, Inclusion Gloucestershire and GP Practice Patient Participation Groups. Commended by NHS England for its uncomplicated approach, the campaign to be enhanced in 2023 by the 'Stay Well This Winter Campaign', covering key topics such as eating well, staying active, mental health and getting vaccinated.

5.12 New developments in 2023 included work with Age UK and the Out of Hospital Team to support hospital discharges and prevent unnecessary readmissions and the High Intensity User Project involving social prescribers and the Gloucestershire Community Wellbeing Service to provide more support to people in need of help to access local groups and activities.

5.13 Members were informed that, as in previous years, operational and clinical leads from across the system would reflect on heightened periods of pressure by coming together to provide candid and constructive feedback from their own experiences and from asking what more could be done to improve the quality of patients experience.

5.14 Stuart Appleby from Newton Europe was invited to the meeting to give an update on the progress of the Urgent and Emergency Care Transformation Work commissioned by Gloucestershire County Council on behalf of the NHS Gloucestershire Integrated Health and Care System (ICS).

5.15 The transformation programme is known as the 'Working as One' Programme to create cross organisational identity and to recognise the input from system partners to improve urgent and emergency care for the people of Gloucestershire.

5.16 System partners include; Gloucestershire County Council, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, South West Ambulance Service NHS Foundation Trust and NHS Gloucestershire Integrated Care Board. Joint senior responsible officers (SROs) for the programme include: Professor Sarah Scott, (Executive Director of Adult Social Care, Wellbeing and Communities at Gloucestershire County Council); Ellen Rule, (Director of Strategy, Transformation and Deputy CEO, NHS Gloucestershire Integrated Care Board), and Dr Andrew Seymour, (Chief Medical Officer, NHS Gloucestershire Integrated Care Board).

5.17 The programme is led and governed by Gloucestershire personnel, with Newton Europe commissioned as the transformation partner to bring capacity and skills to support skilled clinicians and operational staff in delivering the programme. The commissioning of Newton Europe was approved at a County Council Cabinet meeting in March 2023, with mobilisation of the programme commencing in July 2023. The programme will run for approximately 18 months to ensure recommended changes and improvements are embedded into operational activities and desired ambitions and benefits can be sustained.

5.18 Members were informed that significant progress was being made and that the programme was on track against proposed timelines and objectives.

Key headlines included: -

- i. Programme governance had been established and was operating effectively.
- ii. System programme roles had been recruited with the majority now in post.
- iii. All workstreams had been established and operational, (with Executive Sponsors, Workstream Senior Officers, Workstream Leads and Design Groups established).
- iv. The Newton Europe team was fully mobilised and assigned to workstreams to support delivery.
- v. Revalidation of opportunities identified during the diagnostic phase of work had been revalidated and baselines established for the measurement of benefits.

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- vi. The 'Working as One' programme name and visual identity had been approved by the Programme Executive Board
- vii. A Programme Steering Group had been established to oversee and manage the day-to day delivery of the programme.
- viii. A Programme Benefits Oversight and Assurance Group would represent a critical part of the governance structure to oversee the impact of the programme on the outcomes for residents and the financial implications for both system and partner organisations.
- ix. The established Urgent and Emergency Clinical Programme Group will provide expert input to the programme, including input from the Communities and Patient Reference Group, to ensure that the life experiences of people are considered throughout the delivery of the programme.

5.19 To view the briefing note published with the agenda presentation pack for the meeting, please refer to the link [here](#)

5.20 It was agreed regular updates, including key metrics and data, would form part of the NHS ICB update report to the committee.

5.21 Other comments and questions asked at the meeting included: -

- i. Newton Europe to analyse how NHS Gloucestershire supports people requiring specialist care and at looking at ways of reducing pressures on the urgent and emergency care system;
- ii. Whilst Newton Europe provide useful support to the programme, it does not offer clinical expertise;
- iii. Consideration of the need for 'care beyond hospital care' is an important factor;
- iv. The views of the People and Communities Reference Group to form part of the work;
- v. Following on from the previous year, Newton Europe to continue to measure key factors impacting on people, staff and colleagues;
- vi. Strong governance has been put in place to ensure the 'working as one programme' has appropriate oversight in maintaining the delivery of objectives and benefits;
- vii. The 'Working as One Programme Transformation Programme Board' will report to the ICB Strategic Executive. The ICB to receive regular updates, as and when appropriate;
- viii. In spite of an anticipated increase in the number of scheduled meetings, the meetings will be structured to include working group discussions. Senior staff will not be required to attend all meetings;
- ix. Meetings will become more focussed, aimed at seeking solutions in order to create a smarter way of delivering services and in making improvements for the people of Gloucestershire;
- x. The Gloucestershire Health Overview and Scrutiny Committee will continue to be involved and receive updates on the work programme.

5.22 A member enquired about the public messaging intentions in relation to Covid-19. Expressing the difficulty in predicting to what extent the virus might impact on the health and care system, the Director of Public Health advised that, whilst the current wave of the virus was relatively small, this could change. With this in mind, the use of early warning indicators would assist with decision-making on any precautionary measures that might be necessary.

5.23 Responding to questions on Covid-19 testing arrangements, members were advised that current national guidance, although somewhat controversial, was not to test but to take other precautionary and responsive measures. These included; vaccination, rigorous hand-washing, and the wearing of masks when suffering from Covid or Flu like symptoms if it was absolutely necessary to visit public spaces.

5.24 Where possible, symptom carriers to avoid mixing with other people. It was explained that the rationale for 'not testing' was to avoid prioritising the Covid virus over other viruses, including flu viruses. A briefing note on current guidance/advice to be shared with the committee after the meeting. **Action: Director of Public Health**

5.25 Cllr Alan Preest thanked NHS Officers for the information he had received on the comprehensive Winter Vaccination Campaign in the Forest of Dean and was pleased with the update.

5.26 In noting the Winter Plan proposals and the progress in delivering the transformation programme for urgent and emergency care across the Gloucestershire Health and Care System, members commended the work and said that they were reassured by the positive progress being made.

5.27 A review of the performance of the Winter Accountability Plan will be made at the committee meeting in March 2024.

6. GLOUCESTERSHIRE INTEGRATED CARE SYSTEM (GICS) PERFORMANCE REPORT

6.1 The committee noted the Gloucestershire Integrated Care System, (ICS), Performance Report relating to the performance of the NHS Gloucestershire Integrated Care Board. The report included information on performance, quality and workforce. The report was taken as read at the meeting.

6.2 To view the contents of the report please refer to the link on the Gloucestershire County Council website at the link [here](#).

6.3 Key achievements reported at the meeting included: -

- i. The urgent and emergency care programme had achieved the majority of planned commitments with reductions in the numbers of long stay patients in acute hospitals and good performance against the 2 hour urgent care community response target.

- ii. Diagnostic performance for the NHS Gloucestershire ICB was ranked first nationally.
- iii. Despite the challenges of industrial action, the elective recovery fund (ERF) position for Quarter 1 2023/24 was on plan.
- iv. Total primary care activity remained above plan, and urgent provision continued to benchmark well nationally.
- v. Primary Care services had undergone necessary changes in order to meet demand. Emphasis was placed on the need to reduce pressures in Primary Care.
- vi. Cancer performance targets were good, with 96.8% of patients seen within 2 weeks of referral on a cancer pathway.

6.4 Key information noted at the meeting included: -

- i. Ongoing industrial action continued to impact on the system, with mitigation work taking some of the focus away from other areas of work, including urgent and emergency care transformation work.
- ii. A consequence of the industrial action had resulted in a significant number of cancellations of elective procedures and appointments. Although this had not caused the elective recovery fund position to fall, it was, nevertheless, impacting on the system's ability to attract additional funding.
- iii. Industrial action was also constraining options for patients likely to breach the 78 week wait for elective treatment.
- iv. Hot weather in early September had impacted on performance, particularly in relation to the performance of the South West Ambulance Service NHS Foundation Trust. Increased demand had been reported across all systems within the South West, impacting on Category 2 response times and handover delay performance.

6.5 Member Questions

6.6 Responding to concerns about Children's and Adolescent Mental Health Services (CAMHS), the Chair suggested that a scrutiny task and finish working group be established to consider issues relating to Children's Mental Health. Noting current waiting times for hospital appointments, specific focus to be made on waiting times for children obtaining hospital appointments.

6.7 Representatives from the Gloucestershire Health and Care NHS Foundation Trust confirmed that progress was being made to reduce waiting times for CAMHS appointments, but that these remained high due to workforce challenges and recruitment issues. It was noted that significant work to support children's mental health services was being undertaken in local schools and in partnership with other service partners.

6.8 Speaking in support of the proposal to establish a scrutiny task and finish group, one member raised concerns about the provision of services available to children and families outside of term time and where children were unable to attend school. The Director of Public Health informed members that further services were being developed, and that a half day information session for schools was planned to promote and inform what offers were available to children and families. It was agreed that updates on support services available to children, (during term and out of term time), would be included in the next update report to the committee. **Action: Chief Executive of Gloucestershire Health and Care FT and Director of Public Health**

6.9 The committee supported the proposal for a joint scrutiny review of issues relating to children's mental health, pending a suggestion from the Executive Director of Adult Social Care, Wellbeing and Communities that contact be made with the Chair of the Children's and Families Scrutiny Committee to enquire whether this was an area of work that had already been explored by the committee or if an item was planned in the future.

6.10 Members were advised that, if a scrutiny task group was thought to add value to the work of the committee, (in relation to gaps in children's mental health services), a scrutiny scoping document outlining the purpose and anticipated outcomes from the review would be required. The scoping document to be submitted to the Corporate Overview and Scrutiny Committee for consideration/approval. **Action: Democratic Services**

6.11 Questioning the impact of industrial action on the delivery of services over the summer months, other areas for concern raised at the meeting included; performance issues in urgent and emergency care impacting on patient hospital discharge, performance issues in primary care, weekend mortality rates and pharmaceutical dispensary and recruitment issues. Members were reminded that the committee would be considering a report on Pharmacy/Optomety/Dentistry (POD) Services at the November meeting.

6.12 Referencing concerns about communication issues in relation to Covid-19 and the NHS Gloucestershire winter vaccination programme, Deborah Lee, Chief Executive of the Gloucestershire Hospitals Foundation Trust, informed members that Gloucestershire had been accepted to participate in a national 'patient portal' pilot scheme, which would be a huge benefit to improving communications.

6.13 Responding to requests for guidance to enable better informed decisions on when it is appropriate to visit local GP's and Urgent and Emergency Care Units, it was suggested that information on the patient portal pilot scheme and other forms of public communications be included in an update to the committee at a later meeting. Data on variations in GP appointment waiting times for the county was also requested. **Actions: NHS Gloucestershire**

The report was noted.

7. NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) REPORT

7.1 The NHS Gloucestershire Integrated Care Board, (ICB), report was taken as read at the meeting. 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.

7.2 One member enquired about the recent closure of the GL1 Leisure Centre and Oxstalls Sports Complex in Gloucester, and the impact on local communities. It was clarified that, whilst the County Council was not involved in the decision-making, it was aware of actions being taken by the City Council to manage the situation, including arranging alternative locations for leisure activities provided by NHS Gloucestershire.

7.3 In response to the update on the delivery of Maternity Services in Gloucestershire, Cllr Dilys Neill enquired into the transfer of patients out of county and cross county anti-natal services. An update on the issue to be included in the Gloucestershire Update Report for consideration by the committee at the next meeting. **Action: Gloucestershire Hospitals NHS Foundation Trust**

8. WORK PLAN

8.1 The committee work plan was noted and agreed.

8.2 Issues suggested as items to include on the committee work plan (for consideration at future meetings) included: -

1. NHS South West Ambulance Service (Category 1) Response Times (to include in the NHS Integrated Care Board Report to the committee at the next meeting;
2. Drug and Alcohol Rehabilitation Services – the committee was advised that this issue had been considered at the Adult Social Care and Communities Scrutiny Committee meeting on 16 May 2023, supplemented by regular updates to the committee at future meetings. To view the report and minutes from the ASCC meeting on 16 May 2023, please refer to the link [here](#)
3. Referencing recent updates on the delivery of Maternity Services, (including the update at item 3.1.5 of the update report provided at this meeting), Chief Executive of the Gloucestershire Hospitals NHS FT informed members that further updates would be provided.
4. Raising concerns about the issues of trips and falls in the over 65 cohort and links to physical frailty, a member enquired what preventative action was being taken to reduce the number of falls in relation to people's balance and improving risk awareness when in the home and the community. It was confirmed that this was a key focus of work included in the Health and Wellbeing Board Strategy, for which a detailed presentation would be provided to this committee and the Adult Social Care and Communities

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Scrutiny Committee at a joint scrutiny committee meeting on 11 January 2024. **Action: Director of Public Health**

5. Referring to the work of the committee in relaying information to local communities, a councillor enquired what measures were taken to encourage members to share key messages with the public. It was suggested that a briefing on the sharing of information be provided to the committee after the meeting. **Action: NHS Gloucestershire**

CHAIRPERSON

Meeting concluded at 12.10pm