

HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Health Overview & Scrutiny Committee held on Tuesday 30 November 2021.

Present : - Health Overview and Scrutiny Committee (HOSC)

Cllr Andrew Gravells MBE (Chair)	Cllr Stephan Fifield
Cllr David Brown	Cllr Stephen Hirst
Cllr David Drew (Vice-Chair)	Cllr Dilys Barrell
Cllr Stephan Fifield	Cllr Stephen Andrews
Cllr Gill Moseley	Cllr Ray Padilla
Cllr Alan Preest	Cllr Natalie Bennett

Officers: NHS Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer and ICS Lead, Chief Executive Officer (CEO) Designate, One Gloucestershire Integrated Care Board (ICB)
Dr Andy Seymour – Clinical Chair
Becky Parish – Associate Director Engagement and Experience

In attendance: Dr Paul Atkinson - GP & Clinical Information, Chief Clinical Information Officer (CCIO)

Gloucestershire Hospitals NHS Foundation Trust (GHT)

Deborah Lee – Chief Executive
Prof Mark Pietroni - Director for Safety, Medical Director

Gloucestershire Health and Care NHS Foundation Trust (GHC)

Ingrid Barker – Chair
Sandra Betney – Director of Finance and Deputy CEO
Martin Ansell – Deputy Medical Director of Operations
Andy Telford – Community Mental Health Transformation Lead

Gloucestershire County Council (GCC)

Cllr Carole Allaway Martin, Cabinet (Adult Social Care Commissioning)
Cllr Tim Harman, Cabinet (Public Health and Communities)
Cllr Kathy Williams, Cabinet (Adult Social Care Delivery)

Healthwatch Gloucestershire (HWG) – Nikki Richardson

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

1. APOLOGIES

Apologies were received from Cllrs Rob Vines and Linda Cohen, (representing Gloucestershire County Council), and from Cllr Helen Fenton, (representing Stroud District Council), Cllr Jill Smith, (representing Tewkesbury Borough Council) and Cllr Helen Molyneux, (representing Forest of Dean District Council). Cllr Natalie Bennett represented Cllr Helen Fenton at the meeting.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

3. MINUTES

The minutes of the meeting held on 12 October 2021 were noted and confirmed as a correct record of that meeting.

4. PUBLIC REPRESENTATIONS

No public representations were made prior to the meeting. The notification deadline for making representations was 4.00pm on Wednesday 24 November 2021.

In attendance at the meeting, Mr Bren McInerney was invited to address the committee at the Chair's invitation. The Chair informed the committee that Bren had recently been awarded an NHS England/NHS Improvement Safeguarding Star award by Catherine Randall, Associate Director for Safeguarding at NHS England/NHS Improvement. Mr McInerney told the Committee he had accepted the award on behalf of the people and communities he had proudly served for over 25 years, and that he would continue to do so. The committee congratulated Bren on his achievements and thanked him for his ongoing commitment to the communities of Gloucestershire.

5. MENTAL HEALTH SERVICES BRIEFING

The committee received a presentation on the delivery of mental health services from the Gloucestershire Health and Care NHS Foundation Trust. Presenting the information on behalf of the Trust were Sandra Betney, (Director of Finance and Deputy Chief Executive Officer), Martin Ansell, (Deputy Medical Director of Operations), and Andy Telford, (Community Mental Health Transformation Lead).

The report and power-point presentation can be viewed with the agenda published on the Gloucestershire County Council website.

Outlining some of the challenges presented to the Trust during the pandemic, it was confirmed that there had been a huge demand for mental health services during the past year, a factor that was becoming increasingly notable prior to the pandemic, but significantly greater in recent months, with demand far outstripping the ability to deliver services. In response to the challenges, it had been necessary for the Trust, working alongside partner organisations, to adopt new ways of working, including

remote access diagnosis and treatment arrangements, combined with face-to-face appointments. The demand for services, represented by people from all age groups and in various complexities, reflected the national demand. The limited allocation of resources nationally, plus the tendency for elective recovery funds to predominately focus on delivering acute activities during the pandemic had resulted in increased levels of stress and constraint, both financially and on the workforce. The impact of the current demand would undoubtedly impact on delivering wider public sector services, including police and voluntary sector – this was not just an NHS issue.

It was reported that there had been a particularly huge increase in the demand for children's mental health provision, notably to support eating disorders and self-harming by young people. Impacting on delivering children's services nationally, this was an area being considered by the Gloucestershire County Council, (GCC), Children and Families Scrutiny Committee. In response to current concerns, a remote access Children and Young People's Mental Health Briefing had been arranged at 1.00pm on 24 January 2022, to which the members of this committee were invited to attend.

Outlining some of the challenges to other parts of the system, including later life services, backlogs in memory assessment services due to the shutdown of the service during the pandemic and extended waiting times for the majority of services, it was confirmed that flow through system arrangements remained challenging, with community care packages scarce and marked restrictions on care home access. The pandemic had also impacted on people's ability to access their usual support networks, with evidence of increased social isolation and loneliness, particularly in the older age groups. The ability to diagnose/recognise early changes in mental health had been significantly reduced, resulting in greater acuity and complexity of symptoms when assessments were made.

Ongoing workforce issues emerging during the pandemic continued to be challenging, with COVID-19 related absence and the impact of self-isolation still a factor. Huge efforts were being invested in recruitment activities, (in line with the national response), aiming to attract entry level roles such as staff nurses and newly qualified therapists, whilst at the same time, retaining experienced and specialist practitioners. An increased number of people reviewing their work/life balance and choosing to consider retirement earlier than might have otherwise been considered, was also having an impact on the workforce.

Despite the challenges, the pandemic had also provided some opportunities for change. Examples included; general review of waiting lists/capacity and demand reviews; eating disorder teams implementing routine referral screening/triage with a focus on treatment for urgent patients; additional children and young people consultant time from which to carry out assessments; day treatments, (scheduled to recommence in the next month), supporting admission prevention to emergency departments; a variety of new roles being trialled, including clinical associate psychologists; trust wide focus on workforce issues, (recruitment & retention; staff health & well-being; flexible working and support to those needing to shield). The advances in the use of digital access and technology had been a welcome surprise.

It was also acknowledged that, whilst some people may have missed out on early diagnosis, others had benefitted from self-isolation and not having to go out.

Outlining the Trusts' aspirations, in line with the local NHS long-term plan, members were advised that a key aspiration was to develop new community models built around localities and Primary Care Networks with a focus on improving services for adults, (including young people in transition), experiencing serious mental illnesses. A 3-year programme, with non-recurrent transformation funding tapering off over the 3 years, was underway. Additional funding would be included within the GCCG baseline fund. Other aspirations included the introduction of an alternative assessment/care management framework, (to replace the care programme approach), and introduction of a 4-week waiting time target and increased activity targets. Specific focus would be placed on developing specialist areas, including new models to respond to eating disorders, personality disorders and to consider rehabilitation pathways. Joint working and service provision with voluntary care and social enterprise organisations would continue, with the aim of developing a more community-based approach to delivering mental health services.

In summary, members were advised of ongoing pressures in response to the increased demand for services, combined with the positive recovery response to the pandemic and new models of delivery.

Questioning how long it might be before the delivery of mental health services returned to pre-pandemic performance, members were advised that this was anticipated to be a long-term repercussion of the pandemic. The recovery process was well underway and would be subject to constant review. A significant amount of effort and investment was being directed into providing a good service.

One member questioned the ability and skills of Voluntary and Charitable Organisations, (VCSE), when supporting the delivery of mental health services, to which it was confirmed VCSE organisations formed a valued part of the whole system approach, with the necessary skills training provided.

Responding to questions on the impact of the pandemic on young people, including concerns about people self-harming and eating disorders, officers emphasised the need to reach out to young people to better understand their issues. The GCC 'Your Circle' website, (a local directory providing access to information, advice and support for those who need care or wish to stay independent), allows visitors to the site to source information about local groups, societies, clubs and services in Gloucestershire with the aim of enabling people from all age groups to connect to people and activities within their communities, as well as helping to navigate health and care options.

The 'Your Circle' website can also help individuals and organisations, including the Trust, promote activities, events and support services via the yourcircle@gloucestershire.gov.uk helpline.

Responding to questions on how councillors might support people with mental health issues, it was suggested that, by listening to those who needed help, in

whatever environment this might be; schools, doctors' surgeries, supermarkets, local forums or by simply by engaging in face-to-face discussions, made a valuable contribution. Feedback to the Trust was encouraged.

Responding to questions on the support provided to people from rural communities, (where it might be more challenging for people to reach out for support), it was confirmed that substantial investment had been made in rural communities, including locating specialist teams in the Forest of Dean District. It was acknowledged that challenges remained in other rural locations, including the Cotswolds District, where work was ongoing to address the issues. The first point of contact in many rural locations continued to be with the person's General Practitioner. A request was made to provide information on cross border service arrangements and this was noted.

Nikki Richardson from Healthwatch Gloucestershire commended the recovery work being undertaken in response to the pandemic but enquired about the number of people who might not be coming forward with mental health issues due to the arrangements during lockdown, including the move to conducting remote access appointments. Nikki was reassured to note there was evidence to suggest some services had started to catch up on any backlogs that might have occurred during lockdown and that improvements in referrals being made direct to mental health practitioners rather than via GP's was a huge benefit to the system. Ongoing analysis of data from the past year would determine any long-term trends and would be shared with the committee. It was agreed that, since the pandemic, attitudes towards people with mental illnesses had started to change and this was welcomed as a positive outcome.

In summary, the ongoing pressures of delivering mental health services in Gloucestershire were likely to continue but the positive response to the recovery process and the new approaches to delivering more effective services were welcomed.

The report was noted.

6. NHS GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP (GCCG) PERFORMANCE REPORT

The committee received an overview on the performance of the local NHS based on a range of national priorities and other agreed local standards.

The report included an update on ambulance response times in Gloucestershire by the South West Ambulance Service Foundation Trust (SWAST). Following on from the report to the committee at the October meeting, the committee was informed that the Chair and Vice Chair of HOSC had met with the Chief Executive and County Commander of SWASFT on 15 November 2021 to consider issues impacting on the performance of SWAST and on local hospital admissions.

At the meeting on 15 November, it had been explained that the issues were recognised as a national issue and not specifically affecting the South West or

Gloucestershire. Key outcomes from the discussion included acknowledgement that current performance issues constituted a 'system failure' rather than a failure in any one part of the system and the need for more direct communications to HOSC in the form of detailed reports, (to form part of the GCCG performance and accountable officer reports to HOSC).

To strengthen communication channels between SWAST and HOSC and to aid members understanding of the criteria relating to 'system escalation' levels 1 to 4, SWAST agreed to examine current communication arrangements and consider how best to cascade incident declarations to HOSC. SWAST also agreed to provide details on system levels/organisation levels and escalation criteria.

Key matters included in the performance report included: -

- 1) Recovery of NHS service activity and performance in response to the effects of the COVID-19 Pandemic was underway, with urgent care services in particular seeing additional demand compared with periods of national lockdown;
- 2) The performance of cancer related services remained strong and was showing good recovery in comparison with regional peers for elective services, particularly in local imaging diagnostic services and in the reduction of patients waiting over 52 weeks for treatment;
- 3) Demand for all healthcare services, (in conjunction with possible COVID-19 pressures due to increased transmission of the delta variant), was still likely to impact on performance and the recovery process in the months to follow. Analysis was ongoing on the longer-term impact of COVID-19 on services and patient behaviour (including health inequalities). It was confirmed that Healthcare services were undoubtedly at their most challenged at this current time;
- 4) Significant issues were evident in terms of system flow, resulting in huge pressures across the whole system;
- 5) Resources were not a key issue at the present time; the key issue was the pressures impacting on, and sustainability, of the workforce;
- 6) Processes were in place to invest in future healthcare provision secured via developer contributions/local authority Section 106 planning decisions;
- 7) A significant amount of work was being invested in achieving the appropriate balance between patients requiring hospital care and receiving care within their local areas/own homes. The Home First Reablement initiative formed part of this investment;
- 8) Further to planned changes to consultation procedures, no additional pressures were being placed on GP's in terms of making referrals for treatment; the introduction of a quick referral system removed excessive,

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often unnecessary, steps in the referral pathway, allowing for a speedier, more streamlined diagnosis;

- 9) The challenges of the Winter Programme and the potential for new variants of the COVID-19 coronavirus to emerge were under constant review and not to be underestimated.

The report was noted.

7. ONE GLOUCESTERSHIRE INTEGRATED CARE SYSTEM REPORT (ICS)

The committee received an update on the work of the One Gloucestershire Integrated Care System (ICS). 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.

Members noted the progress being made in working towards the further integration of health services, (subject to the progression of the Health and Care Bill 2021-22), to enable the Integrated Care System to commit to a formal partnership arrangement in April 2022.

Guidance released in August 2021 proposed the legal establishment of an Integrated Care Board (ICB), including development of statutory CCG functions to be conferred on the ICB and development of the ICS Constitution. The ICB will fulfil the commissioning functions of the current CCG, plus a variety of functions assigned from NHS England, to oversee the day to day running of the NHS locally and for developing a plan to meet the healthcare needs of the population. The ICB will work towards bringing together health care, social care, public health and wider partners to develop a broader health and care plan for Gloucestershire (Integrated Care Strategy). Work will be undertaken to ensure the smooth closure of the Gloucestershire Clinical Commissioning Group, (GCCG), in parallel with establishing the ICB from 1 April 2022.

A new target date for the legal and operational establishment of ICSs, 2022/23 priorities and operational planning guidance, was published by NHS England on 24 December 2021. The NHS England statement read, *'thank you for the significant progress that has been made in preparing for the proposed establishment of statutory Integrated Care Systems. To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for statutory arrangements to take effect and for ICBs to be legally and operationally established'*.

Chair of the Committee, Cllr Andrew Gravells, congratulated Mary Hutton on her recent appointment as Chief Executive designate of the Gloucestershire Integrated Care Board (ICB), subject to the formation of the new statutory NHS body on 1 April 2022. It was noted that Mary has fulfilled the role of the One Gloucestershire Integrated Care System (ICS) lead officer since 2018 and Accountable Officer of the NHS Gloucestershire Clinical Commissioning Group since 2013. As reported at

the previous meeting, Dame Gill Morgan has been appointed, (by NHS England), Chair designate of the Gloucestershire Integrated Care Board.

A detailed update on the progress of the Integrated Care System will be presented at the HOSC meeting on 11 January 2022. It was confirmed that work was progressing well.

The committee received an update on the COVID-17 Vaccination Programme. It was reported that by the end of October 2021, Gloucestershire had administered one million vaccinations since the programme first started in December 2020. 85% of the population had received a first dose and almost 80% of the population had received a second dose of the vaccine. Offer of the vaccine to schools, (for children aged 12-15), in Gloucestershire was well underway with additional drop-in clinics being offered to eligible 12 to 15-year olds throughout October via several GP-led Primary Care Network (PCN) sites. Up to date information about the community vaccination programme in Gloucestershire can be found via the NHS COVID-19 portal: <https://covid19.glos.nhs.uk/vaccinations>

Concerns were raised about the impact of legislation from the Government's Health Secretary on job losses in the care sector. Members were reassured that every effort was being made to ensure everyone in the health and care sector was fully informed on the details relating to the vaccination programme and, whilst not under any pressure, provided with the detailed information they required to make an informed decision. More information on the issue will be provided as part of the performance reporting to the committee.

Full commitment was now being made to delivering the COVID-17 Booster Vaccination Programme. It was confirmed that, despite an incredible challenge, Gloucestershire was fully focussed to administering the booster vaccination.

Chair of the Committee, Cllr Andrew Gravells, thanked Ingrid Barker and representatives from the Gloucestershire Health and Care NHS Foundation Trust on the outstanding presentations presented at the Gloucestershire Health and Care NHS Foundation Trust Annual Meeting with HOSC on 28 October 2021 at 10.00am.

The report was noted.

8. NHS GCCG CLINICAL CHAIR AND ACCOUNTABLE OFFICERS REPORT

Mary Hutton and Dr Andy Seymour introduced the NHS Gloucestershire Clinical Commissioning Group (GCCG) Clinical Chair and Accountable Officer Report.

Updating members on the award of elective recovery and targeted investment funding, it was reported that, as part of the 2021/22 operational planning investment programme, the Government had set up a national £700m Targeted Investment Fund (TIF) to aid elective recovery across the NHS during the second half of 2021/22. The Gloucestershire ICS had submitted a significant number of bids, of which 11 bids had been approved by the NHS England regional team for funding.

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It was confirmed that funding awarded to Gloucestershire ICS totalled £6.756m, of which £6.483m would be invested as capital funding to fund equipment, digital developments and physical infrastructure. It was anticipated that all schemes would be delivered during the next 5 months. Members were advised that this would have a significant impact on the Gloucestershire elective recovery programme, by helping to reduce long waiting periods for patients and provide necessary support to staff in delivering the best possible care for patients.

Based on the 10 principles set out in the published information report, the Gloucestershire Integrated Care Board (ICB) is expected to develop a system-wide strategy for engaging with people and communities. To gather information on the experiences and aspirations of people who use Gloucestershire's care and support services, it was explained that the aim was to consider current NHS (ICP) working practices by engaging with people, communities and staff over the next few months to prepare for the launch of the ICS in 2022. Further information on the engagement process can be found on the 'Get Involved in Gloucestershire' online participation platform at <https://getinvolved.glos.nhs.uk/>

Members were advised that a detailed ICS development update would be presented at the HOSC meeting on 11 January 2022. For further updates, it was suggested that it might be useful to include some examples of the outcomes of the engagement process and the work of the ICP, and this was noted. **Action by – NHS GCCG**

Providing an update on the Forest of Dean Community Hospital, it was confirmed that a full planning application had been submitted for a new hospital based on feedback from the Forest of Dean community and colleagues across the NHS, in addition to ongoing discussions with site neighbours and further work on design and materials. The planning application had been submitted to Forest of Dean District Council on Friday 8 October 2021, including proposals for a Minor Injuries unit with separate adult and children's waiting areas, x-ray, radiology and ultrasound services, consulting and treatment rooms for outpatient clinics, children's clinic area, endoscopy suite and clinic space for dentistry and podiatry.

Members were reminded that progress on aspects of the NHS Winter Plan would be provided through reports and presentations at the January HOSC meeting, followed by an in-depth review at the March meeting. One member requested that information on respiratory hub clinics be included in the update, plus an overview of the work of first responders in easing pressures on SWAST and the request was noted. **Action by – NHS GCCG.**

Responding to concerns about the work of voluntary organisations to support the delivery of NHS vaccination programmes; a perceived lack of clinical support and increased pressures on 111 calls, members were informed that detailed updates would be provided as part of the Primary Care Presentation and regular Performance Report to the committee at the January 2022 HOSC meeting.

The report was noted.

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9. WORK PLAN

The committee noted the dates of future meetings.

11 January 2022

08 March 2022 (a joint meeting with the Adult Social Care and Communities Scrutiny Committee)

17 May 2022

12 July 2022

13 September 2022 (the date of this meeting may change to allow the committee to consider the NHS Winter Plan 2022-23)

15 November 2022

In noting the work plan, (attached), it was confirmed that at the meeting on 8 March 2022, the committee would review the NHS Winter Sustainability and Surge Management Plan 2021/22.

CHAIRPERSON

Meeting concluded at 12.00