

# HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

**MINUTES** of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 14 November 2017 at the Council Chamber - Shire Hall, Gloucester.

**PRESENT:**

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

Apologies: Cllr Joe Harris and Cllr Helen Molyneux

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

Caroline Smith - Senior Manager Engagement and Inclusion

Maria Metherall - Senior Commissioning Manager Urgent Care

**Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)**

Deborah Lee – Chief Executive

Peter Lachecki - Chair

**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

Ingrid Barker – Chair

**2Gether NHS Foundation Trust**

Professor Jane Melton - Director of Engagement and Integration

**26. 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.

Cllr Pam Tracey declared an interest as she is a friend of Gloucestershire Royal Hospital.

## **27. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on Tuesday 12 September 2017 were agreed as a correct record and signed by the Chairman.

## **28. WINTER PLANNING**

- 28.1 The committee received a detailed presentation from the Senior Commissioning Manager, Urgent Care, Gloucestershire Clinical Commissioning Group (GCCG). (For information the presentation slides were uploaded to the council website.) The committee was informed that the development of this plan built on experience from previous winters and from the NHS Improvement (NHSI) publication on national priorities for acute hospitals: 'Good practice guide: Focus on improving patient flow' (July 2017). The system wide requirements for Gloucestershire were:
- To achieve the national 4 hour standard for A & E
  - To maintain elective and non-elective flow within the acute trust
  - To maintain high quality care for all patients accessing Gloucestershire services
  - To provide robust staffing by supporting staff to stay well alongside securing required staffing levels
- 28.2 Last year elective activity in the acute trust was significantly impacted by non-elective flow. To improve this position trauma and orthopaedic non-elective surgery would be managed at Gloucestershire Royal Hospital (GRH) with elective surgery at Cheltenham General Hospital (CGH). It was important to note that this was a pilot not a service change. The pilot would be evaluated and any future action discussed with the committee. Members were informed that one week after implementation the data was already showing an improvement in patient experience.
- 28.3 Members agreed that it was clear that this was a system wide plan – no one partner could deliver this on their own. NHS England has informed the Gloucestershire Clinical Commissioning Group that in its view this was a strong plan.
- 28.4 The committee was informed that a lot of work has been undertaken to improve the discharge process for patients.
- 28.5 With regard to trauma and orthopaedic some members expressed concern informing the meeting that they had been contacted by paramedics who had indicated that they were not aware of the change and had attempted to drop off patients at Cheltenham General Hospital (CGH). It was also stated by some members that they had also been contacted by staff who said that they had not been informed of the change until very late in the process. The Chief Executive, Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), informed the committee that she was concerned to hear this, and had also heard similar information from other sources. She has spoken with staff who had assured her that they had been informed in advance and some had been involved in the project. She acknowledged that the Trust could have better communicated the change with the South Western Ambulance Service NHS Foundation Trust (SWASFT).
- 28.6 Committee members were aware that managing people presenting with a mental illness took up a lot of time and put pressure on the system. It was questioned whether the winter plan would be able to withstand these pressures. It was also questioned whether there was

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any progress on identifying a specific space at CGH to manage these patients. Members were also aware of the national shortage of mental health professionals and questioned the situation in Gloucestershire.

- 28.7 The committee was informed that the GHNHSFT had not yet been able to secure the capital funding for to provide a dedicated mental health space at CGH ED but would continue to pursue this matter. The committee was also informed that all services worked together to support people with a mental health crisis; that there was a wraparound service in place. It was also explained that there was work in place to attract mental health professionals to Gloucestershire. The committee was informed that any workforce vacancies were being appropriately managed so as to not adversely impact on patients.
- 28.8 A member questioned as to whether the achieving the 4 hour A & E target was a suitable indicator as to whether the whole system was in fact improving. It was explained that this was a good indicator to monitor; if the system was not working this was where it would show. Members were also informed that each scheme within the winter plan has clear benefit realisations attached; if they were not producing the required success factors there should be dis-investment in that scheme.
- 28.9 The committee was informed that with regard to Nursing staff, GHNHSFT was in a very good position this year. 60 nursing students had come out of training, vacancies were dropping, and spending on agency staff was reducing.
- 28.10 In response to a question regarding the number of ED Consultants currently working at GHNHSFT it was reiterated that the issues relating to the changes to A & E (2013) was not about the number of consultants but rather the number of middle grade doctors.
- 28.11 The Chairman indicated that the committee would need to closely monitor performance data through the winter period to ascertain if the expected outcomes from the winter plan were being achieved, and that the escalation management actions had worked effectively.

## **29. QUARTER 1 ADULT SOCIAL CARE PERFORMANCE REPORT**

- 29.1 The committee was concerned that ASC1 % of ongoing service users who have had a full reassessment of their needs in the last 12 months remained worse than tolerance. The Director of Adult Social Services (DASS) informed the committee that the service was managing the demand at the front door as a priority, although it was also clear that if there was to be a change in the way that the council worked with people then re-assessments needed to be addressed.
- 29.2 Performance against ASCOF 2A permanent admissions aged 65+ to residential and nursing care homes per 100k population was also of concern, particularly as the council had been making good progress previously.
- 29.3 It was noted that this performance report was for quarter one only, when other areas of the council were reporting quarter two.

## **30. QUARTER 2 PUBLIC HEALTH PERFORMANCE REPORT**

- 30.1 The committee noted that the percentage of customers of the Stop Smoking service who quit for 4 weeks was in line with the national figure of 50%. However, it was noted there was a decline in the number of people accessing these services, which again was in line with the national position. It was felt that this was probably due to the rise in vaping.

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- 30.2 The uptake of NHS Health Checks remained a challenge; it was difficult to persuade people to take up this offer. This service was due to be re-commissioned in April 2018 and consideration was being given as to how to target those people who would most benefit.
- 30.3 The percentage of late HIV diagnosis was showing as worse than tolerance. However, it was explained that the increase in this period is within the normal expected variation. It is also important to note that Gloucestershire has low numbers of new HIV diagnoses and therefore a small change in the number could substantially skew performance.
- 30.4 In response to a question with regard to drug and alcohol services it was explained how the needs analysis had been undertaken, and the feedback received from service users as to how they would prefer to engage with the service. Members were informed that as opposed to the previous provider the new provider, CGL, would meet with service users at a mutually agreed location; it did not restrict service users to specific locations. It was agreed that the next performance report from the Director of Public could provide information on the geographical spread, and how support to children and young people was structured.
- ACTION: Sarah Scott**

## **31. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT**

- 31.1 The committee was pleased to note that performance against the 4 hour A & E target was beginning to show significant improvement; it would be important to see if this could be sustained in the longer term.
- 31.2 The committee congratulated the 2Gether NHS Foundation Trust (2G) on the performance against the targets for the Children and Young People's Mental Health Service (CYPS). Members requested information on where Gloucestershire stood in comparison with similar areas.
- ACTION: Jane Melton**
- 31.3 The committee reiterated its concerns with regard to the national workforce situation relating to mental health professionals. The Director of Engagement and Integration, 2G, informed members on the steps taken by 2G to ensure that there were no consultant posts without cover, and how challenges relating to mental health nurses were managed.
- 31.4 In response to a question it was explained that the virtual ward was in effect a focus on providing enhanced care in the home setting; taking a more proactive approach particularly with people who have a long term condition. In the first instance a pilot was being trialled in Gloucester City.
- 31.5 Members welcomed the improvement in performance with regard to delayed transfers of care (DTOC); it was hoped that this could be sustained.
- 31.6 A significant concern for the committee related to the cancer targets, particularly the 2 week and 62 day targets. The Chief Executive of GHNHSFT informed committee members that this was a huge priority for the Trust, and that the Trust Board had requested further work on the action plan to recover this position. The committee would closely monitor this situation.

## **32. ONE GLOUCESTERSHIRE STP LEAD REPORT**

- 32.1 This was the first report of the Gloucestershire STP Lead to the committee and brought the committee up to date with STP activity. (For information the presentation slides were uploaded to the council website.)

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- 32.2 The committee was particularly interested in the national direction of travel for urgent and emergency care. The STP Lead explained that proposals for Gloucestershire were still being worked through; she expected that these would be ready for consultation in late Spring/early Summer 2018 . It was explained that these proposals would create a network of Urgent Care Centres (UCCs) across Gloucestershire. Committee members were concerned that this left a very unclear picture as to what the impact on Minor Illness and Injuries Units in the county would be, and what this could mean for the two A & E departments.
- 32.3 It was noted that GHNHSFT has commenced engagement with staff in respect of a proposal to consider the establishment of a Subsidiary Company (Subco), wholly owned by the Trust, to provide a range of support services back to the Trust. The proposal was a key part of the Trust's financial recovery plan due to the taxation benefits it afforded the Trust but evidence from elsewhere also demonstrated that the model has the potential to deliver other significant non-financial benefits. If the Trusts were to proceed with this option it would be required to undertake full consultation with its staff. The committee agreed that it would be helpful to be informed of progress.
- 32.4 The committee agreed that it would be helpful to receive further updates on progress of the STP.

### **33. GCCG CLINICAL CHAIR/ACCOUNTABLE OFFICER REPORT**

- 33.1 The committee asked to be kept informed on the progress of the merger of 2G and Gloucestershire Care Services NHS Trust (GCS). It was noted that the committee would have a role in any significant service change proposals that might be identified subsequent to the merger.
- 33.2 It was questioned whether where GP mergers were in process whether these were considered against the wider impact on the locality. The Clinical Chair, GCCG, reminded the committee that GPs were independent businesses. He informed the committee that the GCCG Primary Care Commissioning Committee did consider all applications. Going forward it was important to ensure that there was resilience and consistency in the primary care offer across the county. He explained that where practices worked together geography was not necessarily a barrier and cited the example of a GP practice in the Tewkesbury locality working with a practice in Cheltenham.

### **34. DIRECTOR OF PUBLIC HEALTH REPORT**

The committee noted the report.

### **35. DIRECTOR OF ADULT SOCIAL SERVICES REPORT**

- 35.1 In response to a question regarding the recruitment and retention of social workers it was explained that the turnover rates in adult care was not as high as in children's services, and the service aimed to restrict the use of agency social workers.

## **CHAIRMAN**

Meeting concluded at 13:05