

OVERVIEW AND SCRUTINY COMMITTEE 23rd JULY 2019

AGENDA ITEM (14)

QUARTERLY DIGEST

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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)

GLOUCESTERSHIRE ECONOMIC GROWTH SCRUTINY COMMITTEE

MINUTES of the meeting of the Gloucestershire Economic Growth Scrutiny Committee held on Wednesday 20 March 2019 commencing at 2.00 pm at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT MEMBERSHIP:

Cllr Matt Babbage Cllr Brian Robinson Cllr Kevin Cromwell Cllr Stephen Davies Cllr Kate Haigh Cllr Klara Sudbury Cllr Paul McCloskey Cllr Stephen Hirst Cllr Phil Awford

1. APOLOGIES

Apologies were received from Cllrs Sajid Patel, Joe Harris, Bruce Hogan and Martin Whiteside.

2. DECLARATIONS OF INTEREST

No declarations of interest were made.

3. MINUTES

The minutes of the meetings held on both 5 September 2018 and 14 February 2019 were approved and signed by the Chair.

6. BREXIT

- 6.1 There was a request from the Chair to change the running order of the agenda, therefore item 6 'Brexit' was taken first.
- 6.2 Over the past year, several members of the Committee have expressed concern over the lack of information available on how the County might be preparing for the impact on the economic climate of Gloucestershire, following the outcome of Brexit.
- 6.3 The Chair opened the item by seeking a view from the Chair of the Economic Growth Joint Committee, Clir Stowe.
- 6.4 Members were advised that at the moment, the uncertainty surrounding Brexit means they did not have enough information to be able to start preparation works. It was stressed that historically, the right decision had been taken by the Joint Committee to not 'waste' public resources on

- preparing for something that was constantly changing. To date, it remained extremely difficult to know how best to prepare.
- 6.5 The Committee were informed that preparations are being considered by the Gloucestershire Local Resilience Forum through risk discussions.
- 6.6 Cllr Stowe shared his frustrations with the Committee but reiterated that before the Joint Committee could begin any preparation works, they needed to be clear about what they were preparing for.
- 6.7 The Chair next invited Deputy Chief Executive of the GFirst LEP, Dev Chakraborty, to give an update on the LEP's local activities relating to Brexit.
- 6.8 Members heard there is a general feeling of frustration and unease with local businesses at the moment, again due to the unclear picture and being unable to begin preparations.
- 6.9 A recent report from Deloitte surveyed 110 Chief Financial Officers whose organisations had a combined value of £390 billion. The results showed business confidence at a 10 year low, with 80% saying that the business environment would be worse as a result of Brexit. Their current focus was cutting costs, not recruiting and boosting cash flow.
- 6.10 The British Chamber of Commerce have produced a 'Business Brexit Risk Register'. This reflected a list of concerns from businesses and a RAG rating on each as to whether the current Brexit proposals solved those issues. The Committee heard that the majority of these concerns remained 'red-rated'.
- 6.11 The LEP have carried out a number of surveys through the Growth Hub which the Committee were informed have reflected some of the following views:

How will Brexit impact your business?

- It already has: increased costs, reduced profits, volatile currency, availability of labour,
- · Increased admin and red tape for EU trading
- Reduced customer spending
- Availability of imports
- No idea
- Brexit will have less impact than the current uncertainty is having
- Potential closure of business

Are you currently doing anything to prepare?

- Relocate/reregister in EU
- Stockpiling
- Refocus on overseas markets
- Selling more to UK
- Nothing

Top rated business priorities right now:

- · Cash flow
- Innovation
- Risk Management (Currency)
- Sourcing UK Products
- Stockpiling
- 6.12 Members were advised that the gov.uk website contains a good amount of information for businesses. The page also has a tool where users can filter their business sector and needs so they only receive relevant information for their business.
- 6.13 It was also pointed out that businesses are facing challenges other than Brexit at the moment, particularly in the manufacturing industry.
- 6.14 Members suggested that any helpful information released from Government should be signed posted by GCC and the LEP to help businesses as much as possible.

5. GLOUCESTERSHIRE ECONOMIC GROWTH JOINT COMMITTEE UPDATE

5.1 Cllr Stowe, Chair of the Economic Growth Joint Committee gave a brief overview of the morning meeting. Scrutiny Committee members were invited to attend Joint Committee meetings in an observer capacity. Please refer to the link below to view the agenda and supporting documents for the Economic Growth Joint Committee meeting held on the morning of 20 March 2019:

http://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?Cld=725&Mld=9093&Ver=4

- 5.2 The Committee received a document from the GFirst LEP: 'Gloucestershire Sustainable Energy Strategy'. Members were informed that the LEP were seeking feedback on the strategy and that there will be an official launch at Gloucester Growth Hub on May 21st 2019.
- 5.3 Members questioned the remit and engagement of the Gloucestershire Nature Partnership. There was concern this was not made clear in the morning's presentation and members requested a brief to explain the statutory position of the Partnership.

ACTION: MIKE DAWSON

5.4 There was a discussion about how the 'Green Infrastructure Pledge' sits with the 'Barriers to Development Action Plan'. Officers advised that these two documents related to separate actions. The Barriers to Development plan was very much looking at the process of making planning applications, and trying to make this more simple and consistent for developers.

5.5 A member suggested that it would still be worth considering the impact of the Pledge as it may be that one of the issues with the process is applications being received, that do not match up to the Pledge and thus being unsuitable for development.

4. FUTURE WORKING OF THE COMMITTEE

- 4.1 Simon Harper, Statutory Scrutiny Officer, introduced the scrutiny review that has been taking place in recent months.
- 4.2 Members noted that a Peer Challenge in June 2018 identified the need to ensure effective and transparent challenge by reviewing the structure, and impact, of the Council's scrutiny arrangements.
- 4.3 Following consideration on 28 September 2018 at the Overview and Scrutiny Management Committee, members were invited to attend and participate in three workshops led by Ann Reeder from the Centre for Public Scrutiny.
- 4.3 The Committee heard that a number of key principles had been identified during the workshops, including:
 - The need for 'parity of esteem' between executive and scrutiny members. The executive should be open to scrutiny, recognising that this relies on effective working relationships and trust on both sides.
 - Scrutiny committees should be non-political and constructively challenge the 'issues' and outcomes, rather than act as a mechanism for scoring political points.
 - Effective scrutiny does not act as a rubber stamp but rather needs to set its own agenda. This means that scrutiny should not be directed by the Cabinet or full Council.
- 4.4 A new draft scrutiny structure was outlined to the Committee. Members heard the current suggestion was to merge this Committee with the Environment aspect of the Environment and Communities Committee, with a new Communities Committee being established.
- 4.5 It had been the view of members that infrastructure and environment issues sat neatly together; it was seen to be rare when members could discuss one, without mentioning the other. This suggestion was also seen as a positive for this Committee as it would widen its remit and strengthen its standing.
- 4.6 Some members expressed concern that when joining two Committees with large agendas, there was always a risk that one would begin to take precedent over the other. In response, members were advised this risk had been recognised but ultimately it would come back to effective work planning by the Committee to make sure this didn't happen.

- 4.7 There were also views expressed in support of the potential new arrangement. Some members had always felt this Committee struggled to extend its remit within narrow terms of reference.
- 4.8 The Committee had a lengthy discussion regarding the role of co-opted district members if this suggestion was implemented, as well as any potential impact on the Intra-Authority Agreement signed between GCC and the district councils on the creation of this joint committee.
- 4.9 Members were advised that this suggested structure was still in draft form and it is due to be debated at full Council on 27th March 2019. Once the County Council had agreed a way forward, there would be further consultation with the district leaders to ascertain a procedure going forward, if required.

7. WORK PLAN

7.1 Members first discussed further scrutiny of Vision 2050, specifically in relation to the Cotswold Water Park. It was advised that at the moment, the district councils and GCC are facilitating further discussions on the 'big six ideas'. As these discussions are still live, it was suggested Vision 2050 would not be a timely agenda item for the next Committee meeting. It was therefore agreed a short update report would be circulated to members in the meantime.

ACTION: MIKE DAWSON

- 7.2 The Committee requested an agenda item on 'Future of the High Street' in light of the Government funding applications which were due in from each district by 22nd March 2019. Members agreed that each district can feedback to the Committee on their bids at the next Committee meeting in June 2019.
- 7.3 It was advised that the Local Industrial Strategy is due to be published by March 2020, and therefore it would be useful for the Committee to look at this at their meeting in September 2019.
- 7.4 The Chair suggested it may be useful for the Committee to have a refresher on the role of the GFirst LEP, as well as an updated list from the LEP and GCC officers on potential areas that the Committee may wish to consider in the coming year. Members agreed if they had a list of topics with crucial timings on decisions etc. this would be very helpful to have alongside future work planning.

ACTION: MIKE DAWSON/GFIRST LEP

7.5 It was also recognised by the Committee that once the Council is clear on the recommendations for the scrutiny review, it would be useful to have a

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

separate work planning meeting with officers, under any new arrangements which may arise out of the review.

CHAIRPERSON

Meeting concluded at 15:43.

HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview & Scrutiny Committee held on Tuesday 21 May 2019 at the Council Chamber - Shire Hall, Gloucester.

PRESENT:

Clir Stephen Andrews
Clir Carole Allaway Martin
Clir Terry Hale
Clir Brian Oosthuysen
Clir Stephen Hirst
Clir Nigel Robbins OBE
Clir Paul Hodgkinson
Clir Pam Tracey MBE
Clir Martin Horwood
Clir Steve Lydon
Clir Suzanne Williams

Substitutes:

Officers in attendance:

NHS Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer, ICS Lead Becky Parish – Associate Director Engagement and Experience Dr Andy Seymour – Clinical Chair

Gloucestershire Hospitals NHS Foundation Trust

Deborah Lee – Chief Executive
Peter Lachecki - Chair
Simon Lanceley – Director of Strategy and Transformation
Dr Ian Shaw – Consultant Gastroenterologist
Dr Kate Hellier – Consultant Physician in Stroke and General & Old Age Medicine

Healthwatch Gloucestershire

Bob Lloyd Smith

Gloucestershire Care Services NHS Trust/ 2Gether NHS Foundation Trust

Paul Roberts – Chief Executive
Ingrid Barker – Chair
Candace Plouffe – Chief Operating Officer
Juliette Richardson – Matron at Vale Community Hospital
Angela Dodd – Clinical Lead Therapist at Gloucestershire Royal Hospital

Apologies: Cllr Collette Finnegan and Cllr Helen Molyneux

1. APOLOGIES FOR ABSENCE

As noted above.

2. DECLARATIONS OF INTEREST

No additional declarations made.

3. MINUTES OF THE PREVIOUS MEETINGS

- 3.1 The minutes of the Health and Care Scrutiny Committee meeting on 15 January 2019 were agreed as a correct record.
- 3.2 The minutes of the Health and Care Scrutiny Committee meeting on 20 February 2019 were agreed as a correct record.
- 3.3 Some district members of the committee expressed their concern with regards to the scrutiny review that had been carried out and led to the split of scrutiny of Health and Adult Social Care. The Health Scrutiny committee no longer had adult social care or public health within its remit and there was not district representation on the newly formed Adult Social Care and Communities Scrutiny Committee. One member stated that there should have been consultation with district councils as well as health colleagues. He asked that district members be invited to the Adult Social Care and Communities Scrutiny Committee. Another member stated that the split in the remit went against the direction of travel nationally of integration and suggested that this was a retrograde step.
- 3.4 Members noted that the General Surgery Reconfiguration pilot considered by the committee at its meeting on 20 February had now been halted as a result of legal challenge. One member asked for an update regarding this; he explained that following a visit from John Abercrombie and a promise to consider all options to put out for consultation, he was seeking reassurance that 'option 4' was being worked on and would be consulted on.
 - In response Deborah Lee outlined that the proposal as detailed in the pilot remained the preferred option for the immediate term. John Abercrombie had visited the Trust and worked with colleagues to develop 'option 4', but this was not an option that could be implemented in the short term. There were immediate and pressing issues and option 2 was considered the best option to meet those needs. General emergency surgery was currently in an unsustainable position. Engagement work would be carried out in the summer to explore options for General Surgery including 'option 2' and 'option 4'. All feasible options would then be consulted on.
- 3.5 One member stated the need for a genuine understanding of the terminology being used, whether that be 'consultation' or the use of terms such as 'temporary' and 'pilot'. He emphasised the importance of genuine consultation reflecting a willingness to listen to the public and be prepared to 'change your mind'. In response it was explained that the Trust had held constructive discussions with the local authority to receive guidance in this case as the legislation was unhelpful regarding the interpretation of substantial variation of a temporary nature. Work would be carried out with Members to agree a local interpretation. With regards to consultation, this

was set out in statute and all NHS organisations were obliged to seek views and consult on options, these would be given full and careful consideration by boards and Governing Bodies.

3.6 Noting that the scrutiny task group on the General Surgery Pilot had been suspended due to the threat of legal action, one member asked that the task group reconvene in order to understand the options being considered by the Trust. In response the Chair noted that the task group work was in-complete but that the situation had changed and she would seek advice and consider the most appropriate action for the group moving forward.

ACTION Clir Carole Allaway Martin/ Stephen Bace

4. STROKE REHABILITATION UPDATE

- 4.1 Paul Roberts introduced the presentation reminding members of the discussion in July 2018. The decision had been made by the CCG and Trusts in August 2018 and was established at the Vale Community Hospital and the unit had opened in February 2019. There was encouraging progress to report on. Candace Plouffe explained that the changes were in response to a review of the county's rehabilitation services which highlighted that a change was needed for the county to provide consistent and high quality rehabilitation to improve patient outcomes.
- 4.2 An engagement process was carried out with concerns identified around transport issues for visitors and insufficient beds in the locality for general needs. This was mitigated by sharing bed modelling process and outcome and reviewing and monitoring transport links. It was confirmed that there was ongoing provision for Musculo Skeletal physiotherapy at the Vale Community Hospital.
- 4.3 It was explained that at the Vale Community Hospital there was a high calibre team which had been able to begin a robust educational programme to develop specialist skills as well as forge strong links with the rest of the hospital. It was stated that the IT systems were also robust and the equipment was very good to help support the right group of patients.
- 4.4 The committee were provided with the expected benefits including a rehabilitation gym and social space for patients to come together. Therapy took place at any time within the unit seven days a week. Rooms were all single occupancies with en-suites. Previous issues had been regular access to enough therapy inputs per patient, the new unit had allowed an increase in this per patient, in particular extra speech and language therapy.
- 4.5 Members noted the statistics provided in the slides where it was reported that there had been 29 admissions since the opening in April 2019. Bed occupancy was now at 97% and a 100% improvement in patients 'Activity of Daily Living' score as determined using the Barthel measurement tool.

- 4.6 Members noted the experiences provided from clinicians which was very positive, in particular outlining how existing staff at the Vale Hospital had welcomed them and that skills and expertise overlapped and were shared.
- 4.7 The Committee was provided with details of the patient experience which also included feedback on the wider team, from the acute experience at Gloucestershire Royal Hopsital through to Early Supported Discharge to home and the extended stroke rehabilitation at the Vale Community Hospital. The feedback from patients had been very positive with details provided of the impact and improvement in outcomes from the treatment.
- 4.8 With regards to next steps, a formal service review would be carried out in September 2019with an analysis of SSNAP outcomes and the continuation of the review and transformation of Stroke care pathway. The Chair commented how the presentation seemed to demonstrate that an enhanced service had been delivered.
- 4.9 In response to a question it was explained that there were conversations daily with patients and it was about having the right patients in the right place at the right time to deliver the best outcomes.
- 4.10 One member asked for clarification regarding the threshold for admission and the criteria being used, as well as querying the impact of the location with regards to transport issues. In response it was explained that if a patient had complex needs such as a feeding tube then it may not be suitable to move them to the Vale Community Hospital. Everyone else would be eligible and it was important to ensure there was a flow of patients through the Vale Community Hospital. With regards to transport, when patients understood the benefits on offer they were often willing to travel and there was good free parking facilities. Public Transport availability was being monitored and this would be picked up in the review.

5. GASTROENTEROLOGY EVALUATION AND PILOT PROPOSALS

- 5.1 Simon Lanceley and Dr Ian Shaw updated members on the gastroenterology pilot, reminding members that the statistics provided covered December 2018 through to February 2019 and therefore included the busy winter period. The pilot ensured that patients were seen by the right speciality team and that junior doctors were available and waiting times reduced. This involved moving the service across to Cheltenham General with the exception of two acute beds which had been retained at Gloucestershire Royal..
- 5.2 The Committee received details of the nine metrics that were being tracked as part of the pilot. It was reflected that the data was coming from the winter period and it was pleasing to see a number of the indicators going green (positive).

- 5.3 Members noted the scenarios around patient experience which demonstrated the improvement in daily review provision and enhanced inpatient endoscopy service post pilot where patients were seen by the gastroenterology team on arrival. The patient feedback also showed the positive difference between the patient experience pre-move to post move. In response to a question it was clarified in some instances a junior doctor would make an initial assessment before the patient saw a member of the gastroenterology team but overall senior assessment was now happening more consistently and more quickly.
- 5.4 The staff experience highlighted the increased monitoring of trainees and emphasised that staff felt they were better supported and there was better provision of specialist skills and training.
- 5.5 The Committee was provided with detail on the pilot metrics. It was noted that initially there had been a reduction in length of stay but that had begun to rise. It was believed that this reflected a more complex group of patients going through the new designated specialist ward such as those with chronic liver conditions who tended to stay in hospital longer. It was emphasised that the figures still hadn't exceeded the historic length of stay. This was being monitored closely.
- 5.6 The Chair responded to the presentation by noting that this pilot and the stroke enhancement work showed the impact on the morale and the improved resilience of staff due to being adequately resourced in order to provide better outcomes for patients.
- 5.7 In response to questions, it was explained that both the gastroenterology pilot and the Trauma and Orthopaedic pilot which would be highlighted in the next presentation would be part of the 'One place' public consultation at the end of the year.
- 5.8 One member asked what could be done to help reduce discharge delays and was informed that discharge was looking to be streamlined and a system-wide discharge event was taking place on the 5th June. Where appropriate, a patient would not have to wait for a consultant or senior member of the team to be discharged through the introduction of a model called 'criteria led discharge' which enabled a nurse or therapist to discharge.
- 5.9 Members noted that the provision of advice and guidance to GPs was a good sign of joined up working and some members highlighted how they would welcome more detail of that joined up working between GPs and acute care. It was explained that advice and guidance in Gloucestershire was the third highest nationally across all specialisms and this had the potential to reduce out patient referrals.

6. TRAUMA AND ORTHOPAEDIC PILOT

- 6.1 Simon Lanceley provided the context for the pilot outlining the national support for its design and implementation. Since 2015, mortality from hip fracture had reduced from 10.5% to 4.8% with 31 patients lives saved every year due to changes to the pathway. 90% of patients received early pain relief and the patient experience metric was at 9.2 out of 10.
- 6.2 It was explained that the data in the slides in relation to this work included two winter periods and only one summer period and there was an expectation that the accumulated data would benefit from the summer period resulting in a reduction in average wait times.
- 6.3 One member raised concerns regarding the average wait times for one trauma procedure detailed in the presentation and provided anecdotal evidence on incidents that had led to patients needing further treatments. In response it was explained that concerns raised had been historical before the pilot and assurances had been provided to the National Body who had closed the issue. The member suggested there were a number of questions still to be asked regarding the pilot. It was suggested that the Committee could write to the Trust with any questions they had regarding this and ask for feedback.

ACTION Cllr Carole Allaway Martin

- 6.5 In response to a question, it was explained that the model of centres of excellence allowed expert triage and helped to improve the speed and quality of early decisions from more senior clinicians which in turn improved outcomes and experience for patients.
- 6.6 The Committee understood that time had been spent delivering education sessions in MIUs in order to help decision making regarding detection of fractures and interpretation of X-rays which was leading to fewer patients being referred to the two hospitals.

7. RADIOLOGY SERVICE - UPDATE

- 7.1 Paul Roberts provided members with context ahead of the discussion around the temporary change to X ray services. The decision had been made to set up a Diagnostic Programme Board to handle the significant numbers of challenges and opportunities around imaging services. It was felt that a full strategic approach was required in conjunction with the NHS long term plan, which placed an increased emphasis on the use of diagnostics. Members received details of the Diagnostics Programme Board with initial priorities around community x-ray, workforce, One Place programme, point of care testing and managed equipment programme. There was a service user group for pathology and looking to establish one for radiology.
- 7.2 The Diagnostics Programme Board was considering strategies around the issue of recruitment of diagnostics staff and how to take advantage of

- developments in technology. It was explained that a large proportion of imaging equipment was in need of replacement which would take a large capital investment. Thanks for generous public fundraising activity was noted.
- 7.3 Since November 2018 there had been a reinstatement of an additional 44 hours of X-ray provision in community hospitals of the original reduction. Members were informed that 9.5 full time equivalent radiographers had been recruited to the county but that 11 had left in the same period. Agency workers and bank staff had been used successfully to fill the gaps in rotas. A range of initiatives were being put in place to improve recruitment including working with the University of Gloucestershire on an accredited course and having overseas and regional recruitment plans.
- 7.4 Waiting times for X-rays at every community hospital in the county had increased apart from in Cirencester. Members noted that the biggest waits were at the North Cotswold and Tewkesbury hospitals. One member expressed specific concerns about the waiting times in Tewkesbury. It was explained that some patients chose to wait to have an x-ray at a more convenient location when it was not urgent and patients who were clinically urgent would always be seen promptly and transport could be arranged if necessary.
- 7.5 Members noted that the temporary changes had been due to shortages in radiographers and that more immediate and longer term solutions were being worked on.
- The Committee noted the petition discussed at a previous meeting regarding the waiting times in the North Cotswold and members sought clarification over the definition of a temporary change, asking if this was a pilot. It was explained that this was a temporary change in relation to staff shortages and this was not something that would have been desired or designed. Paul Roberts explained that in his view it was important to have a flexible approach. In some communities there would need to be an extension in the range of services provided and in others less to enable focus where the demand was expected. In response to a question it was explained that the default plan was to reinstate services when and where possible, but a more strategic plan for diagnostics across the county was being developed by the newly established Diagnostics Programme Board..
- 7.7 Further discussion was held around the use of the term 'temporary', Deborah Lee stated that in her view a pilot was something that was being tested with a view to future implementation. These arrangements were not being tested, they were changes that had been unavoidable due to safety concerns and would remain temporary until the Trust was able to reinstate the former arrangements or chose to consult on a different permanent solution.
- 7.8 There was some discussion around MIIUs and how referrals were being made for X-rays. In response to a question it was explained that there wasn't

a wait time, if X- ray facilities were available locally then that would be carried out immediately or, if facilities not available on site at the site, the standard procedure would be to treat conservatively and either come back the next day or be sent to another site where X-ray facilities were available. It was explained that this was the standard procedure before the temporary change.

- 7.9 A brief update would be brought to the committee in July 2019.

 ACTION Work Plan
- 7.10 In response to the discussion on the Committee's role in relation to temporary service change and pilots. A memorandum of understanding or 'check-list' would be drawn up that would clarify the terminology and provide a local interpretation of what constituted a substantial variation and how the Committee would act in relation to this.

ACTION Clir Carole Allaway Martin/ Deborah Lee/ Mary Hutton

8. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT

- 8.1 Mary Hutton provided details of the performance report which would be received by the Committee at each meeting going forward. It was noted that some information that the Committee received regularly were not available due to the date of the meeting and the change of the Committee remit to focus solely on health, but would be included in future reports.
- 8.2 One member raised concerns regarding ambulance response times in the Cotswolds, noting improvements in some districts against concerning performance elsewhere. In response it was explained that there were a number of actions underway to try to improve performance, while noting that the rural nature and geographical challenges within the Cotswolds made it difficult. Information was included in the report relating to actions to work with Rapid Response and care homes and working with First Responder Service.
- 8.3 In response to a question about waiting lists, and in particular a Gloucestershire Live article suggesting that Gloucestershire Hospitals waiting lists were the largest since records began, it was stated that this was an area of focus for the Trust following the return to reporting last month. Initially the focus had been to reduce the waiting time for first appointment for cancer patients (two weeks) which had been achieved. Now the focus had been turned towards routine patients with plans including mobilising new technology to help reduce waiting times and drive efficiencies. Members would consider an item on this at their work planning meeting.

 ACTION Work Plan

8.4 One member further discussed the challenges around waiting times and highlighted his view that there needed to be a full A & E department at Cheltenham General Hopsital. In response it was explained that challenges

in this area were at a national level and that Gloucestershire was 31 out of 135 in the country (1 being best performance) and had maintained its position in the top quartile of Trusts nationally throughout last year. Further work would continue to respond to demand. One important thing was to ensure that patients who could be better cared for elsewhere in the system were being directed there as care was often quicker and more appropriate.

8.5 Concern was raised regarding the 62 day wait for referral to treatment for cancer. It was suggested that performance was moving in the wrong direction. The Trust responded by stating that this was an area they welcomed being identified. The focus on the two week initial appointment had been the right one but now the focus was on this target with a recovery trajectory for September 2019. A specific item would be brought to a future committee meeting.

ACTION Work Plan

9. ONE GLOUCESTERSHIRE ICS LEAD REPORT

- 9.1 One member asked for clarification of the ICS Executive as referred in the report. It was explained that this was a group of executives from the organisations involved in the plan who met regularly to develop the work.
- 9.2 In response to a question it was explained that Integrated Locality
 Partnerships were relatively new but that there had been a pilot in
 Cheltenham (and Stroud and Forest of Dean). There was an ambition to
 widen the scope of the Partnerships. It was suggested that members may
 benefit from a briefing regarding the newly established Integrated Locality
 Partnerships and Primary Care Networks..

 ACTION Paul Roberts

10. GCCG CLINICAL CHAIR/ ACCOUNTABLE OFFICER REPORT

For Information.

CHAIRMAN

Meeting concluded at 12.30 pm

GLOUCESTERSHIRE POLICE AND CRIME PANEL

MINUTES of a meeting of the Gloucestershire Police and Crime Panel held on Friday 15 March 2019 at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT:

William Alexander

Cllr David Brown
Cllr Collette Finnegan

Cllr Colin Hay

Cllr Keith Pearson

Cllr Steve Robinson

Martin Smith

Cllr Ray Theodoulou

Cllr Brian Tipper

Cllr Will Windsor-Clive (Chair)

Substitutes:

Cllr Steve Lydon (In place of Mattie Ross)

In attendance:

Stephen Bace, Richard Bradley, Ruth Greenwood, Amanda

Segelov, PCC Martin Surl and Paul Trott

Apologies:

Cllr Julian Beale, Cllr Jonny Brownsteen, Cllr Gerald Dee, Cllr Rob

Garnham, Cllr Joe Harris and Cllr Louis Savage

7. APOLOGIES

As detailed above.

One member raised the subject of the arrangements for substitute members from the district and county, noting that district councils had named substitutes and the county did not. Members noted the need for substitutes to have knowledge of the Panel's responsibilities and recognised the political balance requirements within legislation. He suggested that the process for substitutes on the Panel be looked at to ensure clarity and consistency around the process.

ACTION

Democratic Services

8. MINUTES OF THE PREVIOUS MEETING

The minutes from 4 February 2019 were agreed as a correct record.

Members discussed the fact that hard copies of the agenda were no longer being circulated and some members commented that they had been unable to access the link provided on their laptop. It was clarified that district councils had been made aware that paper copies would not be provided to members as part of the paperless approach. Agenda papers could be accessed on laptops or tablets with the modern gov app available to use. It was explained that members had been informed a week earlier by email and if there had been any difficulties found accessing the papers, democratic services would be happy to assist. The point was raised that independent members did not have district council support to print copies of the papers. The concerns would be passed on to the Head of Democratic Services at the County Council.

9. DECLARATION OF INTERESTS

No additional declarations were made

10. TRI-FORCE UPDATE

- 10.1 The Commissioner provided an update to the Panel on the partnership working with Avon and Somerset and Wiltshire. Tri-Force had been a collaboration negotiated in 2012 by the then Police Authority around 'armed response', 'Black Rock Fire-arms training centre at Portishead', tactical advisers and Roads Policing.
- Meetings were held on a quarterly basis between Chief Officers as well as meetings with the Commissioners. This had been a collaboration out of necessity, where there had been a reduction in officers undertaking those functions. It had been a success and had served its purpose, but had begun to shown the strains of the different Forces having different aspirations. In April 2018 the three Commissioners and three Chief Constables had come to the decision that road policing and 'dogs' would come back to local command. Subsequently, Avon and Somerset had given notice that they wished to withdraw from the fire -arms element of the collaboration. This had been due to them being unable to agree a way forward due to the legal complexity around accountability.
- 10.3 Bringing all three functions back locally had benefits around them being in briefings with response officers and aligning more closely with road policing locally.
- 10.4 Members understood that all three functions would return to the Constabulary's direct control in April 2019. The Chief Constable was working on a new structure which would align it with Safe and Social Driving. There was a vacancy being recruited to on the Collision Investigation team.
- 10.5 Members received details of Counter Terrorism Specialist Firearms Officers trained specifically and these would remain part of the collaboration between the three forces. This was overseen by a joint service agreement.
- 10.6 In response to a question, it was explained that the decisions around this was through the consent of the three commissioners and three chief constables.
- 10.7 Black Rock was still operational; this was an in-door range that simulated scenarios for fire arms officers and remained under a collaboration agreement.
- 10.8 It was acknowledged that it was important to collaborate with forces from all sides including those north of Gloucestershire.

One member suggested that it would be useful to be provided with a map or briefing note outlining what work was carried out locally, regionally and nationally and provide information on all the collaborations in place.
ACTION Martin Surl (Post meeting note: Information on the OPCC's approach to collaboration is available at this link https://www.gloucestershire-pcc.gov.uk/collaboration/)

11. CHIEF EXECUTIVE REPORT

- 11.1 Paul Trott introduced the report which provided details on the actions of the Police and Crime Commissioner's Office. With regards to the GFRS Governance Review, the reports and outcome of the consultation had been published on the Commissioner's website, all of which has been submitted to the Home Office. It was also noted that the website would be updated in order to make it more accessible.
- 11.2 There was some discussion around the crime data provided within the report with it noted that in the last 12 months Gloucester had seen an increase of 10%. It was explained that work was underway to consider the factors around this in more detail, but it was worth considering that Gloucester still remained one of the lowest crime areas in the UK. In relation to a question on detection rates, it was explained that more analysts had been recruited to help understand the trends. With regards to Stroud, it was noted that the 5% increase would fall into the category of normal variation.
- 11.3 One member suggested that it would be useful to have an informal session with the Commissioner and the Chief Constable once a year to go through the crime figures in more depth. The Commissioner stated he was happy to engage with members on this.

ACTION Democratic Services/ Martin Surl

- 11.4 With regards to the type of incidents that were taking up the time of the Constabulary, it was explained that those with mental health difficulties were falling to the Police to handle and so there was a disproportionate amount of time being spent in this area. Some members commented that it was vital that agencies worked together for better outcomes for those with mental health difficulties and to take the strain. The Commissioner had commissioned a piece of work to understand this.
- An independent appeals officer had been appointed in July 2018 who currently dealt with appeals in respect of the local resolution of complaints to the Constabulary. When the Policing and Crime Act 2017 was implemented, the PCC would become the appeal body. So far the officer had handled 40 cases with 11 upheld.
- 11.6 One member noted the average numbers of 999 calls and noted that those averages did not show the peaks and troughs.

12. CRIMINAL JUSTICE

- 12.1 The Commissioner explained to members that he chaired the local Criminal Justice Board. He did not have governance responsibility for criminal justice but worked in partnership.
- 12.2 Amanda Segelov explained that the Commissioner's role was as a facilitator of conversations and bringing people together. She outlined some of the work she had been involved in such as coordinating Brexit activity amongst criminal justice agencies.
- 12.3 Richard Bradley informed members that in 2013 HM Government introduced the Transforming Rehabilitation programme (TR) in an attempt to reform the probation service. This approach privatisd 80% of the probation service and would deliver services through Community Rehabilitation Companies (CRCs) that would manage medium and low risk offenders leaving high risk offenders to be managed by the National Probation Service. The Government had now accepted failure of this approach and had terminated existing contracts in December 2020 instead of the original date of 2022. The current CRC service provider for Gloucestershire 'Working Links' went into administration on 13 February 2019. The performance level of this service showed that it was incapable of reducing reoffending with the reoffending level at between 45-50%The Ministry of Justice had since appointed SEETEC to take on the CRC contract for the South West. SEETEC currently provided CRC services for Kent, Sussex and Surrey.
- 12.4 It was explained that following these issues, work was underway to try to rebuild the confidence of those sentencing as they now did not have the confidence in community solutions. A multi-agency South West Reducing Reoffending board had now been established which would include Richard Bradley and DCC Jon Stratford as the Gloucestershire representatives. This board would work collaboratively and provide greater oversight of performance and service delivery of all probation services for the South West, One member commented on his great sadness over the loss of confidence in community solutions. It was important to rebuild this as Gloucestershire had a proud record with magistrates working with justice agencies.
- 12.5 There was discussion around issues with prisons and the lack of rehabilitation and the support for those that leave prison. It was suggested that prisoners were being placed in impossible situations when leaving prison and that there was a duty here to offenders but also the wider public.

- 12.6 Members discussed the performance of the magistrate's court, noting that the court was ranked 37 out of 42 other courts as it had issues with timeliness, listing times for trials were above the national average, a lot of adjournments and issues with police file quality. A multiagency group was looking into this and would be meeting with the Chief Magistrate.
- 12.7 A number of members stated that the Criminal Justice system was broken.

 One member emphasised the importance of investment in rehabilitation which would save in the long term. Some members expressed frustration that the Commissioner was not getting support as part of his 'and crime' role. The Commissioner outlined that he was not getting the support to build a new court system in Gloucestershire.
- 12.8 There was some discussion around the pressures on resources and the need to promote this issue to the wider public. One member suggested that the Commissioner hold a summit and bring the right people to the table to agree a way forward.

13. PCP HIGHLIGHT REPORT

- 13.1 Richard Bradley introduced the report which detailed that for each of the six priorities within the Police and Crime Plan there was a priority lead. The report provided details of activity up to December 2018.
- 13.2 Members noted the Children First Programme and were pleased to hear that the work here was keeping young people out of the criminal justice system. In 2018 221 young people who previously would have had a conviction or caution had not received one. The reoffending rate within this group was at 13%, much lower than other approaches. One member suggested that a document outlining the savings associated with those young people not entering the system would be useful.
- 13.3 The Panel were informed of the increased work to provide oversight and support with Domestic Homicide Reviews. It cost around £10,000 to conduct with half paid by the Commissioner and the other half split across the 6 district.
- 13.4 Officers and some members made the request that in future the highlight report be put at the top of the agenda at some meetings.
- 13.5 In response to a question it was confirmed that the safer cyber money had been allocated but a proportion of it had not been spent yet.
- 13.6 One member raised the usefulness of community alerts and asked that this be promoted as much as possible.

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

13.7 With regards to speeding, it was confirmed that the majority of those attending courses were picked up by vans or by officers on foot not the fixed sites. The policy was to educate and the Commissioner noted the joint work being carried out with the fire and rescue service in this area.

CHAIRMAN

Meeting concluded at 12.30 pm

(2) EXECUTIVE FORWARD PLAN - JULY 2019 UPDATE

Cabinet Member Arrangements

Councillor	Portfolio Area	Areas of Responsibility					
Joe Harris	Leader	Policy Framework including the Corporate Plan; Co-ordination of executive functions; Democratic Services/Legal Services; Press and communication; Publica.					
Mike Evemy (Deputy Leader)	Finance	Financial Strategy and management; Revenues and benefits; property asset and management; grants; Cotswold Water Park.					
Rachel Coxcoon	Planning Policy, Climate Change, and Energy	Climate Change and Energy Planning; Strategic Forward Planning; Local Plan; Neighbourhood Plans; Community Infrastructure Levy and S106 Agreements.					
Tony Dale	Economic Development, Skills and Young People	Local enterprise and partnership and county-wide partnerships; promoting enterprise sustainable tourism, visitor information centres; economic development; youth development services.					
Andrew Doherty	Waste, Flooding and Environmental Health	Waste and recycling; drainage and flood resilience; public protection; food safety; building control.					
Jenny Forde	Health, Well-being and Public Safety	Improving social mobility; tackling social isolation; public health, well-being and mental health; crime disorder and community safety; supporting and safeguarding people.					
Mark Harris	Car Parks and Town & Parish Councils	Delivery of Cirencester car park; car parking and enforcement; parish and town council support; support for community events; community building/liaison.					
Lisa Spivey	Housing and Homelessness	Tackling homelessness and improving housing security; support for community land trusts; promotion of self-build and system build housing, strategic oversight of tenure and housing needs assessment; delivery of council and social rented housing.					
Clive Webster	Development Management, Landscape and Heritage	Development management, heritage and design management, landscape conservation; AONB liaison.					

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
Temporary Accommodation Placement Policy	No	No	Cabinet	August 2019	Housing and Homelessness	Jon Dearing	Senior Officers Cabinet Member	None
Cirencester Property	No	Yes	Cabinet	August 2019	Deputy Leader and Cabinet Member for Finance	Christine Cushway / Claire Locke	Cabinet Members Senior Officers Parking Demand Project Board June/ July 2019	Parking Strategy
Disabled Facilities Grant Policy	No	No	Cabinet	August 2019	Health, Weil- Being and Public Safety	Mandy Fathers	Cabinet Members Senior Officers	None
Flexible Homelessness Support Grant	No	No	Cabinet	August 2019	Cabinet Member for Housing and Homelessness	Jon Dearing	Cabinet Member Senior Officers	None
To provide meeting rooms and relocation of retained Officers within the first floor, east wing as requested by the Leader, along with improvements to Council Chamber / Committee Rooms.	Yes	Yes	Cabinet	August 2019	Deputy Leader and Cabinet Member for Finance	Claire Locke	Cabinet Members Senior Officers Internal Consultation	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
2019/20 Business Rates Revaluation Discretionary Rate Relief Scheme	No	No	Cabinet	August 2019	Deputy Leader and Cabinet Member for Finance	Jon Dearing	Cabinet Members Senior Officers (July 2019)	None
Future Countywide Waste partnership - Joint Waste Committee and Joint Waste Team	Yes	No (possible exempt appendices)	Council (Recomm endation from Cabinet)	September 2019	Cabinet Member for Waste, Flooding and Environmental Health	Claire Locke	Cabinet Members Senior Officers Joint Waste Committee partners JWT staff will be subject to TUPE consultation if appropriate following the JWC decision on 8th October 2019.	Local Partnerships- Review of Options
Waste service budget allocation	Yes	No	Council (Recomm endation from Cabinet)	September 2019	Cabinet Member for Waste, Flooding and Environmental Health	Claire Locke	Cabinet Members Senior Officers Ubico Limited	None
Allocation of High street clean up funding	No	No	Cabinet	September 2019	Cabinet Member for Waste, Flooding and Environmental Health	Claire Locke	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
Approval to consult on revised Homeseeker Plus Policy	No	No	Cabinet	September 2019	Cabinet Member for Housing and Homelessness	Jon Dearing	Cabinet Members Senior Officers	None
Electric Vehicle Charging Points Framework award	No	No (possible exempt appendices)	Cabinet	October 2019	Cabinet Member for Planning Policy, Climate Change and Energy	Claire Locke	Cabinet Members Senior Officers	None

(END)