

HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Health Overview & Scrutiny Committee held on Monday 22 March 2021

Present

Cllr Stephen Hirst (Chair)	Cllr 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 Jill Smith
Cllr Pam Tracey MBE	

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
Prof Mark Pietroni – Director for Safety and Medical Director
Simon Lanceley - Director of Transformation
James Brown - Director of Engagement, Involvement and Communications

Gloucestershire Health and Care NHS Foundation Trust

Angela Potter, Director of Strategy and Partnerships

Gloucestershire Healthwatch - Gill Bridgland

1. APOLOGIES

Apologies were received from Cllr Helen Molyneux, (Forest of Dean District representative) and from Cllr Dilys Neill, (Cotswold District representative). Cllr Stephen Andrews substituted for Cllr Neill at the meeting.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

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

3. PUBLIC REPRESENTATIONS

At the Health Overview and Scrutiny Committee (HOSC) meeting on 2 March 2021, members supported the request for an additional meeting to consider the outcomes of the CCG Governing Body decision on 18 March 2021 regarding proposals based on the Fit for the Future Consultation: Developing Specialist Hospital Services in Gloucestershire and Decision Making Business Case.

Julius Marstrand from REACH, (Restore Emergency At Cheltenham General Hospital), was invited to speak at the meeting, following a late request to make representation. Committee Chair, Cllr Stephen Hirst, confirmed that a dispensation would be granted for the representation to be made, (to allow members to consider the views of the REACH Campaign on proposed changes to specialist hospital services in the county)

Launched by the Cheltenham Chamber of Commerce, and supported by local businesses and stakeholders, the aim of the REACH Campaign is to achieve the following objective: -

“To reinstate a fully functioning, fully staffed A&E Department operating 24/7 at Cheltenham General Hospital, serving a population of at least 200,000 in Cheltenham, Tewkesbury Borough and the North Cotswolds, at the earliest possible opportunity.”

In response to the continuing reduction in Covid-19 community transmission and falling hospital admissions, a media statement, (24 February 2021), was released by the One Gloucestershire Integrated Care System (ICS) confirming the intention to reinstate Cheltenham A&E to pre-Covid arrangements no later than 1 July 2021, (24/7 A&E – nurse led 8pm-8am). The statement is attached to the minutes of the meeting.

Representation made by Julius Marstrand (on behalf of REACH)

Public Consultation Process

REACH believes the ‘Fit for the Future’ consultation was deeply flawed because it only presented the public with a very one-sided view of the argument. It did not provide adequate opportunities for alternative or opposing views to be presented to the public. If One Gloucestershire and the Hospital Trust had been so confident of the logic of their proposals they would not have provided such a one-sided public consultation in which legitimate opposition was effectively excluded from the main public consultation.

REACH did an excellent job of informing the public of some of the negative consequences of some of the proposed changes, on an absolutely minimal budget compared to the huge spending on the public consultation by One Gloucestershire and the Hospital Trust. This was not entirely due to the pandemic, but it was certainly one of the major issues of attempting to hold a major public consultation in the middle of a pandemic.

Preparing Gloucestershire Hospitals for Future Pandemics

The other and far more important issue (raised by the pandemic) is that it is now very obvious the NHS was ill-prepared for a pandemic on this scale, with insufficient bed capacity and insufficient Intensive Care Capacity.

The proposed changes were determined in 2018/19 before the pandemic. The proposals took no account of what has been learnt from the pandemic and include no provisions for pandemic-proofing Gloucestershire Hospitals. The ability to separate the 'Green' (Covid-free) and Emergency 'Red/Blue' (Emergency & Covid) hospitals was one of the advantages Gloucestershire Hospitals had, but this was only possible because Cheltenham was still a fully functioning District General Hospital (not a 'Specialist Hospital'), with all the Intensive Care and Acute Medical facilities necessary. It had not been downgraded to a 'day-case', (minor) elective surgery hospital only and still had its own major specialisms and inpatient capacity (for Oncology/Cancer, Urology and Cardiovascular surgery).

The Citizens' Jury assessment of the public consultation process

For a public consultation to be considered satisfactory, one would expect an overwhelming proportion of those appointed to objectively assess the effectiveness of the process should have overall confidence in the process, whatever they think of the outcome.

In this instance, only 38.89% of the Citizens' Jurors were 'fairly', or 'very confident' in the process. Exactly the same proportion were 'Not that confident', or 'Not at all confident' and 22.22% were 'neutral', or undecided. This is hardly a ringing endorsement of the process, regardless of the outcome.

Furthermore, while ten of the Jurors were 'confident in the information provided in the consultation' that was only 55.56% of the Citizen's Jury. One was 'not at all confident' and five were 'neutral' or undecided. Again, this is not a ringing endorsement of the quality or comprehensiveness of the information provided, regardless of the outcome.

Julius Marstrand (REACH Campaign)

4. FIT FOR THE FUTURE

At the Health Overview and Scrutiny Committee (HOSC) meeting on 2 March 2021, the committee agreed to a request from Cllr Martin Horwood for an additional meeting to be arranged to enable the committee to consider the decisions of the Clinical Commissioning Group (CCG) Governing Body meeting on 18 March 2021 regarding the outcomes of the Fit for the Future: Developing Specialist Hospital Services in Gloucestershire Consultation and Decision Making Business Case.

At the HOSC meeting on 2 March 2021, members reflected on the Fit for the Future update provided at the committee meeting on 12 January 2021 and expressed their

disappointment at not being given an opportunity to discuss the outcomes of the consultation due to the proximity of the 12 January 2021 HOSC meeting and the end of the consultation period with the preparation of the Output of Consultation Report and Presentation, (shared shortly before the January HOSC meeting less than one week prior), and at not being able to scrutinise the details of the decision making business case, due for consideration by the CCG Governing Body at a meeting on 18 March 2021.

Expressing concern about possible inaccuracies in the reporting of the bed assurance test, Cllr Martin Horwood requested that the additional meeting be arranged to consider 'serious unanswered questions' relating to the proposed service changes, including questions relating to vascular surgery and centres of excellence.

Supporting the request for an additional meeting, members were reminded that, at the committee meeting on 12 January 2021, the committee had been asked to comment on the outputs and recommendations from the consultation and to submit any questions prior to consideration at the 2 March 2021 meeting. No comments had been received from members.

Having set the context of the meeting, Cllr Stephen Hirst, (as Chairman), explained that the purpose of the extraordinary meeting on 22 March 2021 was to provide the committee with a further opportunity to consider the outcomes of the consultation, in addition to commenting on the resolutions agreed by the CCG Governing Body on 18 March 2021, regarding the medium and long term future of specialist hospital services in Gloucestershire

The decisions at the Governing Body meeting were informed by the Fit for the Future Decision Making Business Case (DMBC), based on proposals relating to:-

- Acute Medicine (specifically acute medical take)
- Emergency General Surgery
- Gastroenterology inpatient services
- Image Guided Interventional Surgery (IGIS) including Vascular Surgery
- Trauma and Orthopaedic (T&O) inpatient services

The DMBC also included a proposal relating to Planned General Surgery, with a proposal that further work be undertaken to define a new option for the delivery of :

-

- Planned high risk Upper Gastrointestinal (GI) and Lower Gastrointestinal (Colorectal) surgery at Gloucestershire Royal Hospital;
- Planned complex and routine inpatient and day case surgery in both Upper and Lower GI (Colorectal) at Cheltenham General Hospital.

This proposal had given HOSC, the public and NHS staff a further opportunity to comment on and inform the definition of the new option.

The Governing Body meeting papers, (comprising DMBC, Output of Consultation Report; Citizens' Jury reports and representations from members of the public, staff and stakeholders), can be viewed [here](#)

Committee Discussion: 22 March 2021

Ellen Rule, Director of Transformation and Service Redesign, representing NHS CCG, (on behalf of One Gloucestershire Integrated Care System), gave a full and detailed presentation on the development and progress of the Fit for the Future Consultation, including post consultation activity and outcomes of the decisions at the Governing Board meeting on 18 March 2021. The full presentation can be viewed [here](#).

An NHS CCG stakeholder briefing/media announcement released on 18 March 2021 confirmed all proposals had been resolved by the CCG Governing Body. The document is attached to the minutes.

Outlining the remit and powers of the committee, it was clarified that, under the terms of reference of the committee, (and in accordance with the Local Authority Public Health, Health and Wellbeing Boards and Health Scrutiny Regulations 2013), the role of the committee was to exercise the County Council's responsibility of reviewing and scrutinising matters relating to the planning, provision and operation of health services for Gloucestershire. It was explained that, to comment on or to make recommendations on proposals relating to a substantial development or variation in services to the Secretary of State, remained within the powers of the County Council and was not in the powers of the committee.

Members were advised that, should the outcome of the meeting propose making a recommendation to the Secretary of State, the proposal would need to be referred/seek agreement of full council at the next ordinary meeting of Gloucestershire County Council on 30 June 2021.

For clarification, it was confirmed that referral to the Secretary of State may only be considered when a health scrutiny body, (the committee), is consulted with by a relevant NHS body on a proposed substantial development or variation, and where the health scrutiny body: -

- Is not satisfied with the adequacy of content of the consultation;
- Is not satisfied that sufficient time has been allowed for consultation;
- Consider that the proposal is not in the interests of the health service for the area;
- Has not been consulted with, and is not satisfied that the reasons given for not carrying out consultation are adequate.

The purpose of the extraordinary meeting was therefore to note the resolutions agreed at the CCG Governing Board meeting on 18 March 2021 and for the committee to confirm whether it was either: -

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

- a) Satisfied with the outcomes of the Fit for the Future Decision Making Business Case/resolutions from the CCG Governing Body meeting on 18 March 2021; or
- b) Not satisfied with the outcomes of the Fit for the Future Decision Making Business Case/resolutions made by the CCG Governing Body, (stating clear reasons why), and, based on the majority decision of the committee, to confirm what actions it wished to take, including whether to refer the committees' dissatisfaction to the Secretary of State, (stating clear reasons why and subject to agreement by full council).

Following a full and detailed presentation, including an outline of some of the key milestones from the consultation and an overview of the feedback from the public and citizens jury, the committee asked a range of in-depth and challenging questions.

Throughout the extensive discussion, several points of concern were made. These included; questioning the strength and reliability of data collated during the pandemic; concerns about the accuracy of the bed capacity assurance test and concerns about feedback and statistical evidence from the citizens jury.

Member questions about the reliability of the bed capacity assurance test/bed capacity at Gloucestershire Royal Hospital (GRH) were met with assurances and positive statements that the criteria had been met, (provisionally during the summer and more recently, as formal confirmation from NHS England). NHS CCG representatives assured members they were confident bed capacity at GRH would not be an issue, and that this and other themes from the consultation would be addressed/monitored going forward.

It was explained that the resolutions had been 'in principle' decisions and subject to further stress testing. Implementation would not commence on 1 April 2021, (as suggested at the previous meeting), but would be implemented using a phased approach, over the next 2 to 3 years. The Fit for the Future Programme provided the road map of the future, long-term health care of Gloucestershire, for which there would be many opportunities for the committee to scrutinise service variations, proposals and decisions.

Addressing concerns about planned surgery in relation to the excellent facilities at Cheltenham General Hospital, members were advised that decisions relating to planned surgery continue to be made in the best interests of the patient. This remains the primary focus. Whilst specialist surgeons have the flexibility to undertake work at both sites, care must be taken to ensure the surgery is as risk free as possible. For this reason, treatment is individualised and therefore reliant on the specific facilities and support services necessary to meet each patient's needs.

Prior to the meeting, Cllr Stephen Andrews expressed a view that, going forward, consideration of the configuration of the two hospitals, (neither of which he felt were ideally placed), would benefit from consideration of a single site replacement

hospital. On previous occasions, (where the matter had been raised informally), this proposal had met with some hesitancy, based on the principle of being too expensive.

Cllr Andrews reiterated his comments, where it was agreed, (by members and NHS CCG), that the creation of a One Hospital for One Gloucestershire, whilst expensive, would be an option worth further exploration. Members were advised that NHS colleagues would remain alert to any future national allocations of substantial capital funding the One Gloucestershire system could bid for. The committee endorsed Cllr Andrew's suggestion that it would be useful for the committee to receive a detailed appraisal of the costs/benefits and risks involved in continuing with the current split site arrangement. CCG officers acknowledged the merits of creating a 'super hospital' and accepted that some of the current buildings would be difficult to adapt to the role of a modern hospital centre of excellence, particularly when making comparisons against the option of a One Hospital for One Gloucestershire. The comments were noted.

Reiterating his earlier concerns, (circulated via email prior to the start of the meeting), Cllr Martin Horwood had proposed that the committee consider 'calling-in' the decisions made at the CCG Governing Body meeting on 18 March 2021, based on the following issues: -

- i. Inadequate opportunity to scrutinise the decision-making business case;
- ii. Leading nature of some of the consultation questions;
- iii. Timing of the consultation (during the pandemic);
- iv. Concerns raised by REACH and by the SW clinical senate, most notably around bed capacity at Gloucestershire Royal Hospital and the long-term viability of the Emergency Department at Cheltenham, should the changes go ahead
- v. Emergency bed capacity and performance at Gloucestershire Royal Hospital, (failing to reach national targets and continuing to deteriorate, even during the lowest phase of the pandemic in the summer, and as such, highlighting the importance of maintaining and Emergency Department in Cheltenham);
- vi. Introduction of a new model for split General Surgery; .
- vii. Negative travel impact on patients and careers;
- viii. Dismissal of the alternative long-term option for the development of new super-hospital, at a time when record low interest rates for borrowing and the Chancellor's stated support in the Budget for large infrastructure spending to drive forward economic growth (plus likely receipts from the two existing sites), would facilitate such development.

Referencing the above, plus several other concerns raised at the meeting, Cllr Horwood proposed that the committee submit a report for consideration at the Gloucestershire County Council meeting on 30 June 2021, with a request that the County Council make a referral to the Secretary of State for a review/call in of the decisions made at the CCG Governing Board meeting on 18 March 2021.

Cllr Stephen Lydon supported the proposal and reaffirmed ongoing concerns that the timing of the consultation, (during a pandemic), had not been an appropriate time to consult on changes to hospital services. Cllr Lydon stressed the importance of not rushing into making changes.

Members were advised that that the committee would need to give clear reasons for proposing that the County Council write to the Secretary of State for a call-in of the outcomes of the Fit for the Future consultation regarding proposed service changes. Members noted that, should the committee agree to make a recommendation to full council, it would need to demonstrate it had worked with the organisational body, (NHS CCG), to resolve any disagreements before making a referral to the Secretary of State.

To seek consensus on the committee viewpoint, members were asked to confirm their support for Cllr Horwood's proposal with a show of hands via a verbal roll call.

The outcome of the roll call, on the proposal to request a call in of the resolutions made at the Governing Body meeting on 18 March 2021, (as proposed by Cllr Martin Horwood, seconded by Cllr Lydon), concluded with 3 expressions of support, (for), 4 rejections of the proposal, (against) and 3 abstentions. The proposal was not accepted.

Cllr Andrew Gravells subsequently proposed that the committee list the concerns raised at this and at other HOSC meetings and incorporate into a report for the CCG to respond to and for the new committee to discuss/take forward post the May 2021 local elections.

This proposal received the unanimous support of those members present at the meeting, (10 members). Cllr Gravells believed this was the most sensible approach and urged the committee to allow the NHS CCG to progress this outcome without further interruption. Other members stressed the importance of advising the new committee of the decisions made by i) the organisational body, (NHS CCG) and ii) the concerns raised by the scrutiny body, (HOSC).

Cllr Terry Hale expressed confidence in the proposed changes, (based on his understanding that nothing would change until the necessary infrastructure was in place to support the changes). Cllr Hale said he was confident the changes would be implemented and that the changes would be successful.

Cllr Stephen Hirst, (as Chair), clarified that a report on the Fit for the Future Consultation, (including the issues raised at this and at previous meetings), would be presented to the new committee, post the council elections In May 2021.

5. RECOMMENDATIONS TO THE NEW COMMITTEE

It was agreed a report, listing the issues raised at this and at previous meetings, in relation to Fit for the Future specialist service changes at Gloucestershire hospitals, would be considered by the new committee post the council elections in May 2021.

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

Action: An update on the Fit for the Future decision making process/resolutions from the NHS CCG Governing Body meeting on 18 March 2021 and the concerns raised at the Health Overview and Scrutiny Committee meeting on 22 March 2021 to be presented for consideration by the members and representatives of the new committee and NHS CCG post the council election in May 2021. **Action by: NHS CCG**

CHAIRPERSON

Meeting concluded at 12.00