

HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 15 November 2016 at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT:

Cllr Phil Awford	Cllr Tony Hicks
Cllr David Brown	Cllr Brian Oosthuysen
Cllr Doina Cornell	Cllr Jim Parsons
Cllr Janet Day	Cllr Brian Robinson
Cllr Iain Dobie (Chairman)	Cllr Suzanne Williams
Cllr Collette Finnegan	Cllr Roger Wilson (Vice-Chairman)
Cllr Steve Harvey	

Substitutes: Cllr Lesley Williams MBE (In place of Cllr Paul McMahon)

Apologies: Cllr Helen Molyneux

Others in attendance: -

Gloucestershire Clinical Commissioning Group

Mary Hutton – Accountable Office

Becky Parish – Associate Director Patient and Public Engagement

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

Deborah Lee – Chief Executive

Keith Norton – Non Executive Director

Dr Sally Pearson – Director of Clinical Strategy

Gloucestershire Care Services NHS Trust (GCS NHS Trust)

Ingrid Barker – Chair

Paul Jennings – Chief Executive

Healthwatch Gloucestershire

Claire Feehily – Chair

Gloucestershire County Council

Sarah Scott – Director of Public Health

Margaret Willcox - Director Adult Social Services

2gether NHS Foundation Trust

Ruth FitzJohn – Chair

Professor Jane Melton - Director of Engagement and Integration

53. DECLARATIONS OF INTEREST

Cllr Roger Wilson declared a personal interest as a Governor of the 2gether NHS Foundation Trust; and as a Trustee of the Gloucestershire Rural Community Council which hosts Healthwatch Gloucestershire.

Cllr Brian Oosthuysen declared a personal interest as a Governor of the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

54. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on Tuesday 13 September 2016 were agreed as a correct record and signed by the Chairman.

55. GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST FINANCIAL POSITION - UPDATE

- 55.1 The committee welcomed Deborah Lee, Chief Executive Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) and Keith Norton, (newly appointed) Non Executive Director (GHNHSFT), to the meeting to inform and engage with members on this matter.
- 55.2 Ms Lee acknowledged that the position the Trust found itself in reflected that there had been a failure of financial governance; and had the Trust, the regulators and auditors acted differently the Trust would, in all probability, not be in this position today. She informed the committee that the sudden nature of the announcement appeared to have given rise to the misconception that this situation had developed 'overnight', and she wanted to be clear that the financial deterioration had in fact developed over time but the awareness of the underlying position had only just become apparent. The announcement had been preceded by an independent high level review, commissioned by the Trust Board, of the Trust's financial position and reporting arrangements.
- 55.3 She further explained that this review had highlighted that there was an insufficient level of financial skills and expertise across the Trust's Non-Executive Directors (NEDs) when compared to many similar organisations. However, it was important to note that an externally commissioned review of the Board's arrangements in 2015 had not raised this as an area of concern. It was explained that changes to the Trust Board have already been made; and the committee was assured that the person specification for NEDs reflected a requirement for financial expertise.
- 55.4 The committee was aware that the Trust had arranged a loan (£26m) through the Department of Health to strengthen its immediate cash position. The committee was informed that the Trust was required to submit a recovery plan to NHS Improvement in advance of the first Progress Review Meeting (PRM); and that this PRM would take place on 1 December 2016 and involved key members of the Trust Board. Ms Lee anticipated that it would take at least 24 months to get the Trust back into a position of financial security.
- 55.5 Members of the committee were clear that it was disappointing that the Trust found itself in this position; and that the committee would be taking a close examination of the findings of the current investigations into this situation. Members were clear that the investigation report must be published un-redacted in the public domain. A particular concern was whether this situation would impact negatively on the delivery of services to the people of Gloucestershire.
- 55.6 The committee was informed that the report would be published in the public domain and be un-redacted. The people of Gloucestershire would see a continuation of services; the challenge would be to do things better and more efficiently. It was also noted that the Gloucestershire Clinical Commissioning Group (GCCG) commissioned the Trust to deliver services and the Trust must deliver them.
- 55.7 Members questioned the role of the internal and external auditors in this process; was it not their role to identify this issue? It was explained that the auditors (internal and external) would be interviewed as part of the investigation.

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55.8 The committee would receive the outcome of the investigation at an extraordinary meeting on 30 January 2017. (Post meeting note: this meeting has been deferred. Due to unavoidable delays in the Trust and regulator assurance processes, earlier publication is not now possible. It is expected that the committee will receive this report in March 2017.)

56. SUSTAINABILITY AND TRANSFORMATION PLAN

- 56.1 The committee received a detailed presentation from the Accountable Officer, Gloucestershire Clinical Commissioning Group (GCCG) on the Sustainability and Transformation Plan (STP). (The presentation slides were uploaded to the council website and included in the minute book for information.)
- 56.2 The committee was pleased to be able to discuss this plan with both the commissioners and providers of health and social care services in Gloucestershire. There was agreement across the committee that this was an exciting plan building on and developing work that was already in place and/or planned. Members agreed that this plan would be challenging for all partners, not least in its drive to deliver a consistent approach to services across all organisations; this alone meant a significant challenge in terms of workplace culture and a shared language. It was also important to place this within the context of 100% of people would use health services, but only 3 to 4% would meet the criteria for social care.
- 56.3 It was agreed that it was very positive that prevention (Public Health) was embedded within the plan; although there were concerns with regard to the level of funding available for Public Health.
- 56.4 Members agreed that we lived in an online culture where people could have access 24/7 to social and business media and could shop and receive goods within a 24 hour period; and that there was a growing expectation that access to health and social care should be the same. Managing expectations, and effectively communicating with members of the public, would be key challenges going forward.
- 56.5 The committee was informed that the underlying detail on possible service change proposals would come forward later in 2017. The Gloucestershire Clinical Commissioning Group (GCCG) was currently leading on an engagement exercise to inform and engage with the public, and members were informed that information on the engagement events were available alongside the STP at www.gloucestershireccg.nhs.uk/gloucestershire-stp.
- 56.6 The committee was clear that it intended to follow the progress and implementation of this plan and as per regulations would be a statutory part of any consultation on substantial service change proposals. Members were reminded that Urgent Care would be part of the committee's debate on the council motion relating to A and E waiting times on 15 December 2016. The committee was informed that it was anticipated that consultation on the urgent care system model would begin in summer 2017.
- 56.7 The committee agreed that it would be important to have a clear understanding of the Estates Strategy. People were very attached to their local facilities and would feel concerned if they felt that there was any uncertainty about their future. The GCCG informed members that they were happy to pick up and work through any concerns. It was also stated, for information, that there were no plans relating to maternity services in the STP at present.
- 56.8 The committee heard from each of the provider organisations and the Cabinet Member for Older People. There was agreement across these organisations that the STP was a positive way forward for Gloucestershire. This was about getting the right services in the

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right place for patients; using the Gloucestershire pound effectively for the benefit of the people of Gloucestershire.

57. ADULT SOCIAL CARE AND PUBLIC HEALTH 2016/17 QTR 1 PERFORMANCE REPORT

57.1 The committee welcomed the continued good work to support adults with learning disabilities into employment, and congratulated Forwards Employment Services (commissioned by the council) on winning the Empowerment Award at the Gloucestershire Health and Social Care Awards on 8 November 2016.

57.2 Members were concerned to note that performance against reassessment targets continued to underperform, apart from those service users supported by the 2Gether NHS Foundation Trust (2G). It was also concerning to hear that the demand for paid carers was outstripping supply. It was thought that this related to some domiciliary care organisations going out of business. Members agreed that the committee would need to monitor this issue.

57.3 Members noted that performance against NHS Health Check targets continued to struggle. All GP practices in the county, apart from two, have signed up to deliver these checks; we have made alternative arrangements for eligible patients whose practices are not offering the health check. Advertising these checks and communicating with patients rested with the GP practice. A particular factor here was that no matter how the benefits of these checks were communicated we cannot make people take them up.

57.4 It was agreed that it would be helpful to have benchmarking information available with regard to adult safeguarding performance indicators.

58. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT

58.1 The committee noted that cancer targets continued to be a challenge; and whilst there was some improvement in the 6 week diagnostic target more needed to be done to bring this performance back online. The committee was informed that recovery plans were in place.

58.2 Members were aware that there had been concerns with regard to the Improving Access to Psychological Therapies (IAPT) service. 2Gether NHS Foundation Trust (2G) had invited and benefited from a review by the NHS England Intensive Support Team for IAPT. As a consequence, 2G, in collaboration with GCCG, had developed an improvement plan for IAPT access and recovery rates. 2G informed the committee that it was confident that it was making progress.

58.3 The committee agreed that it would take a more detailed look at the cultural commissioning programme at a future committee meeting.

59. HEALTHWATCH GLOUCESTERSHIRE QTR 1 FEEDBACK

59.1 The Chair of Healthwatch Gloucestershire (HWG) informed the committee that HWG would be working with the CQC on the forthcoming re-inspection of GHNHSFT. It was also undertaking a follow up to its report on the Hospital Discharge process and expected to share this with the committee in the New Year.

59.2 The committee noted the feedback report.

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60. DIRECTOR OF ADULT SERVICES REPORT

The committee asked to be kept informed should Brexit have any impact on staffing numbers.

The committee noted the report.

61. DIRECTOR OF PUBLIC HEALTH REPORT

The committee noted the report.

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

62.1 The committee noted the report.

62.2 Paul Jennings, CEO Gloucestershire Care Services NHS Trust, was retiring at the end of this year. The committee took this opportunity to thank Paul for his hard work and commitment to the people of Gloucestershire.

62.3 It was noted that a press release, by an outside body, had been released during the course of this meeting relating to the STP. It was felt that the timing of this release was not helpful.

CHAIRMAN

Meeting concluded at 12.55 pm