

# HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Health Overview & Scrutiny Committee meeting held on Tuesday 2 March 2021.

Due to Covid-19 restrictions, and in accordance with government guidelines, the meeting was held virtually and can be viewed on the Gloucestershire County Council [here](#)

**Present:**

Cllr Stephen Hirst (Chair)	Cllr Robert Vines
Cllr Paul Hodgkinson (Vice-Chair)	Cllr Suzanne Williams
Cllr Andrew Gravells MBE	Cllr Collette Finnegan
Cllr Terry Hale	Cllr Martin Horwood
Cllr Brian Oosthuysen	Cllr Steve Lydon
Cllr Nigel Robbins OBE	Cllr Dilys Neill
Cllr Pam Tracey MBE	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  
Prof Mark Pietroni – Director for Safety and Medical Director  
Simon Lanceley- Director of Transformation

**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 – Executive Director of Adult Social Care and Public Health  
Cllr Carole Allaway Martin, Cabinet Member for Adult Social Care Commissioning  
Cllr Tim Harman, Cabinet Member for Public Health and Communities

**Gloucestershire Healthwatch** - Gill Bridgland

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## 1. APOLOGIES

Apologies were received from Cllr Helen Molyneux (Forest of Dean District Council).

## 2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

## 3. MINUTES

Subject to the following clarification, the minutes of the meeting held on 12 January 2021 were confirmed as an accurate record of that meeting.

Cllr Horwood referenced the dissatisfaction in the update provided at the January meeting from the South West Ambulance Service Foundation Trust (SWAST) and requested that the minutes expand on the concerns of the committee in more detail.

Cllr Horwood acknowledged the technical issues at the meeting but expressed his disappointment that the verbal presentation from SWAST had not provided the committee with more detailed information. Noting that the power-point slides referred to at the meeting had not been presented as a visual presentation and had only been circulated to members after the meeting, Cllr Horwood stressed the importance of receiving regular performance updates from SWAST, with a request for more comparative data, drawing on comparisons with the performance of other ambulance services.

Later in the meeting, it was suggested, (by Mary Hutton, as Accountable Officer of NHS One Gloucestershire), that SWAST include an update in the regular NHS CCG Chair/Accountable Officer report presented at each meeting. (The report currently includes provider updates from Gloucestershire Health and Care NHS Foundation Trust and Gloucestershire Hospitals NHS Foundation Trust).

The committee agreed it was too long to wait for an update on performance until the planned SWAST presentation to the committee at the 13 July 2021 meeting and welcomed the proposal to include regular data/performance updates at each meeting, in addition to the updates included in the CCG performance report to the committee.

**Action:** SWAST performance updates to be incorporated in the CCG Chair/Accountable Officer report to the committee, (presented at each meeting), alongside regular updates from GHC and GHT. The regular CCG performance report to continue to include SWAST performance data, including out of county comparative information. **Action by - CCG**

## 4. PUBLIC REPRESENTATIONS

**Public Representation 1: Bren McInerney**

I would like to offer my sincere thanks to all the people across all the services for all they are tirelessly undertaking during these unprecedented times. Thank you so very much for this, and for doing this Pre-Covid, Covid, and Post-Covid.

My questions are around external communication to people and communities in the county.

The NHS CCG responses are inserted below each question.

- 1) How assured are all the health organisations, and public health at the county council, too, confident that their communications and messages are being heard and understood by all our diverse population?

We are working together, across the ICS and with our VCS partners, to ensure that our communications are reaching and being understood by all of our local communities. Our local messaging also draws on national resources; ensuring that we can provide materials in a range of formats and languages.

In addition, we are doing lots of work to target communities who we know are potentially at higher risk of contracting COVID19 and more recently, those who may be hesitant in taking up the vaccine. This has included targeted work with our BAME communities, homeless people, extremely clinically vulnerable.

Over the course of the pandemic our ways of communicating have changed and been adapted depending on the audience. We have introduced a number of initiatives such as the Vulnerable People's Hub, (which called people who were being asked to shield); Community Champions, (recruiting people from the BAME community to help share messages with their neighbours and networks); work with Gloucestershire Deaf Association to support our deaf community; a vaccination hub to reach the homeless, local testing centres including community testing at The Friendship Café.

Our use of social media has increased and we have created a range of media to share messages in engaging ways, (for example, we are currently working with people from BAME communities, making short film clips with people speaking in their first language).

We are also working on a Facebook live event led by local Polish speaking clinicians and have worked with community radio station GFM. We have been overwhelmed by offers of help with spreading messages relating to COVID and hugely grateful to everyone who has come forward.

- 2) What reflective process is built in to give this assurance?

This work falls under the remit of a number of cross-organisational working groups including a BAME C-19 Task and Finish Group and Vaccine Equity Group, but at a strategic level through ICC and Tactical Co-ordinating Group

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and its various work-streams, such as Communications. Detailed plans and evaluation programmes sit behind the work of each of these groups. Our assurance is provided through our data, the feedback from those living and active in our local communities and the reflection re what is working, or not, and why that is the case.

3) What measures do we use to give this assurance?

We are closely analysing data by Ward and GP practice to establish the prevalence of COVID-19 and the uptake of the vaccine. This will ultimately help us understand where there are variations in our communities which we can then work to address. In addition, we continue our engagement with local communities (defined by geography, demographic, interest) to listen to their views, concerns and ideas for how we can do better. Surveys have also been used to help understand a wider range of views. Over 1,700 survey responses were received from Glos residents to a SW regional survey developed in the first wave of COVID. We are currently working with Healthwatch Glos, VCS Alliance and Inclusion Glos to produce a survey about attitudes to the vaccine (this includes some questions about information and communications).

Mr McInerney thanked the CCG for the responses to his questions and acknowledged the good communication work being undertaken.

Intended as a friendly proposal, Mr McInerney hoped a little more work might be considered to give assurances that important information was being communicated to all communities. He agreed it was difficult to reach out to everyone, but having received feedback from a recent ethnic/minority group covid vaccination discussion, he was concerned some groups might not be receiving the information they required.

Thanking everyone in the private and public sector, volunteers and individuals, for their tireless work during the pandemic, Mr McInerney asked the CCG to give some thought to how it could ensure effective communication was maintained throughout the whole of the county, and to all communities.

**Public Representation 2: John and Mary Thurston (on behalf of Friends of Lydney and District Hospital)**

We are concerned about the loss of services in the South of the Forest with the potential closure of Lydney hospital when the new hospital opens in Cinderford in 2023.

We have seen advertisements for a new practice manager for a new health centre managed by GDOC to be opened two years later in 2025. We were pleased to see in the minutes of your last meeting that the concerns of people in South Forest were acknowledged in the consultation – the consultation had requested volunteers to take part in a review and over 100 people volunteered.

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In the minutes the CCG said there is no time to delay the progress but the committee requested updates before any final decisions were made on the provision in the South of the Forest.

I can see, however:

- 1) No update on the South Forest provision in the papers so far received;
- 2) The promised review of South Forest services cannot be provided because of time - we would not wish to delay the new hospital build but ensure that the South Forest Review is open-minded;
- 3) Any review should not be multiple choice questions i.e. not just do you want this or this - which implicitly would be budget limited – it should take account of the savings that will be made by closing the existing South Forest provision (Lydney Hospital)
- 4) Other than an advert in job vacancies, no announcement about the proposed new 2025 Medical Centre;
- 5) The new hospital is said to open 2 years before a new South Forest facility – we are therefore seeking a commitment that Lydney services (other than inpatients) will be continued until a new centre is opened

We welcome your response to our concerns?

**NHS CGG Responses: -**

- 1) The ICS Lead Report provides an update on the decisions made by the CCG Governing Body in January 2021 regarding commissioning of the new community hospital in the Forest of Dean. Future reports to HOSC will include information about the engagement work being planned this spring with regards to the South of the Forest.
- 2) We can provide assurance that planning on the agreed engagement work on service options in the south of the forest is continuing. We recognise that this has taken slightly longer than we had anticipated due to the level of response that we received in terms of the numbers of people that wish to be engaged in this work. However, we are close to finalising some dates and a proposed approach which I can confirm will be beyond a multiple choice approach.
- 3) See above
- 4) The CCG has for some time confirmed that working with the GPs in the Lydney locality on the development of a business case for a new health centre remains a priority and this remains the case. As GP practices are run as independent businesses, the decision on the funding and timeline for this predominately sits with the GPs in the district. Therefore, until that business

case is completed we are unable to commit to a definitive timetable but we will continue to update the local community as soon as we are able.

- 5) We can provide assurance that our previous commitment to continuing to retain services at the two existing hospitals until the new community hospital is open and services relocate to that facility remains. Services that are currently undertaken within the health centre will also remain until such time as any new primary care facility is developed.

Thanking the Chairman for allowing him to ask his questions and thanking the local health authorities for their leadership, ('making him proud to live in Gloucestershire'), Mr Thurston suggested that the response to his questions had revealed a "hitch" in the strategy formulated 4 or 5 years ago to provide a new single hospital and 3 new Health hubs to replace the two effective but ageing Community Hospitals.

Mr Thurston stated that one of the hubs was built, (commissioned near to the new hospital), one was in progress but the one in the rapidly expanding Lydney and South Forest area was still many years away and certainly years after the new hospital had been commissioned.

Question the response to question 4, stating that the Medical Hub would be provided by GP's and quoting the text stating, "*As GP practices are run as independent businesses, the decision on the funding and timeline for this predominately sits with the GPs in the district. Therefore, until that business case is completed we are unable to commit to a definitive timetable but will continue to update the local community as soon as we are able*", Mr Thurston asked if it was fair to expect 'good medical doctors' to plan, run and fund a business of this scale, either at this time or when the population expanded in 2025, or in the future?

Mr Thurston also questioned the response to question 5 by expressing concern that the much appreciated urgent care service, diagnostics and some of the various non inpatient facilities had been asked to continue at the Lydney Hospital until the new medical centre was operational, which at best, could be several years away. Mr Thurston suggested many residents might find it more convenient to travel to Bristol, Gloucester or even Newport than use the new arrangements.

Suggesting there would be anticipated savings from the closure of the Lydney and Dilke hospitals, Mr Thurston urged the committee to 'keep an eye on this small corner of the County'.

## **5. COMMUNITY PHLEBOTOMY SERVICES**

Dr Andy Seymour, representing NHS Gloucestershire Clinical Commissioning Group (GCCG), gave a detailed update on local phlebotomy services.

Members were reminded that, in December 2019, the CCG had chosen to fund a new local phlebotomy service, (for primary care generated blood tests), for patients

aged 12 years and over as part of its Primary Care Offer (PCO). From July 2020, GP Practices across the county began to offer this service to their patients.

In addition to undertaking primary care generated blood tests, and where capacity allowed, GP Practices were also asked to provide secondary care generated blood tests in order to avoid patients needing to travel to a hospital for a test.

Dr Seymour explained that the impact of the COVID-19 pandemic had, however, reduced the number of patients that could be accommodated at local clinics, transferring resources from phlebotomy services to concentrate on delivering infection controlled processes.

The increasing use of virtual appointments within secondary care, in addition to concerns around clinically vulnerable patients attending an acute hospital site for blood tests, had also led to significantly more secondary care patients wishing to access phlebotomy services at their GP Practice.

Responding to the challenge, a different approach to delivering outpatient services was adopted, including offering phlebotomy services at locations closer to home. In January 2021, the CCG agreed to offer additional funding to GP practices to enable patients requiring blood tests as part of their secondary care treatment to be tested at local GP surgeries. This would allow patients needing a secondary care initiated blood test to have the choice of whether to continue to attend the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) drop-in phlebotomy service at Cheltenham General or Gloucester Royal Hospital, the bookable service available at Cirencester Hospital or at their local GP Practice (if available).

Noting specific concerns about phlebotomy services in the Cirencester area, Dr Seymour confirmed that the Cirencester Hospital phlebotomy service continued to offer a bookable phlebotomy service for patients aged 16 years of age and over, if required to have a blood test at the request of a hospital based health care professional. This service continued to be available to patients three days a week with a maximum wait time of approximately one week for routine blood tests. Acknowledging there would always be questions about waiting times for some NHS services, Dr Seymour stated that it was important to differentiate between urgent and routine appointments. Urgent appointments would be accommodated sooner, if required.

With the new measures in place, the bookable appointment service had provided 700 appointments between 9 December 2020 and 15 February 2021, of which, 99.3% had resulted in successful blood tests. Originally, the service had been temporarily staffed by Gloucestershire Health and Care NHS Foundation Trust, (GHCFT), using existing members of staff, (Health Care Assistants). Since this time, a recruitment process had been put in place to recruit staff on a more substantive basis. Dr Seymour confirmed that the new post-holder would be trained to take blood from paediatric patients under the age of 16. In line with current practices across the county, patients aged 0-5 years of age would continue to have blood tests at Gloucestershire Hospitals FT based Paediatric Outpatient Departments.

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Responding to ongoing concerns about phlebotomy services in the Cirencester area, the committee was advised that the demand for phlebotomy services would continue to be reviewed on a regular basis by GHCFT and, if necessary, capacity could be flexibly increased beyond the current three day a week service.

It was noted that GHCFT had received no formal complaints about phlebotomy services but, instead, had received many compliments from patients using the new arrangement. In addition, between November 2020 and February 2021, GCCG had received no formal complaints relating to phlebotomy services.

Noting reports of improvements in phlebotomy services for the Cirencester area since January 2021, local members questioned the lack of comparable data and number of complaints recorded before November 2020, and during recent weeks. Responding to local contrary feedback, it was explained that, without this information, the committee would be unable to make realistic comparisons or scrutinise effectively.

Responding to specific examples given at the meeting and explaining that it was difficult to define what was considered 'reasonable' in terms of waiting times when balancing between urgent and routine appointments, Dr Seymour suggested that he speak with local members outside of the meeting on current data.

It was confirmed similar issues had been generic throughout the county, including concerns about increased workloads on some GP practices. Going forward, additional funding would be provided to alleviate workload pressures and comparative data, (for the period April 2020 to April 2021), and considered by the committee at the June or July committee meeting. **Action by GCCG**

The responses to questions submitted by some members prior to the meeting are attached to the minutes.

The update was noted.

## **6. COVID-19 TEMPORARY SERVICE CHANGES**

Ellen Rule, representing the NHS Gloucestershire Clinical Commissioning Group (GCCG), gave a detailed update on the temporary service changes introduced by the Gloucestershire Integrated Care System (ICS) in response to the Covid-19 pandemic. The purpose of the update was to seek the committee's views on the proposal to further extend the temporary service changes introduced in 2020 and ensure continued safe and effective delivery of health and care services in Gloucestershire.

In line with the locally agreed Memorandum of Understanding (MOU), detailed pro-forma documents had been produced to provide an overview of the affected service variations. Appended to the report, the pro-forma documents had been produced to assist members with their understanding of the nature of the changes and to consider the risks involved if the temporary arrangements were not extended.

In presenting the report, the committee was asked to comment on the proposed renewal of the emergency (temporary) service changes presented to the committee in July 2020, (and later extended for a further 6 months in September 2020). The committee was asked to comment on the proposal to extend the service variations from March to June 2021.

Subject to the ongoing success of the Covid-19 vaccination programme and the anticipated reduction in demands on the NHS from having to respond to the Pandemic, the CCG stated it was confident the changes would be reversed at the end of June.

The proposals presented at the meeting included:

- 1) Extension for a further three months of the temporary reconfiguration of Emergency General Surgery to Gloucestershire Royal Hospital (GRH) from Cheltenham General Hospital (CGH) (temporary change enacted on 1st April 2020, renewed in July 2020, with a further extension of 6 months from September 2020 – March 2021)
- 2) Extension for a further three months of a series of temporary service changes across the GRH and CGH sites, (enacted on 9th June 2020 and renewed in September 2020 for a further 6 months), to include: -
  - a) Cheltenham General Hospital, (CGH), Emergency Department to continue to operate as a Minor Intensive Care Unit, 7-days a week 8-8;
  - b) All 999 and undifferentiated GP referrals centralised at Gloucestershire Royal Hospital, (GRH), including centralisation of the Acute Medical Take, (a consequence of which, given the clinical nature of COVID-19, had resulted in more acute respiratory care moving to GRH since June). It was noted that a significant number of patients whose care pathways had started as assessment or admission at GRH had transferred to inpatient beds at CGH;
  - c) Acute Stroke Unit (ASU) to remain at CGH, (the Hyper Acute Stroke Unit (HASU) to remain at GRH) and a linked supporting reallocation of beds at the Vale hospital to support additional capacity in stroke rehabilitation care (see below);
  - d) Emergency and elective (planned) vascular surgery to remain at GRH (although, as part of the winter plan, more elective vascular activity to be delivered at CGH);
  - e) Emergency Urology pathway to remain at GRH; planned pathways to remain at CGH

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- 3) A further three month extension of the temporary closure of the Dilke, Vale and Tewkesbury Minor Injuries Unit and reduced opening hours at Cirencester, Stroud and Lydney (temporary change enacted on 22nd March 2020, extended in June 2020 for a further three months, extended in September 2020 for 6 months), with the addition of the temporary closure of Tewkesbury theatre;
- 4) A further three month extension to the temporary reallocation of 6 general rehabilitation beds at the Vale hospital to provide additional capacity for Stroke rehabilitation, to support flow through the acute hospital stroke units (temporary change initially proposed for 6 months in September 2020)

The rationale for extending the service variations was to:-

- 1) Limit the risk of transmission of the virus to patients and staff during the current phase of the pandemic,
- 2) Enable the restoration of many of the services that had been paused in response to the pandemic; including increasing the volume of cancer surgery, planned care and specialist diagnostic activity, especially to those patients who are considered most vulnerable (utilising the Cheltenham site as a principally planned care environment);
- 3) Give confidence to the local population that both GRH and CGH hospitals are safe places to visit, and
- 4) To ensure that the available workforce could be aligned with meeting the activities and operational requirements of the Covid-19 secure service models.

At the time of the meeting, the proposed extension of service variations at GRH and CGH had been approved at an NHS Quality and Performance Committee meeting on 24 February 2021. Further approval would be required by the Trust Board on 11 March 2021.

Subject to the following comments, members noted the report and raised no objection to the extension of the service variations introduced in June 2020.

Referencing the success of the Gloucestershire Covid-19 vaccination programme, Cllr Martin Horwood questioned the need to retain vascular surgery at GRH. In line with national advice and reduced level of risks, Cllr Horwood questioned why this particular service variation should be extended and not reinstated at CGH.

Deborah Lee, Chief Executive of the Gloucestershire Hospitals NHS Foundation Trust explained that the decision to continue vascular surgery at GRH had been a balanced decision, taking into account the need to maintain a clean and safe environment for vascular and other planned major surgery, in conjunction with the need to ensure a clean environment for the support services critical to the surgery.

Emphasising the importance of avoiding the spread of infection and associated risks, it was clarified that vascular surgery should not be regarded as an island but as part of a hybrid of services dependent upon one another to ensure the best possible outcomes for patients. Members were reminded of the huge steps taken since the initial stages of the pandemic and how the NHS had worked hard to ensure super green wards/safe environments were available to patients. The variation in services had been taken very seriously.

Cllr Dilys Neill commented on the impact of the pandemic on NHS staff, in particular the physical and mental fatigue of staff from working long and additional hours and from not taking holidays. Supporting a statement made earlier in the meeting, it was felt it would be important not to rush through a reversal of the changes.

Acknowledging the likelihood of huge pressures being placed on staff in having to respond to a backlog of work following a decline in the number of Covid-19 cases, the Chairman supported the view that it would be necessary to ease carefully into resuming normal service.

Unlike national timescales and the government's easing of restrictions on specific dates, it was clarified that the NHS could, if safe to do so, consider a reversal of the temporary changes before the end of the three month period.

Seeking clarification on how the committee received updates between meetings, Cllr Andrew Gravells was advised of the good channels of communication that existed. Regular updates, briefing notes and media press releases by the NHS ensured members received the latest information.

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

Mary Hutton, (Lead Officer for the GCCG/One Gloucestershire Integrated Care System), gave an update on the performance of the Gloucestershire CCG against NHS constitutional and other agreed standards, plus a summary of local performance against national standards.

It was reported that, overall, Gloucestershire was performing well and in line with the national position in the NHS response to the pandemic, with the exception of the 4 hour Accident & Emergency (A&E) Department performance target and ambulance response times. It was noted that Gloucestershire A&E performance reflected a general decline in A&E performance nationally.

Delivery of cancer services in Gloucestershire remained strong and was noted for its excellent performance in spite of the pandemic. Good performance was also noted in the provision of mental health services and in the launch of the 'Think NHS111' initiative, aimed at encouraging patients to contact NHS111 before visiting A&E.

In a short update on issues emerging since publication of the agenda, the committee was advised of a notable reduction in Covid-19 infections throughout

Gloucestershire. However, with the steady flow of lower level hospital admissions, it remained important to keep the current Covid-19 safety arrangements in place for the immediate future. This, and the need to plan for the county's recovery process, had impacted quite significantly on performance during February. It was hoped, with the successful roll out of the Covid-19 vaccination programme, the focus on the response to the pandemic would begin to ease, enabling the CCG to prioritise on other issues.

Cllr Paul Hodgkinson questioned the data on the number of excess deaths recorded for Gloucestershire during the pandemic and stated that he had been surprised that the figure, (reported at 6% higher than normal for Gloucestershire), was not higher. Conscious of the sensitivity surrounding the issue and noting the impact on NHS staff from the emotive repercussions of the pandemic, including treating patients with long-covid symptoms, it was agreed this was a difficult perspective to consider.

Sarah Scott, Executive Director for Adult Social Care and Public Health, clarified that the 427 excess lives lost to the coronavirus during the past year was more than had been anticipated at the outset of the pandemic. Potentially, however, some of the deaths could have resulted from other causes, regardless of the pandemic.

Supported by several other members at the meeting, Cllr Hodgkinson's comments were noted, supplemented with a request for a breakdown of mortality rates and their causes over the course of the past year. It was agreed that the data would be provided after the meeting, with input from the Executive Director of Adult Social Care and Public Health **Action by – NHS CCG**

Acknowledging the enormous challenges presented by the pandemic, Cllr Andrew Gravells, commended the tremendous efforts of the NHS CCG in the response to the crisis and in particular, in reducing the number of Covid-19 cases in Gloucester City.

Other members noted a welcome improvement in the 4 hour A & E performance target for Gloucestershire and the exceptional achievement of continuing to deliver cancer services throughout the pandemic. In spite of the achievement, the committee urged the CCG and GHNHSFT to maintain the momentum and ensure cancer and other serious illness patients received the treatments they required. Deborah Lee, Chief Executive of GHNHSFT, assured members that a huge amount of work was being invested in ensuring no one was forgotten nor treatments overlooked.

Other notable updates included in the performance item included information on an exciting new hospital charity project, the Green Spaces Appeal, and the creation of a garden of commemoration at the Gloucestershire Royal Hospital site in memory of those who had died, or had lost a loved one, as a result of the pandemic. When completed, (and where pandemic conditions allow), the garden will be accessible to staff, patients and visitors for quiet contemplation and reflection. The theme of the 'dandelion' will play an integral role in the design of the garden, as used in the

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Gloucestershire NHS end of life initiative, 'Every Name a Person', for which the Trust received national acclaim.

It was also reported that it was the intention to re-establish the NHS Reference Group later in the year. The work of the reference group to include input into the NHS Covid-19 Recovery Planning process.

The performance report was noted.

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

Mary Hutton, representing the One Gloucestershire Integrated Care System, (ICS), gave an update on the work of the partnership in its response to the Covid-19 emergency. NHS partners include: NHS Gloucestershire Clinical Commissioning Group; Primary Care (GP) Providers; Gloucestershire Health and Care NHS Foundation Trust; Gloucestershire Hospitals NHS Foundation Trust and South West Ambulance Service NHS Foundation Trust.

It was noted that, throughout February 2021, the number of Covid-19 cases in Gloucestershire had continued to fall, with the rate of new infections at 81 per 100,000 population. The number of patients with Covid-19 being admitted to hospital was declining, but other acute services remained under pressure. The ICS aimed to provide as much routine activity as possible during this latest wave of the pandemic and, where possible, increase activity where capacity allowed.

Updating members on some of the issues emerging since publication of the agenda and in the ongoing response to the pandemic, Mary Hutton was pleased to report a huge increase in the number of people being vaccinated as part of the Gloucestershire Covid-19 vaccination programme. The committee welcomed this positive news and commended the success of the programme and all those involved in making this achievement possible.

Seeking clarification on the vaccination programme, Dr Andy Seymour updated the committee on the current position, (based on information reported at the time of the meeting).

The latest information about the community vaccination programme for Gloucestershire can be found on the NHS COVID-19 portal:  
<https://covid19.glos.nhs.uk/vaccinations>.

Responding to questions, it was explained that the order/the prioritising of cohorts for vaccination was determined in line with government guidelines. Nevertheless, every effort was being made to vaccinate as many people as possible, including taking a targeted approach to build confidence/vaccinate people from specific groups, including people from ethnic minority groups in which there has been shown to be more vaccine hesitancy.

The committee welcomed plans to recognise the enormous contributions of staff and colleagues in caring for Covid-19 patients and to commemorate the memory of

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those who had lost their lives during the pandemic. Events aimed to draw from the powerful campaign/video recording 'every name a person'. To receive more information on the campaign please visit the website below: -

<https://www.onegloucestershire.net/every-name-a-person/>

Work was being stepped up on providing end of life care in Gloucestershire, for which a new strategy, (Palliative and End of Life Care Collaborative Strategy 2021-25), would be published in April 2021 and presented to the committee later in the year.

It was suggested that another key aspect of work 'living with pain' should provide the focus of a specific event or agenda item later in the year. The Living Well with Pain Programme is a system-wide, ICS, initiative to support people living with persistent pain, helping them to live well and minimise the harms associated with medical treatments for pain

Other items suggested as possible items for consideration at future meetings included; mental health plans/initiatives; the future of the ICS in line with new legislation due in April 2022; and a detailed report on equity issues in relation to the Covid-19 vaccination programme. This piece of work to include information on why some communities appeared hesitant/were opposed to vaccines. Members were reassured by the update and pleased to learn work was underway for homeless people to be vaccinated.

Reflecting on the progress of the Fit for the Future Consultation, including the update provided to the committee at the HOSC meeting on 12 January 2021, Cllr Martin Horwood expressed his disappointment that the committee would not be considering an update on the consultation, (in the form of a briefing paper), at this meeting. Cllr Horwood also expressed his disappointment at not being able to scrutinise details of the decision making business case due to be presented to the CCG Governing Body at a meeting on 11 March 2021.

Further to detailed presentations to HOSC at meetings on 14 July and 22 October 2020, a detailed interim output report and presentation on the Fit for the Future consultation was published and emailed to members the day before the committee meeting on 12 January 2021, along with a note of explanation that, given the limited time for members to consider the information, the committee would have a further opportunity to comment on the outcomes of the consultation at the 2 March meeting. In response, several members had expressed their frustration at the lateness of the information but nevertheless accepted that the timing of the consultation had impacted on the time required to consider the responses, making it very difficult to produce a committee report in time to publish with the agenda.

The outcome of the discussion at the 12 January 2021 meeting concluded with the suggestion that members consider the output report/supporting documents after the meeting and submit any comments/views/questions to the CCG for responses/further discussion at the 2 March 2021 meeting. An email to this effect

was issued to the committee, advising members of the proposed course of action. No comments were made/received from members.

Cllr Martin Horwood reaffirmed his disappointment that there would be no formal discussion at this meeting on the outcomes of the consultation nor would there be appropriate consideration of the proposals set out in the decision making business case prior to their approval by the CCG Board on 18 March 2021.

Stating that it was wholly unacceptable not to give members this opportunity, Cllr Horwood called for an emergency (extraordinary) committee meeting to be arranged as quickly as possible. Suggesting inaccuracies in the reporting of the bed test assurance check, Cllr Horwood believed 'other serious questions' remained unanswered, including questions relating to vascular surgery and centres of excellence. Objecting strongly that the proposals included in the decision making business case would not be considered at the meeting, he feared 'huge issues requiring further discussion' would be overlooked. Acknowledging the concerns, Cllr Stephen Hirst, (Chair), plus several other members of the committee, shared Cllr Horwood's perspective.

Responding to a request for information on the Clinical Senate review of the Fit for the Future proposals, (part of the NHSE/I assurance process), it was agreed to share the agreement with members after the meeting.

Mary Hutton, (representing CCG and One Gloucestershire ICS), reminded members of the NHS position and outlined the various stages of reports and presentations that had been made to the committee in recent years, which she referred to as 'extensive'.

Members recalled that the committee had been given several opportunities to comment on the consultation process and had been asked to comment on and submit questions on the outputs and recommendations proposed at the January committee meeting, for consideration at the 2 March 2021 meeting.

As an explanation on the timings of the consultation, it was clarified that the consultation had been to seek public opinion on the pre-consultation business case and that no final decisions would be made at this stage in the process.

The proposals were 'in principle' proposals and would be subject to further stress testing. Implementation would not commence, as had been suggested, on 1 April 2021 but would be implemented, (subject to approval by the CCG Governing Body), using a phased approach, over several years.

Questioning the role of the committee, including the perception that the powers of the committee allowed members to approve/call in the CCG Governing Body decision on the Fit for the Future consultation, Cllr Horwood proposed that a special meeting be arranged for members to i) receive a detailed presentation on the decision making business case and; ii) consider the range of supporting material and outcomes from the consultation, including proposals for the future.

The CCG reported that a significant amount of work had gone into the consultation, supplemented by detailed reports and presentations published throughout the process. Full details of the outputs from the consultation had been circulated to members in advance of the January meeting, followed by several NHS CCG briefing notes/media releases subsequently shared with members in the weeks preceding the 2 March 2021 meeting.

Advising the committee of the need to adhere to the dates/stipulations of purdah, it was clarified that an extraordinary meeting would need to be arranged on or before 26 March 2021, (alternatively, the matter could be considered at the first meeting of the new committee, post the council elections in May 2021).

After seeking consensus on the request for an additional meeting, Cllr Stephen Hirst, as Chair, clarified that a meeting would need to be arranged before the end of March 2021. To resolve any confusion on the remit/role of the committee, it was suggested that the committee terms of reference; memorandum of understanding and legal advice presented to the committee in October 2020, be re-issued to help members prepare for the meeting. It was also suggested that, in preparation for the meeting, members state what they hoped to achieve from the meeting and what options they might want to consider.

In summary, the committee supported the proposal made by Cllr Martin Horwood for an additional, (extraordinary) committee meeting prior to the council elections in May, to consider the outcomes of the CCG Governing Body meeting on 18 March 2021 regarding the Fit for the Future: Developing Specialist Hospital Services Consultation and Decision Making Business Case.

A meeting was subsequently arranged to take place on Monday 22 March 2021. The purpose of the meeting would be to provide HOSC committee with a further opportunity to consider the outcomes of the Fit For the Future consultation on proposed NHS service changes.

The ICS report was noted.

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

Mary Hutton and Dr Andy Seymour, (representing GCCG and One Gloucestershire Integrated Care System), introduced the NHS Gloucestershire Clinical Commissioning Group (GCCG) Clinical Chair and Accountable Officer Report. The report provided an overview of information based on updates from NHS health partners and broken down into the following subsections of the report.

**Section A:** General NHS Gloucestershire Clinical Commissioning Group (GCCG) commissioner update, incorporating national consultations.

**Section B;** Commissioner update focussing on primary medical care.

**Section C:** Trust updates from: Gloucestershire Health and Care NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT).

Commending the hard work of partners and volunteers during the pandemic, members were advised of the award of funding to be invested in continuing the good work and maintaining the positive health and care outcomes.

Responding to questions, Mary Hutton reassured members it was unlikely GP practices in Gloucestershire would be affected by take overs/mergers to form 'super practices'. It was confirmed that GP practices in Gloucestershire were stable and regarded as quite low risk in the need for financial investment.

Responding to a request from Cllr Martin Horwood for an update on the Gloucestershire Trailblazer Young Minds Matter programme, a detailed briefing note was circulated to the committee in advance of the meeting, (attached to the minutes). Cllr Horwood thanked the CCG for the update and proposed that a detailed report on the mental health of school children, (plus a full report on the trailblazer programme), be presented to the committee at a future meeting. **Action by CCG**

It was noted that a children's mental health scrutiny event, (under the auspices of the Children and Families Scrutiny Committee), had been held in November and had been very useful. Going forward, it was hoped a further event would be held as part of the GCC member development programme. The members of this and the Adult Social Care Scrutiny Committee would be invited to the event. **Action by - GCC Scrutiny Officers**

The responses to questions on other, more generalised, issues, (submitted by Cllrs Martin Horwood, Paul Hodgkinson, Iain Dobie and Stephen Lydon prior to the meeting), are attached to the minutes of the meeting.

The NHS Gloucestershire Clinical Commissioning Group (GCCG) Clinical Chair and Accountable Officer Report was noted.

## **10. WORK PLAN REVIEW 2017-21**

Members were asked to review the work of the committee for the period 2017-21 and make suggestions on scrutiny items for the new committee to consider post the council elections in May 2021.

A summary of some of key items considered by the Health and Care Overview and Scrutiny Committee, (and, later by the Health Overview and Scrutiny Committee), during the period of the current council had been circulated to members prior to the meeting (attached to the minutes).

The following items were suggested as topics for the new committee to consider: -

1. Gloucestershire Trailblazer 'Young Minds Matter' Programme/Holistic approach to considering/safeguarding the Mental Health of Young People going forward (a pre-meeting to be arranged to consider specific aspects of work the new committee may wish to consider)

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2. Palliative and End of Life Care Collaborative Strategy 2021-25
3. Living Well with Pain Programme
4. A review of the impact of the pandemic on Mental Health (Children and Adult)
5. Planning for ICS Legislation 2022
6. Fit for the Future Programme – including clarification on legal matters
7. SWAST – work and performance

Members were advised that the following suggestions would be considered under the auspices of the Adult Social Care and Communities Scrutiny Committee, for which updates would be shared with HOSC members: -

8. Sexual Health Issues (in relation to the impact of the pandemic)
9. Joint working between CCG Health and Care Teams and local (2 Tier) government departments (eg Housing) – members noted that this work related to the remit of the Adult Social Care and Communities Scrutiny Committee. To avoid duplication, updates to be shared with HOSC members.
10. Cheltenham Festival 2020

Prior to the meeting, Cllr Stephen Lydon had raised serious concerns about the decision to allow the Cheltenham (Horse Racing) Festival to take place in March 2020, amidst growing concerns about the Covid-19 coronavirus.

Seeking the advice of officers on the proposal to set up a scrutiny task and finish group to review the decision, Cllr Lydon had been advised that the County Council had no role in either licencing or permitting the Cheltenham Festival in 2020. Seeking the advice of Public Health England and from the UK Government, the decision to allow the Festival to take place had been taken in accordance with the national guidance at the time, allowing mass events to take place in public.

With the support of several members, Cllr Lydon proposed that the committee write to Public Health England, seeking clarification on the decision to allow the Cheltenham, (Horse Racing), Festival 2020 to proceed as planned, regardless of escalating concerns about the Covid-19 Global Emergency.

The committee agreed with the proposal that a letter be sent to Public Health England, seeking: -

- a) An explanation on why the Cheltenham Horse Racing Festival had been allowed to take place in March 2020;
- b) Clarification on why the decision had been taken at a time of national/international concern regarding the spread of the Covid-19 coronavirus;
- c) Information on what factors/risks had been considered before taking the decision, and by whom;
- d) Feedback on lessons learnt from taking the decision, including whether the same judgement would be made again, given the significant impact of the decision.

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

After the meeting, a draft letter was circulated, seeking members agreement before sending to Public Health England. (A copy of the letter is attached to the minutes).

Cllr Stephen Hirst thanked everyone for their contributions over the past 4 years, with particular thanks to former Chairs, Cllr Roger Wilson, Cariole Allaway Martin and Brian Robinson.

## **CHAIRPERSON**

Meeting concluded at 12.45pm