HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting of the Health Overview & Scrutiny Committee held on Thursday 22 October 2020 commencing at 10.00 am

PRESENT

Cllr Brian Robinson (Chair)
Cllr Brian Oosthuysen
Cllr Nigel Robbins OBE
Cllr Terry Hale
Cllr Stephen Hirst
Cllr Pam Tracey MBE
Cllr Robert Vines
Cllr Suzanne Williams
Cllr Martin Horwood
Cllr Dilys Neill
Cllr Collette Finnegan
Cllr Steve Lydon
Cllr Jill Smith
Cllr Bernie Fisher

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
Rachael De Caux

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

Gloucestershire County Council
Cllr Carole Allaway Martin, Cabinet Member for Adult Social Care Commissioning

1. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Helen Molyneux, (Forest of Dean representative), and Cllr Paul Hodgkinson, (Gloucestershire County Council representative). Cllr Bernie Fisher substituted for Cllr Hodkinson at the meeting.

Apologies were also received from Cabinet Members, Cllr Tim Harman and Cllr Kathy Williams.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

3. MINUTES

The minutes of the meeting held on 15 September 2020 were agreed as an accurate record of that meeting.

4. PUBLIC REPRESENTATION

Agenda item 6 - Forest of Dean Community Hospital Consultation

The following representation was made by Mr John Thurston on behalf of Friends of Lydney Hospital.

Statement

Our question does not apply to the provision of inpatient beds but to the loss of other local services in the South Forest if Lydney Hospital is completely closed.

In recent years Outpatients and Urgent care visits to Lydney are many times the number of inpatients visits and are the mostly highly valued aspects of the local provision.

In the very short time available, we have not been able to digest all of the papers, but we are pleased to see that there is an acknowledgement of the representations that have been on loss of services. We would welcome an opportunity to partake in a constructive working group, however presently, there is no commitment that funding will be made available to provide those services or that they are considered necessary.

Knowing the current resource, buildings and people, we see no evidence that there is an ability to provide and fund such a provision despite the plans to close the existing hospital.

We were encouraged to support the case for a single hospital with inpatient beds for the three towns on the understanding that comprehensive health provision would be made in the other two towns.

Lydney and South Forest is the largest and fastest growing area of the Forest of Dean. Transport and travel are not good, and many people live outside or on the 30 minutes travel time. The passenger miles will substantially increase without a local health hub.

Our aspiration is to replace the lost services (and others) in a new innovative 21st Century facility. We are now an ever increasingly, 365/7/24 hour society, expecting immediate response and those in rural areas have an equal right to partake. Over many years we have had good provision and do not wish to be disadvantaged.

The Friends of Lydney and District hospital are prepared to offer support to new services in Lydney.

Response from Ellen Rule: Director of Transformation and Service Redesign for the Gloucestershire NHS Clinical Commissioning Group (CCG) on behalf of the One Gloucestershire Integrated Care System (ICS).

Acknowledging the concerns, the Director of Transformation and Service Redesign clarified that the focus of the consultation would be on the services to be contained within the new single hospital to be built in the Forest of Dean. As outlined in the meeting documentation, there had been significant previous engagement and consultation resulting in the decisions to consolidate the existing two hospitals into a single site, the location for that facility being Cinderford.

It was recognised that some of the feedback that had been received had suggested that residents from the South of the Forest would receive a lower level of provision to that which they currently received due to access and travel difficulties. Therefore, alongside the consultation, it was proposed that CCG convene a working group to consider how it might develop any additional services in the South of the Forest. Any proposals developed by the group would then need to be assessed in terms of deliverability, sustainability and impact to other service provision so that appropriate recommendations could be made to the CCG Prioritisation group and ICS Board for consideration.

The CCG would be seeking people to nominate themselves to join the working group. Dependent on the levels of interest received, the nominations would be considered in terms of what would be the best way to take the working group forward. The aim was to convene the working group in early 2021 following the end of the consultation process.

In addition to seeking representation from people living in the South of the Forest, a key aspiration was that the working group would be made up of health and social care professionals from across the locality and from the range of services for discussion. It was confirmed that a range of surveys would be used, including engagement via MS Teams and, where appropriate, face to face workshops to help understand and develop any proposals that might emerge and support the development of robust business cases for any new service provision. This may include both infrastructure and service considerations.

It was confirmed that the CCG was involved in positive discussions with local general practice (GP) providers and remained committed to the development of a business case for a new health centre within the South of the Forest once a clear direction and solution had been reached across general practice.

Mr Thurston was thanked for his participation at the meeting and the response to his concerns noted.

5. FIT FOR THE FUTURE UPDATE

Ellen Rule, Director of Transformation and Service Redesign for the Gloucestershire NHS Clinical Commissioning Group, (representing One Gloucestershire Integrated Care System), set out the proposals and outline plan for the ICS Consultation on the development of specialist hospital services at Cheltenham General (CGH) and Gloucestershire Royal (GRH) Hospitals. The consultation will form part of the Gloucestershire Fit for the Future Programme and the long term vision of ensuring Gloucestershire is placed at the forefront of healthcare delivery nationally.

To date, the programme has focussed on two areas of work;

1) Developing a joined up responsive approach to offering community based urgent care; and

2) Developing the 'Centre of Excellence' model of care for delivering specialist care services.

The set of proposals for consideration at this meeting related to the development of Centres of Excellence for specialist hospital based care within hospitals operated by the Gloucestershire Hospitals NHS Foundation Trust. The focus of developing this model of care was to ensure patients with serious illnesses or injuries received specialist treatment with the appropriate specialist staff, skills and equipment from which to achieve the best possible outcomes and experiences.

5.1 Noting strong expressions of concern from some members of the committee about the timing of the consultation in relation to the challenges and pressures presented by the COVID-19 pandemic, the Director of Transformation and Service Redesign advised members that, to delay the consultation was not an option and could seriously hinder the process. The committee noted the significant benefits anticipated from the changes and the importance of consulting at this time. The consultation follows an extensive period of public and staff engagement.

5.2 Members were advised that the Gloucestershire Memorandum of Understanding (MOU), (produced to assist the committee when making a recommendation to the CCG to consult), would not be required in relation to the two consultations for consideration at this meeting. The consultations formed part of a long running programme, each with a clear consultation timetable in place.

5.3 For clarification, it was explained that the purpose of the presentation at this meeting was to seek the committees views on the decision to go out to public consultation on proposals relating to the reorganisation of specialist services at Cheltenham General (CGH) and Gloucestershire Royal (GRH) Hospitals. The services included:-

- Acute Medicine (specifically acute medical take)
- Gastroenterology inpatient services - medical care services for stomach, pancreas, bowel and liver problems
- General Surgery - conditions relating to the gut. Specifically, emergency general surgery, planned lower gastrointestinal (colorectal) surgery and planned day case surgery
- Image Guided Interventional Surgery (IGIS) – including vascular surgery. This area of work involves the use of instruments with live images to guide the surgery
- Trauma and Orthopaedic inpatient services (T&O) - diagnosis and treatment of conditions relating to the bones and joints

5.4 The committee noted the steps that had been taken to proceed to the consultation, including the mitigations considered in response to concerns raised at previous meetings on the intention to consult during a pandemic.

5.5 Setting the context and background for the proposals, it was explained that the consultation reflected the vision of developing a single hospital facility located over two sites. In line with ICS priorities, it was proposed that the majority of services would be delivered locally, (closer to home), to avoid less people having to travel out of the county for treatment and specialist care. To centralise the county's specialist services would allow the best use of the scare resources. Following the merger into a single Trust in 2002, a number of services had centralised to one of the two main hospital sites; these included paediatrics, gynaecology and trauma to GRH and ophthalmology, oncology and urology to CGH.

5.6 Although many adult medical and surgical specialities continued to be delivered at both sites, it was apparent that this was creating increased workforce pressures and compromising the standards of delivering quality specialist care in Gloucestershire. In some cases, this involved people having to travel to hospitals into other counties to access specialist services, primarily Bristol, Birmingham and Oxford.

5.7 To maximise the opportunities presented by the proposed two site configuration, it was proposed that the Trust develop one of the sites to focus on planned care and the other to focus on emergency care. A full separation of planned and emergency care was not envisaged. The proposal was to retain a 24/7 emergency care department at GRH; a 24/7 emergency department at CGH, (with a nurse led unit overnight); and 24/7 intensive treatment units (ITU) at both sites.

5.8 Detailing some of the processes involved in the development of the solutions/options appraisal business case for the proposals, including the use of appraisal workshops, input from a range of external review groups, and assurance meetings held in August, September and October, the Director of Transformation and Service Redesign confirmed that the longlist of options identified at the outset had now been consolidated into a short list of options proposed for public consultation.

5.9 Having been assurance tested against four key tests plus financial and best practice requirements, the appraisal process had undergone a number of change proposals before selecting the preferred options. These included: -

Fixed proposals common to all models:

i. Formalise the reconfiguration of Trauma and Orthopaedics (currently a pilot)
ii. Formalise the reconfiguration of Gastroenterology (currently a pilot)
iii. Retain the current configuration of planned Upper Gastrointestinal surgery (GI) (centralised at GRH)
iv. Centralise the acute medical take to GRH
v. Centralise Emergency General Surgery to GRH
vi. Centralise General Surgery day cases to CGH
vii. Develop highly specialist equipment to provide 24/7 Image Guided Interventional Surgery (IGIS) hub and vascular surgery at GRH with IGIS spoke treatment at CGH
viii. Establish an enhanced 'deteriorating patient' model delivered by an Acute Care Response and Intensive Treatment Unit teams for 24/7 care of patients in CGH

Proposal with variable options:

i. Centralise planned Colorectal services to CGH **or** Centralise Elective Colorectal services to GRH

5.10 The combination of fixed and variable proposals created two separate configuration option models, (outlined in detail in the Consultation Brochure Document). Reinforcing the need for consultation, members were referred to the Communication and Consultation Strategy and Plan as set out in the Pre-Consultation Business Case.

5.11 Referring to the paper presented at the committee meeting in September regarding temporary service changes at CGH, it was acknowledged that there was some overlap between the emergency service changes that had been introduced to support the county's incident and recovery responses to COVID-19 and that this may have created confusion in the perceptions to the public and stakeholders.

5.12 For clarification, it was explained that Fit for the Future did not relate to the temporary changes made earlier in the year in response to the COVID-19 pandemic. It was noted that some of the medium to long term changes proposed at this meeting, as part of the Fit for the Future Programme, related to some of the services affected by temporary changes.

5.13 Key points noted at the meeting included: i) The service changes implemented over the summer months were temporary, introduced to help manage the impact of COVID-19. ii) The Fit for the Future Programme remained the mechanism for agreeing permanent service change. iii) The programme was modelled on 'normal' demand rather than COVID-19 demand, and focussed on the medium to long term, not short-term response to the crisis; iv) There was some overlap between the

emergency service changes enacted as part of the pandemic response and the emerging proposals in the Fit for the Future Programme, but the proposals were not the same; v) As requested, a proposed approach to restoring services at CGH A&E department had been set and planned for March 2021.

5.14 In response to a request made at the previous meeting, to produce an outline plan of the restoration requirements to restore emergency services to pre-COVID-19 arrangements at CGH, (currently operating as a Minor Incident and Injury Unit from 8am to 8pm), it was confirmed that it would be necessary to meet the following criteria -

Cheltenham A & E	**Gloucestershire Royal A & E**
Consultant led – 8 am to 8pm	Nurse led – 8pm to 8am

CGH Only - Criteria 1: Availability of Point Care Testing

- Enable emergency patients attending CGH to be treated safely in one of 3 pathways: confirmed COVID-19, non COVID-19

- Maintain current very low levels nosocomial (in hospital) transmission

CGH and GRH - Criteria 2:

Evidence that reversing the temporary service change would not reduce the scope or level of activity currently being developed in elective and cancer care (diagnostics and operations)

CGH and GRH - Criteria 3: Workforce Availability (both hospitals)

Must be possible to continue to fill greater than 85% of CGH and GRH A&E rotas with substantial staff

CGH and GRH - Criteria 4:

Any factor where reversing the temporary changes would expose patients and/or staff to an intolerable safety risk

5.15 Members questioned the role of the committee in relation to making service changes and going out to consultation. Referring to a legal document published for the NHS England and Improvement Primary Care and System Transformation Team in August 2020, members were informed that the new guide set out the relevant legal considerations for NHS bodies for use when in the process of changing services.

5.16 Legislative information provided in the committee report and reported at the meeting is appended as Appendix A.

5.17 In reaching the decision to consult during a pandemic was discussed with National Health Service England and The Consultation Institute. Both bodies

assured the CCG that the consultation process, including the strategy and the plan for consultation were appropriate. Neither body indicated that a delay to commencing consultation was necessary.

5.18 The Director of Transformation and Service Redesign reported a commitment to undertake a 'socially distanced' consultation and that investment had been made in new online participation methods to support this process.

5.19 The following questions and concerns, (raised by the committee at the previous meeting), were noted:

- *Is this the best time to enter into the consultation? The focus surely should be on meeting COVID-19 and demand which currently isn't being met e.g. cancer care*

- *Continuing with the consultation could risk confusing patients and members of the public, cutting across key messages and clarity on what needs to be done to fight COVID-19*

- *Volunteers, councillors and other stakeholders may not be able to focus and give in depth feedback due to focussing on other issues*

- *We really don't know what the 'new normal' will be: we don't know how effective treatments for COVID-19 will be or how many vaccines will be available, how much they'll cost and how effective they will be and what demands that will put on any clinical setting. As a result, the proposals being consulted on may no longer be the right ones, resulting in them having to be reversed or amended in the future.*

5.20 In response to the concerns, the Director of Transformation and Service Redesign stated that, having considered the matter carefully, and whilst the programme had been paused during of the first wave of COVID-19, the risks of pausing the consultation at this stage now outweighed the risks of proceeding. A number of services were currently operating under temporary change agreements, a situation that had already created a degree of uncertainty for staff and the public.

5.21 It was not anticipated that the decision to consult would place the service delivery team at risk. The staff who ran the consultation processes would not be directly engaged in service delivery. A small amount of clinical time would be used to support the process but this would be outside of patient contact hours for those staff involved.

5.22 It was accepted that some members of the public/stakeholders may be pre-occupied with the current position and may find it hard to focus on the issues set out in the consultation. It was hoped this would be addressed by offering a wide and comprehensive range of consultation materials, including online and face to face engagement.

5.23 It was suggested that, if people chose not to talk about their COVID-19 experiences during the engagement process, this would be added to the future planning and delivery of services process where COVID-10 was part of the new normal.

5.24 Regarding the 'future proofing' of the proposals, ICS concluded by stating these were the right proposals for the development of Gloucestershire's hospital services, regardless of whether COVID-19 levels were high or low.

5.25 A detailed presentation of the proposals was provided at the meeting and can be viewed at the link here

5.26 Several members of the committee reiterated historic concerns and questioned the timing of the consultation during a pandemic. The concerns ranged from the risks involved in undertaking a consultation at this time; doubts about whether a fair hearing would be given; doubts on whether the consultation would reach the right people; concerns about the need for the One Gloucestershire ICS Partnership to concentrate on responding to the pandemic; and the need to pursue different methods of engagement. The question of why the media had announced the start of the consultation before being considered at the meeting was also questioned.

5.27 Other members member pointed out that the pandemic could continue for an indefinite or prolonged period of time. To delay the consultation could incur significant, detrimental repercussions, including missed opportunities in securing significant amounts of available funding.

5.28 Clarifying the role of the committee in the decision to proceed to consultation at this time, it was explained that, whilst the views of the committee would be taken into consideration, this should not prevent nor delay the planned launch of the process. Although members views represented an important part in making the decision, the NHS ICS was not bound by them.

5.29 At the end of the consultation, the committee could express its views on the legality of the process and if the consultation was considered lawful. If the committee had the evidence to support its views, any concerns about the legality of the consultation process could be referred to the Secretary of State.

5.30 Reassuring members that work would continue to address the repercussions of the pandemic, it was confirmed that the consultation process would run alongside such work and would be monitored and reviewed throughout the process. A mid term review would be vital to the monitoring process, as would be the observations made by the Citizen's Jury Panel. Regular update reports and feedback would be presented to the committee at future meetings.

5.31 Highlighting the barriers presented to some members of the public in having to use on-line consultation arrangements, the committee urged ICS to consider alternative means to engage with people without access to computers or not

comfortable with digital technology. Members were re-assured every effort would be made to engage with the public face to face and via telephone appointments.

5.32 Summarising some of the key points from the discussion, the Chair put it to the committee that the decision to consult had met with the required criteria to proceed to consultation. He accepted that, at this current time, there was a potentially higher level of risk to the engagement process than at previous times, but suggested that this should be balanced against the benefits and opportunities feedback from the consultation would provide in the aim of developing specialist services in Gloucestershire.

5.33 t was suggested that the role of the committee, at this stage in the consultation, was to assist in the monitoring and review of the proposals and to await until the end of the consultation before undertaking an evaluation of the overall performance and the methodology used.

5.34 An update on the progress of the consultation would be provided as part of the Accountable Officer Report at the next meeting.

5.35 What happens next?

- The consultation will run from 22 October to 17 December 2020
- All feedback will be included in an Output of Consultation Report
- A second Fit for Future Citizen's Jury will be held in January 2021 to consider feedback from the consultation, record its observations and make recommendations to decision makers from the NHS bodies listed below.
- A consultation review period will follow, whereby the Gloucestershire Hospitals NHS Foundation Trust and the NHS Gloucestershire Clinical Commissioning Group (CCG) will consider the feedback at public meetings held throughout March 2021 (including the HOSC meeting on 2 March 2020)
- A final decision will be made at the CCG Governing Body meeting on 11 March 2021 – this will be streamed live on the internet
- If the proposals are supported by the CCG Governing Body, the emergency General Surgery; Gastroenterology and Trauma and Orthopaedics inpatient service changes will be made permanent
- The timescale for the other changes will be determined by a number of factors such as estates, staff recruitment and training
- The Fit for the Future Programme structure will remain in place for programme and project managers to work alongside clinical staff from the specialist areas to develop detailed implementation plans
- Feedback from the consultation; the recommendations and the observations of the Citizen's Jury and the final decision made by the CCG Governing Body will be published at www.onegloucestershire.net/yoursay and at the online participation platform Get involved in Gloucestershire at https:///getinvolved.glos.nhs.uk

Appendix: Legal Considerations

1. Legal duties regarding service change and consultation

A new legal guide was prepared this year for NHS England and Improvement Primary Care and System Transformation Team and published in August 2020.

The guide sets out 8 relevant legal considerations for NHS bodies in the process of changing services. Legislation is only one element in a complex picture that includes: -

- Legislation – a law or a set of laws that have been passed by Parliament or on its behalf. For example, an Act of Parliament, or statutory instruments such as Regulations drafted using powers given to a Minister in an Act of Parliament.
- Statutory guidance – Guidance issued using powers given to NHSEI by primary legislation.
- Policy and guidance – Policy or guidance issued by a relevant body.
- Public law – the type of law governing the conduct of public bodies including the NHS which is derived from cases (sometimes known as common law).

The guide draws on these and other sources to introduce legal considerations for service change in context. The guide notes that it should be read alongside, and does not replace or supersede:

- Planning, assuring and delivering service change for patients, (NHS England, 2018)
- Effective Service Change – A support and guidance toolkit

The guide includes a section entitled ‘deciding to consult the public’.

Decisions on whether to hold a public consultation on proposals for service change as a means to discharge the duty to involve should take account of: -

- The description of arrangements for patient and public involvement included in the CCGs’ constitution in response to its statutory duty75;
- Patient and public involvement strategy or policy documents; and
- Other established practices, undertakings and previous commitments made.

NHSEI guidance notes that, where there is a duty for the commissioner to consult the local authority under the 2013 Health Scrutiny Regulations, it will almost invariably be the case that public consultation is also required. Irrespective of how a decision to hold a public consultation is arrived at, the common law duty of procedural fairness will inform the manner in which that consultation should be conducted.

Each NHS organisation should satisfy itself that its public involvement duty and duty to consult affected local authorities has been met. In practice, a single, well-

resourced period of consultation can be sufficient to satisfy commissioners' and providers' respective duties.

Note that public consultation will normally end before local authority consultation. "It is sensible for health scrutiny to be able to receive details about the outcome of public consultation before it makes its response so that the response can be informed by patient and public opinion." (s4.4.2, Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny, DoH 2014)

Guidance for Health Overview and Scrutiny Committees sets out the committee powers, which are to:

- Summon officers of health trusts to committee meetings
- Require information from NHS bodies on the planning and provision of health services
- Be consulted by health trusts about significant changes to service provision.

The circumstances for referral of a proposed substantial development or variation to the Secretary of State, occur when a health scrutiny body has been consulted by a relevant NHS body on a proposed substantial development or variation, but feel that:

- It is not satisfied with the adequacy of content of the consultation.
- It is not satisfied that sufficient time has been allowed for consultation
- It considers that the proposal would not be in the interests of the health service in its area.
- It has *not* been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

It should be noted that these scenarios all assume that the consultation in question has been completed, and that the committee is engaging in a **retrospective** review of the process**.**

6. FOREST OF DEAN COMMUNITY HOSPITAL

The committee considered proposals from the Gloucestershire Integrated Health and Care System (ICS) to commence the final formal stage of public consultation on the range of services to be provided at the new community hospital for the Forest of Dean. Based on the outcomes of previous phases of engagement and consultation, the planned hospital will be built in Cinderford and will replace the Dilke Memorial and Lydney and District Community Hospitals. The two existing hospitals will close when the new hospital has opened.

6.1 The new proposals have been developed following extensive engagement with local communities and clinicians from the Forest of Dean consulted on over several years.

6.2 During the last period of engagement, several issues were raised. These will be considered in the next phase of consultation and include: -

a) Proposed inpatient capacity in the new hospital
b) Urgent Care provision for the district, and in particular for residents of the South of the Forest (based on the confirmation that the new hospital will be located in Cinderford)
c) End of Life Care provision
d) Travel and Access

6.3 The committee noted the proposals, including the responses to the specific areas of interest raised during previous consultations. In addition, the committee noted information on the other services to be provided at the new hospital plus an overview of historic activities and proposed timelines for the next stages of the programme.

6.4 It was confirmed that all key assurances for the new proposals had been met and any challenges presented by the COVID-19 pandemic would be taken into account and managed during the consultation process.

6.5 A summary of bed test requirements for the proposed 24 beds for the hospital was outlined in the covering report to the committee.

6.6 One of the proposals related to the creation of an urgent care centre at the new facility. The new care centre would replace existing facilities at the Lydney and Dilke hospitals and operate from 8am to 8pm 7 days a week.

6.7 In response to concerns about the provision of urgent care for residents living in the South of the Forest and anticipated difficulties to access the new hospital, it was confirmed that a working group would convene to explore the options for providing urgent care in Lydney. Comments made by Mr John Thurston on behalf of the Friends of Lydney Hospital considered earlier in the meeting were noted.

6.8 It was acknowledged that travel and access remained a concern, particularly in terms of access to services from the far North and South of the District. It was further acknowledged that public transport provision in the Forest was, overall, generally poor. Discussions with the Forest of Dean District Council to seek to improve bus routes to the new hospital were ongoing.

6.9 Continuing with the issue of access arrangements to the new hospital, it was confirmed that travel and access had been a consistent theme in all stages of the engagement process, with detailed analysis of car ownership and public transport undertaken to consider the travel implications associated with the proposed change in service delivery. Members were reminded, however, that at this stage in the consultation, it was not the intention to consider the location of the new hospital – this decision had already been made and a site for the location had already been purchased for development in Cinderford.

6.10 End of life care proposals were considered as part of the presentation. As with national and local models of End of Life care, it was anticipated that there would be an increase in the number of people supported to die in their own homes or place of choice and a reduction in the number of people who die in hospital, including the new community hospital.

6.11 To enable as many people as possible to die in their preferred place of choice, a local spot purchase model is in place for the Forest of Dean. Working in partnership with the Great Oaks Hospice, the aspiration is to provide bedded and outreach home based hospice care for local residents.

6.12 A range of other services, namely Endoscopy and Outpatient Care services will also feature in the consultation. As with other services, the impact of the COVID-19 Pandemic has resulted in necessary changes to the way in which services are delivered, including outpatient appointments and therapy treatments. Looking beyond the current arrangements, it was confirmed that it was the intention to deliver these services as close to home as possible with the potential for greater use of technology and virtual appointments.

6.13 A range of outpatient services similar to those provided within the existing two hospitals will be provided at the new hospital. The new facility will be designed to take account of new ways of working and increased use of video consultation and technology.

6.14 The range of diagnostic services being proposed will ensure a local and accessible service for investigations, including ultrasound and blood tests for patients attending outpatients or the urgent care unit.

6.15 A power-point presentation on the proposals was presented at the meeting and can be viewed here

6.16 Earlier concerns about conducting a consultation during a pandemic were reiterated by several members. One member referred to the older demographic of the district and the impact on this sector of the population from having to make changes to the methods of engagement used during a pandemic. This and the limitations to residents without the benefit (or with poor and unreliable) broadband/digital technology were highlighted as significant concerns. Another concern was the potential feeling of isolation experienced by some members of the community from not being offered face to face consultations and treatment during the lockdown period. In spite of reassurances provided at the meeting, the committee requested that these considerations be taken in to account as part of the consultation.

6.17 Other concerns included i) the need for increased hospital provision to align with changes in the demographics of the district ii) the impact of people locating to the area/commuting to Bristol/Cardiff; iii) infrastructure concerns, including the need to overcome connectivity issues and pressures placed on SWAST from transport issues prevalent to the district; iv) concerns about the proposed low number of beds at the new hospital.

6.18 Responding to the concerns, members were reminded of the network of health provision available in the district, which would be used to support the community hospital. Services offered by community health centres and GP surgeries were described as critical elements of a joined up approach to delivering health care provision for the district.

6.19 Locality based teams already established in the district and the 'Home First' model of care were a further two approaches that would be used to overcome members concerns.

6.20 Questioning the need for maternity care provision in the district, members were advised of the support available to provide home births in the district. This and the need to balance providing maternity services at Gloucestershire Royal and Bristol against the financial cost of providing a local maternity facility and the required standards of equipment and staffing expertise were significant factors to take into consideration.

6.21 Reaffirming the reassurances provided earlier in the meeting, in response to concerns on how the consultation would be delivered during the current pandemic, Dr Andy Seymour, Clinical Chair of Gloucestershire CCG, outlined a wide range of consultation and assessment processes to be used to engage with the public and seek feedback on the proposals. Dr Seymour also outlined some of the measures currently in place to provide effective and as normal as possible service provision during the COVID-19 crisis. Such measures included video and, wherever possible, face to face consultations.

6.22 The next stages and proposed timeline for the Forest Hospital consultation was confirmed as: -

- Consultation Launch Date – 22 October 2020
- Consultation Close (end of 8 week consultation period) – 17 Dec 2020
- Consideration and review of consultation outcomes by CCG Governing Body – End of January 2021
- Complete Financial Business Case and progress to building of new hospital by Gloucestershire Health Care Foundation Trust Board – March 2021

It was agreed an update on the progress of the consultation would be considered as part of the accountable officer update report to the committee at its meeting on 17 November 2020.

7. WORK PLAN

The following items were added to the committee work plan for consideration at the November and January committee meetings.

17 November 2020

- Community Phlebotomy Services Update

- SWASFT Performance Indicators (to include an update on ambulance response times in response to COVID-19 requirements) – it was noted that this item was dependent on the SWASFT being able to attend the meeting at short notice
- Consultation Progress Updates - to be included in the Accountable Officer Reports
- COVID19 Update – to be included in the Accountable Officer Reports
- Review of HOSC Public Representation Process
- Standard Accountable Officer Update Reports

In response to recent reports of ambulances queuing when admitting patients to Gloucestershire Royal Hospital, the committee agreed it would be useful if the planned item to consider ambulance service performance indicators included information on the impact of the pandemic and on ambulance arrival times at GRH

Tuesday 12 January 2021

- Consultation Response Review – Fit for the Future
- Consultation Response Review – FOD Community Hospital
- Standard Accountable Officer Update Reviews

Noting concerns at this and the previous meeting about HOSC members, (in particular co-opted district members), no longer having an opportunity to engage or ask questions on social care/mental health issues considered under the remit of the County Council's Adult Social Care and Communities Scrutiny Committee meetings, it was suggested that a discussion on the revised role of the committee and an update on the scrutiny review of the changes to the GCC scrutiny function made by full council in 2019 be included on the agenda at the January committee meeting.

Members reinforced the strength of the discussion with concerns about not being able to direct questions to the GCC Director of Public Health and the Executive Director of Adult Social Care at HOSC meetings on the county's response to the COVID-19 emergency. (**Note:** The Director of Public Health has since agreed to attend the November HOSC meeting to respond to the committee's questions).

Noting the decision made by Gloucestershire County Council to split the remit of the Gloucestershire Health and Adult Social Care Scrutiny Committee to provide proper scrutiny of both areas, it is further noted that, included within this decision is the proposal that two joint meetings be held each year to specifically consider issues around the remit of the former committee. Within the council decision, it was recognised that *close links between Health, Adult Social Care and Children's Services and the national agenda around health and care would mean holding joint briefings and task groups required from time to time involving health professionals.*

Note: A joint meeting involving HOSC members and the GCC Adult Social Care and Communities Scrutiny Committee will be held on 26 January 2021.

Committee Chair, Cllr Brian Robinson, noted the committees concerns and informed members that he would accept questions on issues relating to the COVID-19 emergency at future HOSC meetings.

It was confirmed that a review of the county's scrutiny arrangements agreed by GCC in March 2019 would be undertaken by the GCC Democratic Services Team. The views of both scrutiny committees would be taken into consideration as part of the review with a report back to this committee at a future meeting.

In the meantime, the agenda and papers from Health Overview and Scrutiny Committee and Adult Social Care and Communities Scrutiny Committee meetings would be circulated to the members of each committee in advance of both meetings.

Members were also encouraged to view/listen to GCC committee meetings via YouTube accessed from the home page of the GCC website.

CHAIRPERSON

Meeting concluded at 12.40pm