



**COTSWOLD
DISTRICT COUNCIL**

OVERVIEW AND SCRUTINY COMMITTEE

QUARTERLY DIGEST

(JULY 2015)

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Notes:

- (i) The items contained within this Quarterly Digest are not for formal debate by the Committee, and do not appear as stand-alone agenda items.
- (ii) Members are invited to identify any issue(s) arising out of the information provided within this Digest for future debate and/or action by the Committee.
- (iii) If Members have any questions on the detail of any of the information provided within this Digest, they should address such questions to the accountable Member and/or officer concerned, for a reply outside the formal Meeting.

(END)

POLICE AND CRIME PANEL

MINUTES of a meeting of the Police and Crime Panel held on Thursday 5th February, 2015 at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT:

Cllr David Brown	Cllr David Penman
Cllr Brian Calway (Chairman)	Mark Rees
Cllr Gerald Dee	Martin Smith
Cllr Tony Hicks	Cllr Brian Tipper
Chris Nelson	Cllr Roger Wilson

Substitutes: Cllr Steve McHale (In place of Cllr Barry Kirby)
Dan Murch (In place of Cllr Helena McCloskey)

Officers in attendance: Stephen Bace, David Bennett, Richard Berry, Richard Bradley, Suzette Davenport, Ian Maxted, PCC Martin Surl and Paul Trott

Apologies: Cllr Bernie O'Neill, Graham Robinson and Cllr Bill Whelan

1. MINUTES OF THE PREVIOUS MEETING

These were agreed and signed by the Chairman.

2. CHIEF EXECUTIVE'S REPORT

2.1 Paul Trott presented the report to members detailing two HMIC inspections. Members were informed that forthcoming inspections would include the next PEEL assessment which would focus on efficiency and specific inspections in relation to 'vulnerability' in preparation of case files and honour based violence, FGM and forced marriage.

2.2 No complaints had been received regarding the Commissioner since the last report.

3. SAFER CYBER

3.1 Richard Berry and Ian Maxted gave a presentation on 'Safer Cyber', the sixth priority within the Police and Crime Plan. This presentation provided a progress update and informed members of the governance surrounding this.

3.2 The Panel was informed that a HMIC study on Digital Crime and Policing was taking place on 23-25 February. This voluntary thematic study to develop the HMIC's understanding of the effect of digital technology on crime and

policing, whilst not a formal inspection, would benefit the policing community as a whole.

3.3 A Digital Investigation Governance Board had been established for force capacity development with a comprehensive tactical plan covering the '6P's Framework' (Protect, Pursue, Prepare, Prevent, Pre-event positioning, Post event')

3.4 A joint initiative between the University of Gloucestershire and South Gloucestershire and Stroud College, was creating a Green Cyber Security Training Centre and Conference Centre. This centre would address an area of significant skills gap, which was critical for national protection in the future. Locally it was believed there was a 66% skills gap in respect of cyber security; it was explained that this figure was derived from a number of market assessments. The Constabulary contributed to this application.

3.5 The Panel was informed that an array of research was being carried out and that Gloucestershire was at the cutting edge of this work. GCHQ was cited as having a big interest in this area. Members discussed how widely the work Gloucestershire was carrying out impacted nationally and questioned whether there should be national funding for work that had this wide an influence. It was confirmed that a large proportion of this work, that had a global effect was delivered through European Union funding.

3.6 Members were informed of the Counter Terrorism and Security Bill that was making its way through Parliament.

3.7 Members discussed the implications of the work on Cyber Crime to the budget. It was understood that the increase in the precept for 2014/15 had, in part, been to ensure that funding was available in order to deliver this priority. In response to questions, it was explained that this work delivered value for money and that there were economic benefits to the development of sites such as the Cyber Security Training and Conference Centre.

3.8 The Commissioner outlined that the training that was being provided and the links and contacts that had been developed, for example, with Estonia, had allowed benefits to be found in terms of up-skilling officers and achieving value for money. Baltic Silver focused upon developing command courses for incident management.

3.9 The Panel was provided with information on a Cyber Impact Event which had scenario tested over 3 days and allowed for gaps to be identified and capabilities to be developed. Details were given of a Local Resilience Forum event on cyber civil contingencies which provided a case study of a Gloucestershire cyber attack against civil infrastructure; future events were being planned.

3.10 Gloucestershire Safer Cyber Forum was a Constabulary led initiative for the sharing of alerts and warnings to its members that could help to both prevent and effectively respond to cyber related threats. This would be introduced at the Gloucestershire Business Show in May and would provide a secure environment

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where residents and businesses could talk about cyber crime related issues and be protected. Currently, a website had been developed, but it would offer both a physical and virtual presence to make the police service more accessible. There was some discussion around the educational benefits of the approach and it was clarified that data would be information that was publically available. Members welcomed the work being undertaken.

3.11 The Panel thanked the officers for the presentation and were pleased with the progress being made. It was asked that further updates be provided at a future meeting of the Panel.

ACTION Richard Berry/ Stephen Bace

4. PROPOSED GLOUCESTERSHIRE POLICE PRECEPT 2015/16

4.1 The Chairman outlined that the Panel had been provided with regular finance updates throughout the year in the build up to consideration of the budget. In addition, members had received highlight reports on activity to meet the priorities in the Police and Crime Plan .Following preliminary discussions on 20 January, the Panel had been provided with the Police and Crime Commissioner's proposed budget, including the proposed precept, on 28 January 2015.

4.2 The report proposed that:

Funding for the proposed £105.095m revenue budget will require a police related Band D Council Tax element of £207.73. This means that the police related Band D Council Tax is frozen at the same level as last year.

4.3 The Commissioner reminded the Panel that for the previous year the precept had been increased by 1.9% and that, at that time he had made a commitment that, based upon current assumptions for funding, the precept for 2015/16 would be frozen. The proposal outlined to the Panel maintained that commitment unless the Panel were minded to advise otherwise.

4.4 Despite this, the Commissioner explained that he had previously provided the Panel with assurances that no further increase was planned in 2015/16 subject to any unforeseen development. The advice provided by Finance Officers and the Chief Constable indicated to him that the level of funding reductions indicated by government could not have been foreseen and the advice given to him had been to ask for an increase in the precept.

4.5 Members understood that there had been a 4.7% cash reduction in core central government funding, an actual reduction of £2.920m compared to 2014/15. Adjusting for Legacy Council Tax grants, the cash reduction compared to 2014/15 was 5.1%. Based on the assumptions detailed on page 14 of the agenda pack, projected funding in 2015/16 of £105.095m would reduce by 2018/19 to £102.553m.

4.6 The Commissioner outlined that he was confident that the Constabulary would rise to the challenge, but explained that it would be difficult with the projected savings requirement for the four years to 2018/19 at £16.25m. In identifying savings for 2015/16, there would be a reduction in Police Officers. Officer recruitment would pause on 1 April with the establishment likely to have around 100 less FTE police officers, which assumed 60 leavers during 2015/16, mainly due to retirement. A programme of work had been undertaken to determine how the organisation would operate with reducing the number of officers and create an Operating model that would enable scalable reductions over time.

4.7 The Chief Constable emphasised her recommendation to the Commissioner detailed within the budget report. This outlined the soundness of the budget for 2015/16 in relation to the Force and confirmed that the Force would be able to deliver the strategic objectives and the Strategic Policing Requirement with the resources provided. Despite this, because of the assumptions made regarding future government funding, the Chief Constable would recommend that future council tax levels were reviewed. A 2% increase in council tax would reduce the level of savings required and the effect on front line policing.

4.8 In the circumstances, the Chief Constable outlined that she would have preferred the Commissioner to have recommended a 1.9% increase in the 2015/16 precept as this would have reduced the savings requirement by £0.9m. She explained that with less funding less would be delivered and that important priorities, such as work around Child Sexual Exploitation, and Domestic Abuse could be impacted.

4.9 The Commissioner explained that he welcomed the Panel's advice on the level of precept to put forward and was looking to involve them in the decision. He explained that he would likely be proposing an increase in the precept the following year due to the level of reductions from central government and the assumptions going forward.

4.10 It was clarified for the Panel that the Commissioner was proposing no increase in Council Tax, but that he believed that these were exceptional circumstances with regards to funding and, based on the advice of the Chief Constable and Finance Officers, he was comfortable if the Panel felt that he should increase the precept for 2015/16.

4.11 One member outlined that given the information provided, an increase in precept would allow the Chief Constable to have the finances required to do the job at hand. He explained that the future with regards to funding was uncertain and that it was important to reduce the savings requirement as much as possible.

4.12 Another member outlined that while he sympathised with the situation, many public bodies were having to find new ways of doing things and adapt to times of austerity. He suggested that there was room in the budget to alleviate the savings requirements and reduce the impact on police officer numbers. Some members suggested that a reduction in the funding directed to organisations delivering crime reduction activities could be considered. Another member

suggested that a more collaborative approach with other organisations could help free up efficiency savings.

4.13 The Commissioner outlined the benefits of the Commissioner's Fund and the work carried out by other agencies to deliver the police and crime plan. He emphasised that delivery of the plan depended on more than just police officer numbers and drew members' attention to the quarterly highlight report contained within the papers which gave examples of the outcomes achieved through this approach. Some members discussed the benefits of the plan and the work carried out by other agencies to help reduce crime and disorder within communities; they supported this approach.

4.14 Members discussed the £0.9m reduction in the savings requirement that an increase in the precept of 1.9% would achieve. A member suggested that the Commissioner consider achieving this reduction through other means.

4.15 Following the discussion on the proposed 2015/16 budget, the Panel were asked to come to a decision as to whether they:

- Support the precept without qualification or comment;
- Support the precept and make recommendations, or
- Veto the proposed precept

4.16 It was moved, and seconded, that the proposed precept be vetoed and that the Panel ask the Commissioner to revise the precept to an increase of 1.9%. To veto the precept a two thirds majority of the members of the Panel (10) was required. On being put to the vote the motion was lost.

4.17 It was subsequently moved that the proposed precept be supported with the recommendation that alternative ways of reducing the savings requirement by £0.9m be found. On being put to the vote it was therefore:

RESOLVED that:

- a) The Police and Crime Panel supports no increase in the police precept for 2015/16 as proposed by the Police and Crime Commissioner
- b) The Commissioner be requested to consider alternative ways of reducing the savings requirement by £0.9 million (equivalent to a 1.9% increase in council tax).

CHAIRMAN

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Meeting concluded at 11:45

POLICE AND CRIME PANEL

MINUTES of a meeting of the Police and Crime Panel held on Thursday 2 April 2015 at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT:

Cllr David Brown	Martin Smith
Cllr Tony Hicks	Cllr Brian Tipper
Cllr Barry Kirby (Chairman)	Cllr Bill Whelan
Cllr Helena McCloskey	Cllr Roger Wilson
Chris Nelson	

Substitutes: Ron Allen (In place of Cllr Brian Calway)
Cllr Clive Bennett (In place of Cllr David Penman)

Officers in attendance: Stephen Bace, Richard Bradley, Suzette Davenport, Stewart Edgar, Laura Gibbard, PCC Martin Surl and Paul Trott

Apologies: Cllr Gerald Dee, Cllr Bernie O'Neill, Cllr Mark Rees and Graham Robinson

5. ELECTION OF CHAIR

In the absence of the Chairman, Cllr Kirby was elected Chairman for the duration of the meeting.

Councillors Brian Calway and David Penman, Chairman and Vice-chairman of this Police and Crime Panel, would not be standing at the district elections in May 2015. In their absence the Panel thanked them for all their hard work. Both were members of the panel's forerunner the Community Safety Scrutiny Committee and both played a substantial part in the establishment of the Police and Crime Panel

6. MINUTES OF THE PREVIOUS MEETING

These were agreed and signed by the Chairman.

7. UPDATES FROM DISTRICTS

7.1 Cllr McCloskey queried the Commissioner about the allocation of PCSOs based in Cheltenham, in particular the allocation at Hesters Way. The Commissioner confirmed that this issue would be covered in his presentation on the New Operating Model.

8. NEW OPERATING MODEL

8.1 The Commissioner presented a detailed update on the rollout of the New Operating Model for the Constabulary to members. Members were reminded of the reasons for change and of the components of the Operating Model.

8.2 The Commissioner informed members about current plans for the Constabulary and the way it would evolve going forward to provide the best service to the public as budgets tightened. This included details of future plans in relation to staffing and the use of technology and property. The Commissioner highlighted the substantial need for community police stations in Gloucester and Cheltenham. Members were made aware of plans to use offices in Shire Hall in Gloucester and of negotiations with Cheltenham Borough Council to use space in the Municipal Offices. The Commissioner referred to the question raised by Cllr McCloskey previously, and confirmed that the station on Hesters Way would be retained, in addition to Wilton House that would be kept as the community police station for Cheltenham.

8.3 One member queried when and for how long the police would move into the Municipal Offices in Cheltenham, as Cheltenham Borough Council was currently looking for an alternative location. The Commissioner explained that the move to the Municipal Offices would be as soon as possible, and that should the Council move, the police would move with them.

8.4 One member asked about changes to police stations in rural areas. The Chief Constable confirmed that this would be covered further in the presentation.

8.5 One member questioned the possibility of greater links with the Fire and Rescue service and was informed that there was a good relationship in place and the Commissioner would look for further opportunities for close working where possible.

8.6 The Commissioner provided members with an overview of the Mobile Front Line Policing project. Members were informed of plans to introduce 500 to 600 Samsung Galaxy Note 4 devices to replace the Blackberry device currently used by the police. The members understood that the introduction of the devices would enable police officers to complete reports without returning to stations, thus saving time. The new device would be rolled out from autumn 2015, with applications uploaded in several batches. There was some discussion on the benefits that it can bring including possible savings that could be delivered through this efficient way of working.

8.7 One member questioned the security of the new devices and was informed that the devices were subject to standards applied by GCHQ, which would sign off the devices.

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8.8 Several members asked about the impact of the new devices on the budget and it was explained that spending was within the budget. The Panel asked for further details on how the acquisition of the technology sat within the budget.

ACTION Paul Trott/ Dave Bennett

8.9 Members welcomed the approach being taken and discussed the challenge of cultural change alongside the introduction of new technology and focus on 'better ways of working'.

8.10 The Commissioner provided details on the signing of a new airtime contract. The decision on suppliers was based on quality and price, and the recommended supplier, following tests on 24 sites, would improve coverage.

8.11 The Chief Constable presented a detailed overview of the New Operating Model, explaining the key programme objectives and vision of the Police and Crime Plan.

8.12 Members discussed the impact of the reduction of police officers on public perception of the Constabulary's capability, and were informed that potentially a reduction in 79 police officers could be made without a significant impact due to the change in operating model. It was explained that police officers would be used more effectively by being trained as generalists, to work alongside specialist departments, in addition to better leadership and an increased use of voluntary aspects.

8.13 The Chief Constable provided details on rural and urban models of deployment, including details of Incident Resolution Teams in Cheltenham and Gloucester, Neighbourhood Officers carrying out local investigation alongside PCSOs. Members were shown a map detailing the establishment of deployment locations in order to enable police to be briefed, supported and supervised collectively, while providing coverage across the County.

8.14 Members were told of the need for demand and resources to match, and were informed of potential changes to shift patterns, particularly for PCSOs who had indicated the benefit of starting earlier than 8am and finishing later than 10pm.

8.15 Cllr Whelan highlighted the current problem of burglaries in Churchdown and mentioned that a meeting had been set up locally about the issue. He queried when the PCSOs would be changing shift pattern and when the deployment areas would be set up, in order to report at this meeting. The Chief Constable replied that there were discussions with PCSOs on this issue and that the Bamfurlong deployment station would go live on 23rd July 2015.

8.16 Members discussed possible strategic alliances with other forces and organisations as a way forward, and were informed by the Commissioner that the Constabulary had a range of alliances, and that the force would seek out alliances as necessary, however it was not felt to be appropriate for a merger with another force in current conditions.

9. DELIVERY PLANS - REFRESH 2015/16

9.1 Richard Bradley introduced the Delivery Plans for the 6 priorities that make up the Commissioner's Police and Crime Plan. It was highlighted that 146 community-based projects help to deliver the Crime Plan, and that by summer 2015, 200 projects would be funded. Members were reminded that Sally Cook, Temporary Assistant Chief Constable, would speak about the Accessibility and Accountability priority during the Police Crime Panel meeting in July.

9.2 One member raised a concern over the lack of measurable targets within the Delivery Plans. The Commissioner emphasised in response that he was resistant to return to a target-based approach to policing, stressing that the use of specific numbers in targets would not help him to monitor progress, and therefore would not help the Panel.

9.3 One member suggested the use of a traffic light system to enable the Panel to focus on areas of concern. The Commissioner agreed that this could be explored.

9.4 Several members discussed their concerns about the purpose and relevance of the Delivery Plans, and asked for clarification on the correlation between the Delivery Plans and the Highlight Report. Members were informed that the purpose of the Delivery Plans was to provide a narrative on the objectives of the Commissioner and to enable the panel to hold him to account.

9.5 One member commented on the importance of providing a glossary or fully explaining acronyms within the documentation.

9.6 It was agreed that further discussions on the purpose of the Delivery Plans would be carried out at a Lead Members meeting.

ACTION Stephen Bace/ Richard Bradley

10. CHIEF EXECUTIVE'S REPORT

10.1 Paul Trott talked members through the Report of the Chief Executive, highlighting, in particular, inspections by HMIC. Members noted that the dates for the first tranche of inspections that will form the overall PEEL judgement have been set for the 18th-21st May.

10.2 One member commented that the decision log, which can be viewed on the PCC website, was not up to date. Paul Trott acknowledged that the log was not complete and that more decisions needed to be uploaded.

Action Paul Trott

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CHAIRMAN

Meeting concluded at 12:26

HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 13th January, 2015 at the Council Chamber - Shire Hall, Gloucester.

PRESENT:

Cllr Flo Clucas	Cllr Paul McMahon
Cllr David Drew	Cllr Patrick Molyneux
Cllr Colin Hay	Cllr Jim Parsons
Cllr Jan Lugg	Cllr Nigel Robbins
Cllr Stephen Lydon	Cllr Brian Robinson
(Chairman)	Cllr Roger Wilson
Cllr Carole Allaway Martin	

Substitutes: Cllr Iain Dobie (In place of Cllr Joe Harris)
Cllr Tim Harman (In place of Cllr Phil Awford)

Apologies: Cllr Margaret Ogden

The following were also present:

Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer

Dr Helen Miller - Chair

Becky Parish – Associate Director Patient and Public Engagement

Caroline Smith - Head of Community Involvement

Alex Holland – Head of Performance

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

Dr Sally Pearson - Director of Clinical Strategy

Professor Clair Chilvers – Chair

Dr Frank Harsent – Chief Executive

Eric Gatling – Director of Service Delivery

Gloucestershire Care Services NHS Trust (GCS NHS Trust)

Susan Field – Director of Service Transformation

Chris Creswick – Non Executive Director

Paul Jennings – Chief Executive

Robert Walker - Head of Reablement Implementation & Delivery

Margy Fowler - Locality Manager – Forest, Tewkesbury & Cheltenham

Healthwatch Gloucestershire

Claire Feehily - Chair

Barbara Piranty – Chief Executive

Gloucestershire County Council

Margaret Willcox – Commissioning Director Adults

Peter Brambleby – Interim Director of Public Health

Mark Branton – Assistant Director Adult Social Care Commissioning

Cllr Dorcas Binns – Cabinet Member Older People

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2gether NHS Foundation Trust
Shaun Clee – Chief Executive

South Western Ambulance Service NHS Foundation Trust
Heather Strawbridge – Chair
Paul Birkett-Wendes – Head of Operations North Division

1. DECLARATIONS OF INTEREST

Cllr Roger Wilson declared a personal interest as a Governor of the 2gether NHS Foundation Trust.

Cllr Jan Lugg declared a personal interest as a member of the Royal College of Psychiatrists.

Cllr Flo Clucas declared a personal interest as a member of the 2Gether NHS Foundation Trust.

2. MINUTES OF THE PREVIOUS MEETING - 11 NOVEMBER 2014 AND 16 DECEMBER 2014

2.1 The minutes of the meeting on 11 November were agreed as a correct record and signed by the Chairman.

2.2 The minutes of the extraordinary meeting on 16 December 2014 were agreed as a correct record and signed by the Chairman.

2.3 The statement of intent requested at the meeting on 16 December 2014 from the Chairs of the Health Trusts, the Gloucestershire Clinical Commissioning Group (GCCG) and the Cabinet Member for Older People was included within the GCCG Chair/Accountable Officer Report (Agenda Item 9). The committee agreed to discuss this statement at this juncture.

2.4 Dr Helen Miller had chaired the meeting of the Chairs and informed the committee that there had been a frank and honest debate. The Chairs and Cabinet Member had been clear that it was important to take a whole system view; and that the emphasis must be on patient care. There had also been a clear commitment to increase the pace of change.

2.5 Professor Clair Chilvers informed the committee that it had also been agreed to review the Gloucestershire Strategic Forum (GSF) (comprised of the Chairs and Chief Executives of all the Health Trusts, the GCCG, the council and chaired by the GCCG) to ensure that the membership, focus and purpose were appropriate. Members were informed that the membership of the GSF would be immediately amended to include the South Western Ambulance Service NHS Foundation Trust (SWASFT). There was clear agreement that the GSF should take a stronger lead on issues. Members requested regular updates from this forum. Dr Miller agreed that this would be facilitated.

ACTION: Dr Helen Miller

2.6 In response to a question the committee was informed that the issue of staffing and associated interdependencies between organisations; and the lack of trainees coming through were key issues and would be taken forward by the GSF.

2.7 It was commented that it was good to see that the Chairs were happy to work together for the benefit of the people of Gloucestershire; however it was equally important that this

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approach was replicated at middle management level and below. Dr Miller acknowledged this point and assured the committee that the GSF would consider this matter. However, Mr Burkitt-Wendes, SWASFT Head of Operations North Division, informed the committee that the 10.00am conference call between all organisations was a good example of how middle managers and below worked together. He explained that this was a detailed operational call with clear outcomes/actions and reflected that there was a good working relationship in place. If necessary there would be further conference calls at regular intervals throughout the day.

- 2.8 The committee thanked the Chairs and Cabinet Member for reacting so quickly to its request. Members also asked that the Chairs meet on regular basis to ensure that the actions within their consensus statement were progressed. The committee was content with the direction of travel demonstrated in the Chair's statement. However, the Chairman impressed on the Chairs that it was important that this consensus statement was not about platitudes and that members expected to see these statements in action.
- 2.9 A full report on this matter would be received by the committee at its meeting on 3 March 2015.

3. REABLEMENT UPDATE

- 3.1 Robert Walker, Head of Reablement Implementation and Delivery, and Margy Fowler, Locality Manager – Forest, Tewkesbury & Cheltenham, from Gloucestershire Care Services NHS Trust (GCS) presented this item. The committee had previously received an item on this matter on 4 March 2014 and it was important that members were able to see whether performance has improved in this time. (For information - the presentation slides were uploaded to the council's website and included in the minute book.)
- 3.2 Mr Walker explained how the service had been re-designed and in particular that there were now three Reablement pathways:-
- ⇒ Recovery (initial assessment and intervention) this could be up to four days,
 - ⇒ Rehabilitation – the duration of the intervention would be according to individual need and progress up to 6 weeks,
 - ⇒ Social Reablement – this could be provided over a period of 2 to 6 weeks.
- 3.3 The service has also benefited from centralised communication, monitoring and overview which enabled the Head of Reablement to have a clear understanding of the capacity of the service. The committee noted that GCS was committed to responding to referrals to the service within two hours (available resources allowing).
- 3.4 It was clarified that Reablement was not domiciliary care. Reablement was a much more intensive service than domiciliary care. It was focused on enabling people to live at home safely, independently, meaningfully and in the way that they choose.
- 3.5 Mr Walker took the committee through some case studies which demonstrated not only where the system had worked well but also where the situation had needed to be recovered. He explained the learning points that came through the process and how these were taken forward.
- 3.6 The committee was pleased to note that contact time (face to face) with the person has increased since March 2014. The committee was also informed that analysis has shown that the 70% of staff time was used effectively. It was acknowledged that although sickness absence rates had improved there was still work to do to further reduce these figures. It

- was important to note that there were differences across the localities in terms of available resources.
- 3.7 In response to a question it was explained that the Reablement staff sat within the Integrated Community Teams (ICT). The service took a whole system approach. There were challenges around co-ordinating resources across the county, eg. there was a shortage of staff in the Cotswold area and staff could be drawn from the Stroud locality. It was also explained that both the council and the GCCG funded the Reablement service.
- 3.8 Members questioned how GCS were addressing the sickness absence rate. It was explained that there was a Human Resources Strategy in place. GCS has been concentrating on those people on long term sick leave and supporting them to make decisions about their future. GCS explained that they now needed to look at the situation with short term sick leave. Members acknowledged that it was necessary to keep on top of sickness levels but felt that it was important to remember that these members of staff were working with a vulnerable group of people and it was important that they did not return to work until they were recovered.
- 3.9 Members were interested in the detail behind the cases where a person was readmitted to hospital; and felt that this information should be included in the performance report received by the committee. The Director of Adult Services explained that this was a difficult factor to measure. The indicators did not require the data on why the person had been readmitted; the readmission could be unrelated to the care package or the previous admission. The council was required to report on the proportion of older people still at home 91 days after discharge but this was a blunt measure. However the committee was informed that GPs did track the readmission(s) of their patients and the council did also try to ascertain the underlying reasons. It was also explained that national comparisons were difficult as other local authorities measured and recorded this data in different ways.
- 3.10 The chairman commented that it was important to understand the underlying detail of readmissions and suggested that this was something that the Trust Chairs and Cabinet Member could discuss at their regular meetings.
- 3.11 The committee was informed that the Reablement service was focussed on the needs/requirements of the individual. However it was commented that it was also important that carers and families were involved in discussions.
- 3.12 In response to questions it was explained that there were particular challenges in assessing people whilst they were still in hospital; and that it was always better, but not always possible, to undertake the initial assessment in the person's home. This would not necessarily be a factor in readmission to hospital. Dr Helen Miller assured the committee that the GCCG Quality Team did monitor hospital readmissions.
- 3.13 Within the context of an assessment Dr Miller explained that it was important to consider aspects such as capacity and risk. She emphasised that if a person had the mental capacity to make a decision about their care package this had to be respected; and that staff would discuss any associated risks with the person.
- 3.14 The committee was pleased to note that the issue of social isolation had been identified within the Reablement pathway process.
- 3.15 A member commented that often when older people went into an acute hospital they could lose some of their basic abilities including confidence with regard to walking. He thought that more could be done in the hospital setting to prevent this happening. In response it

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was explained that the Integrated Discharge Teams (which included Occupational Therapists and Physiotherapists) in the Acute settings work at both the front and back doors of the Acute Hospitals, following patients through the system and did try to minimise these issues, and aimed to support people such that their independence was maintained throughout their time in the hospital. Members were also informed that data was showing that the number of readmissions was on the decline due to the work of the Integrated Discharge Teams; going forward it was expected that there would continue to be significant improvement here.

- 3.16 In response to a question it was clarified that the Cotswolds were split into North and South divisions; the distances did impact on travel time which in turn did have an impact on capacity. The committee had asked for a full briefing to be prepared on the Reablement service and it was asked that the geographical issues be included.

ACTION: Susan Field

4. ADULT CARE AND PUBLIC HEALTH QTR 2 PERFORMANCE SCORECARD

- 4.1 Margaret Willcox, Director of Adult Services, informed the committee that overall Adult Social Care performance was good. However it was disappointing that performance relating to direct payments has not improved. The committee engaged in a detailed discussion and were assured by the Director that she was working to remedy this situation.

- 4.2 It was commented that it was not helpful that some of the indicators did not have a target. The reasons for this were explained by the Director. It was however commented that that it would be helpful to include more information on these indicators to help with members understanding.

- 4.3 There were concerns regarding some of the Public Health indicators, particularly performance relating to drugs and alcohol. However the Director of Public Health (DPH) explained that these targets had been set by the council they were not national targets; and the DPH was clear that in his view it was important that they be ambitious targets given the impact on the individual, their family and the wider community. The DPH also explained that there was a greater success rate in getting people to sign up to the programme and therefore the numbers were greater. He invited committee members to visit the facility in Gloucester where this service was provided so they could understand how the service was delivered and give direct feedback should they wish to do so. The committee was also informed that these services were due to be retendered in 18 months.

- 4.4 The committee was also concerned that performance relating to health checks was not achieving the target. The Chair of the GCCG informed members that the GCCG was working with NHS England on this matter.

5. GCCG PERFORMANCE REPORT

- 5.1 Mary Hutton, Accountable Officer GCCG, presented this report. The report reflected that there was a lot of good work happening across the county. However, given the major internal incident declared by the GHNHSFT on 4 January 2015 much of the debate centred on this matter.

- 5.2 Members asked about the current position with regard to cancelled operations. Dr Frank Harsent, Chief Executive GHNHSFT, informed the committee that the major internal incident had meant that elective surgery had to be cancelled to enable the acute hospitals to manage the increased demand. However this had been slowly coming back online over the last week, and hoped to soon be back to usual practice in this regard.

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- 5.3 In response to a question on the performance of NHS111 warm transfer of calls the committee was informed that Gloucestershire was not an outlier, and was performing slightly better than the national average. The GCCG was working with NHS111 on this issue. Mr Paul Birkett-Wendes, SWASFT, impressed on members that whilst NHS111 did not advise that callers called 999 they would directly transfer the calls to SWASFT and this had a significant impact on SWASFT, particularly if the call was identified as critical. It was important to note that SWASFT were not allowed to re-triage calls coming through from NHS111.
- 5.4 The Chairman suggested that NHS111 performance was an issue that the Chairs should consider at their regular meetings. He also suggested that this was an issue that could be considered by the SWASFT Joint Health Overview and Scrutiny Committee.
- 5.5 It was commented that whilst it was important to receive the overall data it was also important to be able to break this data down to identify what was happening at peak times to better understand the pinch points.
- 5.6 It was questioned whether the recruitment issues in recruiting doctors to work in A & E was a contributory factor to the major internal incident and whether the GHNHSFT was actively trying to recruit to vacant posts. Dr Harsent reminded the committee that the shortage of doctors was a national issue. Nationally half of the specialist registrar posts were vacant. The GHNHSFT have to employ locums to fill these posts. He informed the committee that along with some other Health Trusts the GHNHSFT would be visiting India on a recruitment campaign. He further explained that Emergency Medicine was not an attractive speciality for some young doctors. In response to further questions Dr Harsent explained that the issue was not a shortage of consultants but of the middle grade doctors.
- 5.7 In response to questions Dr Harsent explained the factors and level of demand that had led to the decision to call a major internal incident. He explained that the issue was not just those people presenting at A & E but also the timely discharge of patients once they were medically stable. He informed the committee that he was hopeful that the major internal incident would be stood down later that day (post meeting note: this did not happen until Wednesday 14 January 2015).
- 5.8 It was clear that resilience was a key factor and the committee was assured that partners were working closely together for the benefit of the patient.
- 5.9 A member commented that if part of the problem was felt to be people inappropriately presenting at A & E what was being done to address this? Mary Hutton informed members that primary care had been extended over the last few months and that appointments were available with GPs and that A & E could direct people to these settings. The Choose Well initiative was aimed at informing members of the public of the community alternatives to A & E. The GCCG was also developing a Health App which would enable people to see what options were available to them in their local area; and the GCCG Information Bus was also touring the county to inform and advise people.
- 5.10 It was questioned whether the situation would have been better had the provision of urgent and emergency care not been reconfigured at Cheltenham General Hospital (CGH). Dr Sally Pearson, Director of Clinical Strategy GHNHSFT, assured the committee that without the reconfiguration the situation would have been worse. The reconfiguration meant that the appropriate number of doctors were in place to review patients and also consolidated medical resources. Without the reconfiguration there would have been inadequate resources stretched across two sites.

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- 5.11 Returning to the matter of the recruitment of emergency doctors a member commented that the original discussion had been about consultants; this was in the minutes which had not been challenged. He also felt that if patients were being directed to the Gloucestershire Royal Hospital (GRH) overnight rather than to CGH then this must be having an impact. Dr Harsent explained that the formal consultation had said that this was about junior grade doctors. With regard to performance at the two sites he indicated that over the last couple of months the CGH had been in the same position as GRH. He informed the committee that there were not a high number of patients being diverted from CGH to GRH overnight, if this were so it would be adversely impacting on SWASFT.
- 5.12 In response to a question the committee was assured that every available bed was being utilised, and that there was no truth in any rumour to the effect that beds had been 'mothballed'. This was the case across both the acute and community sector. The committee was also informed that the number of beds at Stroud Community Hospital had been reinstated following the earlier temporary closure; and that additional beds had been added bringing the total number of beds to 50.
- 5.13 Dr Miller explained to the committee that this was not just about beds. Some people did not need to be in hospital to receive care, and it was important to understand how these people could be more effectively and efficiently managed in the community; receive care at the right time in the right place. This was about ensuring that the Gloucestershire health pound was used effectively for the benefit of the people of Gloucestershire.
- 5.14 Mr Birkett-Wendes informed the committee that SWASFT had received a 37% increase in calls over the last weekend in December 2014. He informed members that he thought that it was important to try to ascertain why members of the public turned to 999 to engage with healthcare?
- 5.15 The committee was informed that over this time period the Out of Hours Service had 650 presentations in one day (400 is the average); the GCS Single Point of Clinical Access managed 174 calls in one day (120 is the average); the Integrated Discharge Team had twice the number of referrals in one week (i.e. two weeks work in one week); and NHS111 received 16,000 calls (it had planned for 11,000).
- 5.16 Mary Hutton informed the committee that she thought that the system was coping well given the pressure it was under. She informed members that the number of admissions was not significantly higher than the same time period in the previous year. She gave credit to all the health and social care staff who were managing this situation. She also informed the committee that Gloucestershire was not an outlier in this area.
- 5.17 In response to a question Dr Pearson explained that the data on the number of majors and minors presenting at the acute hospitals was showing that the number of majors has increased, with a number of minors being treated in other settings. There had been an increase in respiratory conditions, and the GHNHSFT was looking at the breakdown of these cases particularly the age ranges, and the impact on co-morbidity.
- 5.18 Concern was expressed concerning the 62 day cancer target. It was explained that this was due to the increase in referrals. It was felt that this should be more fully explored in the report to be received on 3 March 2015.
ACTION: Becky Parish
- 5.19 This report also contained the outcome report of the additional ambulance trial in the Cotswolds. The report demonstrated that overall performance had not been improved as a result of the additional ambulance; and did not support maintaining the additional

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ambulance resource on a permanent basis. The committee accepted these findings; and agreed with SWASFT that alternative initiatives should be pursued as described in the report. Cllr Jim Parsons (Cotswold District representative) was due to visit the SWASFT Clinical Hub (Bristol) on 16 January 2015 and he informed members that he would discuss the alternative initiatives with SWASFT at that time.

6. HEALTHWATCH PATIENT AND PUBLIC FEEDBACK QTR 2 REPORT

6.1 Claire Feehily, Chair Healthwatch Gloucestershire (HWG), presented this report. She informed the committee that all comments received were fed back to the relevant health providers in the county. HWG were also working to put together as many individual patient stories as possible. These would be a valuable resource in understanding the patient pathway and issues encountered.

6.2 It was questioned as to whether the data collected by HWG was able to inform on the significantly increased demand on the health services. Ms Feehily reminded the committee that HWG did not have whole population data, but that themes that did appear to be coming through related to availability of GP appointments; and there was also some evidence to suggest that NHS111 were directing people to A & E inappropriately.

6.3 Ms Feehily also commented that when the local health system declared a major internal incident this could cause confusion among the general public about where they should go for help. Members were also informed that HWG was beginning to receive complaints regarding the cancellation of scheduled operations.

6.4 The committee was informed that HWG was sharing the data relating to NHS111 with the GCCG.

6.5 Members were also informed that HWG was currently looking at the quality of discharges from hospital and would be reporting back to the committee on this work later this year.

7. DIRECTOR OF ADULT SERVICES REPORT

7.1 Dr Peter Brambleby informed the committee that he would be presenting his Annual Report at the committee's meeting on 3 March 2015.

7.2 In response to a question members were informed that the contract for Village Agents had been extended for another year. There were other initiatives in place alongside the Village Agents and the council needed to review the best method of support to people across the county – what did we need in place in the future?

7.3 Members were concerned that there was no mention of mental health in this report. Dr Brambleby informed members that his Annual Report to be received next time did include information on mental health. The Director of Adult Services explained that previous reports have included information on mental health, and that she used her report to bring forward current information and new initiatives.

7.4 The committee agreed that it would wish to follow up on the matter of health inequalities. Mary Hutton informed the committee that the GCCG would wish to bring its 5 year Forward Plan to the committee at some point and that this would enable a discussion around this matter. Dr Brambleby also reminded the committee that the Healthy Together initiative which was led by county councillors was aimed at health inequalities. He did acknowledge that there was a gap in the wider strategy.

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- 7.5 Dr Brambleby also explained that an overarching business plan was in development – this could be received by the committee at a future meeting. This plan was aiming to identify what was the Public Health offer at different stages of life; by place; and by need or care group.
- 7.6 The committee was also reminded that another briefing on the Care Act was scheduled for 27 January 2015. It was agreed that this invitation would be opened up to the district representatives on this committee. It was also explained that briefings on the Care Act had been delivered to Housing officers; this has also been picked up through the Better Care Forum and David Hagg (Chief Executive Stroud District Council) was leading for the district councils on this matter.
- 8. GCCG CHAIR/ACCOUNTABLE OFFICER REPORT**
- 8.1 Mary Hutton presented this report. She highlighted that with regard to co-commissioning (with NHS England for primary care services) the GCCG Board has tasked senior managers with preparing an initial expression of interest for delegated commissioning. This would be shared with GCCG members in February for their agreement and was also due to be received at the meeting of the Gloucestershire Health and Wellbeing Board on 20 January 2015.
- 8.2 In response to a question it was explained that the GCCG was still working through the re-procurement of services currently carried out through Independent Sector Treatment Centres (ISTC).
- 8.3 Cllr Jim Parsons informed the committee that he was pleased to note the news regarding Cirencester Hospital. He informed the GCCG that he was happy to input in to this work if appropriate to do so.
- 8.4 Heather Strawbridge informed the committee that SWASFT has been working closely with the Gloucestershire Rotary Club on the installation of defibrillators. She informed members that she felt that this was an example of good partnership working across and with organisations.

CHAIRMAN

Meeting concluded' at 13:45

HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 3 March 2015 at the Council Chamber - Shire Hall, Gloucester.

PRESENT:

Cllr Phil Awford	Cllr Paul McMahon
Cllr Flo Clucas	Cllr Patrick Molyneux
Cllr David Drew	Cllr Margaret Ogden
Cllr Joe Harris	Cllr Jim Parsons
Cllr Jan Lugg	Cllr Brian Robinson
Cllr Stephen Lydon (Chairman)	Cllr Roger Wilson
Cllr Carole Allaway Martin	Cllr Jeremy Hilton (substitute)

Apologies: Cllr Colin Hay and Cllr Nigel Robbins

The following were also present:

Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer

Dr Helen Miller - Chair

Becky Parish – Associate Director Patient and Public Engagement

Caroline Smith - Head of Community Involvement

Alex Holland – Head of Performance

Gill Bridgland – Commissioning Implementation Manager

Arriva Transport Solutions Ltd

Ed Potter - Head of South West

James Burns – Locality Manager

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

Dr Frank Harsent – Chief Executive

Gloucestershire Care Services NHS Trust (GCS NHS Trust)

Ingrid Barker - Chair

Paul Jennings – Chief Executive

Healthwatch Gloucestershire

Claire Feehily - Chair

Barbara Piranty – Chief Executive

Gloucestershire County Council

Margaret Willcox – Commissioning Director Adults

Peter Brambleby – Interim Director of Public Health

Cllr Andrew Gravells – Cabinet Member Public Health and Communities

2gether NHS Foundation Trust

Ruth FitzJohn - Chair

Professor Jane Melton - Director of Engagement and Integration

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

9. DECLARATIONS OF INTEREST

Cllr Roger Wilson declared a personal interest as a Governor of the 2gether NHS Foundation Trust.

Cllr Jan Lugg declared a personal interest as a member of the Royal College of Psychiatrists.

Cllr Flo Clucas declared a personal interest as a member of the 2Gether NHS Foundation Trust.

10. MINUTES OF THE PREVIOUS MEETING

- 10.1 The minutes of the meeting on 13 January 2015 were agreed as a correct record and signed by the Chairman.
- 10.2 The Chairman was aware that this was the last time that Cllr Margaret Ogden (Tewkesbury Borough Council representative) would be attending this committee as a member as she would not be standing as a candidate in the forthcoming local elections. The Chairman thanked Cllr Ogden for her commitment to the work of this committee. Cllr Gravells (Cabinet Member and previous Chairman of this committee) also thanked Cllr Ogden for her valuable contributions to the committee.
- 10.3 At the meeting on 13 January 2015 the Director of Adult Services report had included an appendix on Community Hubs. This did not demonstrate the activity in place in Cheltenham. In response to this Cllr Clucas, Cheltenham Borough Council (CBC) representative, requested information from CBC officers and had brought a newsletter to the committee which demonstrated that there was a lot of activity in place through the community hub in Cheltenham. This newsletter was included in the minute book for information.
- 10.4 Cllr Clucas took this opportunity to bring forward some points raised by the Overview and Scrutiny Committee (OSC) at CBC. There were: -
- ⇒ Respiratory Care Pathway Workshop – CBC OSC were interested that CBC appeared to have particular issues with regard to alcohol, and wanted to understand the detail.
The committee was informed that there was a specific project on the management of drug and alcohol misuse in place in the Cheltenham Locality. CBC officers should be aware of this work as it was locality based. The Gloucestershire Clinical Commissioning Group (GCCG) would be happy to send additional information on this matter if required.
 - ⇒ Discharges from hospital – CBC OSC wanted assurance that all available beds across the community and acute hospitals were being utilised and were not 'mothballed'.
This matter is addressed on the agenda.
 - ⇒ Greater Manchester (Devolution of Health and Social Care) – it was questioned whether any consideration was being given to this matter in Gloucestershire?
 - ⇒ The CBC OSC also saw merit in NHS organisations in the county attending its meetings as it was felt that it could, for example, assist with policy development. CBC OSC had previously asked an NHS organisation to attend a meeting but had been refused on the basis that the statutory responsibility for health scrutiny laid with the county council. Cllr Clucas reported that the CBC OSC felt that it would be cumbersome if CBC had to bring all matters through the Health and Care Overview and Scrutiny Committee.

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

(Post meeting note: The power to scrutinise health services lies with the county council. The County Council has delegated this power to the Health and Care Overview and Scrutiny Committee. (Health and Social Care Act 2001 and 2012, Local Government Act 2000))

11. PROGRESS REPORT ON URGENT CARE

- 11.1 This report described the progress made by the Chairs of the Health Trusts, the GCCG and the council's Cabinet Member for Older People in response to the issues raised at the committee's extraordinary meeting on 16 December 2014.
- 11.2 Dr Helen Miller, Chair Gloucestershire CCG (GCCG), gave the committee a detailed presentation of the report; and informed members that she felt that all partners were working well together for the benefit of patients and the public; and were holding each other to account more effectively. This view was supported by the Chairs of the Trusts in attendance at this meeting. Members of the committee were pleased to note that some of the identified actions were already having a positive impact; and that the report demonstrated a clear purpose and genuine commitment to improve.
- 11.3 The committee would continue to receive regular updates on this matter.

12. DRAFT DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - TO FOLLOW

- 12.1 The committee received a detailed presentation on this report from Dr Peter Brambleby, Interim Director of Public Health (DPH). The report outlined the public health challenges for Gloucestershire and services currently commissioned to support these issues.
- 12.2 The committee was clear that prevention was a key element of public health work; early intervention has the potential to improve people's long term health and to generate savings later in the life cycle.
- 12.3 Dr Brambleby informed the committee that the Public Health Team was working on moving away from the traditional public health grant headings as they did not really describe what we did. The new headings would include the core offer, services commissioned (broken down to universal and targeted services), and specialised services. He also informed members that it would be important to understand how the budget related to age, place and need.
- 12.4 The committee did agree that it would have been preferable for this report to have been published in 2014. Members did acknowledge the difficulties that the council has experienced in appointing to the DPH position. The committee was clear that to support this work a county wide health inequalities strategy needed to be developed and the Annual Report(s) should demonstrate a clearer link between projects and the delivery of goals and targets.

13. NON EMERGENCY PATIENT TRANSPORT SERVICE

- 13.1 The committee last received an item on this service in July 2014. The purpose of receiving this item now was to understand whether performance has improved. It was important to note that the contract with Arriva Transport Solutions Limited (ATSL) was across four Clinical Commissioning Group (CCG) areas (Gloucestershire, Swindon, Bath and North East Somerset and Wiltshire). The committee was joined by two representatives from ATSL Ed Potter, Head of South West, and James Burns, Locality Manager, and Gill Bridgland, Commissioning Implementation Manager at the Gloucestershire Clinical Commissioning Group, to engage with members on this matter.

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- 13.2 The report outlined the detailed work that has been undertaken with ATSL to address problem areas. Whilst there remained challenges members noted the activity that was in place to address these. It was also good to note that there has been a reduction in the number of complaints received. Members were also informed that there was more to do in terms of managing people's expectations.
- 13.3 Claire Feehily, Chair of Healthwatch Gloucestershire (HWG), informed the committee that HWG's recent survey had indicated that there appeared to be inconsistencies in the call handling; and there seemed to be a lack of clarity around the eligibility criteria for the service. Ms Feehily agreed that the number of complaints appeared to be reducing, but did comment that the complaints process had not been sufficiently transparent.
- 13.4 Ms Bridgland informed the committee that all NEPTS providers have problems with eligibility. The guidance from the Department of Health was not clear, and open to interpretation. The GCCG has developed a set of questions for the control centre to use and was now embarking on a piece of work to review these questions to ensure that they enabled a consistent response.
- 13.5 The committee was also informed that ATSL has reviewed its complaints process. All complaints were now managed through a standalone team. Information cards were now available in vehicles which directed people to where they could get help and guidance. Members welcomed this approach but suggested that ATSL ensured that the typeface was large enough to enable the cards to be read easily.
- 13.6 It was questioned as to whether the previous service provider had experienced similar problems. It was explained that the service was now commissioned and provided in a different way. Previously there had been approximately 35 ad hoc providers in place to support the delivery of the service. The GCCG now has a much better understanding of the needs of patients. The ad hoc provision had not been cost effective and was not in the best interests of patient safety.
- 13.7 In response to a question it was explained that GCCG was trying to work closely with voluntary sector organisations that provided transport. The GCCG was also working closely with the council on this matter.
- 13.8 Some members of the committee commented that they had received positive feedback from members of their communities on this service since the commencement of the new contract.
- 13.9 ATSL acknowledged that the targets were challenging but did aim to achieve them; and felt that there has been consistent improvement in performance. ATSL informed the committee that it would not be appropriate to apportion delays to the road network, although this did play a part. The main factor here was to have the right level of capacity and in the right place at the right time.
- 13.10 In conclusion Ms Bridgland informed the committee that she felt that it was clear that there has been improvement in performance and actions were in place to continue to improve the service. She also clarified that this was a 5 year contract.
- 13.11 Members were informed that the NEPTS ambulances were able to use bus lanes when there was a passenger on board. This was helpful as getting the patient to their appointment on time was a key indicator. However, the NEPTS ambulances were not able to use bus lanes when there was not a passenger on board. This seemed to be counterintuitive as getting to the next call on time was just as important as getting to the

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appointment on time. The committee agreed that it would write to the Government Minister for clarification on this matter, and to urge that NEPTS ambulances be allowed to use bus lanes, passenger on board or not.

14. QTR 3 ADULT SOCIAL CARE SCORECARD

- 14.1 The Director of Adult Services took the opportunity to inform committee members of the outcome of the recent Adult Case Review relating to financial and sexual abuse at a Supported Living Home. (For information this report is available on the Gloucestershire Safeguarding Adults Website.) The committee was pleased to note that these residents have now been successfully re-homed. There had been concern that the re-housing had taken some time, however, members were informed that a significant factor here was that these residents had wanted to stay together and it had taken some time to identify suitable accommodation.
- 14.2 Members agreed that it would be important to ensure that the learning points from this case review were taken forward.
- 14.3 There was concern with regard to performance against the target % of service users who have had a full re-assessment of their needs within the last 12 months. The Director of Adult Services informed members that additional resources had been invested in this area this year to try and improve performance. This was especially important given that the Care Act required that every service user was reassessed. A particular impact on performance related to the pressure of safeguarding referrals particularly around deprivation of liberty.
- 14.4 Members remained concerned regarding performance against the drug and alcohol targets. The committee was aware that these services were due to be re-commissioned; and members were informed that there had been some soft market testing ahead of this. It was commented that there needed to be more clarity as to what the outcomes actually meant. It was also suggested that there should be greater awareness within the community as to what was available to help people with drug and alcohol problems. It was agreed that the next contract needed to be very clear on outcomes.

15. GCCG PERFORMANCE REPORT

- 15.1 Mary Hutton, Accountable Officer GCCG, presented this report highlighting the good performance achieved as well as discussing those areas where work was in place to improve performance.
- 15.2 Ambulance response times in the rural areas of the county remained a concern to members of the committee. In response to a question it was clarified that community first responder data was included in this information. Ms Hutton also emphasised that the South Western Ambulance Service NHS Foundation Trust (SWASFT) was a strong provider in comparison with other ambulance services across the country.
- 15.3 Cllr Paul McMahon informed the committee that he had recently undertaken a ride-a-long in an ambulance. He informed members that he had been very much impressed with the professionalism of the paramedics and was full of admiration for them. He felt that the paramedics were to be admired and applauded and felt that we were in safe hands with SWASFT.
- 15.4 In response to a question members were informed that the GCCG budget for SWASFT was £21.6m.

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- 15.5 Concern was expressed with regard to the stroke targets, in particular those people who experience a TIA (Transient ischaemic attack) who were assessed and treated within 24 hours. In response to a question members were assured that all GPs and Practice Nurses were very aware of the symptoms of stroke/TIA. An issue here was that patients did not always present to GPs immediately. There was concern that the Stroke clinic was only open Monday to Friday. It was explained that there were not enough stroke specialists available to have the clinic open 7 days a week. The committee was assured that if a hospital in-patient needed help they would receive it. Dr Harsent acknowledged that there was a gap in the service at present. Dr Harsent explained that the Trust was in discussion with a neighbouring county regarding potential 7 day a week cross-county cover arrangements. Members wanted to understand how this service operated and a briefing was requested in the first instance.

ACTION: Dr Frank Harsent

- 15.6 The Joint Health Overview and Scrutiny Committee for the ambulance service was due to meet on 13 March 2015 and it was therefore agreed that members' questions relating to SWASFT would be taken forward to that meeting.

16. HEALTHWATCH GLOUCESTERSHIRE PATIENT AND PUBLIC FEEDBACK QTR 3 REPORT

- 16.1 Claire Feehily, Chair Healthwatch Gloucestershire (HWG), presented the report. Members were interested to note that the feedback on A & E services indicated that whilst people might not be happy with the waiting time, there were no concerns being raised with regard to the quality of care received.

- 16.2 The committee welcomed this report which gave qualitative information to complement the quantitative data provided by the GCCG Performance Report.

17. GCCG CHAIR/ACCOUNTABLE OFFICER REPORT

- 17.1 The committee was informed that, with regard to the situation with the Greater Manchester authorities, the detail was not yet clear and no guidance has yet been published. With regard to Gloucestershire, Ms Hutton, Accountable Officer GCCG, informed the committee that she felt that health and social care funding was already working well together, and that the GCCG and partners were keen that the Gloucestershire health and social care pound worked well for everyone in Gloucestershire.

- 17.2 Members were informed that the GCCG has been approved to take on delegated responsibility for NHS England specified general medical (GP) commissioning functions from 1 April 2015. The GCCG believed this would enable it to shape services to better meet local need.

- 17.3 With regard to the consultation regarding partnership arrangements between NHS bodies and local authorities it was emphasised that it was important that the GCCG worked with all councils in Gloucestershire, not just the county council. The committee was advised that the GCCG worked actively with all local authorities within the county.

- 17.4 Dr Harsent, Chief Executive GHNHSFT, informed the committee that the government has awarded the Trust £10m to replace its computer system. It was expected that this would be in place by the end of 2016.

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18. DIRECTOR OF ADULT SERVICES REPORT

In response to a question the committee was informed that the Better Care Fund (BCF) submission has been approved. It was emphasised that it was important to remember that this was not new money.

CHAIRMAN

Meeting concluded at 13:10

HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 12 May 2015 at the Council Chamber - Shire Hall, Gloucester.

PRESENT:

Cllr Phil Awford	Cllr Paul McMahon
Cllr Flo Clucas	Cllr Patrick Molyneux
Cllr Joe Harris	Cllr Jim Parsons
Cllr Colin Hay	Cllr Nigel Robbins
Cllr Stephen Lydon	Cllr Brian Robinson
(Chairman)	Cllr Roger Wilson
Cllr Carole Allaway Martin	

The following were also present:

Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer
Becky Parish – Associate Director Patient and Public Engagement
Alan Elkin – GCCG Board Lay Member
Helen Goodey – Associate Director of Locality Development and Engagement
Dr Helen Miller – Chair

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

Dr Frank Harsent – Chief Executive
Dr Sally Pearson – Director of Clinical Strategy
Professor Clair Chilvers - Chair

Gloucestershire Care Services NHS Trust (GCS NHS Trust)

Ingrid Barker - Chair
Duncan Jordan – Chief Operating Officer

Healthwatch Gloucestershire

Claire Feehily - Chair
Barbara Piranty – Chief Executive

Gloucestershire County Council

Margaret Willcox – Commissioning Director Adults
Sarah Scott – Interim Director of Public Health
Mark Branton - Assistant Director Adult Social Care Commissioning
Gillian Leake – Interim Lead Commissioner Domiciliary Care
Louise Proud – Outcome Manager
Steve O'Neill – Outcome Manager
Cllr Dorcas Binns – Cabinet Member Older People
Cllr Andrew Gravells – Cabinet Member Public Health and Communities

2gether NHS Foundation Trust

Professor Jane Melton - Director of Engagement and Integration
Ruth FitzJohn – Chair
Shaun Clee – Chief Executive

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

Apologies: Cllr Jan Lugg

19. DECLARATIONS OF INTEREST

Cllr Roger Wilson declared a personal interest as a Governor of the 2gether NHS Foundation Trust.

Cllr Flo Clucas declared a personal interest as a member of the 2gether NHS Foundation Trust.

20. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting on 3 March 2015 were agreed as a correct record and signed by the Chairman.

The committee was updated on activity against the actions identified in the minutes.

21. RE-COMMISSIONING OF DOMICILIARY CARE SERVICES

- 21.1 Mark Branton, Assistant Director Adult Social Care Commissioning, gave a detailed presentation of this matter. (For information - the presentation slides were uploaded to the council website and included in the minute book.)
- 21.2 The Chairman informed the meeting that the debate relating to the Living Wage was being progressed through the Overview and Scrutiny Management Committee (OSMC) and would therefore not be discussed at this meeting.
- 21.3 The committee was informed that, going forward, there were significant issues with regard to the projected growth in the number of older people and that this would be accompanied by an increase in the level of frailty. The current provision was often set out with a specific service intent rather than being person centred. The intention was that the new contract(s) would be more person centred with a greater focus on wellbeing not just on stabilising the person's condition.
- 21.4 The contract would include specific outcomes that would need to be achieved. It was also explained that in order for the proposed model to work there would need to be trust between the council and the providers delivering the service. It would be important to ensure that the trusted assessor role was effective.
- 21.5 The quality and development of a sustainable workforce would also be an important aspect of the new contract(s) with providers. The legal constraints relating to what could and could not be included within the contract were clarified to the committee, in particular those aspects relating to the living wage. The Cabinet Member for Older People informed members that she wanted the council to work with providers to encourage them to pay their staff at a reasonable rate and have in place development plans and opportunities for staff rather than be prescriptive.
- 21.6 It was questioned whether providers were required to ensure that their staff were qualified to a certain level? Mr Branton explained that there had, at one point, been a national drive for all (care) staff to have achieved at least NVQ Level 2 but this had not come to fruition. He did explain that the Care Quality Commission (CQC) were responsible for setting the minimum standard that must be achieved by staff members. Margaret Willcox, Director of Adult Services, informed the committee that it was important to understand that the CQC were responsible for regulating Domiciliary Care Providers not the council.

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- 21.7 There was a firm view across the committee that the contract should include the requirement for staff to be (or become) qualified to a minimum of NVQ Level 2. The committee was informed that many people who chose to become a carer did not want to achieve an NVQ; many providers were struggling to retain staff; and such a requirement might not be helpful to the overall position.
- 21.8 The committee had a robust debate with the Cabinet Member and Commissioning Officers on this matter. Whilst acknowledging the reasons why the Cabinet Member was not including NVQ qualification criteria within the contract specification the majority of the committee remained of the view that there should be a requirement relating to NVQ qualifications.
- 21.9 The committee therefore asked the Cabinet Member to consider including (in the contract) asking the providers to demonstrate training and development pathways and to actively enable career progression for those members of staff who wished to pursue this path.
- 21.10 In response to a question the Accountable Officer (Gloucestershire Clinical Commissioning Group (GCCG)) informed the committee that the Health and Social Care Community were working together on this matter, and viewed workforce development as a key issue.

22. RE-COMMISSIONING OF DRUG AND ALCOHOL SERVICES

- 22.1 The committee had been expressing concern about the about performance against drug and alcohol targets for some time and welcomed the opportunity to receive this item ahead of the Cabinet decision on 10 June 2015. The committee was joined by the Cabinet Member for Public Health and Communities for this item.
- 22.2 The committee received a detailed presentation from Steve O'Neill, Public Health Outcomes Manager, on this matter. The presentation demonstrated that the direction of travel for this service was to become more person focused. (For information the slides were uploaded to the council's website and included in the minute book.)
- 22.3 The committee was pleased to hear that service users and stakeholders have been very much involved in the (re)design of these services. Members were also pleased to note that the redesign would be aiming to improve the transition between child and adult services.
- 22.4 Mr O'Neill informed the committee that the outcomes for the new service would include being able to demonstrate that people who have been through the services have changed their behaviour in this regard. In response to a question it was clarified that success would be measured by whether people gave up drugs and/or alcohol.
- 22.5 It was recognised that alcohol had a significant (negative) impact on the family and the wider society. It was commented that a lot of problems relating to alcohol were within the middle class; getting people to admit that they have a problem could be a real problem. It was acknowledged that this was a difficult area – it was known that there were issues in the rural areas relating to driving under the influence. Targeted interventions and education opportunities were among the methods that could be used to address this matter.
- 22.6 During the discussion it was agreed that whilst alcohol could have a very negative impact on families and the wider society, it was of concern that many 'local' pubs had closed. Pubs could play an important role in the local community. Whilst these two views may seem to be diametrically opposed members agreed that the idea of the 'local' as a community hub was valid.

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- 22.7 Members were concerned that there was no clarity as to the funding for Public Health services in the longer term. It was hoped that the council was lobbying central government on this issue.
- 22.8 The ease with which alcohol was now available to purchase was of concern to members of the committee.
- 22.9 There was agreement that the proposed way forward demonstrated a positive direction of travel, and members were particularly pleased to note the planned further integration and co-location with children and family services. Members were also pleased to hear that stakeholders had been very much involved with this process and that the soft market testing had demonstrated a positive response from providers.

23. CO-COMMISSIONING UPDATE

- 23.1 The purpose of this item was to update the committee on activity following on from NHS England (NHSE) delegating the commissioning of primary care services to the Gloucestershire Clinical Commissioning Group (GCCG); and to explain what this means in terms of services. To accompany the report the committee received a detailed presentation from Helen Goodey, Associate Director of Locality Development and Engagement at the GCCG. (For information the presentation slides were uploaded to the council's website and included in the minute book).
- 23.2 The presentation highlighted that although primary care handled 90% of all NHS patient contacts it received less than 9% of the total NHS funding. For the GCCG this meant that the delivery of much of its ambitions as a CCG, including the QIPP (Quality, Innovation, Productivity and Prevention) schemes and the financial challenge, was dependent upon primary care.
- 23.3 The challenges around workforce development were also explained. The Centre for Workforce Intelligence looking (in 2013) at workforce growth from 1995 to 2011 found that there was a lack of new GPs coming through compared to secondary care doctors (Consultants circa 100% growth, Doctors excluding GPs and other consultants circa 50% and GPs circa 29% growth). To meet predicted growth in the number of consultations Gloucestershire required 105 additional full time equivalent GPs by 2020 (31% uplift). Ms Goodey talked the committee through the workstreams established by the GCCG to address these challenges.
- 23.4 The committee was informed that the GCCG had successfully bid for funding from the (second wave) Prime Minister's Challenge Fund (PMCF) receiving £4m. This would be used to pump prime innovation for new ways of working. The committee was informed that it was important to note that the bids that were successful were those that incorporated whole system change; it was not sufficient to just 'tweak' around the edges.
- 23.5 Committee members had already received the Healthwatch Gloucestershire GP survey and the report received today included the executive summary from the survey. Members of the committee had found this to be very useful. In response to a question the committee was assured that the information from the survey had been shared with GP practices and with the GCCG.
- 23.6 A particular concern to committee members was with regard to the potential for conflicts of interest with GPs commissioning primary care services. The committee was pleased to welcome Alan Elkin (Vice Chair/Lay Member GCCG Board) to the meeting to discuss this aspect. Mr Elkin assured the committee that the GCCG Board took the matter of potential

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conflicts of interest very seriously. He reminded members that the GCCG Board had not allowed any Gloucestershire GP to be involved in the Out of Hours procurement process but had rather used external expertise. He also clarified that the membership of the Primary Care Commissioning Committee (PCCC) included only one GP; and that all PCCC members would be required to receive specific training on their role and the function of the committee. Mr Elkin also informed the committee that the Chairs of the Gloucestershire Health and Wellbeing Board and Healthwatch Gloucestershire were (non-voting) members of the PCCC.

- 23.7 The committee questioned whether GPs in the county supported the GCCG being able to commission primary care. Members were informed that the Chair and Accountable Officer from the GCCG had met with the (GP) locality Chairs and assured the committee that GPs were very engaged with this work.
- 23.8 The committee questioned how the quality of GPs was monitored. It was explained that the Care Quality Commission (CQC) were required to inspect GP practices. The GCCG also looked at quality matters. The Clinical Programme Groups were benchmarking GPs against each other; and was also aiming to identify why some practices might be generating different outcomes to others.
- 23.9 Members were particularly concerned with workforce sustainability and development, and patients' access to GP services. It was explained that the average number of visits to a GP was now 6 per year, historically this had been 2. The GCCG has a communications plan which aimed to inform the public of how they can get advice and what options there were available to them beside their GP or A & E, eg Healthy Living Pharmacies, Walk-in centres, Minor Illness and Injury Units. To support this activity the GCCG has launched the AdviceASAP App (www.asapglos.nhs.uk) to guide people through the options.
- 23.10 Members were informed that young doctors, in hospitals, did not want to become GPs as this was not seen to be an attractive option. This was not helped by the manner in which the media portrayed GPs. Workforce development issues were a national issue and Health Education England (HEE) was working on this matter. Resolving this issue would take some time. The need to use locums was a concern given the additional impact on budgets. It was suggested that the Local Enterprise Partnership (LEP) could have a role to play with regard to workforce development as its aspirations were similar to those of the GCCG.
- 23.11 The committee was reminded that the GCCG had only had this responsibility for 6 weeks; and would be happy to update the committee on progress in 6 months.

24. GCCG CHAIR/ACCOUNTABLE OFFICER REPORT

- 24.1 Mary Hutton, Accountable Officer, presented this report and drew members attention to the section relating to Independent Sector Treatment Centre (ISTC) contract update. The current contract (which covers 5 CCG areas) ends on 31 October 2015. The treatment centres were currently based at Cirencester Community Hospital, Emersons Green and Devizes, and have provided significant extra capacity, and has been recognised by the CCG(s) as a continuing local requirement. However the committee was disappointed to hear that the provider, CareUK, was no longer interested in working from Cirencester Community Hospital. The committee was assured by the GCCG that it was looking at putting in place an any qualified provider option at the hospital from 1 November 2015. The Chief Operating Officer at the Gloucestershire Care Services NHS Trust (GCS) also informed the committee that he was confident that alternative arrangements would be in place by 1 November 2015.

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- 24.2 It was commented that the two major urban areas in the county did not have community hospitals (or the equivalent) which could have a significant impact on how far people had to travel for rehabilitation/reablement; it was important not to overlook this factor.
- 24.3 The pilot in place at the Gloucestershire Royal Hospital, whereby a primary care clinician would be in situ from 10am to 10pm, was welcomed.

25. DIRECTOR OF ADULT SERVICES REPORT

- 25.1 Margaret Willcox, Director of Adult Services, presented the report. She drew members attention to the fact that the guidance for deferred payments was not helpful. In response the 16 local authorities in the south west were developing a joint policy to ensure that everyone was working to the same criteria. Other parts of the country were now adopting the same approach.
- 25.2 It was noted that the cap for deferred payments had not yet been set. The council was expecting an announcement in October 2015.
- 25.3 The committee noted that a (new) Interim Director of Public Health (DPH) had been appointed. However members agreed that it was important for the council to make a permanent appointment to this post. In response to questions the committee was assured that an agency had been appointed to take this process forward on behalf of the council; and that the salary and package on offer in Gloucestershire was comparable to other areas. However it was important to note that there were a number of vacancies nationally.
- 25.4 The committee was pleased to note that the Gloucestershire Health and Wellbeing Board would be receiving an item on Health Inequalities at its meeting on 26 May 2015.

CHAIRMAN

Meeting concluded at 12:55

GLOUCESTERSHIRE ECONOMIC GROWTH SCRUTINY COMMITTEE

Minutes of the meeting of the Gloucestershire Economic Growth Scrutiny Committee, held in the Council Chamber at Shire Hall, Gloucester on Thursday 18th December 2014

Present:

Cllr Ron Allen	Cllr Richard Leppington
Cllr Flo Clucas	Cllr Nigel Moor
Cllr Colin Hay (Chairman)	Cllr Simon Pickering
Cllr Tony Hicks	Cllr Brian Robinson
Cllr Stephen Hirst	Cllr Tom Williams
Cllr Barry Kirby	

1. APOLOGIES

Apologies for absence were received from Cllrs Bill Whelan (Gloucestershire County Council); James Bevan (Forest of Dean District Council); and Philip McLellan (Gloucester City Council).

2. MINUTES

The minutes of the meeting held on 15 October 2014 were agreed as an accurate record of that meeting.

3. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

4. CURRENT ISSUES

Members received a short update on relevant issues and activities that might require decisions by the Joint Committee. The information was presented on behalf of Gloucestershire County Council, (as the Accountable Body), and Gfirst Local Enterprise Partnership (LEP).

Details of the update reports can be viewed at the following link:

<http://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?CId=731&MIId=8039&Ver=4>

a) Gloucestershire County Council

During an overview of the items considered at the Gloucestershire Economic Growth Joint Committee meeting on 5 December 2014, members were informed that the Joint Committee was particularly interested in the process for developing the Growth Deal 'pipeline' of projects, and in having early sight of the proposed

scoring and weighting system to be used to prioritise such projects. Key documents to be shared with the Joint Committee, as and when they are further developed.

The committee also received updates on the Gloucestershire Business Rate Pool; Community Infrastructure Levy (CiL); Gloucestershire Local Transport Board; Strategic Rail Issues; and Broadband Delivery.

Responding to questions, Commissioning Director: Infrastructure and Communities, Nigel Riglar, noted the request for an update on the decision to establish a working group from which the Joint Committee intended to examine issues relating to the Community Infrastructure Levy. A further request was made for clarification on the impact on District Councils from the introduction of the Levy.

Responding to the Joint Committee's decision to take a strategic view on rail issues, including development of a joint plan from which to bid for future funding, the scrutiny committee stressed the importance of continuing to invest in the rail service. Members requested regular updates on rail related issues, including an update on the outcomes of the Local Transport Review.

Throughout the discussion, members reiterated the importance of district authorities being better informed of the work of the Local Enterprise Partnership and of the activities and progress being made to address economic growth in Gloucestershire. Cllr Bill Evans requested that the scoring and weighting system used to prioritise Growth Fund projects be shared with local authorities.

Having considered an update on Broadband, including the progress with the build project for Gloucestershire and Herefordshire, members enquired about specific issues relating to the delivery of Broadband in local areas. Commissioning Director, Nigel Riglar, confirmed that the council was consulting with commercial and non-commercial organisations and would be in a better position to update the committee following completion of the Open Market Review currently underway. It was suggested that the outcomes of the Open Market Review, plus an analysis on whether BT as a provider was able to meet the needs of local businesses, be reported to the committee at a future meeting. At the request of members, it was suggested that the Chairman write to the Leader of the Council, (in his role as Chairman of the Economic Growth Joint Committee), to suggest that he meet with local authorities to provide regular updates on this and other relevant issues corresponding to the work of the LEP. The Commissioning Director agreed to draft a letter of observations for scrutiny members to consider before sending to the Leader of the Council. **Action by – Commissioning Director**

b) Gfirst Local Enterprise Partnership.

David Owens, Chief Executive of Gfirst Local Enterprise Partnership, gave a detailed summary on the role and current position of the Local Enterprise Partnership, including details of the next round of bidding on the Single Local Growth Fund. Outlining the timescales set by central government for the prioritising and development of pipeline projects, the Chief Executive explained that frequent short lead times often created significant challenges for the LEP. Reviewed on a monthly basis, the LEP to provide regular updates on the delivery of the

Gloucestershire Strategic Economic Plan, in addition to circulating Quarterly Monitoring Reports to scrutiny members. **Action by - Gfirst Local Enterprise Partnership**

6. EUROPEAN STRUCTURAL AND INVESTMENT FUNDS (ESIF)

Members received information on the European Structural and Investment Fund (ESIF).

During the discussion, members were advised of the establishment of a Local ESIF Committee. The key functions of the new committee would be to implement the ESIF Strategy, and approve and oversee the ESIF arrangements for Gloucestershire. The new committee had not yet formed, but had met as a shadow committee on 1 December 2014. The committee to move from 'shadow' status following approval of the national operational programmes for the European Social Fund (ESF), European Regional Development Fund (ERDF) and European Agricultural Fund for Regional Development (EAFRD) by the European Commission. Membership of the new committee to include representation from local authorities; higher education; local businesses; local voluntary sector; environment sector and Gfirst LEP.

Responding to questions, Chief Executive of Gfirst, David Owens, advised members of a possible delay in the process for approving the European Regional Development Fund (ERDF) and potential disruption to the commissioning of some EDRF investments. Every attempt would be made to keep the disruption to a minimum by continuing to work with the Department for Communities and Local Government (DCLG) and Local ESIF Committee and allowing any 'back office' work on the investments to be prepared in advance of the sign-off of the national operational programme. Noting members concerns, it was agreed to keep the scrutiny committee informed as and when updates became available. **Action by - Gfirst LEP**

Cllr Flo Clucas, (Gloucester City Council), urged members to add consideration of other European Funding options to the committee work plan for discussion at future meetings, and this was agreed.

7. WORK PLAN

Members considered a motion from the Gloucestershire County Council meeting held on 26 November 2014, and a request for: -

"The Gloucestershire Economic Growth Scrutiny Committee to explore ways in which Gloucestershire County Council can support local pubs and restaurants and how the council can support the creation of pub hubs in local communities to prevent pubs from closing in Gloucestershire. The Gloucestershire Economic Growth Scrutiny Committee to report its findings to the Secretary of State for Business, Innovation and Skills, Gloucestershire's Local Enterprise Partnership and all relevant business organisations in Gloucestershire".

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During a full and in-depth discussion, it was suggested that the motion be amended to read 'Gloucestershire Councils' and that officers undertake an initial piece of work from which to analyse the contribution of pubs and restaurants to the Gloucestershire economy. It was also suggested that the committee make recommendations to the Joint Committee to consider this issue as a county wide issue. **Action by – Commissioning Director**

The following items were added to the committee work plan:

- a) Update on the Community Infrastructure Levy;
- b) Impact of planning policy and new housing developments on the local economy.
- c) Gloucestershire Growth Hub, (partnership arrangement between the University of Gloucestershire and GFirst LEP).

Included in the request for more information on the Gloucestershire Growth Hub was a suggestion that the committee hold a scrutiny meeting at the University of Gloucestershire's Oxstalls Campus in Gloucester. **Action by – Democratic Services**

8. FUTURE MEETINGS

Scrutiny committee meetings to align with those of the Joint Committee, preferably with an appropriate gap between meetings.

Suggested dates for future meetings to be circulated in the New Year, taking into account the forthcoming national and local elections in May 2015.

CHAIRPERSON

Meeting concluded at 3.50pm

GLOUCESTERSHIRE ECONOMIC GROWTH SCRUTINY COMMITTEE

MINUTES of the meeting of the Gloucestershire Economic Growth Scrutiny Committee, held at Shire Hall, Gloucester on Wednesday 18 March 2015.

PRESENT:

Gloucestershire County Council

Cllr Colin Hay (Chairman)

Cllr Barry Kirby

Cllr Tony Hicks

Cllr Richard Leppington

Cllr Nigel Moor

Cheltenham Borough Council

Cllr Flo Clucas

Cotswold District Council

Cllr Stephen Hirst

Forest of Dean District Council

Cllr Bill Evans

Gloucester City Council

Cllr Kate Haigh

1. APOLOGIES

Apologies were received from Cllr Bill Whelan (GCC); Cllr Shaun Parsons (GCC); Cllr James Bevan (FoDDC); Cllr Phillip McLellan (Gloucester City Council); Cllr Ron Allen (Tewkesbury Borough Council); Cllr Allen Keyte (Deputy for Tewkesbury Borough Council); and Cllr Tom Williams (Stroud District Council).

2. MINUTES

The minutes of the meeting held on 18 December 2014 were agreed and signed as a correct record of that meeting. It was noted that Cllr Bill Evans from the Forest of Dean District Council was present at the meeting.

3. DECLARATIONS OF INTEREST

There were no declarations of interest at the meeting.

4. CURRENT ISSUES

a) Current issues

Conscious that the committee was in the early stages of its work, it was suggested that the scrutiny committee meet immediately after the Economic Growth Joint Committee meeting. This would allow scrutiny members to consider presentation of the reports to the Joint Committee earlier that day before discussing the contents of the reports, (plus any other issues of concern), at its own meeting later the same day. The agenda for the Gloucestershire Economic Growth Scrutiny Committee meeting was published on the Gloucestershire County Council website the week prior to the meeting and can be viewed at the following link.

<http://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?CId=731&MId=8067&Ver=4>

To view the committee papers for the Gloucestershire Economic Growth Joint Committee meeting, please go to the following link: -

<http://glostext.gloucestershire.gov.uk/ieListMeetings.aspx?CId=725&Year=0>

The key points considered at the Joint Committee meeting included: -

a) Gloucestershire Growth Deal

Mally Findlater from the Gloucestershire Local Enterprise Partnership (LEP) gave an update on current issues.

During a detailed discussion the following points were highlighted:-

- i. The Local Transport Board was likely to continue its work for another 12 to 18 months, after anticipated distribution of available monies. The Joint Committee to monitor delivery of projects;
- ii. The Joint Committee felt there was a need for the LEP to identify sufficient resources from which to ensure the assurance framework could be completed. As the Accountable Body, Gloucestershire County Council to provide significant resources to support this area, for which it was hoped a draft version would be available for comment at a future meeting;
- iii. An update on the progress of the submitted projects within the Gloucestershire Growth Deal top up round was requested;
- iv. An update on the pipeline of projects, (including criteria for entry), to be presented at the next Joint Committee meeting;
- v. It was felt that, as the Accountable Body, Gloucestershire County Council should have input into the scoring system for the assessment

of projects to ensure they were fit for purpose. Several (Joint Committee) members expressed concern that the current timescales for submitting responses to central government were too tight. It was noted that the LEP had made representations on this matter.

b) Funding Policy

Sandra Cowley, from Stroud District Council, presented a report on the Committee's Funding Policy. It was felt that it would be helpful for the District Authorities to confirm how the money distributed from the Business Rates Pool would support local economic development.

c) Planning and Infrastructure

Simon Excell, Lead Commissioning Officer at Gloucestershire County Council, gave a short overview of the possible implications replacement of Section 106 Agreements, (by the Community Infrastructure Levy), might have on District Councils. During a detailed discussion, it was felt that a co-operative approach across all seven authorities was required. From the discussion, it was agreed that the Chief Executive Group be asked to develop proposals for a 'memorandum of understanding' between the local authorities, which would allow development of terms of reference for a joint group to lead on the co-ordination of this area, and report back to this committee.

d) Gloucestershire Growth Hub

The Committee received a presentation from Jeannie Cohen-Brand, Commercial Manager at the Gloucestershire Growth Hub. It was suggested that the committee receive an updated presentation at a future meeting to identify the outcomes from the investments that had been made

e) Strategic Rail Issues

Following a detailed discussion on emerging strategic rail issues, it was felt that future bids were more likely to be successful if supported by a county wide vision. As an initial step towards meeting the drafting of a strategic rail plan for Gloucestershire, Cllr Mark Hawthorne, as Chairman of the Committee, agreed that the Gloucestershire County Council response to the Network Rail Western Study Route Consultation be shared with District Authorities. The committee supported the proposal for a small working group to be established to scope the approach to meeting this objective.

Observations from the Scrutiny Committee meeting

At the scrutiny committee meeting later that afternoon, scrutiny members reiterated the importance of district authorities being better informed of the work of the Local Enterprise Partnership and of the activities and progress being made to address economic growth in Gloucestershire. Members requested that the scoring and weighting system used to prioritise Growth Fund projects be shared with local authorities.

Following an in-depth discussion on the approach to capitalise on the move to devolve powers from central government to a national level, it was agreed that a letter be sent on behalf of the committee to the Leader of the Economic Growth Joint Committee, detailing scrutiny members' response to the discussion, and to concerns that Gloucestershire needed to fully engage in the debate and better understand the opportunities the devolution process presented to Gloucestershire and its residents.

A letter was sent to the Leader of Gloucestershire County Council, Cllr Mark Hawthorne, and to the other members of the Gloucestershire Economic Growth Joint Committee, as an expression of the scrutiny committee's support for Gloucestershire to play a more active role in the national debate on devolution. (Letter attached).

Noting the proposed 'next steps' outlined by the 'Devolution and Governance' document circulated prior to the meeting, (for which a copy will be attached to the signed copy of the minutes for this meeting), the committee welcomed the opportunity to present questions to the Leader of the Council on the subject.

b) Gloucestershire Local Growth Deal

The committee received an update on the Gloucestershire Growth Deal, where the following information was reported: -

A further £15 million of funding had been secured, (as announced on 29th January 2015), bringing the total funding secured by GFirst LEP for Gloucestershire via the Single Local Growth Fund to £77.5 million. The latest funding meant that over the lifetime of the Growth Deal (2015-2021), up to 6000 jobs could be created or safeguarded; 200 new homes built; and £220 million public and private investment generated.

Subject to due diligence checks, the additional funding to be invested in the following six project proposals:

- i. Promoting the growth of Gloucestershire Airport by improving key infrastructure at the site. Allocated £550,000.
- ii. Investment in the regeneration of the Blackfriars and Quayside areas in Gloucester City Centre for domestic and commercial use. Allocated £4.13 million.
- iii. Support for fledgling agri-tech businesses – high tech incubation facilities to support start-ups and promote innovation at the Royal Agricultural University. Allocated £2.92 million.
- iv. Support for retail entrepreneurship – provision of high street incubation space in Gloucestershire. Allocated £400k.

- v. Further additions to the planned Gloucestershire Renewable Energy, Engineering and Nuclear skills centre at Berkeley: A new Cyber Security Training and Conference Centre to build Gloucestershire's skills base in this fast-growing sector. Allocated £3 million. An Advanced Renewable Energy Resource Centre delivering STEM skills development, experimental research and specialist business and domestic market support in renewables. Allocated £4 million.

There was an expectation that there would be a 'pause' on further Growth Deals until the Autumn, to allow the focus to remain on taking all the approved business case proposals included in the SEP and for the projects listed above through the Assurance Framework processes and into the implementation phase. The implementation phase to include implementation of the funded projects and the wider asks contained in the Growth Deal.

In December 2014, the government confirmed that it required an assurance framework to be developed and approved by the LEP Board and Gloucestershire County Council, (as accountable body), by the end of March 2015. It was noted that the government did not expect all the processes and documents that sit under the framework to be fully developed by end of March 2015. It was envisaged that the Assurance Framework would remain a 'live' document and that it would require an annual review once adopted.

Development of the Assurance Framework to be undertaken by a group of officers and staff from Gloucestershire County Council and GFirst LEP, deliberately incorporating approaches and lessons learned from various other funding streams managed in the County (e.g. Gloucestershire Infrastructure Investment Fund (GIIF) and the Gloucestershire Local Transport Board (GLTB)) to ensure the framework is robust and responsive to the changing needs of Government and the Single Local Growth Fund. The group to continue to develop the Assurance Framework in preparation for approval by the LEP Board and Gloucestershire County Council senior officers via delegated authority.

The Assurance Framework to cover the following areas and will be published on the GFirst LEP website:

- LEP Governance and decision making
- Local authority partnership working
- Transparent decision making
- Accountable decision making
- Ensuring value for money: prioritization; appraisal; business case development; risk management

For monitoring purposes, the government had asked LEP's for a set of 'core metrics' covering all interventions, with inputs/outputs reported quarterly and outcomes annually. This to enable the government to report overall progress across all 39 LEP areas.

It was noted that LEP staff had drafted an overall plan for monitoring Growth Deal projects and were currently working with project promoters to finalise which monitoring metrics would be used with each project. Each funded project would be required to monitor and report on the metrics, a requirement that would be linked into the funding agreements to be set up between GCC and the project promoters.

Alongside regular monitoring, LEP's to prepare Evaluation Plans to set out how they intended to evaluate SLGF projects in the future. The Evaluation Plan to be prepared in accordance with government guidance and play a key role in demonstrating the impact and cost effectiveness of the Gloucestershire Growth Deal, as well as helping to secure additional Single Local Growth Funding in the future.

It was hoped evaluation of the Gloucestershire Growth Deal would allow the Government, GFirst LEP, Gloucestershire Local Authorities and local stakeholders better understand the impact of projects, value for money and impact of the Growth Deal itself.

5. COUNCIL MOTION UPDATE: SUPPORTING COMMUNITY PUBS

Members recalled the motion from the Gloucestershire County Council meeting on 26 November 2014, and the request for the committee to: -

"explore ways in which Gloucestershire County Council can support local pubs and restaurants and how the council can support the creation of pub hubs in local communities to prevent pubs from closing in Gloucestershire. The Gloucestershire Economic Growth Scrutiny Committee to report its findings to the Secretary of State for Business, Innovation and Skills, Gloucestershire's Local Enterprise Partnership and all relevant business organisations in Gloucestershire".

During a full and in-depth discussion, members considered an economic analysis of the pub and restaurant sector in Gloucestershire and the contribution to the local economy. Several members believed the issue should be considered as a county wide issue, involving district councils. On this basis, the committee proposed setting up an all party task group (including district members), with Cllr Barry Kirby, (Deputy Chairman of the Committee and the original mover of the motion), submitting a request to the council's Overview and Scrutiny Management Committee to consider a request for a scrutiny review. The committee agreed to present draft terms of reference to the Overview and Scrutiny Management Committee in April, followed by establishment of a task group in May.

6. WORK PLAN

Items added to the scrutiny committee work plan included; (i) Community Infrastructure Levy and, (ii) the impact of local planning policy and new housing development on Broadband Delivery. In addition to the items on the committee work plan, a request was made for more information on the Gloucestershire Growth

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Hub, (the partnership arrangement between the University of Gloucestershire and GFirst LEP).

7. FUTURE MEETINGS

The committee agreed that the trial arrangement, whereby scrutiny members attend the meeting of the Gloucestershire Economic Growth Joint Committee, (at 10.00 am), followed by the scrutiny meeting later the same day, (at 2.00pm), be adopted for future meetings.

It was hoped this decision, (to hold the scrutiny committee meeting on the same day as the joint committee), would allow scrutiny members to consider presentation of the reports to the joint committee in the morning, before discussing the contents of the reports, (plus any other issues of concern), at the scrutiny meeting later the same day.

The dates of meetings for the remainder of the year were duly amended and circulated, (as attached), with the next meeting scheduled for 4 June 2015. To aid understanding, scrutiny members were encouraged to attend both meetings.

Subsequent to this decision, it was, however, necessary **to postpone the scrutiny committee meeting on 4 June 2015**, pending the appointment of new members at the annual meetings at district authorities, and to allow the new members of the committee to attend a refresher and work planning session at their first meeting.

CHAIRPERSON

Meeting concluded at 3.30 pm

(2) EXECUTIVE FORWARD PLAN - JULY 2015 UPDATE

Item for Decision and if Matter is to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Performance Report (Year End)	No	No	Cabinet	July 2015	All	-	Cabinet Members	Performance Report
Review of Animal Control Service	No	Yes	Cabinet	July 2015	Environment and Communities	Claire Locke	Affected Staff	None
Local Development Scheme 2015	No	No	Cabinet	July 2015	Deputy Leader and Forward Planning	Philippa Lowe	Senior Officers	Annual Monitoring Report 2015
Cleaning Contract at Trinity Road, Moreton Area Centre, Black Jack Street and Abberley House Offices (Exempt Item)	No	Yes	Cabinet	July 2015	Deputy Leader	Bhavna Patel	Cabinet Members Senior Officers	-
There is no scheduled August Meeting								

Item for Decision and if Matter is to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Performance Report (Quarter 1)	No	No	Cabinet	September 2015	All	Phil Martin	Cabinet Members Overview and Scrutiny Committee Senior Officers	Existing Plan/Strategy Service and Financial Performance Data
Car Parking - Cirencester	Yes	No	Cabinet	September 2015	Enterprise and Partnerships	Claire Locke/ Bhavna Patel	Internal Consultation May/ June 2015	Car Parking Strategy Land and Property Asset Policies
2020 Vision Partnership	No	No	Council (Recommendation from Cabinet)	September 2015	Leader of the Council	David Neudegg/ Frank Wilson	Cabinet Members Overview and Scrutiny Committee Staff	Previous reports on 2020 Vision
New Air Conditioning System and Associated Building Works at Cirencester Leisure Centre (Exempt Item)	No	Yes	Cabinet	September 2015	Deputy Leader	Diana Shelton	Cabinet Members Senior Officers	-

Item for Decision and if Matter is to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Local Plan Reg. 18 : Development Management Policies	Yes	No	Cabinet	October 2015	Deputy Leader and Forward Planning	Philippa Lowe	Senior Officers Programme Board Full public consultation to follow the Cabinet's decision	Development Management Policy supporting evidence and justification
Medium Term Financial Strategy 2016/17 to 2019/20 - Draft for Consultation	No	No	Cabinet	November 2015	Leader of the Council	Jenny Poole	Cabinet Members Senior Officers	LG Finance Settlement Budget 2016/17 Council Aim and Priorities Corporate Strategy and Plan
Review of Local Council Tax Discounts 2016/17	Yes	No	Cabinet	November 2015	Leader of the Council	Jon Dearing	Cabinet Member Senior Officers Other authorities	Review of Operation of Existing Discounts etc. Future Available Options Bench-marking data
Corporate Strategy and Corporate Plan 2016-2019	Yes	Yes	Council (Recommendation from Cabinet)	November 2015	Deputy Leader of the Council	Phil Martin	Cabinet Members Overview and Scrutiny Committee Senior Officers	Existing Plan/Strategy Service and Financial Performance Data

Item for Decision and if Matter is to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
There is no scheduled December Meeting								
To be advised				January 2016				
General Fund Revenue Budget/Medium Term Financial Strategy 2015/16 including Capital Programme, Treasury Management Strategy and Prudential Indicators	Yes	No	Council (Recommendation from Cabinet)	February 2016	Leader of the Council	Jenny Poole	Cabinet Members Overview and Scrutiny Committee Senior Officers Treasury Management Advisers Local Businesses Residents Town and Parish Councils	Likely LG Finance Settlement Council Aim and Priorities Corporate Strategy and Plan Medium Term Finance Strategy Update Consultation Responses

Item for Decision and if Matter is to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Corporate Strategy and Corporate Plan 2016-2019	Yes	No	Council (Recommendation from Cabinet)	February 2016	Deputy Leader of the Council	Phil Martin	Cabinet Members Overview and Scrutiny Committee Senior Officers	Existing Plan/Strategy Service and Financial Performance Data
Retention of Resource to Investigate Fraud Following Implementation of Single-Fraud Investigation Service	Yes	No	Cabinet	February 2016	Leader of the Council	Jon Daring	Cabinet Members Senior Officers	Cabinet Report - 5 th February 2015
Performance Report (Quarter 3)	No	No	Cabinet	March 2016	All	-	Cabinet Members Overview and Scrutiny Committee Senior Officers	Service and Financial Performance Data
Joint Waste Committee - Annual Business Plan and Budget	No	No	Cabinet	March 2016	Environment	Claire Locke	Cabinet Members Senior Officers	Current Budget and Plan

Item for Decision and if Matter is to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
To be advised				April 2016				
To be advised				May 2016				
Performance Report (Year End)	No	No	Cabinet	June 2016	All	-	Cabinet Members Overview and Scrutiny Committee Senior Officers	

(END)