

ADULT SOCIAL CARE AND COMMUNITIES SCRUTINY COMMITTEE

Minutes of the meeting of the Adult Social Care and Communities Scrutiny Committee held on Tuesday 14 May 2024 at Shire Hall, Gloucester.

To view and listen to a recording of the meeting, please visit the Gloucestershire County Council website at the link [here](#).

Present:	Cllr Cate Cody	Cllr Steve Robinson
	Cllr Terry Hale	Cllr Lisa Spivey (Chair)
	Cllr Tim Harman (Vice-Chair)	Cllr Suzanne Williams

1. APOLOGIES

Apologies were received from Cllrs Stephen Hirst, Pam Tracey MBE and Susan Williams.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

3. MINUTES

The minutes of the meeting held on 5 March 2024 were noted and agreed as a confirmed record of that meeting.

4. ANIMAL HEALTH PLAN AND RESPONSE

4.1 Members received a comprehensive presentation on the Trading Standards Animal Health Plan and Public Health Communicable Disease Plan. The presentation was a joint presentation from the Trading Standards and Public Health Teams on Zoonotic Disease Enforcement, including planned actions to respond in the event of an outbreak of a disease.

4.2 To view the report published with the agenda, please refer to the link [here](#).

4.3 In addition to the slide show presentation for this item, members were asked to note pages 38 to 43 of the agenda pack and the Trading Standards update included in the Chief Fire Officer Report.

4.4 Disease Control Plans are updated locally in conjunction with the local resilience forum and Gloucestershire County Council's emergency planning team. Plans are tested on a regular basis via multi-agency table-top exercises. The exercises allow for "worst case" scenarios, virtually responded to by all relevant agencies, identifying any requirements to improve or edit the plan and to ensure that all partners are aware of their roles and responsibilities.

4.5 The Gloucestershire 'Communicable Disease Plan' (CDP) provides a pre-determined multi-agency response to communicable disease incidents and outbreaks that occur across Gloucestershire. The plan outlines logistical arrangements and options for accessing and mobilising health protection resources as required to implement effective health protection control measures.

4.6 The plan does not, however, seek to replicate or supersede existing arrangements to respond to major incidents, neither does it cover the management of common communicable disease control activities routinely undertaken by health protection teams associated with the UK Health Security Agency as part of their normal working practice. It was explained that it was important to note that not all exposures to zoonotic disease required activation of the Communicable Disease Plan.

4.7 The decision to establish an Incident Management Team (IMT) meeting is taken based on an assessment of risk by the UK Health Security Agency and the Local Authority Director of Public Health (or nominated deputies).

4.8 The Gloucestershire Local Resilience Forum Plan was tested in October 2023, with participation from a large number of stakeholders across health, care, local authorities and regional experts. An example of Avian Influenza exposure in humans was one of the scenarios tested at this time.

4.9 Members enquired how prepared the county was to respond to a disease outbreak. Officers informed members that those teams involved in responding to an outbreak were in constant discussions with the UK Health Agency and with Defra on the issue.

4.10 In addition, key data and information relating to the potential risk of an outbreak was under constant review. One factor associated with an increased risk of an outbreak is reflected by population increase. As the county becomes more densely populated, so does the risk of disease. Members were assured that the county had very good surveillance and was hyper-sensitive to potential risks and visible signs of an outbreak.

4.11 It was confirmed that the restrictions imposed in 2023 in response to a potential avian flu outbreak had been removed. No enforcement measures on failing to adhere to restrictions were in place at the time of the meeting.

4.12 In terms of alerting members of the public, it was confirmed that the county had produced a communications strategy to reflect national guidelines. The public's response and general compliance to the restrictions imposed in Gloucestershire over the past year had been very good, for which the Trading Standards and Public Health Teams were very appreciative.

4.13 The following link provides a list of Zoonotic Diseases
<https://www.gov.uk/government/publications/list-of-zoonotic-diseases/list-of-zoonotic-diseases>

Minutes subject to their acceptance as a correct record at the next meeting

4.14 The following link provides guidelines on investigating zoonotic diseases: [PHE standard publication template \(publishing.service.gov.uk\)](#)

For further information and advice please contact: -

Katie Hopgood (Consultant in Public Health, Public Health and Communities GCC) katie.hopgood@gloucestershire.gov.uk

Scott Macaulay-Lowe (Public Health Manager, Public Health and Communities, GCC) Scott.macaulay-lowe@gloucestershire.gov.uk

Jason Poole, Acting Head of Regulatory Services and Consumer Protection. Jason.poole@gloucestershire.gov.uk.

5. QUARTER 3 ADULT SOCIAL CARE PERFORMANCE REPORT

5.1 The committee noted the Adult Social Care and Communities Performance Report 2023/24 (Quarter 3) detailing the performance of Adult Social Care Services for the period October to December 2023. The report was taken as read at the meeting.

5.2 To view the report and presentation published with the agenda, please refer to the link [here](#).

5.3 Noting comments about some of the performance data reported at the meeting, it was suggested that it might be useful to review current 'Key Performance Targets and Indicators' on which the performance of the council's adult social care services is measured for relevance and usefulness, and this was agreed.

5.4 Areas of specific focus identified at the meeting as requiring further scrutiny/monitoring included 'NHS care related targets' for which data provided by the Gloucestershire Health and Care NHS Foundation Trust was pivotal. Other areas of focus included domiciliary care, provision and availability of care homes in the county, vaping in older people and child obesity.

5.5 Members were asked to consider and make notes on the Market Position Statement published with the agenda for the Cabinet meeting on 15 May 2024, (for consideration the following day). A detailed presentation on the Market Position Statement would be considered at the ASCC meeting on 23 July 2024. **Action by - ASCC**

5.6 Noting questions about integrated brokerage arrangements and the decision to centralise the brokerage of respite/bed-based care taken in September 2023, it was suggested that a more detailed update be included in the Adult Social Care update report for consideration by the committee at the 23 July meeting. **Action by – Adult Social Care Team**

The report was noted.

Post minute notes: After the meeting, the following clarification regarding the performance indicator on the “proportion of adult alcohol misusers who have successfully completed treatment” reported on page 5 of the performance report (page 25 of the full pack) was received.

Update: the Quarter 2 figure reported in the agenda pack, should have been reported as 34.9%, not 35.9%. The indicator symbol should therefore have been shown as an orange diamond, (lower than target).

Clarification: Quarter 2 performance was 34.9% (283/811). As was expected, this was an increase from the last quarter but was slightly below target. Projecting forward 6 months, it was anticipated that performance will remain at around 35%. The primary reason for this performance trajectory is the anticipated effect of the recommissioning of the service which will likely mean performance will be variable during the transition period between the old contract and the new contract. 42 further completions will be required to bring this to the local authority family comparator top quartile.

6. CHIEF FIRE OFFICER UPDATE

6.1 The committee received an overview of information on matters relating to the portfolio of services delivered by the Chief Fire Officer of the Gloucestershire Fire and Rescue Service and within the remit of the Gloucestershire County Council’s Adult Social Care and Communities Scrutiny Committee, (Trading Standards and Coroner Services). The report was taken as read at the meeting.

6.2 To view the report published with the agenda, please refer to the link [here](#).

6.3 It was reported that the Gloucestershire Coroner’s Service would be submitting funding bids for consideration as part of the Medium-Term Financial Statement process 2024/25. The funding would be allocated towards seeking additional urgent staffing resources from which to ease current and ongoing pressures. In addition, it was hoped the bid would secure additional funding to add to the baseline budget to cover inflationary, price-inelastic cost increases affecting the service.

6.4 Current service delivery risks included: -

- i. Lack of duty pathologists available to undertake Coronial post-mortem work remains the highest current risk to the service.
- ii. Coroner’s officers working to full capacity and at levels not seen before.
- iii. Specific incidents leading to the suspension of service, reputational damage, closure of complex authority to conduct post-mortems removed.
- iv. Injuries to mortuary staff and reduced ability to move deceased around complex.
- v. Ongoing risks to Gloucestershire County Council from incurring significant legal costs, if, or when the HM Senior or Area Coroner’s judicial decisions are challenged. (To date no successful challenge made)

- vi. Risk of a mass fatalities incident occurring in the County. (Whilst all costs would fall outside the Coronial budget, there would inevitably be a significant knock-on effect on Coronial resourcing and business as usual).

6.5 At the full council meeting on 26 June 2024, a review of the committee terms of reference would be considered. Members to consider proposed changes to the terms of reference as agreed by the County Council's Constitution Committee on 10 June 2024.

6.6 In addition to the proposed changes to the ASCC, one member at the Constitution Committee meeting queried the Trading Standards, Libraries and Registration Service and Coroners topics falling within the remit of Adult Social Care and Communities Scrutiny Committee. It was felt these topics might be best placed for discussion at Fire Scrutiny Committee meetings and that the Chairs of both committees have a conversation on the proposal.

The report was noted.

7. ADULT SOCIAL CARE UPDATE

7.1 Members received an overview of information on matters relating to the delivery of Adult Social Care in Gloucestershire. The information was taken as read at the meeting. For more details, please refer to the report published with the agenda for the meeting at the link [here](#).

7.2 Members attention was drawn to Appendix 1 of the report and an update on the NHS Gloucestershire 'Working as One' Programme. It was explained that the aim of the programme was to co-ordinate health and care for people and to provide support to enable people to stay healthy, recover quickly following an illness, and to ensure that care and treatment was received in the most appropriate place. The comprehensive programme was launched at a system-wide event in September 2023. For more information, please refer to the link [here](#).

7.3 Incorporated within the report was an update on the Care Quality Commission (CQC) assessment of Gloucestershire County Council Adult Social Care Services. Members were informed that on 18 March 2024, as a requirement of the Health and Care Act of 2022, the council had received notification from the Care Quality Commission (CQC) of its intention to assess Gloucestershire's adult care services.

7.4 Gloucestershire is the first local authority in the South-West Region to be notified of the assessment. At the time of the meeting, it was anticipated the CQC would be on site from mid-May to October 2024, with six weeks' notice in advance of any onsite visit.

7.5 For more details of the self-assessment process and the councils preparations for inspection, please visit <https://www.gloucestershire.gov.uk/health-and-social-care/cqc-assessment-of-gloucestershire-adult-social-care/>

7.6 The Executive Director of Adult Social Care, Wellbeing and Communities gave an in-depth update on the development and publication of the Market Position Statement (MPS) for Gloucestershire. Following an intensive period of consultation, the MPS was now complete and would be considered at the Cabinet meeting on 15 May 2024. Once approved, the MPS would be published on the County Council website in early June.

7.7 Members were asked to study the document in detail and to submit any questions to jo.moore@gloucestershire.gov.uk before the next meeting. A full presentation on the statement would be made at the ASCC meeting on 23 July 2024.

The report was noted.

8. PUBLIC HEALTH UPDATE

8.1 Members received an update on matters relating to the delivery of Public Health Services in Gloucestershire. The report was taken as read at the meeting. To view the information report circulated with the agenda, please refer to the link [here](#).

8.2 The Director of Public Health introduced the item with an outline of county-based information and key statistics provided by the Office of National Statistics.

8.3 As reported at previous meetings, members were advised of a drop in the number of people receiving their Measles, Mumps and Rubella (MMR) Vaccination, combined with an increasing number of measles outbreaks in most parts of England, including a small number of cases in the South-West Region and in Gloucestershire.

8.4 The World Health Organisation recommendation is that 95% of the population should receive two doses of the MMR vaccine in order to prevent measles spreading.

8.5 In 2022-23, the average number of children in England (age under 5) reported as having received the vaccine had been 84.5%. The uptake of the vaccine in Gloucestershire had been slightly higher and was now over 90%. There were, however, still pockets of lower uptake, predominantly in central urban areas.

8.6 During the 4 weeks from 25 March 2024, 220 new cases of measles had been reported. This represented an increase on the 191 newly confirmed cases reported for the equivalent period in UKHSA data published on 18 April 2024. The highest number of cases reported had been in the London area, representing 94 of 220 cases, (42.7%), West Midlands, 47 of 220, (21.4%), and the North-East, 23 of 220, (10.5%).

8.7 Between 1 October 2023 and 22 April 2024, there have been 13 confirmed cases of measles in the South-West region. Whilst this represented less than 1.1% of the nationally confirmed cases and reflected a successful uptake of MMR vaccinations in the county, UKHSA was continuing to work with the ICB,

Gloucestershire County Council and with local partners to ensure adequate pathways were in place to respond to cases and potential outbreaks, as required.

8.8 In addition to an increased number of measles outbreaks, there was also a larger than expected number of cases of pertussis, (whooping cough), that had been notified to UKHSA in England. In 2023, there had been 858 new lab confirmed cases of pertussis reported to the UKHSA, whereas in 2024, 555 cases had been laboratory-confirmed in January and 913 cases in February alone.

8.9 It was suggested that intervention measures implemented to help control the spread of COVID-19 between March 2020 and July 2021 might have had an impact on other infectious diseases, including pertussis. Consequently, pertussis activity has been exceptionally low across England since April 2020. The current rise in the number of pertussis cases had just become a national exceedance, with cases now slightly higher than pre-pandemic levels.

8.10 Pertussis is most likely to cause severe illness in young babies. It is therefore critically important to promote vaccination in pregnancy as key to passively protecting babies before they can be more directly protected by the routine infant immunisations programme.

8.11 The pertussis vaccination is recommended in every pregnancy between 20 and 32 weeks, ideally after the 20-week scan, but also as early as 16 weeks for pragmatic reasons to ensure vaccination. It is important babies are vaccinated on time and for those who miss their vaccination are caught up at the earliest opportunity. This is normally when the babies are eligible for infant doses at 8, 12 and 16 weeks of age.

8.12 Communications on the effectiveness and safety of vaccines had been communicated widely over the past few months, both through the promotion of national campaign materials, including the celebration of World Immunisations Week, and from the development of local assets. Communications had been made via Instagram and by local radio and was designed to reach those most likely to benefit from the campaign.

8.13 Work was underway to promote vaccinations in pregnancy and to share UKHSA resources for initiating 'vaccine conversations' between professionals working with pregnant women and young children.

8.14 An information page produced by NHS Gloucestershire on vaccination related information can be viewed [here](#)

8.15 Members were asked to encourage parents to check their children's vaccination status and to ensure they were vaccinated as soon as possible. More information on MMR checks can be found on the NHS Gloucestershire website at the link [here](#).

The report was noted.

Minutes subject to their acceptance as a correct record at the next meeting

9. WORK PLAN

9.1 As the final meeting of the committee under the current membership, members were asked to reflect on items considered at meetings during 2023-24 and to put forward items for consideration by the new committee at its first meeting in July.

9.2 The committee was advised of a dementia awareness training session for all members scheduled to follow on after the Adult Social Care and Communities Scrutiny Committee meeting on 10 September 2024.

23 July 2024

10 September 2024

12 November 2024

CHAIRPERSON

Meeting concluded at 12.15pm