HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Health Overview & Scrutiny Committee held on Tuesday 17 November 2020.

This meeting was a remote access meeting - to view the meeting on the Gloucestershire County Council website, please go to the link here.

PRESENT:

Cllr Brian Robinson (Chair)
Cllr Paul Hodgkinson (Vice-Chair)
Cllr Brian Oosthuysen
Cllr Nigel Robbins OBE
Cllr Terry Hale
Cllr Stephen Hirst
Cllr Pam Tracey MBE
Cllr Suzanne Williams
Cllr Martin Horwood
Cllr Dilys Neill
Cllr Collette Finnegan
Cllr Steve Lydon
Cllr Jill Smith

Officers

NHS Gloucestershire Clinical Commissioning Group (CCG)/ One Gloucestershire Integrated Care System (ICS)

Mary Hutton – Accountable Officer and ICS Lead
Dr Andy Seymour – Clinical Chair
Ellen Rule – Director of Transformation and Service Redesign
Becky Parish – Associate Director Engagement and Experience

Gloucestershire Hospitals NHS Foundation Trust
Deborah Lee – Chief Executive
Peter Lachecki – Chair
Simon Lanceley- Director of Transformation
Prof Mark Pietroni - Director for Safety and Medical Director

Gloucestershire Health and Care NHS Foundation Trust
Paul Roberts – Chief Executive
Ingrid Barker – Chair
Angela Potter, Director of Strategy and Partnerships

Gloucestershire County Council
Sarah Scott – Director of Public Health
Cllr Carole Allaway Martin, Cabinet Member for Adult Social Care Commissioning
Cllr Kathy Williams, Cabinet Member for Adult Social Care Delivery
Cllr Tim Harman, Cabinet Member for Public Health and Communities

Gloucestershire Healthwatch - Gill Bridgland

1. APOLOGIES

Apologies were received from Cllr Helen Molyneux (Forest of Dean District Council) and Cllr Robert Vines (Gloucestershire County Council).

No substitutions were made.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

3. MINUTES

The minutes of the meeting held on 22 October 2020 were confirmed as a true record of that meeting.

4. PUBLIC REPRESENTATION

Phlebotomy Services in the South Cotswolds

One public representation was made at the meeting.

The following statement (including several questions) was submitted by Marco Taylor in response to concerns relating to Phlebotomy Services in the South Cotswolds.

Statement (taken as read at the meeting)

Further to my earlier representation, (at the Health and Overview Scrutiny Committee meeting on 15 September 2020), regarding the un-consulted degradation in access to phlebotomy services in the South Cotswolds, I note that the Clinical Commissioning Group has provided a report regarding the background.

There are a number of inaccuracies and omissions that I wish to highlight to the committee for further scrutiny. Wait times for blood tests at local GP practices have now typically increased to 3-4 weeks and in addition local evidence of inexperienced staff requiring several attempts to successfully find a vein and take a blood sample are common, creating a distressing experience especially for nervous patients.

I can contrast this to my direct experience of the pre-bookable hospital service in August where I was able to get a next day appointment and have my blood sample taken very easily. The result is many patients requiring primary care blood tests are now having to unnecessarily having to travel to Gloucester as they cannot wait a month for a test and as there is no direct bus service to Gloucester from Cirencester this is having a disproportionate impact on those who are unable to access a car or drive, typically older and more vulnerable people. Furthermore, this is exposing more people unnecessarily to environments with a higher risk of COVID-19 transmission.

In addition to raising the serious concerns, I would like to raise the following key questions for the CCG to respond to and the committee to scrutinise their responses:-

1) At the previous meeting I requested evidence of what consultation had taken place with the local community about the changes to phlebotomy services. No evidence was provided other than reference to engagement with the patient participation group.

   I have searched the last two years' agendas of the CCG PPG and have found only one agenda item in February 2020 with the description: *"Jo gave a brief update on how Phlebotomy Services are currently provided in Gloucestershire".*

   There is no indication of a discussion about future changes nor any form of meaningful consultation, let alone how many members of the Cirencester community were involved.
   There is also reference to a link to an "Experiences of using Phlebotomy Services in Gloucestershire (blood tests)", which it is noted no reference has been made to as part of any decision making process.

   Please can the CCG provide details of the full extent of consultation that took place related to this change in care setting for key community health services be provided including specifically how many members of the Cirencester community were involved?

2) Also at the previous meeting, I requested evidence that the needs and challenges reflecting the Cirencester area were examined separately from the conurbations of Cheltenham and Gloucester, (where access to alternative phlebotomy services is far more readily available).

   The report submitted again states that one of the reasons for the change was that *"High levels of demand within the hospital setting led to long waiting times for many patients. At least once a week on average, hospital services had to close earlier than scheduled in order to manage safely the number of patients waiting, with some patients then needing to come back on another date"*.

   However, any such instances have not been known at Cirencester hospital nor has any further evidence of such an issue existing in the Cirencester area been provided.

   Please can the CCG provide this evidence specific to Cirencester and, if not available, acknowledge there was in fact no such need for this change?

3) Despite numerous local residents writing in to advise of the lack of access to testing for those requiring phlebotomy services related to secondary care. When the hospital service was discontinued, there was no phlebotomy provision for those requiring secondary care in the Cirencester area for some

weeks until the half a day a week service was introduced (resulting in six week waits for appointments.

Can the CCG please explain why there was no provision made prior to the change in the service?

4) The report to the health overview & scrutiny committee in March 2020 stated that: *"[the CCG] are confident that when fully implemented these new local arrangements for taking blood will make a real difference for patients".*

   Further to this, the report provided for the November 2020 meeting adds: "*The CCG wanted to improve this service for patients by ensuring all patients have timely access to a safe and high quality community phlebotomy".* It is clear that the new arrangements are unable to provide either a timely service, nor a high quality experience.

   Can the CCG please explain how they are monitoring the impact of these changes to ensure the same level of service (near universal access to next day high quality blood testing) will be provided and what further corrective action is planned to reduce wait times and increase the quality of service?

5) The report submitted states that: "*A reduction in footfall at these sites has also allowed Page 2 3 them to provide a COVID-secure service, which would not have been possible prior to the changes.".* This is false and mis-leading.

   With effect from August 2020 phlebotomy appointments at Cirencester hospital were only available via an on-line booking system. This allowed demand for the services to be readily managed and still retained access to at worst next-day appointments, thus proving the above assertion as false. The new approach for secondary care appointments is now by phone only, not only narrowing the window people have to book access to these, but also reducing transparency of the extent of waiting times for vital community health services.

   Please can the CCG acknowledge this statement is incorrect and misleading?

6) The report submitted also states: "*For those patients who would have made use of hospital 'drop in' phlebotomy clinics for GP requested blood tests, the move to a new service model with phlebotomy provided from their GP practice, is intended to result in reduced travel and waiting times and the avoidance of hospital car parking charges*". This is again false.

   Waiting times for blood tests have increased from a next day service to a near one month wait at GP practices. Car parking at Cirencester hospital is free and in fact with more patients now having to drive to Gloucester to get timely blood tests as they cannot wait a month, this means far more Cotswold patients have to pay parking charges that they would not of needed to accessing services at Cirencester hospital under the old regime.

Again, can the CCG confirm how they are monitoring the impact of these changes and will ensure the promised benefits are realised?

7) Lastly, the concluding section of the paper states: "*COVID-19 concerns around patients attending an acute hospital setting, coupled with the general direction of travel towards more non-face to face consultant appointments, has led to a significant increase in demand within primary care for blood tests, including blood tests for oncology patients and patients with long term conditions. This rapid increase in demand is such that it is frequently outstripping the phlebotomy capacity available within primary care*".

   This risk was clear when the CCG announced the un-consulted changes to phlebotomy in Cirencester in July and flagged by a number of local residents.

   Can the CCG explain why they chose to press on with these damaging changes in the middle of an international pandemic when it was clear primary care services were already under stress?

   Also, given these changes can the CCG confirm that full blood testing services will be reinstated at Cirencester hospital that has the facilities to provide this much needed capacity ready and waiting?

At the meeting itself, Mr Taylor reiterated his concerns and spoke of a 'clear deterioration' in blood testing services accessible to people living in the South Cotswolds area. Relating the concerns to the length of time people had to wait for blood tests; an unacceptable number of people needing to travel to Gloucester Royal Hospital for blood tests; travel limitations of people requiring blood tests but reliant on public transport in a rural location; inexperienced staff issues; additional pressures placed on GP's and the lack of public consultation prior to making the changes.

Mr Taylor referred to the overall negative impact of the concerns and the disappointment in the promise of the Public Participation Group, a group he believed had only met on one occasion.

The concerns were noted, with the agreement that the responses would be made during consideration of item 5 of the agenda (Community Phlebotomy Services).

Mr Taylor was thanked for his participation at the meeting.

5. COMMUNITY PHLEBOTOMY SERVICES

Mary Hutton, (Accountable Officer for Gloucestershire NHS CCG/Lead Officer for One Gloucestershire Integrated Care System ICS), referred members to the report on Community Phlebotomy Services.

In response to the public representation made by Mr Marco Taylor at the September committee meeting, (and to the public representation made by Mr Taylor at this meeting), the committee received an update on community

phlebotomy (blood testing) services. The purpose of the update was to brief members on the rationale for making changes to community phlebotomy services in Gloucestershire, including recent revisions to the service arrangements in the Cirencester area.

Referencing a review of service provision in 2019, (involving consultation with GP's across the county), followed by updates to the committee in March, July and September 2020, members were advised that, prior to the recent changes, community phlebotomy services had been provided in a range of settings/locations across the county, including 'drop in' hospital clinics and at GP practices. Blood tests can be requested by a range of clinicians, including GPs and by hospitals based clinical teams.

Before the changes, some patients had been able to access local phlebotomy services at local GP practices, whilst other patients had to travel to a hospital setting to receive a blood test. High levels of demand within hospital settings had resulted in long waiting times for many patients. On occasions, services had to close earlier than scheduled in order to manage the high volume of patients requiring tests, with some patients having to revisit the hospital at a later date.

To address the situation, the CCG had endeavoured to make improvements to the provision of phlebotomy services with the aim of ensuring all patients had timely access to a safe and high quality community service at a location as near to their home as possible and, in doing so, providing a consistent service across the county.

Following changes introduced over the summer, blood tests generated by a GP or Practice Nurse continued to be provided by primary care services, whilst blood tests generated as part of a hospital outpatient appointment was now the responsibility of the hospital managing the patients care.

The CCG had funded all 73 Gloucestershire GP Practices to start the provision of phlebotomy services for patients requiring 'primary care requested' blood tests from 1 July 2020 (1 August 2020 in Cirencester). Acknowledging specific issues affecting the Cirencester area, additional temporary arrangements had been put in place, (to be supplemented by additional permanent arrangements from 2 December 2020).

A consequence of the changes had been a notable increase in CCG spending on community phlebotomy services. Furthermore, in response to the Covid-19 emergency and the need for social distancing requirements, some appointments were taking longer than anticipated.

Members were advised that, prior to the changes, the total demand for providing phlebotomy services at the Gloucestershire Royal, Cheltenham General and Cirencester Hospitals, had often been so great, the resources available for providing the services had been significantly overstretched.

GP practices now had their own in-house phlebotomy capacity from which to manage community phlebotomy needs, allowing hospital based phlebotomy services at Gloucestershire Royal and Cheltenham General Hospitals the ability to

better manage outpatient secondary care phlebotomy demand successfully. A reduction in the footfall at each site allowed the county's Acute hospitals to provide a COVID-secure service, a factor which might not have been possible prior to the changes.

For patients accessing GP requested blood tests at local GP practices, there was no change. The only change was that the GP practices were now remunerated for providing blood testing services. For patients who had previously been required to use hospital 'drop in' phlebotomy clinics for GP requested blood tests, it was hoped the move to the new service model, (provided by GP practices), would help reduce travel and waiting times, and avoid hospital car parking charges.

In addition to the changes to community phlebotomy services, separate, additional changes had been made to the secondary care phlebotomy services provided at the Cirencester Community Hospital. New arrangements allowed patients to book secondary care blood tests at the hospital if required by a consultant. It was acknowledged that these changes had resulted in some patients having to travel further for secondary care requested phlebotomy appointments where GP practices had been unable to accommodate urgent requests. Whilst some GP practices had adapted to the changes more quickly than others, this had not been the case in all areas. With the added impact of the Covid emergency on recruitment issues and supply issues creating a significant backlog, the service provision in the Cirencester area had taken longer to set up than in other areas.

In response to concerns about accessing services in the Cirencester area, the Hospitals NHS Foundation Trust had quickly reinstated a bookable Monday morning phlebotomy clinic at the Cirencester Community Hospital for patients needing blood tests as part of consultant outpatient care. This service had been extended to providing two bookable morning clinics a week from 12 October 2020.

From 2 November 2020, the Gloucestershire Health and Care NHS Foundation Trust had assumed overall responsibility for providing phlebotomy services at Cirencester Hospital, allowing patients aged 16 and over, where their consultant required them to have a blood test, to access the service three days per week (Monday, Tuesday and Friday). It was hoped this service would be expended to five days a week from December 2020.

To manage resources effectively and to ensure safe social distancing measures, this service now offered a bookable (virtual) service for patients to make appointments via a dedicated booking line (0300 421 6215) on each weekday between 9am and 3pm.

Due to Covid-19 arrangements, there had been a significant increase in the demand for blood tests within primary care, including blood tests for oncology patients and patients with long term conditions, (not covered by the CCG GP funding). This rapid increase in demand had seriously impacted on the phlebotomy service capacity within primary care.. Acknowledging members concerns, it was confirmed that work was underway with partners from the Integrated Care System (ICS) to develop a more sustainable and countywide approach to delivering phlebotomy services.

The NHS CCG was confident that, overall, phlebotomy services across the county would benefit from the changes and provide a better experience to patients.

In response to the briefing, several members remained resolute in their concerns about phlebotomy services, particularly in the Cirencester area. One member emphasised the challenges of accessing services at Gloucester and Cheltenham hospitals when having travel from a rural location. Another member suggested that the changes had been completely un-satisfactory and needed to be reviewed. One concern was the need for reliable evidence, with a request to include performance indicators and data to support the narrative in update reports. **The request was noted.**

Questioning the use of government funding to fund GP's, members also questioned the timing of the changes, (during the pandemic), and whether the funding could have been put to better use. A key issue raised by several members was the lack of consultation on the changes. Other members stated they had not experienced any issues in the services provided by GP practices and enquired why Cirencester had been so affected. One member commended the efficiency of the service from personal experience.

Responding to the comments, Dr Andy Seymour, (Clinical Chair at CCG/ISC), reiterated the impact of the pandemic on service provision and the challenges presented in recruiting experienced staff to support the changes to phlebotomy services. He confirmed that the changes would continue to be monitored and that a full review would be undertaken after the Covid-19 emergency.

Mary Hutton reported a reduction in the number of complaints about phlebotomy services across the county, (with the exception of the Cirencester area), and was confident this would continue going forward. To unpick the changes at this stage would be detrimental.

Commending the robustness of the discussion and acknowledging the strength of concern from some members of the committee and from members of the public from the Cirencester area, it was agreed that the committee would receive further updates on the changes to phlebotomy services in 2021. **Action by – NHS GCCG**

6. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT

Mary Hutton, (Lead Officer from the NHS CCG/One Gloucestershire Integrated Care Service), and Dr Andy Seymour (Clinical Chair), gave an update on the performance of the Gloucestershire CCG against NHS constitutional and other agreed standards. A summary of performance against national and local standards, as reported to the GCCG Governing Body, formed part of the update.

At the time of the meeting, it was confirmed that the number of Covid-19 cases across the county was increasing, with a significant increase in the number of hospital admissions. The number of cases was higher than anticipated, with increased pressures placed on urgent care services. It was important to note,

however, that both Covid-19 and Non-Covid-19 patients were still able to access beds and services across the county.

Overall, Gloucestershire was performing well in comparison to the national position, with the exception of the A & E 4 hour performance standard. It was confirmed that there had been a significant decline in overall A & E performance locally, largely attributed to the Covid-19 measures in place in relation to infection, prevention and control and social distancing. Such measures had impacted significantly on the performance of the emergency department at the Gloucestershire Royal Hospital site.

Cancer performance targets had improved over the summer months, particularly in meeting the 62 day standard. Gloucestershire compared well to the national position in relation to all cancer targets.

Work on improving diagnostic performance standards was continuing but still significantly impacted by the COVID-19 emergency. Performance had, however, stabilised, with some signs of recovery.

Responding to specific questions on the pressures placed on Gloucestershire Royal Hospital from having to respond to the Covid-19 emergency, members were assured that every effort was being made to prepare for a second wave of the virus and the impact of such on the county's hospitals during the winter.

Particular concern was expressed about the need to cancel planned surgery, as had been reported on the radio the previous day. Mary Hutton acknowledged the concerns and informed the committee that a considerable amount of work was being taken to address the issue, including a revision and enhancement of the winter plan. It was noted that Gloucestershire was one of the few hospital trusts in the region continuing to prioritise cancer patients. A huge effort was being undertaken as part of a joined up team effort and working programme.

Acknowledging concerns about ambulance waiting times at Gloucestershire Royal, and conscious that, whilst the system was currently not performing as well as it should be, it was also pointed out that emergency departments in Gloucestershire were coping better and less crowded than in other parts of the country.

The committee noted the significant amount of work being invested in responding to the challenges of the pandemic and commended the efforts of all those involved. Several members expressed strong support for the work being undertaken and a concerned understanding of the demands being placed on NHS staff.

One member enquired whether a dashboard of performance data from other local authorities could be provided for the committee to draw on comparisons with other hospital trusts. The request was noted and it was agreed to look at developing the performance report to include comparisons with other regions in 2021. **Action by – NHS GCCG**

The performance report was noted.

7. DIRECTOR OF PUBLIC HEALTH UPDATE

Sarah Scott, Director of Public Health, gave an update on Covid-19 related data for Gloucestershire. The update referenced information included in the Gloucestershire Covid-19 Weekly Summary (Week 45) document, based on data for the period 2 to 8 November 2020. It was noted that the data was updated daily and that the information presented at this meeting was now retrospective. The summary sheet is attached to the minutes of the meeting and available on the GCC website.

Concerns were noted about the rapid increase in the number of Covid-19 cases across many parts of the county during recent weeks. The increase was notably larger in specific age groups, primarily the 19-35 age group and in elderly people. Data continued to be analysed daily and was under constant review.

Clarifying that the number of Covid-19 related cases in Gloucestershire continued to be lower than in other areas of the South West, the Director of Public Health hoped transmission rates would start to decline following the introduction of new lockdown measures. Concerns remained about the impact of the virus on the county on entering the winter period.

Robust track and trace testing was being carried across the county, with a Gloucestershire Contact Tracing Pilot being introduced from 19 November 2920.

Noting concerns about a recent experience at a mobile testing unit, a member was informed that the county was following strict government testing guidelines.

Questioning the arrangements for conducting tests in respect of care home staff, the Director of Public Health confirmed staff were tested weekly and care home residents every 28 days. It was noted that recent data indicated an increase in the number of staff contracting the virus but a slight decrease in the number of residents who tested positive. At the request of the committee, it was agreed to provide data on this issue after the meeting. **Action by – Director of Public Health**

Personal Protective Equipment (PPE) supplies plus training on how to conduct testing in care homes was being rolled out, in addition to revised guidance on the arrangements for care home visiting. The decision on whether to allow visiting in care homes was the responsibility for care home managers. The NHS CCG confirmed that there were fewer Covid-19 patients admitted to hospital from care homes during the second wave of the pandemic.

When asked what support members might provide to their local communities, the Director of Public Health reaffirmed the need to remain vigilant about adhering to basic government guidelines. This would be particularly important during the anticipated roll out of a possible vaccine prior to Christmas.

The Director of Public Health also reinforced, (on entering the second wave of the pandemic), the importance of raising awareness about the mental health support available across the county and, wherever possible, for members to encourage people to seek help, if needed. Referring to the significant number of factors that can influence a person’s mental health, Sarah advised the committee that

promoting mental wellbeing was everyone's business. It was suggested that a separate mental health briefing might be useful for all councillors/district representatives and the suggestion was noted. In the meantime, members were advised to promote the services commissioned by the Gloucestershire Public Health Team on the GCC website in their local areas.

Enquiring about the continuation of Mental Health First Aid training during the pandemic, the Director of Public Health agreed to make enquiries and report back via email the current position. Since the meeting, an email from Claire Procter, (Head of Commissioning - Sexual Health and Mental Wellbeing at Gloucestershire County Council), was circulated to the committee in response to the question.

Enquiring about the contact tracing pilot about to be launched in Gloucester later that week, it was confirmed that the decision to roll out the 2 week pilot in Gloucester City had been based on the urban and densely populated characteristics of the city. Members requested that that outcomes of the pilot be presented to the committee at a later date and the request was noted. **Action by – Director of Public Health.**

The committee thanked the Director of Public Health for the update, including the information on the multi-agency work being carried out in response to the pandemic.

The date of the joint committee meeting of the Health Overview and Scrutiny Committee and Adult Social Care and Communities Scrutiny Committee on 26 January 2021 was noted.

8. ONE GLOUCESTERSHIRE INTEGRATED CARE SYSTEM (ICS) LEAD REPORT

Mary Hutton, (representing One Gloucestershire Integrated Care System), introduced the report by emphasising the need to consider the needs of the population in response to the Covid-19 pandemic and planning for the anticipated pressures on the NHS during the winter months.

It was explained that work on the future needs of the Gloucestershire population was a major focus of work, relying on feedback from the public, patients, carers and staff to help plan how the system needed to change and adapt going forward.

Recognising the extreme pressures placed on carers nationally, a key focus of work was to understand the activities required to support the carers in the county. The results of an online survey completed over the summer, (inviting Gloucestershire Carers to share their experiences and asking how ICS could support them), was completed by 273 carers. The results of the survey had been presented at various meetings, including the CCG Executive Group.

In addition, Gloucestershire Carers Hub was organising a Gloucestershire Carers Rights Week event to be held later in the month to showcase various aspects of wellbeing support available to carers from a variety of means.

Dr Andy Seymour, (Clinical Chair), referred to the collaborative work that had been undertaken in many parts of the country to recognise/early diagnose a repercussion of Covid-19, referred to as silent hypoxia, (where a patient is not getting enough oxygen to the body). In response to the idea of introducing home oximetry (measuring the level of oxygen in a person's blood in their own home), a Covid-19 Virtual Ward had been developed and implemented in several regions around the UK.

The aim of developing a Covid-19 Virtual Ward was to identify patients showing signs of early deterioration in the community and where clinically appropriate, increase their care to provide better results for the person. The Gloucestershire Covid-19 Virtual Ward model to support clinicians to follow up and monitor patients, (confirmed with or suspected to have Covid-19 and at a higher risk of deterioration), within their own homes. Dr Seymour informed members that use of the virtual ward would be rolled out across the county during the next few weeks and would be a great help to the system.

Noting the emphasis on mental health referred to in the Director of Public Health's update to the committee, Mary Hutton reiterated the need to adapt mental health services to deal with the impact of Covid-19 on the mental health of the county, including children and young people.

During the first phase of the pandemic, a children and young people wellbeing chat-line had been made available during weekdays from 9 to 5pm, providing guidance and support to the young people of the county and a parent support line. Both functions had been provided throughout the summer holidays and extended from September onwards. The service had been recently adapted to include a wellbeing lunch time 'drop in' service for Secondary Schools, to be rolled out to all Trailblazer Secondary Schools.

Responding to questions, members were informed that the support offered to children and young people across the county was made up of various components, (not just a chat-line service), and was being developed to meet the needs of children and young people as they emerged. Advising members that this extensive piece of work would continue into the New Year, **it was suggested a briefing note be provided to members on the progress of the work in 2021.**

Responding to questions on the work being undertaken in response to the impact of Covid-19 on eating disorders and the expectation that referrals to an urgent appointment service that was offered, (offering urgent appointments and physical health monitoring), might increase as a result of the pandemic, (at the time of the meeting, referrals had increased by 25%), it was confirmed that extra resources for the service had been provided and that the referral rate was under weekly review. **An update to be provided in 2021.**

The One Gloucestershire Integrated Care System (ICS) Lead Report was noted.

9. GCCG CLINICAL CHAIR/ACCOUNTABLE OFFICER REPORT

Introducing the report, Mary Hutton, (representing GCCG and One Gloucestershire Integrated Care System), asked whether the content of the report was too broad and if the information needed to be adapted?

In response, members commended the report and welcomed the depth of information it provided. It was suggested, however, that, in order to maintain the level of information provided to members in between meetings, **the report needed to be supplemented with regular updates and briefings, to be circulated via email.**

Responding to questions on the Covid-19 Emergency, Mary stated that the response to the pandemic continued to be managed month by month. At this stage in the response, there could be no guarantees of when the emergency might end.

Regular updates on the NHS response would continue, including progress reports on the impending roll out of the vaccine. Whilst there was a degree of optimism that, by the summer of 2021, there could be a change in the severity of the pandemic, there remained a significant concern that the impact of the virus during the winter months presented a very serious challenge.

The report was noted.

10. WORK PLAN

The dates of the following meetings/events were noted by the committee:

20 Nov 2020 – Children and Young People Mental Health Briefing (All)
12 Jan 2021 – HOSC meeting
26 Jan 2021 – Joint meeting of ASCCSC and HOSC
02 Mar 2021 – HOSC meeting (final meeting of the current committee)
15 Jun 2021 – HOSC meeting (induction meeting of the incoming committee)
13 Jul 2021 – HOSC meeting
14 Sep 2021 – HOSC meeting
16 Nov 2021 – HOSC meeting

The following requests/actions were made in relation to the committee work plan:-

a) SWAST performance indicator/update report (including consideration of the challenges presented to SWAST during the Pandemic) – item to be considered (pending work pressures) at the 12 Jan 2021 meeting;
b) Fit for the Future Consultation (Outputs Report) – 12 Jan 2021;
c) Forest of Dean Community Hospital Consultation (Outputs Report) – 12 Jan 2021;
d) Update on the review of the GCC decision to spilt the remit of the Health Overview and Scrutiny Committee from the Adult Social Care and Communities Committee – 2021
e) Review of public representation pilot at HOSC meetings – via email
f) Briefing Note: Vaccine Roll Out Update (circulated by email to all members) – 2021

g) Briefing Note: Support to Schools Programme Update (including roll out of the Children and Young People Wellbeing Chat-Line Service during the Pandemic) – 2021
h) Eating Disorder Update – 2021
i) Community Phlebotomy Services Update – 2 March 2021

CHAIRPERSON

Meeting concluded at 12.40

COVID19 in Gloucestershire – weekly data summary Week 45 (reported week 46)

The report is based on week 45 (data between 2nd – 8th November 2020) and where available daily data up to 11th November 2020.

Gloucestershire Local Outbreak Management

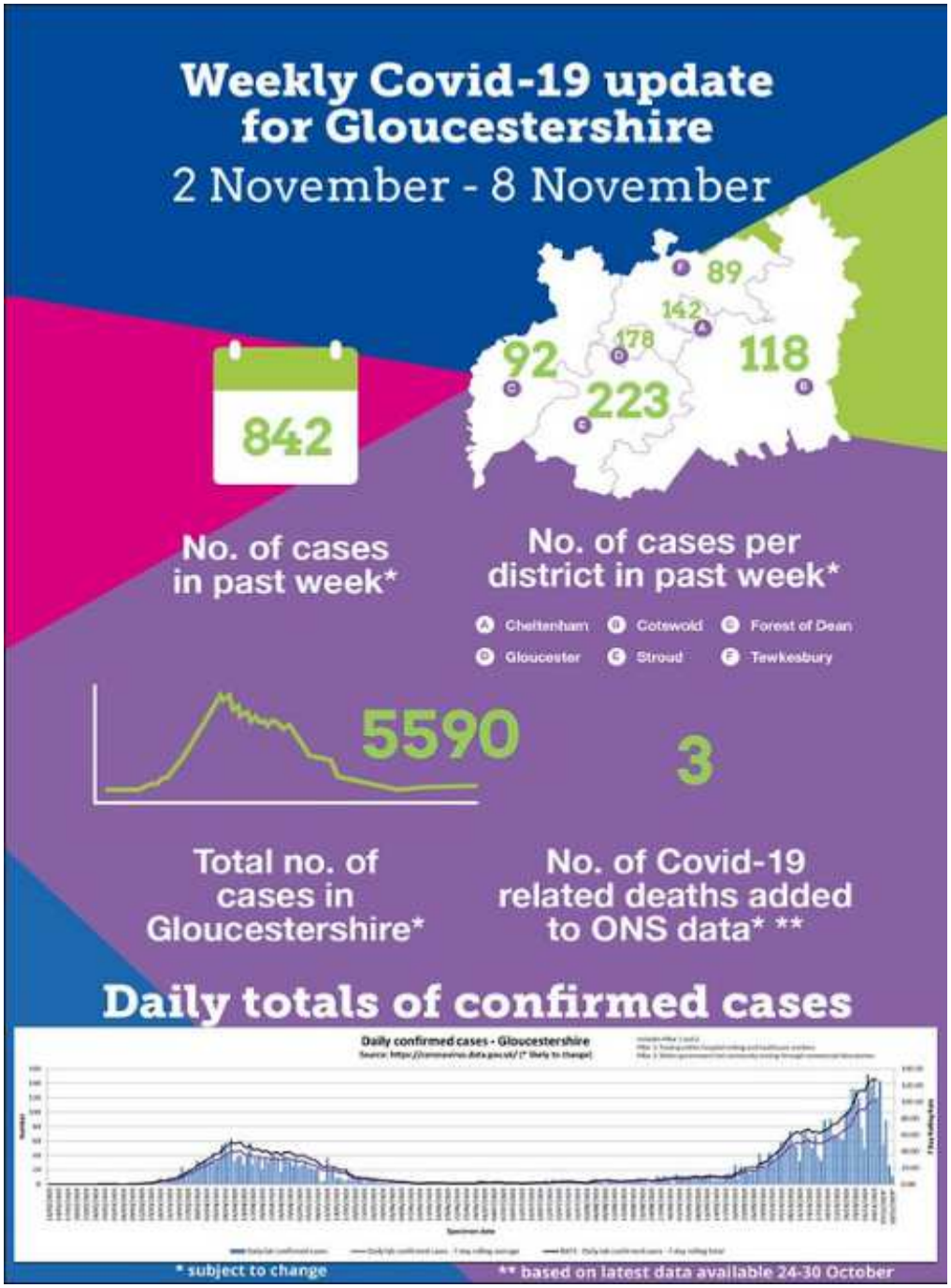
PREVENT-CONTAIN-RESPOND-**MONITOR**

Local Resilience Forum Gloucestershire

Weekly Covid-19 roundup

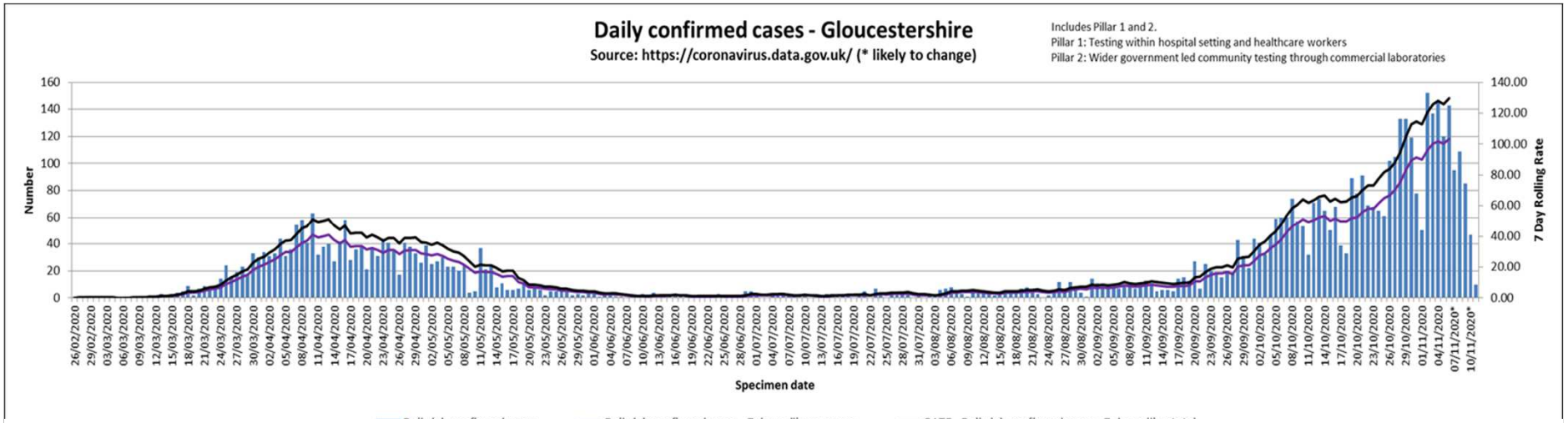
***COVID19 related deaths**' are all deaths where COVDI19 features on the death certificate. It is not known to what extent it contributed to an individuals death*

***Lab-confirmed positive cases** are attributed to the day the first specimen was taken from the person being tested (the specimen date). Each day new cases are reported, but the dates they originate from cover the previous few days. Because of this, there are few cases reported for the most recent dates. Data from around 5 days ago can usually be considered complete. Data for recent days are constantly being revised as more information becomes available.*



Local Resilience Forum Gloucestershire

Infections



Specimen day	Week 46 (Monday 9th November-Sun 15th November)	Week 45 (Monday 2nd November-Sun 8th November)	Week 44 (Monday 26th October-Sun 1st November)	Week 43 (Monday 19th-Sun 25th October)
Monday	26*	152	102	89
Tuesday	12*	137	105	78
Wednesday	Awaiting publication from gov.uk	146	133	91
Thursday	N/A	120	132	69
Friday	N/A	143*	119	68
Saturday	N/A	55*	78	65
Sunday	N/A	89*	50	61
Weekly running total	**38***	**842***	**719**	**521**

Source: https://coronavirus.data.gov.uk/ *Includes Pillar 1 and 2:*
Pillar 1: Testing within hospital setting and healthcare workers
Pillar 2: Wider government led community testing through commercial laboratories

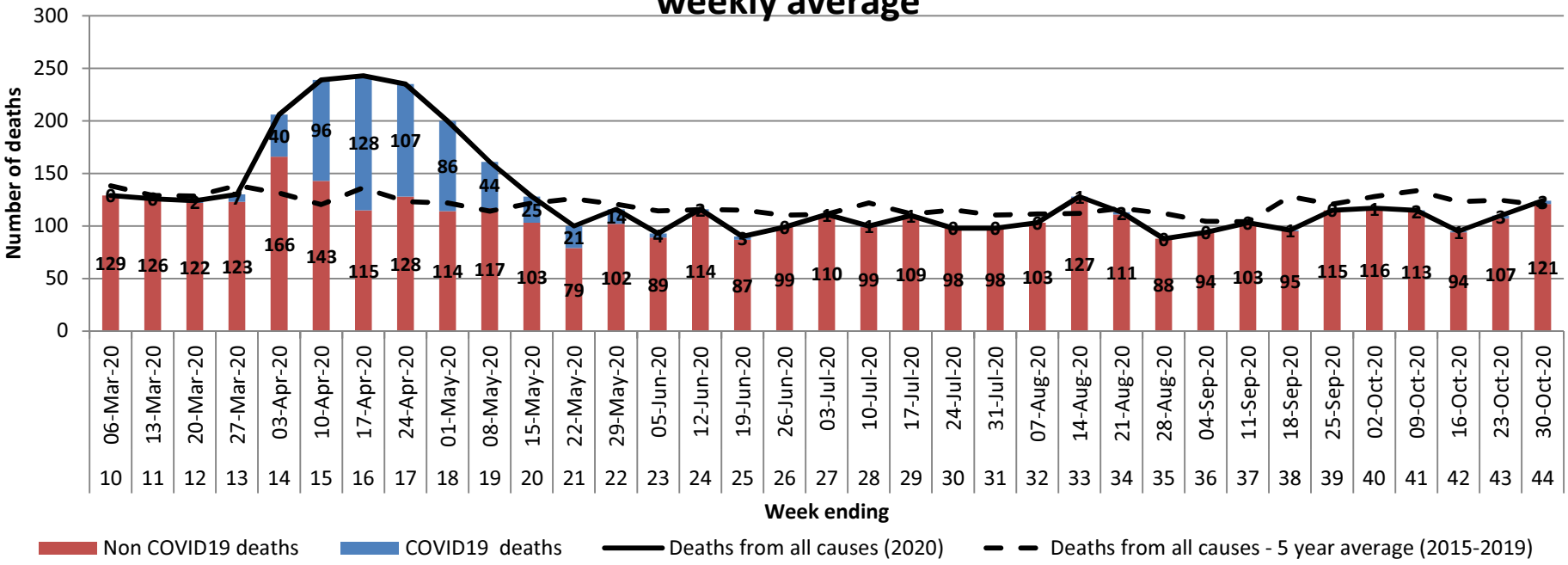
subject to change

How are test numbers measured?

Lab-confirmed positive cases are attributed to the day the first specimen was taken from the person being tested (the specimen date). Each day new cases are reported, but the dates they originate from cover the previous few days. Because of this, there are few cases reported for the most recent dates. Data from around 5 days ago can usually be considered complete. Data for recent days are constantly being revised as more information becomes available.

Mortality

Weekly deaths occurring up to 30th October, compared with the five-year weekly average



Source: ONS and PCMD

COVID19 deaths *are all deaths where COVDI19 features on the death certificate. It is not known to what extent it contributed to an individuals death.*

Weekly death figures *provide provisional counts of the number of deaths registered in England and Wales for which data are available. From 31 March 2020 these figures also show the number of deaths involving coronavirus (COVID-19), based on* ***any*** *mention of COVID-19 on the death certificate.*
The tables include deaths that occurred up to 25th September.

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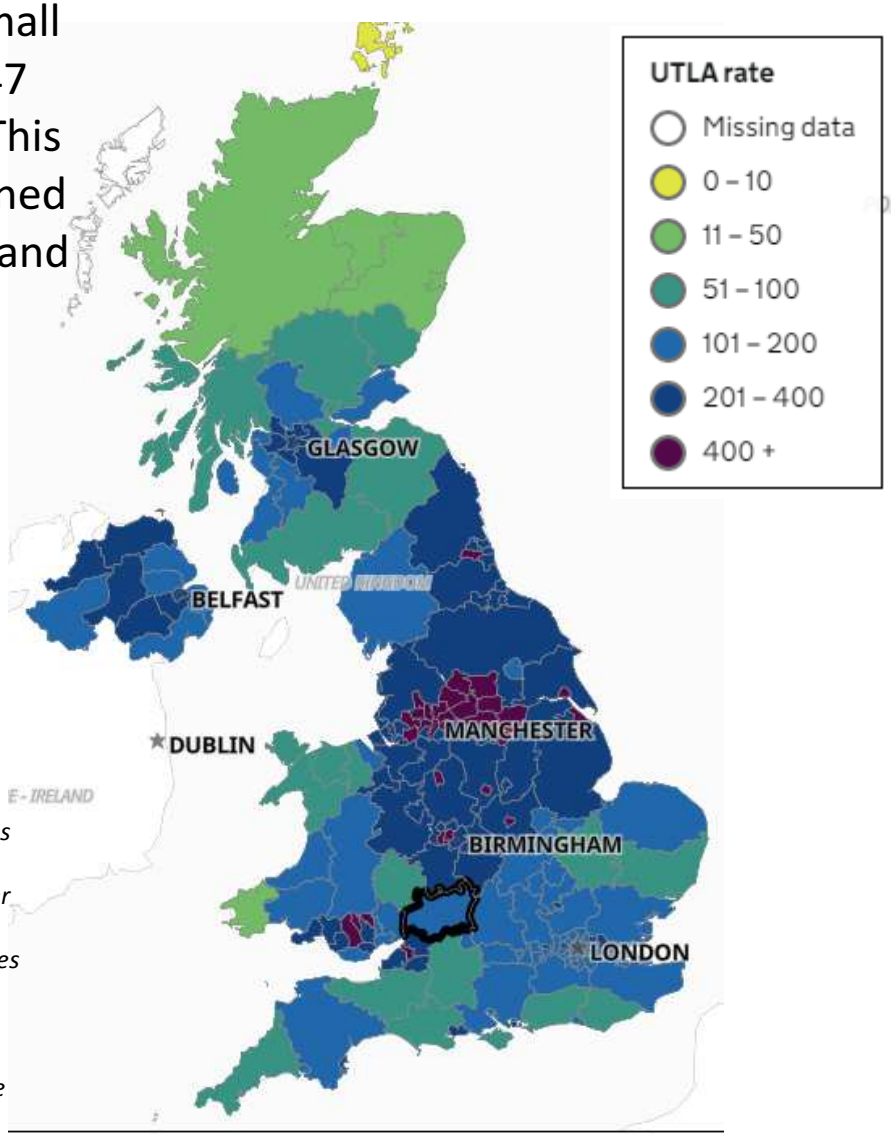
UK Medium Super Output Area (MSOA)

- Medium Super Output Areas (MSOA*) are a small area statistical geography with an average 8,447 population and average of 3,395 households. This map of UK MSOA shows Gloucestershire (outlined in black) (outlined in black) rate has increased and is similar to neighbouring areas (up to the 5th November).



Source: *Public Health England Second Generation Surveillance System (SGSS). Data includes lab confirmed pillar 1 & 2 positive cases of Coronavirus (COVID-19) .* https://coronavirus-staging.data.gov.uk/details/interactive-map *Please note: Seven day rates are expressed per 100,000 population and are calculated by dividing the seven day count by the area population and multiplying by 100,000. Small area analysis can uncover issues or disparities in health service access or outcomes, which you might not see at a larger geography. However, because areas contain relatively small numbers of individuals, and events, the observed rates may differ from the expected due to chance alone. Also, there may be differences in the characteristics of the populations between small areas that are the cause of the difference.*

Cases by Medium Super Output Area (MSOA)

- This map shows the 7–day rolling rate of new specimen date ending on 5th November 2020 by MSOA. There are cases spread all over Gloucestershire with highest rates in: Dursley MSOA (7 day rolling rate 431.4; cases 33); and Cirencester Central (7 day rolling rate 290; cases 19).

Source: *Public Health England Second Generation Surveillance System (SGSS). Data includes lab confirmed pillar 1 & 2 positive cases of Coronavirus (COVID-19) .* https://coronavirus-staging.data.gov.uk/details/interactive-map *Please note: Seven day rates are expressed per 100,000 population and are calculated by dividing the seven day count by the area population and multiplying by 100,000. Small area analysis can uncover issues or disparities in health service access or outcomes, which you might not see at a larger geography. However, because areas contain relatively small numbers of individuals, and events, the observed rates may differ from the expected due to chance alone. Also, there may be differences in the characteristics of the populations between small areas that are the cause of the difference.*

R-Value

- Calculations of the **reproduction number, R** value* have been updated by the government on the 6th November

- R value - the South West R value range is estimated to be between 1.2 and 1.4 (compared to 1.2 and 1.5 last week); true value is somewhere towards the middle of this range.

Region	R
England	1.1-1.3
East of England	1.1-1.4
London	1.1-1.3
Midlands	1.1-1.3
North East and Yorkshire	1.1-1.2
North West	1.0-1.1
South East	1.2-1.4
South West	1.2-1.4

**The uncertainty around R values increase when there are small numbers of cases, either due to lower infection rates or smaller geographical areas. Because of this R-Values are not produced at Local Authority level. Locally we monitor a range of indicators to monitor the threat and impact of COVID19.*

***Low case numbers and/ or a high degree of variability in transmission across the region means these estimates are insufficiently robust to inform policy decisions.*

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