



**COTSWOLD  
DISTRICT COUNCIL**

# **OVERVIEW AND SCRUTINY COMMITTEE**

## **QUARTERLY DIGEST**

**(7<sup>TH</sup> MARCH 2017)**

## INDEX

Item	Subject	Page No.
<b>(1)</b>	<b>Meeting Minutes and Oral Updates as appropriate</b>	
(i)	Gloucestershire County Council Economic Growth Scrutiny Committee - Minutes of Meeting held on 30 <sup>th</sup> November 2016	3
(ii)	Gloucestershire County Council Health and Care Overview and Scrutiny Committee - Minutes of Meeting held on 15 <sup>th</sup> November 2016	9
(iii)	Gloucestershire County Council Health and Care Overview and Scrutiny Committee - Minutes of Meeting held on 15 <sup>th</sup> December 2016	14
(iv)	Gloucestershire County Council Health and Care Overview and Scrutiny Committee - Minutes of Meeting held on 10 <sup>th</sup> January 2017	21
(v)	Gloucestershire Police and Crime Panel - Minutes of Meeting held on 3 <sup>rd</sup> February 2017	27
<b>(2)</b>	<b>Executive Forward Plan - February 2017 Update</b>	34

**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)

## GLOUCESTERSHIRE ECONOMIC GROWTH SCRUTINY COMMITTEE

**MINUTES** of the meeting of the Gloucestershire Economic Growth Scrutiny Committee held on Wednesday 30 November 2016 at Shire Hall, Gloucester..

### PRESENT

Cllr Colin Hay	Cllr Dawn Melvin (Vice Chair)
Cllr Joe Harris (Chairman)	Cllr Shaun Parsons
Cllr Tony Hicks	Cllr Kate Haigh
Cllr Tim Harman	Cllr Phil Awford
Cllr Barry Kirby	Cllr Paul McCloskey
	Cllr Roger James

### 1. APOLOGIES

Apologies were received from Cllr Bruce Hogan (Forest of Dean District Council) and Cllr Stephen Hirst (Cotswold District Council). Cllr Hogan was substituted by Cllr Roger James and Cllr Hirst by Cllr Nigel Robbins.

### 2. MINUTES

The minutes of the meeting held on 7 September 2016 were confirmed as an accurate record of that meeting.

### 3. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

### 4. FASTERSHIRE BROADBAND PROJECT

Matt Smith, Operations Manager for the Fastershire Broadband Project, updated the committee on current progress and key issues relating to the Fastershire Broadband Project.

Members were informed that Lots 1 and 2 of the approved strategy had been completed, with the procurement for the remaining phases, (Lots 3 and 4), well under way. A report was to be presented to the GCC Cabinet meeting in February 2017, seeking approval of the contract award for Stage 3 of the Project.

The Operations Manager reported the positive progress in bringing superfast broadband to Gloucestershire and encouraged members to consider further updates and information on the project website at [www.fastershire.com](http://www.fastershire.com).

Some members expressed ongoing concerns about specific issues relating to broadband delivery in their areas and issues relating to the Gigiclear Contract. In

response to the concerns, the Chairman suggested members email their concerns to the Fastershire Broadband Manager, and this was agreed.

Other committee members urged local planning authorities to oppose proposals for new planning development that didn't include Broadband provision.

## **5. TASK GROUP UPDATE**

### **a) Promoting Gloucestershire**

At the Economic Growth Scrutiny Committee meeting on 7 September 2016, a member had requested that a scrutiny task group be established to consider the impact of tourism in terms of creating opportunities for residents and new and existing businesses across the county and to investigate how tourism might benefit from a co-ordinated Gloucestershire approach.

The majority of members supported the proposal, based on the proviso that the review encompass a wide range of other factors, (including tourism), which might attract people and businesses to live and work in Gloucestershire.

Following consideration by the GCC Overview and Scrutiny Management Committee meeting on 30 September 2016, the management committee had requested that a meeting be held between the members of the Economic Growth Scrutiny Committee and the Chief Executive of the Gloucestershire Local Enterprise Partnership (LEP) to consider whether the proposal for a task group review would duplicate or add value to the economic development of Gloucestershire.

David Owen (Chief Executive) and Pete Carr (Deputy Chief Executive) of Gfirst attended the meeting to answer questions on the proposals.

During a full and extensive discussion, members considered the wide range of activities undertaken throughout the county to promote Gloucestershire as a desirable location to live and work.

The outcome of the discussion resulted in member's agreement that the committee consider specific issues relating to the Leadership Gloucestershire's 'Vision 2050 Project' and the various strands of work undertaken by the Gloucestershire Economic Growth Joint Committee's 'Vision 2050 Steering Group' established to take a look at the long term view of economic growth in Gloucestershire.

The committee was informed that at the Joint Committee meeting on 7 September 2016, members had highlighted a need to take a long-term view, extending to 2050, of issues impacting on economic growth in Gloucestershire. A member workshop had been held at Shire Hall, Gloucester on 30 September 2016, inviting members to contribute to the

Joint Committee's submission to the Leadership Gloucestershire Vision 2050 project.

David Owen and Pete Carr proposed that GFirst LEP officers present detailed information on the 'Vision 2050 Project' at either the February or March meeting, at which scrutiny members could consider core issues for inclusion as themed discussion items at future committee meetings and from which the scrutiny committee could fulfil its role of challenging the Joint Committee and the work of the Local Enterprise Partnership

It was agreed the one page strategy, outlining the terms of reference for the proposed review to promote Gloucestershire as a desirable location, be incorporated into the committee work plan. The objectives for the review to be used as a steer for members to refer to when considering current economic ambitions and core issues associated with the Vision 2050 project.

The GFirst LEP Vision 2050 presentation will be made at the committee meeting on 23 February 2017.

b) Community Pubs

In response to a motion to Gloucestershire County Council in November 2014, the Gloucestershire Economic Growth Scrutiny Committee considered an economic analysis of the local pub and restaurant sector, including the contributions pubs and restaurants make to the Gloucestershire economy. A cross party task group was established in July 2015.

Following discussions with non-profit charity organisation, 'Pub is the Hub', representatives from the organisation met with committee members to discuss how they could support the review, including offering to undertake strategic mapping of Gloucestershire to identify priority areas. The organisation has worked for several other local authorities in the past 15 years, attempting to support and encourage local pubs to diversify and better serve local communities. The organisation also provides workshops and assistance to local communities to apply for grants.

At the committee meeting on 7 September 2016, it was agreed to note the findings of the Pub is the Hub 'Mapping Analysis' of Gloucestershire and for members to;

- a) Identify possible locations to suggest as priority areas for the 'Pub is the Hub' to work with local councils and other stakeholders in targeting future rural regeneration programmes and support;
- b) Establish a realistic implementation plan and timeline from which to identify priority areas and engage with district and parish councils and other key stakeholders;

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

- c) Host a 'Pub is the Hub' countywide workshop for District and Parish Councils and other stakeholders to gain an understanding of what options might be available to assist rural communities in preserving and delivering local services;
- d) Consider nominating elected (district) member and officer (district) representatives to 'champion' and take the proposed schemes forward;
- e) Monitor progress with regular updates and periodical reports. The reports to be presented to the committee by the relevant district representatives.

At the committee meeting in September 2016, it was agreed that the work of the task group was now complete.

It was also agreed that a 'Pub is the Hub' workshop event would be arranged for District and Parish Councils at Shire Hall in March 2017, where it was suggested representatives from the Rural Community Council and relevant stakeholders would be invited to attend the event.

Due to the scale and diversity of the work, Pub is the Hub has since highlighted the importance of meeting with District and Parish Councils at a separate meeting to ensure that "the approach used during the study was in line with local knowledge and general feelings on the ground" before meeting with licensees and other stakeholders.

Subject to the input from local members interested in working together to consider what benefits could be achieved from undertaking an extended piece of work with 'Pub is the Hub', it was agreed that the workshop concentrate on working with local members to consider the priority areas that might benefit from the support and expertise of specialist voluntary advisors, before offering guidance to rural pubs and licensees wishing to broaden their range of services to local communities.

Invitations to attend the workshop to be sent to district and parish councils in the New Year.

Following on from the workshop, another meeting to be arranged, (possibly at a local licensed premises), at which licensees and stakeholders will be invited.

For information on 'Pub is the Hub', you may wish to visit the Pub is the Hub webpage at the following link:

**<https://www.pubisthehub.org.uk/>**

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

## **6. CURRENT ISSUES**

Members considered a series of reports presented to the Gloucestershire Economic Growth Joint Committee earlier that day.

The reports included updates on the Gfirst LEP Growth Deal Activity; Vision 2050; Position Statement and Timeline; Gloucestershire Infrastructure Investment Plan and Business Rates Pool.

Please refer to the following link to view the agenda, minutes and supporting documents for the Gloucestershire Economic Growth Joint Committee meeting held at Shire Hall on 30 November 2016.

<http://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?CId=725&MId=8210&Ver=4>

## **7. WORK PLAN**

Committee members considered items for discussion at future meetings and agreed to review the committee work plan at the next meeting.

At the request of the Chairman of the Committee, Cllr Joe Harris, the committee meeting scheduled for 1.30 pm on Thursday 23 February 2017 to be held at the Growth Hub, Oxstalls Campus, Oxstalls Lane, Longlevens, Gloucester, Gloucestershire, GL2 9HW.

The main item on the agenda for this meeting will be a presentation from lead officer, Jennie Evans, contracted by GCC to lead on the Vision 2050 Project.

Following the presentation, members to review some of the items considered by the committee over the past few years before drawing up a work plan for discussion at the first meeting of the new committee on 21 June 2017.

## **8. FUTURE MEETINGS**

23 February 2017 – stand alone scrutiny committee meeting  
15 March 2017 – following on from the Joint Scrutiny Committee meeting  
21 June 2017 - following on from the Joint Scrutiny Committee meeting  
6 September 2017 - following on from the Joint Scrutiny Committee meeting  
19 October 2017 - stand alone scrutiny committee meeting  
29 November 2017 - following on from the Joint Scrutiny Committee meeting

All meetings to commence at 1.30 pm

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

**CHAIRPERSON**

Meeting concluded at 4.15 pm



## HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

**MINUTES** of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 15 November 2016 at the Cabinet Suite - Shire Hall, Gloucester.

**PRESENT:**

Cllr Phil Awford	Cllr Tony Hicks
Cllr David Brown	Cllr Brian Oosthuysen
Cllr Doina Cornell	Cllr Jim Parsons
Cllr Janet Day	Cllr Brian Robinson
Cllr Iain Dobie (Chairman)	Cllr Suzanne Williams
Cllr Collette Finnegan	Cllr Roger Wilson (Vice-Chairman)
Cllr Steve Harvey	

**Substitutes:** Cllr Lesley Williams MBE (In place of Cllr Paul McMahon)

**Apologies:** Cllr Helen Molyneux

**Others in attendance:** -

**Gloucestershire Clinical Commissioning Group**

Mary Hutton – Accountable Office

Becky Parish – Associate Director Patient and Public Engagement

**Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)**

Deborah Lee – Chief Executive

Keith Norton – Non Executive Director

Dr Sally Pearson – Director of Clinical Strategy

**Gloucestershire Care Services NHS Trust (GCS NHS Trust)**

Ingrid Barker – Chair

Paul Jennings – Chief Executive

**Healthwatch Gloucestershire**

Claire Feehily – Chair

**Gloucestershire County Council**

Sarah Scott – Director of Public Health

Margaret Willcox - Director Adult Social Services

**2gether NHS Foundation Trust**

Ruth FitzJohn – Chair

Professor Jane Melton - Director of Engagement and Integration

**53. DECLARATIONS OF INTEREST**

Cllr Roger Wilson declared a personal interest as a Governor of the 2gether NHS Foundation Trust; and as a Trustee of the Gloucestershire Rural Community Council which hosts Healthwatch Gloucestershire.

Cllr Brian Oosthuysen declared a personal interest as a Governor of the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

**54. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on Tuesday 13 September 2016 were agreed as a correct record and signed by the Chairman.

**55. GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST FINANCIAL POSITION - UPDATE**

55.1 The committee welcomed Deborah Lee, Chief Executive Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) and Keith Norton, (newly appointed) Non Executive Director (GHNHSFT), to the meeting to inform and engage with members on this matter.

55.2 Ms Lee acknowledged that the position the Trust found itself in reflected that there had been a failure of financial governance; and had the Trust, the regulators and auditors acted differently the Trust would, in all probability, not be in this position today. She informed the committee that the sudden nature of the announcement appeared to have given rise to the misconception that this situation had developed 'overnight', and she wanted to be clear that the financial deterioration had in fact developed over time but the awareness of the underlying position had only just become apparent. The announcement had been preceded by an independent high level review, commissioned by the Trust Board, of the Trust's financial position and reporting arrangements.

55.3 She further explained that this review had highlighted that there was an insufficient level of financial skills and expertise across the Trust's Non-Executive Directors (NEDs) when compared to many similar organisations. However, it was important to note that an externally commissioned review of the Board's arrangements in 2015 had not raised this as an area of concern. It was explained that changes to the Trust Board have already been made; and the committee was assured that the person specification for NEDs reflected a requirement for financial expertise.

55.4 The committee was aware that the Trust had arranged a loan (£26m) through the Department of Health to strengthen its immediate cash position. The committee was informed that the Trust was required to submit a recovery plan to NHS Improvement in advance of the first Progress Review Meeting (PRM); and that this PRM would take place on 1 December 2016 and involved key members of the Trust Board. Ms Lee anticipated that it would take at least 24 months to get the Trust back into a position of financial security.

55.5 Members of the committee were clear that it was disappointing that the Trust found itself in this position; and that the committee would be taking a close examination of the findings of the current investigations into this situation. Members were clear that the investigation report must be published un-redacted in the public domain. A particular concern was whether this situation would impact negatively on the delivery of services to the people of Gloucestershire.

55.6 The committee was informed that the report would be published in the public domain and be un-redacted. The people of Gloucestershire would see a continuation of services; the challenge would be to do things better and more efficiently. It was also noted that the Gloucestershire Clinical Commissioning Group (GCCG) commissioned the Trust to deliver services and the Trust must deliver them.

55.7 Members questioned the role of the internal and external auditors in this process; was it not their role to identify this issue? It was explained that the auditors (internal and external) would be interviewed as part of the investigation.

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

55.8 The committee would receive the outcome of the investigation at an extraordinary meeting on 30 January 2017. (Post meeting note: this meeting has been deferred. Due to unavoidable delays in the Trust and regulator assurance processes, earlier publication is not now possible. It is expected that the committee will receive this report in March 2017.)

## **56. SUSTAINABILITY AND TRANSFORMATION PLAN**

56.1 The committee received a detailed presentation from the Accountable Officer, Gloucestershire Clinical Commissioning Group (GCCG) on the Sustainability and Transformation Plan (STP). (The presentation slides were uploaded to the council website and included in the minute book for information.)

56.2 The committee was pleased to be able to discuss this plan with both the commissioners and providers of health and social care services in Gloucestershire. There was agreement across the committee that this was an exciting plan building on and developing work that was already in place and/or planned. Members agreed that this plan would be challenging for all partners, not least in its drive to deliver a consistent approach to services across all organisations; this alone meant a significant challenge in terms of workplace culture and a shared language. It was also important to place this within the context of 100% of people would use health services, but only 3 to 4% would meet the criteria for social care.

56.3 It was agreed that it was very positive that prevention (Public Health) was embedded within the plan; although there were concerns with regard to the level of funding available for Public Health.

56.4 Members agreed that we lived in an online culture where people could have access 24/7 to social and business media and could shop and receive goods within a 24 hour period; and that there was a growing expectation that access to health and social care should be the same. Managing expectations, and effectively communicating with members of the public, would be key challenges going forward.

56.5 The committee was informed that the underlying detail on possible service change proposals would come forward later in 2017. The Gloucestershire Clinical Commissioning Group (GCCG) was currently leading on an engagement exercise to inform and engage with the public, and members were informed that information on the engagement events were available alongside the STP at [www.gloucestershireccg.nhs.uk/gloucestershire-stp](http://www.gloucestershireccg.nhs.uk/gloucestershire-stp).

56.6 The committee was clear that it intended to follow the progress and implementation of this plan and as per regulations would be a statutory part of any consultation on substantial service change proposals. Members were reminded that Urgent Care would be part of the committee's debate on the council motion relating to A and E waiting times on 15 December 2016. The committee was informed that it was anticipated that consultation on the urgent care system model would begin in summer 2017.

56.7 The committee agreed that it would be important to have a clear understanding of the Estates Strategy. People were very attached to their local facilities and would feel concerned if they felt that there was any uncertainty about their future. The GCCG informed members that they were happy to pick up and work through any concerns. It was also stated, for information, that there were no plans relating to maternity services in the STP at present.

56.8 The committee heard from each of the provider organisations and the Cabinet Member for Older People. There was agreement across these organisations that the STP was a positive way forward for Gloucestershire. This was about getting the right services in the

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

right place for patients; using the Gloucestershire pound effectively for the benefit of the people of Gloucestershire.

## **57. ADULT SOCIAL CARE AND PUBLIC HEALTH 2016/17 QTR 1 PERFORMANCE REPORT**

57.1 The committee welcomed the continued good work to support adults with learning disabilities into employment, and congratulated Forwards Employment Services (commissioned by the council) on winning the Empowerment Award at the Gloucestershire Health and Social Care Awards on 8 November 2016.

57.2 Members were concerned to note that performance against reassessment targets continued to underperform, apart from those service users supported by the 2Gether NHS Foundation Trust (2G). It was also concerning to hear that the demand for paid carers was outstripping supply. It was thought that this related to some domiciliary care organisations going out of business. Members agreed that the committee would need to monitor this issue.

57.3 Members noted that performance against NHS Health Check targets continued to struggle. All GP practices in the county, apart from two, have signed up to deliver these checks; we have made alternative arrangements for eligible patients whose practices are not offering the health check. Advertising these checks and communicating with patients rested with the GP practice. A particular factor here was that no matter how the benefits of these checks were communicated we cannot make people take them up.

57.4 It was agreed that it would be helpful to have benchmarking information available with regard to adult safeguarding performance indicators.

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

58.1 The committee noted that cancer targets continued to be a challenge; and whilst there was some improvement in the 6 week diagnostic target more needed to be done to bring this performance back online. The committee was informed that recovery plans were in place.

58.2 Members were aware that there had been concerns with regard to the Improving Access to Psychological Therapies (IAPT) service. 2Gether NHS Foundation Trust (2G) had invited and benefited from a review by the NHS England Intensive Support Team for IAPT. As a consequence, 2G, in collaboration with GCCG, had developed an improvement plan for IAPT access and recovery rates. 2G informed the committee that it was confident that it was making progress.

58.3 The committee agreed that it would take a more detailed look at the cultural commissioning programme at a future committee meeting.

## **59. HEALTHWATCH GLOUCESTERSHIRE QTR 1 FEEDBACK**

59.1 The Chair of Healthwatch Gloucestershire (HWG) informed the committee that HWG would be working with the CQC on the forthcoming re-inspection of GHNHSFT. It was also undertaking a follow up to its report on the Hospital Discharge process and expected to share this with the committee in the New Year.

59.2 The committee noted the feedback report.

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

**60. DIRECTOR OF ADULT SERVICES REPORT**

The committee asked to be kept informed should Brexit have any impact on staffing numbers.

The committee noted the report.

**61. DIRECTOR OF PUBLIC HEALTH REPORT**

The committee noted the report.

**62. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP  
CHAIR/ACCOUNTABLE OFFICER REPORT**

62.1 The committee noted the report.

62.2 Paul Jennings, CEO Gloucestershire Care Services NHS Trust, was retiring at the end of this year. The committee took this opportunity to thank Paul for his hard work and commitment to the people of Gloucestershire.

62.3 It was noted that a press release, by an outside body, had been released during the course of this meeting relating to the STP. It was felt that the timing of this release was not helpful.

**CHAIRMAN**

Meeting concluded at 12.55 pm

## HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

**MINUTES** of a meeting of the Health and Care Overview and Scrutiny Committee held on Thursday 15 December 2016 at the Council Chamber - Shire Hall, Gloucester.

**PRESENT:**

Cllr David Brown	Cllr Tony Hicks
Cllr Doina Cornell	Cllr Helen Molyneux
Cllr Janet Day	Cllr Brian Oosthuysen
Cllr Iain Dobie (Chairman)	Cllr Jim Parsons
Cllr Collette Finnegan	Cllr Brian Robinson
Cllr Steve Harvey	Cllr Suzanne Williams

Substitutes: Cllr Tim Harman (In place of Cllr Phil Awford)

**Gloucestershire Clinical Commissioning Group (GCCG)**

Dr Andy Seymour – Chair  
Mary Hutton – Accountable Officer  
Becky Parish – Associate Director Patient and Public Engagement  
Felicity Taylor Drewe – Associate Director Commissioning

**Gloucestershire Hospitals NHS Foundation Trust**

Dr Sally Pearson – Director of Clinical Strategy  
Deborah Lee – Chief Executive  
Peter Lachecki - Chair  
Dr Tom Llewellyn – Clinical Director for Emergency Care

**Gloucestershire Care Services**

Ingrid Barker - Chair  
Candace Plouffe – Chief Operating Officer

**Healthwatch Gloucestershire**

Claire Feehily - Chair

Apologies: Cllr Paul McMahon

**63. DECLARATIONS OF INTEREST**

No additional declarations were made.

**64. MOTION 780 – ACCIDENT AND EMERGENCY WAITING TIMES**

64.1 Cllr Tim Harman proposer of the original motion addressed the committee to provide context to the discussion. He emphasised that it was an important issue as

set out within the papers. He expressed his personal concern about the impact of the downgrading of Cheltenham A & E. He read the three parts of the motion:

- a) What role the night-time downgrading of Cheltenham Accident and Emergency may have played.
- b) Whether its reopening could help solve the situation
- c) Whether the Gloucestershire Hospitals NHS Trust and Gloucestershire Clinical Commissioning Group are committed to fully reopening Cheltenham A&E through continuing to seek to recruit the necessary specialist doctors.

He explained that he had spoken to members of the public and organisations who had concerns about the overnight position at Cheltenham General Hospital. He recognised that since the motion had been put forward, there had been developments regarding the Trust and the Sustainability and Transformation Plan (STP). He looked forward to hearing more regarding Clinical Commissioning Hubs and Urgent Care. He stated that despite this, the Cheltenham A&E was essential for public confidence.

64.2 Mary Hutton, Accountable Officer GCCG and Dr Andy Seymour Clinical Chair GCCG, provided the committee with a presentation to place the discussion in the context of the NHS Five Year Forward View and the local STP and the new models of care for emergency and urgent care services.

Context: Focus on Urgent and Emergency Care

64.3 It was explained that engagement regarding the local STP was currently underway. The STP set out a direction for managing care with changes in population and health and care needs over a number of years. There would be an increasing number of people with long term conditions and without transforming the way local services are delivered there was potentially a gap of £226m over the four years.

64.4 The Committee understood the 'One place, one budget, one system' approach where it was believed that wherever possible care should be provided in the person's own home, in the GP surgery or in the community. Where people had more serious illness or injury, they should receive treatment in centres with the right facilities to maximise chances of survival and recovery.

64.5 The Committee was provided with some case studies of the issues within the current system. An example was given of an individual with neurological needs not being able to access the specialist advice he needed.

64.6 Members were informed that the vision for urgent care was the right advice and treatment in the right place, first time. There were four key outcomes:

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

- People are better supported to self care and remain more independent and be less reliant on health and social care services
- The overall system is more than the sum of its parts through the 'place based' connection of relevant urgent, emergency, other appropriate care services, voluntary and community organisations and communities themselves
- Less people need Emergency Departments, due to highly responsive urgent care services outside of hospital
- People with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery

64.7 The presentation provided members with details on the benefits of supporting self care through a whole system approach which included better informed individuals, staff working collaboratively with individuals, supported self-care services and empowering individuals and communities through utilising local assets. There was some discussion around the use of remote technology and community pharmacies.

64.8 The importance of the place model was emphasised to members with all 81 local GP practices grouped into 16 clusters. It was important to understand the needs of population groups and then adapt the way services were provided to meet their needs.

64.9 The CCG was looking to ensure more responsive urgent and emergency care, building on community services with good assessment. In addition a clinical hub could offer patients who require it, access to a wide range of services. It could also offer advice to health professionals in the community. Increasing IT system interoperability would support cross-referral and the direct booking of appointments into other services.

64.10 Within Gloucestershire significant steps had been taken to improve timely and effective assessment to ensure where possible people receive care within their own homes or as close to home as possible.

64.11 Some examples were given on how the level of service might improve for individuals with a variety of patient 'stories' given to the Committee.

64.12 Members welcomed the context provided within the presentation and noted that a report which had been provided from Gloucestershire Hospitals NHS Foundation Trust which addressed the three questions within the motion around Cheltenham A & E. The Committee addressed each of these in turn.

What role the night-time downgrading of Cheltenham Accident and Emergency may have played



64.13 Dr Sally Pearson introduced the report including the graphs which showed performance over the time prior to the changes and subsequent to that. This showed some deterioration in performance but not until 12 months after the change to the overnight service at Cheltenham General Hospital. The reasons around long wait times were multi-factorial and it was hard to distil out the impact of any one issue. Performance mirrored the national picture and it was striking that there had been a change in the total number of attendances which would have had an impact on the ability to respond.

64.14 The report outlined the breakdown of breaches and the reasons for this with a significant component being the availability of beds. This issue had been discussed by scrutiny and was a barometer of the pressure within the system as a whole.

64.15 In response to a question on whether there were any plans to increase the number of beds, it was explained that there was always a discussion as to what the right number should be and that the strategy had been to allow patients to return home as soon as possible wherever appropriate. There was no physical space in which to open further beds and the strategy was to increase care outside of hospital settings and not in hospital.

64.16 One member asked for further information on what the reasons were for the steep increase in availability of beds being an issue from quarter 4 of 2013/14. He also asked why those undergoing treatment were included. In response it was explained that historically there had been seasonal variation in the demands for clinical services, but this seasonal variation had diminished. Where patients were being treated they occasionally stayed longer than the 4 hour target time. This reflected the need to get doctors and/or nurses to a patient as quickly as possible. There was a more serious case mix with numbers and complexity increasing. There was some discussion around the support needed for the growing elderly population.

64.17 In response to a question the CCG stated that the overnight changes at Cheltenham had not made any contribution to the breach of licence.

64.18 Some members commented that with regards to the ambitious plans for clinical hubs and urgent care centres (which would need to be appropriately staffed), they needed assurances that this would see improvements in the services available in Cheltenham. They reflected that it was important to respond to the concerns from constituents who had lost confidence. The CCG referred members to the presentation and the 16 clusters grouped around GP practices and stated that improvements were already being seen.

64.19 One member requested information on where the 'pinch points' were in terms of failing to meet waiting time targets. Specifically he asked at what time of day/night were these failures occurring and where the 'peaks and troughs' were occurring. In response, it was explained that it was important that there was flow in the system and that these questions were being asked in terms of getting the

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

provision right. In terms of ambulances being released, Gloucestershire compared well with other areas. It was stated that data could be provided to the member around at what times of day/night the breaches were occurring.

**ACTION**                      **Becky Parish**

64.20 In response to a question it was explained that pathways and protocols were in place to ensure that when an individual made contact with a service they were handled in the correct way and could access the service they needed.

64.21 In response to concerns expressed around whether the plans around clinical hubs and urgent care centres would help to improve things, it was explained that the new model was aimed at ensuring that individuals with complex needs were receiving the support they needed as quickly as possible and wouldn't be potentially waiting for a GP appointment.

64.22 Members noted from the report that a programme of improvement and transformation for the Emergency Care Pathway within Gloucestershire Hospitals NHS FT had been agreed with and was being monitored by NHS Improvement (NHSI). The impact of this improvement programme on A & E waiting time performance has been to improve performance from 77% in February 2016 to performance ranging from 88% to 91% in the most recent reporting period.

#### Whether its 'reopening' could help solve the situation

64.23 The Committee understood that since 2013 there had been an increase in the number of consultants, but that recruitment to middle grades and junior doctors remains challenging. To return to two fully functioning Emergency Departments would require 16 middle grade staff. With the current challenges around recruitment the CCG did not consider 'reopening' an option.

64.24 Dr Tom Llewellyn clarified that at a recent interview for consultants for three vacancies there were only two candidates. This reflected the challenges facing the service. There was also a problem with the production of registrars and being able to recruit middle grade staff. There was an issue around attracting these staff to work the evening and weekend hours that would be required. The key priority was to provide a safe service in Gloucestershire and that was managed by consultants 'stepping in' and acting in a more junior capacity working at night.

64.25 The Committee recognised that given the challenges, the question they were asking was a hypothetical one; would a model that included two full functioning Emergency Departments help the situation? The CCG explained that given that for twelve months following the service change performance had been maintained, they did not believe that changing the service model would have any impact on performance. It was stated that there were many variables within the system that impacted on A & E demand.

#### Whether the GHNHSFT and GCCG are committed to fully reopening Cheltenham A&E through continuing to seek to recruit the necessary specialist doctors

64.26 The Chairman extended his congratulations regarding the increase in specialists and doctors alongside the challenges being faced nationally.

64.27 It was explained that no commitment had been made at any time by the Gloucestershire Health Community during the consultation in 2013, or since the implementation of the changes, to consider reinstating the overnight position at Cheltenham General Hospital. Given the recruitment challenges nationally, the CCG stated again that there was no prospect of reinstating that position in the foreseeable future.

64.28 In response to a question, it was confirmed that resources were in the budget to recruit a higher number of middle grade and junior doctors in order to deliver the existing service. The CCG made its position clear that their focus was on the need to provide a safe service and that the developments around Emergency and Urgent Care was where their focus was going forward.

64.29 It was important to clarify that there was still an overnight service available at Cheltenham General Hospital and that patients could still walk in and that on occasions a patient would be brought there to receive a particular treatment provided by a nurse.

#### Consideration of Committee's view

64.30 Some members expressed their view that the focus should now be on the future and that the Committee should not express a view on Cheltenham A&E in isolation. They felt that there was no evidence to suggest that a return to two fully functioning Emergency Departments overnight would have a positive impact on performance and noted that that this was not a viable option. They stated that any future service should be delivered with a view to the best outcomes for the people of Gloucestershire.

64.31 Despite this, the majority of members commented that if those recruitment challenges were not there, or could be overcome, a model that included two fully functioning Emergency Departments would be preferable.

64.32 The Committee took a vote to establish the view of the majority. Having heard the evidence from the CCG and GHNHSFT and discussed the motion in full:

The Health and Care Overview and Scrutiny Committee expressed its concern with regards to Gloucestershire Hospitals NHS Trust breaching its licence as a result of a consistent failure to meet Accident and Emergency waiting times.

The Committee welcomed the opportunity to explore the factors behind this and noted that there is a programme of improvement and transformation for the Emergency Care Pathway within Gloucestershire Hospitals NHS Trust.

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

The Committee received no evidence to suggest that the downgrading of Cheltenham A&E was a significant factor in the failure to meet A&E waiting times.

Some members commented that a re-opening of Cheltenham A&E could potentially ease some of the pressures in this area. The Committee noted, however, that in the foreseeable future this was not a viable option.

While recognising the new national model for Emergency and Urgent Care, it was the view of the majority of the Committee that, should the challenges around recruitment be resolved, a fully doctor-led 24/7 A&E in Cheltenham should be an option 'kept on the table'.

**CHAIRMAN**

Meeting concluded at 3.50 pm

## HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

**MINUTES** of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 10 January 2017 at the Cabinet Suite - Shire Hall, Gloucester.

**PRESENT:**

Cllr Phil Awford	Cllr Tony Hicks
Cllr David Brown	Cllr Paul McMahon
Cllr Doina Cornell	Cllr Brian Oosthuysen
Cllr Janet Day	Cllr Jim Parsons
Cllr Iain Dobie (Chairman)	Cllr Brian Robinson
Cllr Collette Finnegan	Cllr Roger Wilson (Vice-Chairman)
Cllr Steve Harvey	

Apologies: Cllr Helen Molyneux,  
Cllr Suzanne Williams

**Others in attendance:**

**Gloucestershire Clinical Commissioning Group (GCCG)**

Mary Hutton – Accountable Officer

Becky Parish – Associate Director Patient and Public Engagement

Karl Gluck – Lead Commissioner Mental Health

**Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)**

Dr Sally Pearson – Director of Clinical Strategy

Deborah Lee – Chief Executive

Peter Lachecki - Chair

**2gether NHS Foundation Trust**

Ruth FitzJohn – Chair

Jane Melton - Director of Engagement and Integration

Sarah Batten – Director of Children and Young People’s Services

Les Trewin - Locality Director

**Gloucestershire County Council**

Mark Branton – Associate Director Adult Social Care Commissioning

Sarah Scott – Director of Public Health

**Gloucestershire Constabulary**

Andrew Matheson - Community Protection Inspector

**Healthwatch Gloucestershire**

Claire Feehily - Chair

### 65. DECLARATIONS OF INTEREST

Cllr Roger Wilson declared a personal interest as a Governor of the 2gether NHS Foundation Trust; and as a Trustee of the Gloucestershire Rural Community Council which hosts Healthwatch Gloucestershire.

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

Cllr Brian Oosthuysen declared a personal interest as a Governor of the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

**66. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on Tuesday 15 November 2016 were agreed as a correct record and signed by the Chairman.

**67. TAKING CARE OF MENTAL HEALTH IN GLOUCESTERSHIRE**

67.1 This item was particularly focused on crisis care. The committee was pleased to welcome representatives from the 2gether NHS Foundation Trust, the Gloucestershire Clinical Commissioning Group, the council and the Police to the meeting to engage with members on this important issue. The presentation included the national and local perspective on mental health. (For information - the presentation slides were uploaded to the council's website and included in the minute book.)

67.2 The committee was reminded that there has been a real culture change in the way in which mental health services were commissioned and provided. The structure has changed from that of containment and sanctuary to one of hope and recovery; from a legacy of exclusion to one of an aspiration of and action to ensure inclusion. The understanding of mental health illnesses has greatly improved with significant investment in learning from experience and developing knowledge. The committee viewed a short video about the Severn and Wye Recovery College, which was a good example of this change in approach. The Recovery College was established, by the 2gether NHS Foundation Trust and empowers people through peer support to become 'students of their own recovery', self-managing anxiety, depression and long term mental illness.

67.3 Members were informed that the Crisis Resolution and Home Treatment Teams (CRHTT) were currently being re-commissioned to better meet the needs of people with high intensity needs. A pilot Crisis Café has been established in Gloucester City with Treasure Seekers.

67.4 It was explained that it was important to note that the crisis teams were not a blue light service. However the Mental Health Acute Response Service (MHARS) was co-located with the Police at Waterwells, and also worked closely with the Ambulance Service. The co-location of the MHARS has been in place for eight months and the Police representative informed the committee that this has been a huge step forward. Police Officers were benefitting from having direct access to health professionals for advice, and who also have access to health records and care plans which could inform the decisions that needed to be made when people were in crisis. It was further explained that the Police would be able to access the multi-agency care plans; this would help to inform on and better manage the risk elements in the case. In response to questions it was explained that there was a gradual cultural change with regard to risk management. Police Officers had been used to dealing singlehandedly with these situations and taking responsibility and were now learning that it was a positive change that they were now able to share the risk with colleagues.

67.5 The committee was informed about the implications for mental health with regard to the key changes in the Policing and Crime Bill. Members were pleased to note that on the enactment of the Bill it would be unlawful for Police cells to be used as a place of safety for young people. The committee also heard that Gloucestershire was ahead of the curve in this regard as policy here already precluded the use of the cells for young people under a section 136 order. Members were interested to note that a business plan was in development to establish an Intensive Recovery and Intervention Service (IRIS) which

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

would support vulnerable children and young people with complex needs, and aimed to include some in-patient support in county for these young people.

- 67.6 The committee was informed about the pilot schemes that were in place to better support children and young people, in particular the Stroud Schools Project. The Director Public Health also informed the committee that there was already a programme of mental health 'first aid' training available to teachers which was delivered through Gloucestershire Healthy Living and Learning (<https://www.ghll.org.uk/>).
- 67.7 Committee members were clear that early intervention was key as the earlier that people received support/intervention the better their long term health outcomes could be. Whilst welcoming the breadth of services, and pilot schemes, in place, members were concerned that many seemed to be focused in the larger urban localities, and asked for reassurance that support would be available across the county. It was explained that the pilot schemes (eg. the Crisis Café) would be evaluated and if they demonstrated that they had achieved the expected/required outcomes they could be rolled out across the county. It was also clarified that there was access to services across the county.
- 67.8 In response to questions it was explained that as with other services, some of the mental health services had/were experiencing recruitment issues. An example of this was the MHARS which was not able to operate 24/7 until there has been successful recruitment into key posts.
- 67.9 In response to a question the committee was informed that Gloucestershire had submitted a successful bid to develop a peri-natal mental health service. This would initially be piloted at Weavers Court in Stroud, but once Pullman Court (Gloucester) had been re-developed would re-locate here. The team would include a specialist midwife.
- 67.10 Members were interested in the role of medication, as for many people this was the first intervention that they received, and questioned whether there was a risk of an over reliance on medical solutions. In response it was explained that there were a range of solutions available and these should be discussed with the individual. A range of information for GPs was being developed to enable them to be able to better inform and signpost patients to alternatives to medical therapy where/if appropriate to do so.
- 67.11 The Chief Executive of the Gloucestershire Hospitals NHS Foundation Trust informed the committee that people presenting with mental health problems was a significant issue for the Acute Hospitals, particularly with regard to children and young people. She felt that a good support model was in place, and recognised that there was a focus on evolving the service for children and young people. She informed the committee that the 2gether NHS Foundation Trust was a good partner to work with.
- 67.12 The committee agreed that good mental health underpinned everything we do. Members were aware that there has, and continued to be, a lot of activity to remove the stigma that has been associated with mental health. The committee fully supported this work, and in support of this principle some members chose to share their personal experiences.
- 67.13 Members agreed that going forward the committee would continue to include mental health matters on its workplan.

**68. END OF LIFE STRATEGY**

- 68.1 The committee was pleased to welcome the End of Life Commissioning Manager to discuss and engage with members on this strategy. (For information – the presentation slides were uploaded to the council website and included in the minute book.)
- 68.2 Members agreed with the strategy's aim 'to make sure that the highest quality end of life care services are available to all who need it, irrespective of diagnosis, age, gender, ethnicity, religious belief, disability, sexual orientation, and social economic status'. The committee was pleased to note that a lot of work has gone into defining what was meant by palliative care, and to understand the main causes of death in this county; Gloucestershire was one of the few areas that has an up to date needs assessment in this regard. Members particularly welcomed the information that time had been taken to speak directly with families about their end of life experiences, both good and bad, and that these conversations had influenced and informed the development of the strategy.
- 68.3 It was noted that the strategy does not currently include children and young people but that this aspect would be debated at the next End of Life Board meeting with a view to expanding the strategy to cover under 18s in due course.
- 68.4 There was a shared concern that there seemed to be a disparity in the level of provision of palliative care across the county. This was acknowledged, and the committee was assured that the Gloucestershire Clinical Commissioning Group (GCCG) was already working with Gloucestershire Care Services NHS Trust (GCS) to improve access; and were also exploring what the palliative care model for the whole county should look like.
- 68.5 In response to a question members were informed that Gloucestershire was better than some areas in supporting people to die in their preferred place of death. The committee was also informed that there was a national debate as to the accuracy of the data around place of death and that NHS England was revisiting these metrics.
- 68.6 It was known that end of life provision for the homeless was poor and that the GCCG was looking at how it could implement the St Mungo's guidelines ([www.mungos.org/endoflifecare](http://www.mungos.org/endoflifecare)). There was also more work to do to reach and talk to the seldom heard groups.

**69. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT**

- 69.1 The committee noted that the concerns relating to the 62 day cancer target, and Improving Access to Psychological Therapies (IAPT) remained and that the GCCG continued to work through the associated action plans to address these issues.
- 69.2 It was questioned whether the expected (national) funding for mental health had reached Gloucestershire. It was explained that mental health funding was being channelled through the Sustainability and Transformation Plan and there has been significant investment for 2017/18.
- 69.3 Concerns remained with regard to ambulance response times, in particular that the presentation of the Ambulance Response Programme data did not make it easy to identify whether response times were improving. This issue would be looked at in greater detail at the committee's meeting in March 2017 when the ambulance service were due to report.
- 69.4 Members were disappointed that there seemed to be no improvement in the performance against targets for the non-emergency patient transport service delivered by Arriva



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

Transport Solutions Ltd (ATSL). There was a frank exchange of views with the GCCG, and although the GCCG did make it clear that it was applying all the contractor clauses in this contract, members felt that it should be looking at stronger measures. This matter will be looked at in more detail at the committee's meeting in March 2017.

- 69.5 The committee was concerned to note that there has been deterioration in performance in relation to delayed transfers of care (DTOC). This was a complex area and the GCCG was working with all providers in the county to improve this position.
- 69.6 In response to questions the committee was informed that the GCCG had received interest from a provider to deliver the Out of Hours Service (OOHS) on a short term contract basis from 1 April 2017 when the SWASFT contract ended. The GCCG was developing a new NHS111 contract and it was possible that OOHS would be part of this contract. The committee would be kept up to date with progress on this matter.
- 69.7 Members were concerned that operations had been delayed due to the lack of available beds in the acute hospitals. The committee was informed that whilst this was regrettable this was directly related to winter pressures.

## **70. QTR 2 2016/17 ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT**

- 70.1 The committee noted that the performance picture had not changed significantly since receipt of the quarter one report. The committee was disappointed to note that although the council was a high performer with regard to personal budgets it has still not been able to translate that into people electing to receive direct payments, despite the work that has been undertaken to promote this option.
- 70.2 In response to a question it was explained that the savings that had been made through the Building Better Lives Programme related to developing better models of support, eg. promoting independence utilising Forwards Gloucestershire. This was not about reducing staff resource.
- 70.3 It was questioned what coverage the new drug and alcohol service had in the Cotswolds area. It was agreed that this information would be sent to members of the committee.  
**ACTION: Sarah Scott**

## **71. HEALTHWATCH GLOUCESTERSHIRE QTR 2 FEEDBACK**

The committee noted the report.

## **72. SCRUTINY OF THE BUDGET - ADULT SOCIAL CARE AND PUBLIC HEALTH PROPOSALS**

- 72.1 The Deputy Director Adult Social Care tabled the detail of the draft Medium Term Financial Strategy (MTFS) relating to Adult Social Care and Public Health. He confirmed that since the publication of the draft MTFS the Council has now been notified that it would receive a further £2.5m for the Adult Social Care Support Grant for 2017/18. This was a 'one-off' amount and was ring-fenced, aimed at starting the transition to the increase in the Better Care Fund from 2018/19.
- 72.2 The committee discussed how this funding might be best utilised. Members noted the cost reductions in the adult mental health services budget as well as reductions in the budget for services for people with a learning disability. One member suggested that the additional funding could be used in these areas. Discussions would need to be had with the

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

Gloucestershire Clinical Commissioning Group and other partners as to the appropriate use of this funding.

72.3 With regards to Learning Disabilities, members were made aware of the positive work that had been carried out in terms of helping individuals into employment and increasing independence. Members commented on performance concerns relating to a reduction in the number of assessments being carried out and queried this decrease in performance levels against intended reductions in budget. It was important to note that the cost reductions in the budget did not relate to a reduction in staffing levels for social worker teams, but were through the changing approach brought about by the Building Better Lives Programme.

**73. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP  
CHAIR/ACCOUNTABLE OFFICER REPORT**

The committee noted the report.

**74. DIRECTOR OF PUBLIC HEALTH REPORT**

The committee noted the report.

**75. DIRECTOR OF ADULT SERVICES REPORT**

The committee noted the report.

**CHAIRMAN**

Meeting concluded at 1.15 pm

## POLICE AND CRIME PANEL

**MINUTES** of a meeting of the Police and Crime Panel held on Friday 3 February 2017 at the Cabinet Suite - Shire Hall, Gloucester.

**PRESENT:**

Cllr Julian Beale	Cllr Karen McKeown
Cllr David Brown	Cllr Keith Pearson
Cllr Gerald Dee	Cllr Nigel Robbins OBE
Cllr Collette Finnegan	Martin Smith
Cllr Rob Garnham	Cllr Brian Tipper
Cllr Helena McCloskey	Cllr Roger Wilson (Chairman)

**Substitutes:**

**In attendance:** Stephen Bace, Richard Bradley, Chris Brierley, Stewart Edgar, Peter Skelton, PCC Martin Surl and Paul Trott

**Apologies:** Adrian Connor, Cllr Bruce Hogan and Cllr Chris Nelson

**1. DECLARATIONS OF INTEREST**

No additional declarations.

**2. MINUTES OF THE PREVIOUS MEETING**

2.1 The Minutes were agreed as a correct record.

In response to an action raised at the previous meeting it was agreed that the Panel would consider the HMIC Peel inspection documents at the next meeting. Members noted the comments relating to the legitimacy inspection detailed that Gloucestershire required improvement.

**ACTION Paul Trott**

2.2 The Panel was aware of the announcement that the Chief Constable Suzette Davenport would be retiring at the end of April. The Chairman outlined what an important and successful appointment she had been and wished her well for the future. The Commissioner outlined that he was sorry she was moving on and that a process would be undertaken to find a successor. A Police and Crime Panel meeting would need to be arranged so a confirmatory hearing could be held. The Panel also understood that ACC Richard Berry was working on a national role on Cyber Crime. There would be a lot of change at the top end of the constabulary over the subsequent twelve months.

2.3 The Chairman explained that following the withdrawal of Avon and Somerset from the tri-force collaboration, the meeting of PCP Chairs had been suspended.

2.4 The 'Blue light collaboration' scrutiny task group had met with the Cabinet Member for Fire, Planning and Infrastructure at the County Council to understand the Council's perspective on fire and rescue service governance. The Commissioner would be invited to meet with the group over the coming weeks. The Commissioner explained that it was Police and Crime Commissioner who would drive the agenda for police and fire following the Policing and Crime Bill becoming an Act. He expressed concern that at a meeting with the Chief Executive and Leader of the County Council they had not engaged with him to discuss these developments and that he felt he had been 'rebuffed'. He clarified that he was not making a pitch to take control of the Fire Service but that the status quo could not continue. He stated he was available to speak to the County Council on this.

### **3. CHIEF EXECUTIVE'S REPORT**

- 3.1 Paul Trott introduced the report which outlined the activities of the Police and Crime Commissioner's Office.
- 3.2 With regards to collaboration he explained that there had been a negotiation process with Wiltshire and Avon and Somerset and it had been a surprise when Avon and Somerset informed them that they didn't want to invest any more time in the process. Since then, the Commissioner had met with the PCC from Wiltshire and they were keen to work together where possible. The focus going forward would likely be on ICT to lay the foundation for closer working in the future.
- 3.3 The existing Specialist Services collaboration with Avon and Somerset would continue and was not affected by the decision. In response to a question it was explained that air support was provided nationally.
- 3.4 With regards to the Policing and Crime Act, options were open to the Commissioner but no decision had been taken as to whether he wished to engage with consultants and put together a business case.
- 3.5 The implications of legislation relating to police complaints, discipline and IPCC reform were outlined within the report. The Commissioner's Office was working with the Constabulary to consider the options. Some members stated that they were pleased to see that the legislation would make it easier and more accountable in the way complaints were handled. The Commissioner's Office and Force were waiting on additional guidance and secondary legislation, with the full model likely to be implemented in 2018.
- 3.6 There was frustration that the Force Control room figures within the report were still not up to date, although members were informed that satisfaction figures were improving. The Chairman asked how the Commissioner was able to hold the Constabulary to account without having up to date statistics. In response the Commissioner explained that he was provided with the raw data which had yet to be analysed and published. He met with the Chief Constable privately and within his Governance Board when she had

explained how the Constabulary was working to improve this area and that it was a standard agenda item at each meeting. He was satisfied that work was underway to make improvements.

- 3.7 The Panel was informed that the Lansdown Road sale would be completed in February. In addition, the Police were now located in the former Tourist Information Office in the Municipal Buildings in Cheltenham to provide a town centre presence.
- 3.8 One member asked a question regarding the governance of the Fire and Rescue Service. He suggested that as the County Council had engaged with consultants and the Commissioner would be speaking to them, did any further consultants need to be employed if the Commissioner chose to take it forward? The Chief Executive of the Commissioner's Office explained that the Office had not seen the terms of reference for the consultants; if the research was useful than it would be taken on board. The Commissioner explained that he would keep an open mind but that it was for him to lead on the work if he chose to take it forward. He stated that the County Council were required by law to provide any information he requested on this. He clarified he wanted the right outcome for the people of Gloucestershire.
- 3.9 One member asked the Commissioner for his view on violent crime in Cheltenham following a number of headlines in the local media. The Commissioner explained that he did not feel the headlines were representative of the night time economy in Cheltenham which he believed was well managed.

#### **4. POLICE AND CRIME PLAN - DELIVERY PLANS**

- 4.1 Richard Bradley, Deputy Chief Executive, circulated the published Police and Crime Plan and introduced members to the delivery plan within the agenda pack. This delivery plan had been put together by the six priority leads. The Panel would have an opportunity to receive presentations from each lead from July 2017. In response to concerns regarding the acronyms within the document, a glossary would be provided to members.
- ACTION                      Richard Bradley**
- 4.2 In addition to the six priorities within the plan, there was also 'Martin's approach' which included a number of challenges that the Commissioner wanted to deliver on.
- 4.3 Neighbourhood policing was a key area going forward, with it being suggested that this had potentially eroded over time. A review had started in October 2016 and included rural policing. The principles within neighbourhood policing was about establishing good relationships with communities and connecting with agencies and partners and being honest about what service could be provided. A strength based approach would be

undertaken to establish what communities could do for themselves, what could be achieved with the help of the police, and what only an agency approach could achieve.

- 4.4 One member expressed her concern that both modern slavery and radicalisation were not heavily featured within the plan. Particularly in the context of the community safety review, she felt there was a need to work better in partnership and that this was not reflected within the plan. She also gave the example of domestic homicide reviews. In response it was explained that the plan focussed on the key priorities that the Commissioner wished to take forward. Partnership working was a key part of that plan. With regards to modern slavery and radicalisation, the Commissioner was comfortable that the Constabulary was working in those areas as they were a part of the strategic policing requirement that was mentioned within the plan.
- 4.5 Work following the Community Safety Review was ongoing and an item would be brought to the next Police and Crime Panel meeting to outline progress with regards to this.  
**ACTION Richard Bradley**
- 4.6 One member brought up her concerns regarding hate crime towards the police. She wanted reassurance that there were processes and support in place for any officer who had been subjected to this. In response the Commissioner explained that he would get back to the Panel with detail on this. It was explained that there had been an increase in assaults to officers and that steps were being put in place to improve the support provided.  
**ACTION Martin Surl**
- 4.7 Richard Bradley stated that in response to Cllr Finnegan's query relating to 'dementia friendly city' and the involvement of the Commissioner's office, that he would put her in touch with Phil Sullivan.  
**ACTION Richard Bradley**
- 4.8 There was some discussion on the role of the 'specials' within the Constabulary. Concern had been expressed that there was a reliance on volunteers to take on roles that paid officers should undertake. The Commissioner stated how proud he was of the 'specials' within Gloucestershire and how they had the same respect as fully paid officers. Members were aware of the rank structure and insignia agreed by the Chief Constable and that this had been a positive step.
- 4.9 With regards to rural policing, one member asked whether there had been any further development around police visibility following meetings with rural communities. The Commissioner explained that with fewer officers it was difficult to ensure the same level of service, but that a big piece of work was underway to understand communities and that rural policing was an intrinsic part of this.

4.10 In response to questions on the priority leads, it was explained that new Chief Superintendent Joanna Smallwood would be leading on Accessibility and Accountability. One member asked that when the Panel received a presentation by the lead that the success of recruitment and training and support was provided

## **5. PROPOSED GLOUCESTERSHIRE POLICE PRECEPT 2017/18**

- 5.1 The Police and Crime Commissioner introduced the report which proposed that:

*Funding for the proposed £107.22.8m revenue budget will require a police related Band D Council Tax element of £214.49. This represented an increase of 1.99% in the police related Band D Council Tax or £4.18 for the year.*

- 5.2 The Commissioner thanked the Chief Financial Officer and Chief Constable. The Panel had received a briefing in January to ensure the Panel had the background to the budget being proposed. The Commissioner was putting forward a budget to support the activities within the Police and Crime Plan. Members welcomed the clarity of the report.
- 5.3 The Commissioner stated that the 1.99% was required in order to ensure that the cash level for funding remained the same as advised by central government. Even with the increase in precept, the budget would be less than 2016/17 due to inflation, additional responsibilities and pay.
- 5.4 There would be a focus on maintaining and increasing the level of officers with recruitment taking place as quickly as possible. In addition, there was a desire to increase the Special Constabulary and reimaging neighbourhood and rural policing.
- 5.5 The Commissioner reassured members that the Constabulary was in good financial and operational shape and requested that they endorse the proposed precept.
- 5.6 Peter Skelton, Chief Finance Officer, reiterated that the grant announcement for PCCs stated that funding would be protected at flat cash levels if the Commissioner were to increase the precept by 1.99%. Gloucestershire's grant had been reduced by £800,000, if 1.99% increase in precept was agreed this would lead to overall a small increase in funding as the tax base had increased more than the assumptions made by the Home Office. This overall increase did not take account of pay rises, inflation, or any additional costs such as the apprenticeship levy. There were also the additional costs around the ICT structure and £350,000 to provide the infrastructure to support increasing the number of special constables.

- 5.7 It was difficult to plan for the future without any indicative figures for grant funding. Feedback from Home Office suggested that they would be looking to continue with flat cash level for the next few years. The indications were that the 2017/18 levels would continue into future years requiring an increase in the precept each year. From 2018/19 onwards the Constabulary were looking at having to make around £6m in savings.
- 5.8 The funding formula was being reviewed with the consultation due out shortly. The Panel suggested that they may wish to make a response once the consultation was available.
- 5.9 The Panel noted that the Chief Constable supported the 1.99% increase, recognising the challenges going forward. Her recommendation was within the paper where it stated that she was content that the Medium Term Financial Strategy could meet the force's requirements.
- 5.10 One member asked whether any work had been carried out to plan for the increase in households within Gloucestershire in the future. He particularly noted the recent work on the Joint Core Strategy and the Stroud Local Plan as an example. The Commissioner's Office was aware of the fact that the additional housing would lead to a resource requirement. While the tax base was growing, the additional money from this tax base increase was being used to balance the budget, as opposed to being available to meet this increased demand. It was explained that Gloucestershire Constabulary currently cost the average person 49p a day which was lower than the national average.
- 5.11 One member queried the reduction in training costs of 30% from 2016/17. In response it was explained that this reflected an adjustment as to where the funding for the training came from, with a proportion of these costs now sitting within 'supplies and services'. The training budget was actually showing a 2% increase but a more detailed response would be provided.
- ACTION Peter Skelton**
- 5.12 The Panel noted the increase in Office of Police and Crime Commissioner employees' costs within Annex A. It was explained that this included the new Deputy Police and Crime Commissioner, a policy officer and commissioning officer. This reflected the new responsibilities around criminal justice and complaints as well as any potential work from the governance changes around fire and rescue services.
- 5.13 One member questioned whether Constabulary vehicles were bought or leased. It was explained that all vehicles were bought but that there would be a review of the fleet.
- 5.14 The Panel asked for clarification on how much the mounted police trial was costing the Gloucestershire tax payer and what the benefits were in terms of keeping people safe and reducing crime. In response, it was stated that the role of the police horses was a part of the neighbourhood policing review and



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

that they represented a part of the Constabulary's capability along with vehicles. It was up to the Chief Constable how she wished to deploy that capability. One member suggested that it had cost £170,000 to deploy horses in the previous year. The Commissioner stated that once the trial was complete he would bring the results back to the Panel.

**ACTION**                      **Martin Surl**

- 5.15 It was clarified that total reserves were at around £20m with £14m of these earmarked as shown at Appendix F.
- 5.16 One member questioned the Commissioner's definition of communities within his plan. Given the commitment that each community would have a named inspector, she wanted to understand whether recruitment of officers could meet this commitment. In response it was suggested that communities could encompass a parish council, a school, services for older people. Specific areas would be considered on a case by case basis and there would be named officers available.
- 5.17 It was clarified that training for Special Constables was provided for from within the £350,000 allocation.
- 5.18 In response to a question on why, if PCSO numbers were being maintained, there was a 3.5% reduction in the budget, it was explained that this reflected recruitment tranches not starting until June. The budget would go back up in 2018/19.
- 5.19 Following the discussion on the proposed 2017/18 budget and precept, the Panel were asked decide whether they:
- Supported the precept without qualification or comment;
  - Supported the precept and make recommendations, or
  - Veto the proposed precept

It was **RESOLVED** that:

**The proposed police precept for 2017/18 be supported without qualification or comment**

**CHAIRMAN**

Meeting concluded at 12.00 pm

**(2) EXECUTIVE FORWARD PLAN - FEBRUARY 2017 UPDATE****Cabinet Member Arrangements**

<b>Councillor</b>	<b>Portfolio Area</b>	<b>Areas of Responsibility</b>
Lynden Stowe (Leader)	-	Financial Strategy; Revenues and Benefits; Grants; Democratic Services; Press and Communications
NJW Parsons (Deputy Leader)	Forward Planning	Local Plan and Community Infrastructure Levy (CIL); Forward Planning; Neighbourhood Plans; Property/Asset Management
Sue Coakley	Environment	Waste and Recycling; Drainage and Flood Resilience; Food Safety; Building Control; Grounds Maintenance (Cemeteries) and Burial Fees; Abandoned Vehicles; Stow Fair
Alison Coggins	Health and Leisure	Public Health and Well-Being; Leisure; Museum and Arts
C Hancock	Enterprise and Partnerships	Local Enterprise Partnership (LEP) and County-Wide Partnerships; Promoting Enterprise and Tourism; 2020 Partnership and GO Shared Services; Car Parking and Enforcement; Legal Services; Human Resources; ICT/E-Services; Audit Cotswolds; Land Charges
Mrs. SL Jepson	Housing and Communities	Housing Strategy and Allocations, Homelessness and Partnerships; Private Sector Housing; Crime and Disorder and Community Safety; Visitor Information Centres; Front of House/Area Centre; Public Conveniences; Licensing; Emergency Planning; Street Naming and Numbering
MGE MacKenzie-Charrington	Planning Services and Cirencester Car Parking Project	Development Control; Heritage and Conservation; Cirencester Car Parking Project

Item for Decision	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 3)	No	No	Cabinet	March 2017	All	Diana Shelton	Cabinet Members Overview and Scrutiny Committee Senior Officers	Service and Financial Performance Data
Digitisation of Planning History Files	No	No	Cabinet	March 2017	Planning and Housing	Philippa Lowe	Cabinet Members Senior Officers	None
35 Cotswold Community Defibrillator Initiative	Yes	No	Cabinet	March 2017	Health and Leisure	Diana Shelton	Cabinet members Ward Members Senior Officers	Leader's Report on Ambulance performance SWAFT map of existing defibrillators in the District
Policy statement on Self and Custom Build Register	No	No	Cabinet	April 2017	Housing and Communities	Philippa Lowe	Cabinet Members Senior Officers Internal consultation	None
Corporate Strategy - 2017/18 Update		No	Council (Recommendation from the Cabinet)	April 2017	Leader	Mike Clark	Cabinet Members Senior Officers	

<b>Item for Decision</b>	<b>Key Decision (Yes/No)</b>	<b>Likely to be Considered in Private (Yes/No)</b>	<b>Decision-Maker</b>	<b>Date of Decision</b>	<b>Cabinet Member</b>	<b>Lead Officer</b>	<b>Consultation</b>	<b>Background Documents</b>
Update and Agreement on Parking Development Schemes	Yes	Yes	Council (Recommendation from the Cabinet)	April 2017	Planning Services and Cirencester Car Parking Project	Claire Locke	Parking Board	
No item(s) yet identified				May 2017				
Performance Report (Quarter 4)	No	No	Cabinet	June 2017	All	Diana Shelton	Cabinet Members Overview and Scrutiny Committee Senior Officers	Service and Financial Performance Data
Housing Benefit Overpayment Write-Off in Excess of £5,000	No	No	Cabinet	June 2017	Leader	Jon Dearing	Cabinet Members Senior Officers	None

Item for Decision	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Development of The Waterloo Car Park, Cirencester for Decked Car Parking	Yes	Yes	Council (Recommendation from the Cabinet)	July 2017	Deputy Leader and Cabinet Member for Forward Planning; Enterprise and Partnerships; Planning Services and Cirencester Car Parking Project	Claire Locke	Cabinet Members Senior Officers	Cabinet and Council decisions - February 2017
Performance Report (Quarter 1)				September 2017				
Community-Led Housing Fund	No	No	Cabinet	September 2017	Housing and Communities	Philippa Lowe	Cabinet Members Senior Officers Internal consultation	None
No item(s) yet identified				October 2017				

Item for Decision	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Medium Term Financial Strategy 2017/18 to 2020/21 - Consultation Draft	No	No	Cabinet	November 2017	Leader of the Council	Jenny Poole	Cabinet Members Senior Officers	LG Finance Settlement Budget 2018/19 Council Aim and Priorities Corporate Strategy and Plan
Performance Report (Quarter 2)	No	No	Cabinet	November 2017	All	Diana Shelton	Cabinet Members Overview and Scrutiny Committee Senior Officers	Existing Plan/Strategy Service and Financial Performance Data
<b>There is no scheduled December Meeting</b>								
No item(s) yet identified				January 2018				
Draft Medium Term Financial Strategy 2018/19 to 2021/22 and Budget 2018/19	Yes	No	Council (Recommendation from the Cabinet)	February 2018	Leader of the Council	Jenny Poole	Cabinet Members Overview and Scrutiny Committee Senior Officers Treasury	Likely Local Government Finance Settlement Council Aims and Priorities Medium Term Financial Strategy Update Consultation Process

39

<b>Item for Decision</b>	<b>Key Decision (Yes/No)</b>	<b>Likely to be Considered in Private (Yes/No)</b>	<b>Decision-Maker</b>	<b>Date of Decision</b>	<b>Cabinet Member</b>	<b>Lead Officer</b>	<b>Consultation</b>	<b>Background Documents</b>
							Management Advisers Local Businesses Residents Town/Parish Councils	
Performance Report (Quarter 3)	No	No	Cabinet	March 2018	All	Diana Shelton	Cabinet Members Overview and Scrutiny Committee Senior Officers	Service and Financial Performance Data

(END)