

HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of the meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 9 January 2018 commencing at 10.00 am at the Council Chamber - Shire Hall, Gloucester.

PRESENT MEMBERSHIP:

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

Substitutes: Cllr Colin Hay (In place of Cllr Joe Harris)
Cllr Alan Preest (In place of Cllr Pam Tracey MBE)
Cllr Skeena Rathor (In place of Cllr Doina Cornell)

Others in attendance

Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer
Becky Parish – Associate Director Patient and Public Engagement
Dr Andy Seymour – Clinical Chair
Ellen Rule - Director Of Transformation And Service Redesign

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

Deborah Lee – Chief Executive
Peter Lachecki - Chair
Dr Sally Pearson – Director of Clinical Strategy
Simon Lanceley – Director of Director of Strategy and Transformation

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
Cllr Kathy Williams – Cabinet Member Adult Social Care Delivery

Healthwatch Gloucestershire

Alan Thomas – Chair

Gloucestershire Care Services NHS Trust

Katie Norton – Chief Executive

2Gether NHS Foundation Trust

Professor Jane Melton - Director of Engagement and Integration

Ingrid Barker – Joint Chair 2Gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust

1. DECLARATIONS OF INTEREST

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

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

Cllr Steve Harvey declared a personal interest as his wife is employed by NHS England.

2. MINUTES OF THE PREVIOUS MEETING

2.1 The minutes of the meeting held on Tuesday 14 November 2017 were agreed as a correct record and signed by the Chairman.

2.2 The Chairman took the opportunity to thank Ruth FitzJohn, who had recently retired as Chair of the 2Gether NHS Foundation Trust, and Dr Sally Pearson, who was retiring from her post as Director of Clinical Strategy at the Gloucestershire Hospitals NHS Foundation Trust at the end of this month, for their work with the committee and for the people of Gloucestershire and to wish them well for the future.

3. HEALTH AND WELLBEING FOR THE FUTURE: COMMUNITY HOSPITAL SERVICES IN THE FOREST OF DEAN - CONSULTATION OUTCOME REPORT

3.1 The committee received a detailed presentation on the outcome of the consultation on this matter from the Associate Director Engagement and Experience Gloucestershire Clinical Commissioning Group (GCCG), and the Chief Executive Gloucestershire Care Services NHS Trust (GCS). (For information the presentation slides were uploaded to the council's website and included in the Minute Book.)

3.2 The presentation included detail on the number of respondents, the quantitative and qualitative data, the main themes from the responses, and the demographic information of the respondents. The Chief Executive, GCS, informed the committee of the NHS response to the consultation outcome and the next steps for both the GCS and GCCG Boards.

3.3 The committee's role in this stage of the development of community hospitals in the Forest of Dean was to confirm whether or not it was satisfied that the consultation process was appropriate, gave sufficient engagement opportunities for local communities; and to agree whether there were particular issues that it would wish the GCCG and GCS Boards to consider when they meet to agree the way forward later this month.

3.4 The committee engaged in a detailed debate on this matter. The main comments/questions/concerns related to:-

- The number of respondents to the consultation when compared to the population size
It was explained that although the response rate, 3344 questionnaires received, might seem low in comparison to the 85k population, this number was statistically significant. It was further explained that the number required for this to be statistically significant was a sample size of 383. It was also important to note that the GCCG and GCS had also undertaken a lot of work with town and parish councils alongside the survey.
- A lack of clarity relating to the citizen's jury process
The committee was informed that GCS wanted this to be a neutral process. Membership would be drawn from a cross section of representatives from health, social care and the community. There would be opportunities for lobby groups to give evidence, but they would not be members of the panel.

- The lack of a specific location had impacted on people's responses
It was acknowledged that this had been an issue for many of the survey respondents and had impacted on how they chose to respond. The Chief Executive, GCS, was clear that a specific site had not been identified as yet, and that there was still much to work through and consider before a final decision could be made. This would be guided and informed by the Citizen's Jury.
- How did this proposal relate to the aims of the STP
The committee was informed that this proposal did reflect the direction of travel identified in the STP.
- There needed to be greater clarity/evidence for the number of beds, particularly given housing developments (and the impact of the removal of tolls from the Severn Bridge)
The Chief Executive, GCS, informed committee members that this had been a clear message through the consultation, and that GCS recognised that this was a significant area of concern. This issue would be worked through, and would need to reflect the needs of the residents of the Forest of Dean, and also reflect the aims of the STP.
- The views of STP partners on this proposal should have been identified in the outcome report
The committee was assured that partners were members of the review group on this matter and were closely involved in the case for change.
- This was an emotive issue for the residents of the Forest of Dean
This was acknowledged by GCS and the GCCG.
- Why was the idea for shared investment across the two current hospital sites not viable
The Chief Executive, GCS, informed the committee that this would not address all the issues. A significant factor was the ability to sustain services across the two sites; health and care professionals had fed this back through the consultation. It was explained that staff were doing a good job but under extreme pressure.
- Accessibility/transport issues
These issues would need to be further worked through when the location was known.
- Workforce issues
The Chief Executive, GCS, informed the committee that the ability to recruit and retain staff depended on the ability to deliver great services. It was also important to bear in mind that workforce issues related to both health and social care. The Chief Executive, Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) also explained that the current climate was very much a 'buyers market'. The changes underway in Gloucestershire to provide improved models of care and better facilities would attract staff here. There was also a specific workforce workstream within the STP.
- Would there be further consultation when more detail on location and the number of beds was known.
The Chief Executive, GCS, informed the committee that GCS would be as transparent as possible with regard to the development of this proposal, but had not factored in any further consultation.

3.5 The committee welcomed the clarity of the comments in the consultation from Healthwatch Gloucestershire.

3.6 The committee acknowledged that GCS and the GCCG would be continuing to analyse and consider the detail of this consultation, and that there was still much to be discussed through the Citizen's Jury.

- 3.7 The committee did agree that the consultation process was appropriate and gave sufficient engagement opportunities to local people. However members were clear that whilst supporting the consultation process they did have concerns and would be writing to the GCS and GCCG Boards outlining their main concerns. It was agreed that the content of this report be discussed and agreed through an online discussion, and that the issues raised would reflect those raised by members of the public through the consultation process.
- 3.8 The committee requested that GCS and GCCG informed committee members of progress on this matter on a regular basis.

4. SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST - PERFORMANCE REPORT

- 4.1 Paul Birkett-Wendes, Head of Operations North Division, updated the committee on the Ambulance Response Programme (ARP), in particular the new ambulance response standards. He reminded the committee that the Trust had been part of the initial pilot of the ARP. He informed the committee that the Trust has seen improvements in productivity and efficiency, from the initial pilot, with, on average, less vehicles being sent to each incident, therefore freeing up resources to attend more patients.
- 4.2 Five committee members had recently visited the Trust's Clinical Hub at Bradley Stoke. These members informed the committee that they had been impressed with the professionalism of the emergency call handlers and clinicians. They had also been impressed with the resilience measures that had been built into the design of the building. It was noted that these measures had recently proved their worth when there had been a power outage at the Trust's Exeter hub. It was explained that additional measures have now been put in place at Exeter. It was agreed that the committee would receive the outcome report from the official investigation into this matter.
- ACTION: SWASFT**
- 4.3 In response to a question relating to the workforce the committee was informed that the situation in Gloucestershire was better than in Somerset and Devon. The Trust worked well with the universities. The Trust also had high see and treat rates which made it an attractive place to work. It was noted that some GP practices were now recruiting Paramedics and this would have an impact on the available workforce. However it was also explained that some Paramedics were choosing to work in both organisations.
- 4.4 The committee was also informed that over the New Year period the Trust had trialled sending Community First responders (CFRs) to respond to falls. This had worked well with positive feedback from patients being received.

5. QTR 2 ADULT SOCIAL CARE PERFORMANCE REPORT

- 5.1 The committee was pleased to hear from the Deputy Director Adult Social Care that he had taken steps to get the reporting timeline for these reports to be in line with other performance reports.
- 5.2 The Deputy Director informed the committee that the use of residential care had stabilised in this quarter. The committee reiterated its concerns with regard to performance against targets related to the reassessment of needs. Members were informed of the activity that was in place to address these issues and the challenges around how these metrics were measured. It was agreed that more detail on this work would be included in the performance report to be received by the committee in March 2018.

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- 5.3 It was commented that the council could be justifiably proud of its performance with regard to the employment of people with a learning disability. It was however questioned why the 2015/16 was the last reported year for ASCOF 1E Adults with Learning Disabilities in Employment. This information was not available at the meeting; an answer would be sent to members following the meeting.

ACTION: Mark Branton

6. ONE GLOUCESTERSHIRE STP LEAD REPORT

- 6.1 It was questioned what progress there has been with regard to One Place, One Budget, One System. The STP Lead explained that this approach was being taken through the clusters in the first instance; focussing on developing this from the ground up; working across the health and social care sectors. There was a governance structure to support this through the Joint Commissioning Partnership Executive (JCPE) and Joint Commissioning Partnership Board (JCPB). There was a view that this did not appear to represent a one budget approach. The STP Lead informed the committee that she would be happy to present to the committee on the work in place to deliver integrated services at a future meeting if the committee so wished.

7. DIRECTOR OF ADULT SOCIAL SERVICES REPORT

The committee noted the report.

8. DIRECTOR OF PUBLIC HEALTH REPORT

- 8.1 The committee noted the drug and alcohol referrals through the Gloucestershire Safeguarding Children's Board (GSCB), and were interested, given the demographics of the county, that there were twice as many referrals from the Stroud area than Cheltenham.

ACTION: Sarah Scott

9. GCCG CLINICAL CHAIR/ACCOUNTABLE OFFICER REPORT

- 9.1 Having received an item on winter planning at its meeting on 14 November 2017 the committee questioned whether this was proving to be effective. Members were informed that it has been challenging, particularly between Christmas and New Year, but in terms of planning this was the most robust winter so far for Gloucestershire. The Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) informed members that the Trust was the last in the region to escalate to level 4, and were back to level 2 in 2 days. The 4 hour A & E standard had been met in November 2017, and this continued into December 2017, had had no 12 hour A&E breaches in contrast to other systems in the region and GHNHSFT had had the best ambulance handover times in the region.

- 9.2 Members were aware that NHS England had issued guidance for the cancellation of all non-urgent operations, and questioned whether this directive had been implemented in Gloucestershire. The committee was informed that GHNHSFT had been allowed to apply local discretion due to their improved performance in the run up to Christmas and had therefore continued to perform routine operations though not to usual levels; out-patient clinics had also continued where they did not impact on urgent and emergency care. The committee was also informed that GHNHSFT was also the only major centre undertaking trauma and orthopaedic operations on 2 January 2018 following recent changes to the model of care between its two sites.

- 9.3 It was acknowledged that there was a high level of interest locally and nationally with regard to the 'flu virus. It was agreed that an update on this matter be circulated to committee members following the meeting.

ACTION: Sarah Scott

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CHAIRPERSON

Meeting concluded at 1.07 pm