



COTSWOLD
DISTRICT COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE

3 DECEMBER 2019

AGENDA ITEM (14)

QUARTERLY DIGEST

INDEX

Item	Subject
(1)	Joint Scrutiny Etc. Meetings/Oral Updates as appropriate
(i)	Gloucestershire County Council Economic Growth Scrutiny Committee – Minutes of 18 September 2019 (attached).
(ii)	Gloucestershire County Council Health Overview and Scrutiny Committee - Minutes of Meeting held on 10 September 2019 (attached).
(iii)	Gloucestershire County Council Police and Crime Panel - Minutes of Meeting held on 13 September 2019 (attached).
(2)	Forward Plan – October 2019 Update

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 18 September 2019 commencing at 10.00 am at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT MEMBERSHIP:

Cllr Brian Robinson	Cllr John Murphy
Cllr Kevin Cromwell	Cllr Robert Bird
(Chairman)	Cllr Dr John Cordwell
Cllr Ben Evans	Cllr Stephen Hirst
Cllr Kate Haigh (Vice-Chair)	Cllr Eva Ward
Cllr Klara Sudbury	Cllr Suzanne Williams
Cllr Nicky Packer	
Cllr Sajid Patel	

1. APOLOGIES

Apologies were received from Cllrs Ray Theodoulou, Stephen Davies, Paul McCloskey, Gina Bloomefield, Jim Dewey, Keith Rippington and Matt Babbage.

Cllrs Shaun Parsons and Patrick Coleman were in attendance as substitutes.

2. DECLARATIONS OF INTEREST

No declarations of interest were made.

3. LOCAL TRANSPORT PLAN REVIEW

3.1 Members were reminded that this meeting was a joint meeting of the Environment and Gloucestershire Economic Growth Scrutiny Committees to consider a draft review of the Local Transport Plan (LTP). The joint nature had arisen from the cross over of interest for both Committees to scrutinise the Plan's development.

3.2 The Chair advised members that the purpose of the item was for both Committees to comment, ask questions, and raise concerns/issues on the draft report presented. These comments will then be recorded and fed into the ongoing consultation before the report is sent to Cabinet in December.

Background

- 3.3 Simon Excell, Lead Commissioner for Strategic Infrastructure, introduced the item with a presentation outlining the background for the review and the key suggested changes.
- 3.4 The Committee were advised that the published draft review was not the final document. Following today's scrutiny, an emerging draft consultation document will go to Cabinet and then to formal public consultation early 2020.
- 3.5 The Council undertook early stake holder engagement on the draft document and feedback indicated the emerging reviewed LTP was much more in line with district and LEP policies.
- 3.6 It was explained that this review has come about due to the significant change in priorities and policies that have been seen recently, both locally and nationally.
- 3.7 It was important that the reviewed LTP linked well with the evolving climate change agenda, new Local Plans such as the Joint Core Strategy and the Local Industrial Strategy currently being produced by the GFirst LEP. It is vital for Gloucestershire that all such plans and strategies are co-ordinated.

Changes within the LTP document

- 3.8 Members were informed that a key change to the LTP was a new chapter on 'Shaping the Way to 2041'. This chapter looked towards a new timeline and beyond the 2031 timescale of the original LTP. Its focus will be to take consideration of trends, emerging technologies such as a better use of smart phones for transport, and new transport modes such as electric vehicles.
- 3.10 The 'Overarching' chapter has been revised to take account of the county's priorities on climate change and the environment, growth, health and wellbeing and sustainable travel behaviour.
- 3.11 The 'Public and Community Transport' chapter has been updated. The term 'Park and Ride' has been changed to 'Transport Interchange Hubs'. The idea being that the concept should grow to include other modes of transport, rather than just the traditional car and bus model.
- 3.12 It was highlighted that there are currently 3 existing Transport Interchange Hubs, with another 6 proposed at M5 Junction 10, A46 Shurdington, Elmbridge, West of Severn, M5 Junction 11A and M5 Junction 12.
- 3.13 There will a focus on bus priority, especially in the congested areas, as well as an encouragement to invest in ultra low emission vehicles.
- 3.14 The Cycle Policy will be updated to strengthen Gloucestershire's Cycle Network and to make cycling a more direct, safe, comfortable and therefore more attractive transport option for the County.

- 3.15 Members were shown a desired countywide cycleway map which envisaged a network of cycle routes from Tewkesbury Ashchurch in the North all the way down to Cirencester, encompassing Cheltenham and Gloucester on the way.
- 3.16 The Freight and Highways chapter has been updated. This update included in particular, an attempt to ensure all HGV's coming through the County are channelled into the most appropriate freight routes.
- 3.17 The chapter on Rail has been updated to reflect the ambitions of improving services and seating availability on all major routes in the County. Members were advised that the Rail Investment Strategy should be published later this year and will help inform the LTP, bids to government and LEP and train operating companies discussions.
- 3.18 Finally, there will be a new chapter on delivery which will move away from short/long term time periods for schemes to categories developed by a 'Scale of Impact' indicator to provide objective classifications.

Member questions

Cycling

- 3.19 There was discussion about the 'desire line' cycle network map that Members were shown in the presentation. Officers explained that this map was a 'vision' for the County's cycle network, highlighting areas of growth and smaller settlements that residents want to see better cycle connections for. It was a developing plan and some areas are yet to have identified routes on the network for a cycle path to be installed.
- 3.20 In addition to the LTP vision, officers also highlighted the £3.6 million scheme to link cycling between Cheltenham and Gloucester that is emerging with Highways England. GCC is heavily engaged with this process and would expect work to begin in the next year.
- 3.21 A member highlighted that something that deters people from cycling at the moment is when they leave the designated cycle path; the roads they have to use are sometimes not fit for cycle use. Officers agreed it would be impossible and unnecessary to provide 100% cycle route coverage for residents, some of their journey will need to be on the existing road network and therefore it is vital these plans also include improvements to roads.
- 3.22 There was also a discussion about the types of cycle lanes currently used. A member was aware of research that showed if a cycle lane is painted on a highway, cars tended to pass closer to the cyclist than they would if there was no cycle lane. In addition, where there are bike symbols painted on the road, cars will not tend to treat this as a shared route. There was a

suggestion that soft segregated cycle lanes may be the way forward to allow for a physical barrier between the car and the cyclist.

- 3.23 Linking the desire lines to new developments, a member raised the concern that infrastructure such as cycle routes tend not to be added to a new development until after, meaning retrofitting this infrastructure is more difficult.
- 3.24 The Committee were advised that traditionally the County would charge developers under a Section 106 for infrastructure required on new developments. Since the introduction of the 'Community Infrastructure Levy' which calculates a charge per roof rather than individually for education, highways etc. there is concern that developers will be undercharged and local authorities will miss out on vital infrastructure funds.
- 3.25 GCC is currently in close discussions with the district authorities (as the planning authorities enforcing the Levy) to ensure it is applied fairly.
- 3.26 In relation to hire bike schemes that have been trialled around the country, a member informed the Committee that some have not had the intended consequence i.e. bikes not being returned properly and just piling up in public places. It was advised that such schemes would more likely be provided by the private sector in the future.
- 3.27 A member informed officers that there was an issue of cycle lock up spaces at Kemble station. There were still only 12 compared to 600 car parking spaces.

Rail

- 3.28 A member noted that a company called Systra were being used to inform the 2019 Rail Investment Strategy and expressed concerns that the last contractor to carry out this piece of work knew nothing about Gloucestershire and its challenges. It was reassured that SLC Rail have sub-contracted Systra who have carried out similar work in Swindon, Worcestershire and the North Cotswolds so already have a lot of local experience.
- 3.29 It was highlighted that when the improvements to train availability/capacity for Cheltenham and Gloucester happen, there will be a knock on effect on the need for more available connections to the rural areas for commuters going home to other areas of the County.
- 3.30 Local members were keen to highlight the importance of the Kemble station as a link to London for the West of the County and that it should be considered as a key Interchange Hub. Officers agreed that improvements to Kemble Station are needed and that rail upgrades are a key part of the LTP.

Public & Community Transport

- 3.31 A member questioned why there isn't a joined up approach when it comes to the availability of public transport routes and places people may need to access such as hospitals. It was advised that the main issue with achieving this link is that bus services are generally commercially run and the Council's ability to publicly subsidise bus routes is very limited.
- 3.32 It was suggested an option that could be developed is demand responsive transport where, through the use of smart phones, buses can be requested for certain routes when they're needed, rather than routes being subsidised full-time and only used a few times day.
- 3.33 Another benefit of the LTP looking towards 2041 and beyond is the ability to solve transport problems as above with forward planning.
- 3.34 The Committee were advised that there has been a slight decline in bus service use, less than the national average. A member requested the data on bus use to be shared with the Committee.

ACTION: ORLAGH STONER

- 3.35 The Committee heard that GCC have developed an app called 'GlosTalk' to help people with disabilities find appropriate public transport. The app contains real time bus journey data and can tell you what stop to get off at etc.
- 3.36 Another issue faced by bus users is the traffic at peak hours which can sometimes significantly delay bus services. It was advised that bus priority lanes are assessed on a case by case basis.
- 3.37 The key for the review of bus services is to first identify and target bus routes and pinch points where interventions will reach the most people and make improvements for key corridors.

Highways and Freight

- 3.38 A member highlighted that the East/West access around Cirencester has had little focus within the LTP Review. Whilst they understand the main focus is around the increased housing in the Severn Vale area, Cirencester has serious traffic issues, which is only likely to get worse once the A417 improvements are completed. In addition there is an issue of freight travel on the A429 Fosseway.
- 3.39 In response, it was highlighted that the A417 improvement scheme is a Highways England led scheme and that they would have done modelling on the scheme's impact. The A429 is a designated freight route on the map, and there isn't any other route to send freight onto to connect the east to west area. There is a hope that future advice would be for freight destined for regional/national destinations to use national roads rather than cutting

through County A roads. The Cotswold local plan has identified schemes that could improve this situation but they're currently unfunded.

- 3.40 There was a question about what improvements could be made to the way freight is moved around the County. Members were informed that there is more awareness of freight moving onto rail in the future; Network Rail has also asked that freight terminals are more recognised within LTP's. It was also highlighted that the Interchange Hubs will increasingly link with freight movement so the HGV's can be load onto smaller vehicles before being delivered into the towns.
- 3.41 A member requested data on the success of the Cotswold Lorry Management Zone in reducing the number of HGVs using unsuitable roads for their journey.

ACTION ORLAGH STONER

- 3.42 A member highlighted that even though Junction 14 is technically out of County, it still had a big impact on Gloucestershire. Officers reassured they are aware of the impact of this junction on the road network but as the Councillor rightly pointed out, GCC would be unable to bid for funding improvements as it doesn't fall within the County's boundary.

General

- 3.43 It was questioned whether there had been consideration of self-driving vehicles now that the LTP has a 22 year span to 2041 and it is likely such technologies would come to fruition before then. It was noted that the change from 2031 (the original LTP timeline) to 2041 was to make sure it is inline with district local plans.
- 3.44 Officers advised self-driving vehicles have been considered in the 2041 chapter, as are a lot of other technologies that may emerge from now until then. Whilst it is difficult to pre-empt these technologies when they are not yet widely available, it is vital that the LTP encompasses the possibilities so it can build the infrastructure ready. This may be for example exploring how different modes of transport connect with the infrastructure in real-time.
- 3.45 Members welcomed the discussion on a Rapid Transport System but were advised this is one of the schemes within the LTP that is yet to have any funding attached. Further feasibility work is being undertaken at this stage.
- 3.46 It was highlighted that a number of the schemes in the LTP Review were currently unfunded, and concern was raised about where the funds could come from. Members were advised that there are various different funding routes for transport schemes such as through the County Council, District Councils, developers, national government, sub national transport bodies, GFirst LEP and adhoc national funding pots .

- 3.47 There was a question about the prioritising of funding for the LTP projects. It was explained that the process will be adapted each time depending where the funding comes from. For example, if the funding is related to reducing CO2 emissions, the weight will be strengthened on that particular aspect of the scheme, meaning those schemes that score higher will be the most relatable to the funding.
- 3.48 There was a question about the environmental impact of the plan, how does it help towards meeting the Council's climate change emergency commitments. It was advised that there a specific climate change policy with the LTP and it strengthens transport targets for carbon neutrality to be inline with the GCC pledge. Climate change is also a key assessment criterion in selecting schemes which has resulted in 22 schemes relating to active, healthy transport choices and 7 to sustainable options.
- 3.49 There was a request whether one the review objectives could be changed to 'Restore the Environment' instead of 'Conserve' as currently being used. It was advised that is this was only a review; to rewrite the Plan's objectives would be to review the evidence base it was originally formed on. It was also important to be realistic about the scope of transport in restoring the environment; restoration falls more appropriately within district local plans.
- 3.50 A member queried how officers planned to engage with the public, beyond consultation and reduce the amount of cars on the road. It was agreed there is a huge task ahead in terms of changing behaviour in relation to climate change.
- 3.51 The 'Thinktravel' document had been incorporated into the LTP, which is the Council's brand for influencing travel behaviour. The 'Thinktravel' team are also working closely with businesses and schools, air quality and health partnerships; it recognised there are many contributing factors to people's travel behaviour. It was also advised that the LTP public consultation will take a similar approach to the recent climate change consultation which was incredibly successful.
- 3.52 Members were encouraged after today's meeting to feedback to their relevant district councils. There is also an emerging communications plan which will include day/evening stakeholder engagement sessions. It was reinforced that the Plan is still developing and changes will be made where necessary before and after public consultations. The Committee requested an email copy of the presentation/supporting documents from today's meeting that they can share with their districts.

ACTION: DEMOCRATIC SERVICES

- 3.53 Several members highlighted that changing their travel to work often meant a significantly longer journey e.g. using a bus instead of driving. It was recognised that it will be impossible stop all car use, but the first area to focus on would be to reduce short journeys in cars. Evidence shows that a

very high proportion of car use in the County is only for short journeys, and it would have a massive impact on the network reducing these alone. It is also key to improve public transport for people who do not have access to a car.

- 3.54 A member pointed out that the majority of the schemes revolve around the M5 areas of Gloucester, Cheltenham and Tewkesbury and questioned what improvements are considered for the more rural areas. It was advised that the 2041 chapter addresses improvements in connectivity for the Forest of Dean and Cotswolds via rail station improvements and high frequency bus services, but also the pinch point congestion problems at Chepstow. It was considered that improvements in technology could offer new opportunities such as electric bikes which would be more appropriate for hilly areas.
- 3.55 There was a discussion about electric vehicle infrastructure. Members noted the map in the presentation which showed current public electric vehicle charging points but questioned how the infrastructure would develop.
- 3.56 It was advised that there is currently a bid for funding with the LEP and GCC is working with a number of companies to understand the demand in each area of the county. GCC will be providing the infrastructure to allow individuals to make a change to an electric vehicle, although it is not envisaged this will be a like for like swap. It is still very important to encourage more people to reduce their car use and opt for a more sustainable transport option. The highway infrastructure cannot maintain the use of cars to continue as it is.
- 3.57 It was confirmed that a key action that would be taken away from this discussion is how GCC will prioritise the allocation of electric charging points.
- 3.58 A member highlighted that improved technology could provide the support for more employees to work from home and thus avoid the need to travel into work/for meetings. It was advised this was being considered in other departments of the Council but wasn't a specific LTP issue. When they are developing the transport network however, the team would carry out a facilitating role by providing space for cables etc.
- 3.59 There was a concern about problems faced by people living in town centres that do not have allocated parking and have to continually move their vehicles. It is hard to encourage walking and cycling if people cannot leave their vehicles. In response, there are a lot of innovative projects happening such as advertising underused parking spaces. Another key improvement for this problem also is the strengthening of the Transport Hubs.
- 3.60 Cllr Moor, Cabinet Member for Environment and Planning, highlighted this review had produced a much more ambition document in comparison with the original Plan and he welcomed in particular the work to improve rail, sustainability and carbon emissions. The Cabinet Member thanked the Committee for all their comments and a very helpful meeting.

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

CHAIRPERSON

Meeting concluded at 12:58

HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview & Scrutiny Committee held on Tuesday 10 September 2019 at the Council Chamber - Shire Hall, Gloucester.

PRESENT:

Cllr Collette Finnegan	Cllr Carole Allaway Martin (Chairman)
Cllr Terry Hale	Cllr Nigel Robbins OBE
Cllr Tim Harman	Cllr Jill Smith
Cllr Stephen Hirst	Cllr Pam Tracey MBE
Cllr Paul Hodgkinson (Vice-Chairman)	Cllr Robert Vines
Cllr Steve Lydon	Cllr Suzanne Williams

Substitutes: Cllr Stephen Andrews (In place of Cllr Dilys Neill)
Cllr Iain Dobie (In place of Cllr Martin Horwood)

Officers in attendance:

NHS Gloucestershire Clinical Commissioning Group (CCG)/ One Gloucestershire Integrated Care System (ICS)

Mary Hutton – Accountable Officer and ICS Lead
Becky Parish – Associate Director Engagement and Experience
Caroline Smith – Senior Manager Engagement & inclusion
Dr Andy Seymour – Clinical Chair
Helen Goodey – Director of Primary Care and Locality
Maria Metherall – Senior Commissioning Manager

Gloucestershire Hospitals NHS Foundation Trust

Deborah Lee – Chief executive
Peter Lachecki – Chair
Simon Lanceley – Director of Strategy and Transformation

Gloucestershire Care Services NHS Trust/ 2gether NHS Foundation Trust

Paul Roberts – Chief Executive

Gloucestershire County Council

Sarah Scott, Director Public Health
Margaret Wilcox, Director for Adults
Cllr Tim Harman, Cabinet Member for Public Health and Communities

South Western Ambulance Trust

William Lee

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

NHS England

Nikki Holmes, Head of Primary Care

Apologies: Cllr Helen Molyneux and Cllr Brian Oosthuysen

1. APOLOGIES FOR ABSENCE

See above.

2. DECLARATIONS OF INTEREST

Cllr Stephen Andrews - Community first responder – SWASFT

3. MINUTES OF THE PREVIOUS MEETINGS

The draft minutes of the Health Overview and Scrutiny Committee meeting on 16 July were agreed as a correct record.

The draft minutes of the joint meeting between Health Overview and Scrutiny Committee and Adult Social Care and Communities Scrutiny Committee held on 30 July meeting were agreed as a correct record.

4. PUBLIC REPRESENTATION

Rebecca Myers, Partnership Manager – Gloucestershire Local Pharmaceutical Committee made the following representation:

We would like to highlight a potential issue that needs to be considered and addressed within the development plan for the Primary Care Networks.

On page 40 of the public papers (page 10 of the Primary Care Strategy Refresh), the workforce projections for the Primary Care Networks state that by March 2024 there will be 74.3 FTE pharmacists working within the networks. This is an increase of 200% or 50 FTE over the next 4 and a half years.

The LPC has discussed this with Martin Pratt, Chief Pharmacist at GHT, and we have serious concerns about the impact that this recruitment will have on the community pharmacy and hospital pharmacy workforce, and pharmaceutical services locally. The county (and indeed the South West Region in general) already has a problem recruiting and retaining high quality pharmacists due to its semi-rural nature, lack of a large 'lifestyle city' and distance from schools of pharmacy.

GHT have recently increased their training places and now train 5 pre-registration pharmacists a year. There are only 3 pre-registration pharmacists training in community pharmacies across the county this year – with pre-reg places being advertised and not filled. These trainees fill vacancies created by 'business as usual' HR situations- retirements, maternity leave, business growth, staff relocations etc.

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

We are already seeing pharmacists with concerns around patient safety and who are unable to deliver additional patient services because of workload pressures due to staff losses; pharmacies unable to fill vacant posts; and costs to contractors increasing due to running with expensive locum staff (who are not trained to deliver locally commissioned services) and additional recruitment/retraining costs. We are worried that if recruitment into the PCNs progresses at the proposed rate then this situation will become much worse. Even our Local Pharmaceutical Committee is struggling to fill vacant representative posts having lost 2 members to PCNs in the past 6 months, and one of our newer members travels daily from the Heathrow area to work in a Gloucestershire pharmacy.

We are extremely happy that pharmacists are finally being recognised for the valuable contribution they can make within the primary care setting, but would ask that the developing PCNs also consider the value of Pharmacists within Community Pharmacy settings- providing high quality services in the evenings and on weekends in 113 easily accessible locations across the county - without the need for an appointment and at low cost to the NHS.

We ask that PCNs consider innovative ways of working when developing their workforce plans, such as:

- Job shares, joint working agreements or 'sessional' working arrangements that would allow pharmacists to work in primary care part time and community/hospital pharmacy part time;*
- 'Transferring' workload from primary care under a service level agreement that would deliver measurable outcomes for patients without incurring employment costs or taking up space in surgeries*
- Working with community and hospital pharmacists to optimise existing services such as Electronic prescribing and Transfer of Care which would free up capacity within surgeries for existing staff*

With physiotherapists and paramedics also being recruited into PCNs it is important to make sure that development of these networks does not critically destabilise other local services.

Nikki Holmes, Head of Primary Care, NHS England, replied that NHS England was happy to work with LPC and NHS colleagues to plan for a workforce that supported community pharmacies.

Mary Hutton also responded that it was important to take on board feedback to ensure there were not adverse effects to the rest of the system.

The Chair stated that this was an item for the Committee's consideration at the meeting and the item would remain on the work plan so that Members could consider progress over time.

Max Wilkinson a Cheltenham Borough Council member stated that he had a petition signed by thousands of people regarding the future of Cheltenham A & E. This petition was handed to the Chair of the Committee. In addition he had submitted the following questions which were answered by Mary Hutton (answers included):

- a. **Please confirm how many A&E patients are seen in any one day in Cheltenham?**
On average, 140 patients per day were treated at Cheltenham Emergency Department between April 2018 and March 2019. This includes patients that arrived between 8pm and 8am when the unit operates as a nurse led walk-in service. By way of comparison, Gloucestershire Royal Hospital Emergency Department treated an average of 280 patients per day. There are of course peaks and troughs throughout the week and year so averages need to be treated with caution.
- b. **Please confirm how many ambulances are sent to Cheltenham in any one day?**
On average of 23 ambulances per day were received by Cheltenham Emergency Department between April 2018 and March 2019. By way of comparison, Gloucestershire Royal Hospital Emergency Department received an average of 80 ambulances per day.
- c. **Please can you confirm the average number of beds available in Gloucestershire Royal's Accident and Emergency by 8am.**
GRH A&E Department is an ambulatory care environment and as such there are no beds within the department; there are trolleys; we do not routinely record the number of empty trolleys in ED at 8am as it is so variable. Occupancy for inpatient wards is captured in line with national methodology i.e. a midnight census and the average occupancy for inpatient wards for the period April 2018 to March 2019 was 91.46%.
- d. **One doctor working in Gloucester has come out stating that Gloucestershire Royal Hospital could not cope with the additional burden of patients if Cheltenham Hospital was downgraded again. Why do you disagree?**
The outcome of the current engagement programme, and public consultation process that will follow, will inform the final decision on a preferred option for the services being discussed under the Fit for the Future programme. Any changes to services would be subject to robust business case proposals which would include clear demonstration that service demand and capacity will be appropriately aligned to ensure no deterioration in service quality. In the case of a significant change, implementation would likely take a number of years due to the need to ensure buildings, equipment, technology, staff and money in place.
- e. **The statement from the Trust to the media stated that "no decisions have yet been made and any significant proposals for change would be subject to a full consultation process." Can you therefore confirm that the extraordinary level of dissent already expressed by these proposals will be taken into account, and that one option on the table will be to retain Cheltenham's A&E services and even to re-open the service to be a true 24 hour A&E again?**
The options that will proceed to consultation next year have yet to be determined as they will be informed by the ongoing engagement programme. The purpose of an engagement programme is to develop plans together and we have scheduled many opportunities to do this throughout the next few months via our engagement events, our engagement hearing and the planned citizens' jury. The engagement hearing, for example, is an opportunity for organisations to come and present alternative ideas for the provision of urgent care and hospital services that will deliver the very best care and meet the needs of everyone in Gloucestershire. Members of the public will be consulted on any significant changes that develop from this engagement programme.

- f. **We are told that, were Cheltenham A&E to be downgraded, it could turn into a GP led UTC. Please outline what this would entail and whether this would lead to no walk-in services being available.**

The options that will proceed to consultation next year have yet to be determined as they will be informed by the engagement programme. The purpose of an engagement programme is to develop plans together and we have scheduled many opportunities to do this throughout the next few months via our engagement events, our engagement hearing and the planned citizens' jury. The engagement hearing, for example, is an opportunity for organisations to come and present alternative ideas for the provision of urgent care and hospital services that will deliver the very best care and meet the needs of everyone in Gloucestershire. However, we see both Cheltenham General and Gloucestershire Royal Hospitals as continuing to provide a range of same day, walk-in urgent care services 24 hours a day, 7 days a week for local patients and we do not anticipate this being on the basis of solely a booked appointment, but one of the things we are talking to the public about is whether they would value the opportunity to book an appointment on some occasions, for some conditions, to avoid an uncertain waiting time, for example. Members of the public will be consulted on any significant changes that develop from this engagement programme.

- g. **When announcing the delay in starting the "engagement" over Cheltenham A&E's future, you referenced that this was in part because of "feedback [you] received from some of [your] stakeholders". Who were these stakeholders and what privileged information did they receive in advance of other key stakeholders such as the councillors in this scrutiny committee?**

We had discussions with NHS England about the nature of the engagement process as Stakeholders told us that despite our best efforts, there was still some confusion in peoples' minds about the difference between engagement and consultation. We have strengthened this aspect of the booklet.

- h. **How many times, since 2013, has Gloucester missed the four hour target for A&E waiting times?**

Between 2013 and 2016 Gloucestershire NHS FT was a poorly performing Trust against the national 4 hour standard. In August 2016 GHFT was subject to regulatory action and received undertakings relating to Urgent and Emergency Care performance from NHS Improvement. The Gloucestershire health and social care system initiated a number of interventions which improved performance dramatically and sustainably from early 2018. We validate and submit data as a single organisation (GHFT) and not in a site specific manner to NHSI / E and in all four quarters 2018/2019 the System delivered against our agreed 90% trajectory. We continue to focus on a programme of work to deliver performance improvement and in 19/20 we continued this delivery against agreed trajectory in Q1 and are on track for success in Q2. We now report as Gloucestershire ICS, and this ensures that all activity is captured and accurately reflective of urgent care activity across the whole System. Gloucestershire ICS was the top performing System nationally for performance against the 4 hour standard in the most recently published month of June 2019 and regularly sit in the upper quartile nationally.

In addition Max Wilkinson asked that as part of the formal consultation an option be provided to bring back a full A &E department at Cheltenham General. In response it was reiterated that this was an engagement process and that feedback from the public would be heard and all suggestions considered.

5. FIT FOR THE FUTURE

- 5.1 Mary Hutton presented the slides that had been circulated to Committee members regarding the engagement activity. Members were informed that people could play their part by responding to the survey questions in the discussion booklet and attending events across the County.
- 5.2 The focus was on engagement on urgent and specialist hospital care in Gloucestershire including urgent advice, assessment and treatment services and improving specialist hospital services.
- 5.3 Members were provided with a definition for urgent and emergency care with it emphasised that the focus was on supporting the 25% to 30% of patients who present to acute hospital A & E departments to access more appropriate alternatives in the community and also including elements of a planned approach to urgent care.
- 5.4 It was important to look at the access to urgent care services, wherever the individual lived. Locality workshops were an approach to help people understand what was available in their area. Advice and assessment could be provided in a number of ways.
- 5.5 With regards to 'improving urgent care in local communities' it was important to recognise that around 1 in 3 visits to emergency departments in Cheltenham and Gloucester were for injuries and problems that could be treated safely by a different NHS service. Members were provided with the example of the successful rapid response service as an example of a new approach to how urgent care is provided.
- 5.6 In considering how to improve specialist hospital services, members were informed of the duplication of specialist services provided at both hospitals and how that was leading to challenges due to the scarcity of specialist staff and equipment. Members recognised the vision of creating two centres of excellence. Over the new few years the centres of excellence vision if implemented would require a number of building blocks to be put in place that included buildings, equipment, technology staff and money. First, it was important to ensure the challenges were understood and hear people's views on potential solutions. Members were provided with details of the current services at the two hospitals.
- 5.7 It was emphasised that no decisions had been made on the level of care or range of services provided at Gloucester or Cheltenham hospitals. The committee was reminded of the number of ways to get involved and share views.
- 5.8 The Chair emphasised this was about large change across the County and reflected that people can be unsettled by change. It was important to encourage people to contribute to the engagement and the Committee had a

role in doing that. She encouraged members to attend the engagement events in their areas.

- 5.9 There was a discussion around concerns expressed in the community about a possible reduction or removal of Cheltenham A & E. Members noted the letter they had received from Cheltenham Borough Council's scrutiny committee. One member provided the background to years of campaigning against a reduction in Cheltenham A & E opening hours and felt assurances had been given at that stage that there was no chance for Cheltenham to be downgraded further in the future. He felt that the current engagement process suggested that there would be a further downgrading and that this would have a negative impact on people outside of Cheltenham. He questioned whether there was sufficient capacity on one site given the long waiting times at the two main hospitals. In response it was stated that this was an engagement exercise and an opportunity for all people to put forward their views on how to meet the needs of the population. Mary Hutton emphasised that it was important to challenge ourselves and keep an open mind but closing urgent care services at Cheltenham was not an option on the table. 24/7 walk-in urgent care would be available on both acute hospital sites and the vast majority of care provided in A & E services would continue to be provided in the same locations.
- 5.10 In response to questions on the timetable for engagement it was explained that this was a four-month engagement period that would be followed up by a formal consultation in March 2020. It was noted that a general election would delay this timeline if it were to occur. This consultation would include a range of options that the Trust would seek views on.
- 5.11 It was explained that the choice would be whether we wished to remain as we are and forego some of the opportunities that could be taken in terms of delivering outstanding health care in the County. A lot had changed in terms of context over a number of years and it was important to continually assess the challenges and opportunities for the future. The changes described in the engagement document could take up to a decade to implement. No changes would be made that would reduce the quality of services being offered.
- 5.12 One member noted the statistics being provided in the slides, which reflected views obtained during previous engagements and consultations. Data would be collated from the current engagement process and provided to members and to the public. There had been 13 events so far with over 800 people contributing.
- 5.13 In relation to one member's question on how Minor Injury Units fitted into the future plans it was explained that a series of locality workshops in October would offer information on what was currently provided and how that might be provided differently in the future.

- 5.14 The Committee discussed the distinction between emergency and urgent services. One member clarified that Urgent Treatment Centres did not deal with life threatening problems. He asked whether they would be staffed with consultants who would be able to make that assessment and triage to the right service. The member suggested that urgent care was a down grade to emergency life threatening care. In response it was explained that there were recruitment challenges and there was a need to focus on deploying resources appropriately and to the best effect. It was important not to predetermine the engagement process but an urgent treatment model would need the ability to respond appropriately to the changing circumstances that staff were presented with.
- 5.15 One member asked whether there was enough resource to carry out this large an engagement process and to consult effectively and in a timely manner. One member suggested that officers were 'selling themselves short' by not explaining clearly enough what the lost opportunities would be in the system if change was not carried out. It was recognised that this was an enormous programme but that it was being resourced.
- 5.16 Members recognised that for some members of the public, transport to health care services was a concern, particularly in the Cotswold which had a natural link to Cheltenham.
- 5.17 One member asked how the Citizen's Jury was being brought together to ensure the right balance of urban and rural representation. It was explained that the Committee could be briefed further, but that members should look at the information provided with the actions from the previous meeting which included links to the website and the example of the Forest of Dean jury.
- 5.18 The Committee would consider at its work planning meeting how to continue to scrutinise the engagement process.

6. PRIMARY CARE UPDATE

- 6.1 Dr Andy Seymour provided an update on the progress and improvements that continued to be made in the County regarding Primary Care. He was happy to provide specific information relating to Aston Medical Practice in addition to the details on the overall strategy.
- 6.2 Helen Goodey who was carrying out the Joint Director role introduced the slides outlining the place based approach taken in Gloucestershire. She explained that more work had been carried out with district council partnerships.
- 6.3 In relation to the introduction of Primary Care Networks, the main component was GP practice being able to come together led by a clinical director who was a GP. The example was given of St Paul's medical centre which

included groups of primary and community staff working together to deliver preventative, out of hospital care in their neighbourhood.

- 6.4 Members understood the focus on improving access to services. 82% of services were still delivered by GPs, but there was now a wider skill mix that delivered services as well. Advanced nurse practitioners were given as an example.
- 6.5 Members were provided with results from the National GP Patient survey published in July 2019. 87% in Gloucestershire had said their overall experience was good compared with 83% nationally.
- 6.6 With regards to the Aspen Medical practice, 4 GP practices had come together and merged. A number had been having significant challenges so they had come together to support and provide resilience. It was a challenging experience with specific concerns around telephony responsiveness. Members were informed that now things were improving. There were 13 GP partners and 8 salary GPs, as well as recruitment of Advanced Nurse Practitioners. In relation to the telephony issues, there was a new software system and a big screen that informed them how many were waiting and for how long. Waiting time to answer the phone had improved with the mean time now between 4 and 7 minutes.
- 6.7 Members noted the primary care workforce projections 2019-24 and the significant workforce that would be going into primary care.
- 6.8 Members were provided with detail on 'Digital Enablers' –with the majority of GP practices following a set template for their websites that allowed for a more consistent approach. There was far more potential in using this system as it allowed patients to electronically message and submit data on their health so that the practice could make an assessment as well as online bookings and orders for prescriptions and sick notes. Members were informed of the Symptom checker tool which would go to medical practitioners and allow them to suggest an appropriate appointment. In Aspen it had reduced the number of telephone calls.
- 6.9 One member provided an example in other areas of the country where GPs had been asked not to refer to hospitals influenced by budgetary factors rather than clinical judgement. He asked if this was an approach being followed in Gloucestershire. In response it was explained that GP practices worked more closely with consultants to consider the right approach around whether to admit patients but this was about how best to treat patients and not a budgetary consideration.
- 6.10 In response to a question it was explained that there had been encouragement for patient participation groups to work more closely together through network meetings. Further work would be carried out to help formalise the patient involvement and find mechanisms that allow the Primary Care network to hear more from patients.

7. UPDATE ON PHARMACIES

- 7.1 Nikki Holmes introduced the report, which provided an overview of the position with pharmacies across the County. Members understood that there was some planning around an EU exit and the implications as that as well as assessing the role of the pharmacy including its position in rural areas of the County.
- 7.2 One member asked whether there were fully funded courses and routes for mature students to ensure there was a pathway into the workforce. In addition he asked if there were bursaries available. In response it was explained that NHS England worked with Health Education England to help support those coming into the service. There were suggestions of an apprenticeship route such as studies for radiographers through the University of Gloucestershire. There were similar conversations at a national level for pharmacists. Members were provided with assurances that plans were in place to develop a strategy.

8. WINTER PLANNING

- 8.1 Maria Metherrall gave a presentation on the Gloucestershire Urgent and Emergency care Sustainability Plan 2019/20.
- 8.2 In considering the requirements for winter, the previous year's requirements had been reviewed and it was felt that they remained fit for purpose. At the top of the list was the importance of maintaining emergency departments, but it was important that emergency admissions did not come at the expense of the elective care system. The importance of consistency across the county was emphasised.
- 8.3 Members noted the information provided on 'lessons learnt from 2018/19' this included what had worked well and what were the challenges. Partnership working and system collaboration and rapid response were included in the examples of what had worked well. Challenges included the fact that capacity did not always meet demand and that there was workforce challenges. Members were also provided with details of transport issues which had needed to be overcome. It was explained that the pressure had continued into spring and summer with delays in discharge planning and pathway progress. The term winter planning was not accurate now in that seasonal variations throughout the year had an impact.
- 8.4 The Committee was shown A & E activity tracking with Gloucestershire well above the national average in terms of performance.
- 8.5 In response to the challenges, it was explained that there had been improved modelling across the system and there was close working with the Gloucestershire workforce planning group. There was a programme of work

looking to reduce attendances to emergency departments and support effective discharge flow from hospitals. There was a new non-emergency patient transfer provider. Focussed work within the acute trust was taking place to implement a positive decision making program.

- 8.6 Members were provided with a significant amount of detail around what would be different in 2019/20 at the 'front door' and 'back door'. This included working with 111 calls to do an intelligent 'clinical validation' for category 3 and 4 calls, as well as progress pathway work within the Acute Trust to directly refer patients to assessment units and look for opportunities for same day emergency care.
- 8.7 Challenges still being working through including matching capacity to demand and mitigating the risks associated with the decision not to proceed with the emergency general surgery pilot. There was a need to maximise 'home first' pathways. Further reducing discharge delays by streamlining processes and influencing patient behaviours was still being worked on.
- 8.8 The next steps were for transparency of the actions being taken and regularly reviewing the impact of schemes and link that to demand and capacity modelling. In addition this needed to continue to be stress tested for the winter.
- 8.9 One member questioned whether there was any complacency and emphasised the importance of considering the risks in the future. One example was given around the later flu jabs this year due to issues obtaining the vaccine. In response it was explained that there was no complacency in the planning being undertaken and that likely risks continued to be reviewed.
- 8.10 The Committee discussed workforce challenges, referring to the information received at the joint meeting in July on the subject and asked what problems there might be going forward. In response it was explained that work was underway to help support staff in transitioning between emergency departments and minor injury and illness and vice versa. Skills passports allowed staff to do this successfully and this had been positively received.
- 8.11 It was emphasised that this was an 'all year round plan' to take into account the impact of seasonal variations. One member commented on the impact of colder winters and hotter summers. It was recognised that the pressures in summer were different to winter so any plan needed to be nuanced to respond to that. Members were reminded that fit for the future was asking the question on how we respond as a whole to the increasing demands.

9. SWASFT

- 9.1 William Lee introduced the report providing performance data. Overall activity was currently up by 4.38%, when compared against the previous year. This is of an extra 20 incidents per day as opposed to two years

previously. 63% of calls came from 999 and there was a slight increase in access through 111.

- 9.2 Members understood the 'hear and treat' model which was to give advice and guidance from clinicians in the control room and advise on referrals to GP or pharmacists. The 'See and treat' model was when a patient was visited and treatment given or an onwards referral made. 51% of patients were conveyed to emergency departments.
- 9.3 With regards to performance for response times, performance was strong in relation to category 1 which required a response in 7 minutes. There were challenges relating to Category 2 patients with work required to improve response times.
- 9.4 Members were informed of the investment into the trust which included additional investment of £12m in the South West for the 'our people plan' which was on top of the contract for frontline vehicles and would lead to 30 additional staff and an additional 630 hours of ambulance cover per week. This included one ambulance from Cirencester, one from Stroud and further cover for Central Gloucestershire (Cheltenham and Gloucester). In addition there were two additional patient support vehicles.
- 9.5 The national standard was for 85% of the fleet to be ambulance with 15% for cars. SWAST was currently at approximately 75% for ambulances and our people plan will move much closer to the 85% DCA model.
- 9.6 Members were provided with details of lifting chairs for community responders to use which allowed for a more timely response to someone at lower acuity who has fallen than having to wait for an ambulance. Gloucestershire CCG had provided £50,000 to fund 7 more chairs.
- 9.7 In response to a question a breakdown of the categories was provided:
- Category 1 – life threatening – mean response was 7 minutes, 90th percentile 15 minutes.
 - Category 2 – a serious condition – mean response was 18 minutes, 90th percentile 40 minutes.
 - Category 3 – an urgent problem (such as road traffic collision or fall) – at least 9 out of 10 times within 120 minutes.
 - Category 4 – A non urgent problem – 90th percentile of 180 minutes
- 9.8 There was some concern expressed regarding response times in the Cotswold. It was explained that the data presented was not a SWAST report and that the Cotswold had a comparatively low number of calls and that meant that a small number of calls could skew the average by a significant margin. An example was given that some postcode areas had only 30 category 1 calls compared to 400 in Gloucester in the same period. There were a number of different operating models in place such as the fire service being a co responder. There was active recruitment of community

responders as the rurality of the district was challenge. Assurances were given that steps were being taken to respond in a timely manner and extra resource across the South West would have a knock on effect.

- 9.9 One member asked whether previous recommendations to have a logo on the side of SWAST vehicles operating in the County had been followed. In response it was explained that the Trust was proud of being one trust covering the South West and was proud of that identity. While the identity benefits of having the logos was understood there were some logistical challenges also due to fleet movement.
- 9.10 Members were informed on the new What3Words app that allowed an individuals location to be identified within three square metres which worked without a signal. The control room used this.
- 9.11 It was emphasised that paramedics were highly trained and were already triaging for life threatening conditions. The major trauma networks were well established and care could be provided to keep someone stable on route to hospital.

10. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT

- 10.1 The Committee noted the report with Mary Hutton updating members that with regards to the Stroke Rehabilitation work, the national audit had Gloucestershire graded at one mark off a B, having been previously graded at D. With regards to the Vale Hospital, the facilities there had been graded as an A, which represented a quick outcome and delivery from the work being carried out there.
- 10.2 Collette Finnegan as High Sheriff of Gloucester made a statement about World Suicide Day explained that ever 40 seconds someone died of suicide. John Campbell explained that he would provide a presentation at the next meeting in November regarding IAP and talking therapies. The presentation would outline how to improve access to those therapies and provide support to individuals with long-term conditions.

11. ONE GLOUCESTERSHIRE ICS LEAD REPORT

The Committee noted the report.

12. GCCG CLINICAL CHAIR/ ACCOUNTABLE OFFICER REPORT

The Committee noted the report.

CHAIRMAN

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

Meeting concluded at 1.05 pm

GLOUCESTERSHIRE POLICE AND CRIME PANEL

MINUTES of a meeting of the Gloucestershire Police and Crime Panel held on Friday 13 September 2019 at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT:

William Alexander	Cllr Colin Hay (Chairman)
Jonny Brownsteen	Cllr Loraine Patrick
Cllr Collette Finnegan	Cllr Brian Tipper
Cllr David Gray	

Substitutes: Cllr Jenny Forde (In place of Cllr Ray Brassington)
Cllr David Norman MBE (In place of Cllr Will Windsor-Clive)
Cllr Rachel Smith (In place of Cllr Karen McKeown)
Cllr Lesley Williams MBE (In place of Cllr Steve Robinson)

Apologies: Cllr Mattie Ross, Martin Smith and Cllr David Wheeler

In attendance: Martin Surl – Police and Crime Commissioner
Chris Brierley – Deputy Police and Crime Commissioner
Rod Hansen – Chief Constable
Richard Cooper - Detective Chief Superintendent
Ruth Greenwood - Head of Policy, Performance and Strategy, OPCC
Richard Bradley – Chief Executive OPCC

23. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on Friday 19 July 2019 were agreed as a correct record and signed by the Chair.

24. DECLARATIONS OF INTEREST

No declarations of interest were received.

25. OPCC - INTERIM APPOINTMENT OF CHIEF EXECUTIVE OFFICER

25.1 Martin Surl, Police and Crime Commissioner (PCC), informed the Panel that he had felt it prudent given the Police and Crime Commissioner elections scheduled for 2020 not to undertake a formal recruitment exercise at this time. In his opinion Richard Bradley, who had fulfilled the role of Deputy Chief Executive of the Office of the Police and Crime Commissioner (OPCC), had all the necessary experience and qualities to fulfil this role.

25.2 The committee had been apprised of this situation via an email on Wednesday 31 July 2019. The feedback from Panel members to this email was in support of this proposal. This was reiterated at the Panel meeting.

25.3 It was agreed that the Panel would be updated on this position following the PCC election next year.

26. HOW THE POLICE AND CRIME COMMISSIONER HOLDS THE CHIEF CONSTABLE TO ACCOUNT

26.1 Richard Bradley, Chief Executive OPCC, presented the report to the Panel. He explained that the aim of this proposal was to create a coherent and consistent approach to holding the Chief Constable to account. He hoped that this would make the process more

transparent. Six holding to account sessions had already been conducted. He was happy to update the Panel on the holding to account sessions on a regular basis.

- 26.2 Members noted the proposal and welcomed the inclusion of the register which would enable the Panel to have a clearer picture of this activity.

27. GLOUCESTERSHIRE CONSTABULARY CRIME DATA INTEGRITY INSPECTION 2019

- 27.1 The Panel was joined by Rod Hansen, Chief Constable, and Detective Chief Superintendent Richard Cooper for this item.
- 27.2 The Chair invited Martin Surl, Police and Commissioner, to set the context to and comment on the recommendations of the HMICFRS Crime Data Inspection (CDI) Report. The PCC informed the Panel that data integrity was important to him. The report from the 2014 CDI inspection had raised some concerns with regard to compliance. Towards the end of 2018 he had become concerned with regard to the level of compliance and had formally written to the Chief Constable asking for an assessment of this area and for him to also give an indication of what rating the constabulary could expect at a future inspection. At that time the Chief Constable anticipated that there was the potential for the constabulary to receive a good rating, at the very least it would receive 'requires improvement'. The PCC requested that the Chief Constable put in place an action plan to get the constabulary on the right footing. Unfortunately this work was still in progress at the time of inspection. The outcome of the inspection was an 'inadequate' rating.
- 27.3 The PCC informed the Panel that he was unhappy with the 'inadequate' rating. A recovery plan was in place to take forward the recommendations in the report. He thought it important that the Panel place this inspection report within the wider context of the positive PEEL: Police effectiveness, efficiency and legitimacy 2018/19 inspection report published in May 2019 which reported that the Constabulary was 'good' across the board including for vulnerability, safeguarding and investigation.
- 27.4 The Chief Constable was invited to speak to the inspection report. He informed members that it was important to note that this inspection report was not discussing service failure but about recording of data. He was clear that his intention was not to make excuses for this rating; the constabulary had let itself down, but had understood the issues and had already recovered the position. He informed Panel members that at the time of the inspection the constabulary was 82% compliant, but that in response to the recovery plan the constabulary was now at over 90% compliance. He had asked HMICFRS to return sooner rather than later as he wanted to receive their endorsement of the work undertaken by the constabulary to address this position.
- 27.5 The Chief Constable explained the crime data recording process to the Panel highlighting the particular recording aspects, in essence a shift in practice required by the Home Office, that had had a significant impact on the outcome of the inspection, including that the timeline for recording crimes was now 24 hours as opposed to 72 hours previously.
- 27.6 With regard to the recommendations in the report relating to sexual offences the Chief Constable reassured the Panel that the constabulary took these offences seriously, this was reflected in the PEEL Report (May 2019). These were complex cases – sometimes the report could come from a third party and yet the alleged victim disagreed that any crime had occurred (and therefore did not support an investigation).

- 27.7 The Chief Constable assured the Panel that the constabulary also took domestic abuse, mental health and violence seriously. He explained that 100 of the domestic abuse cases identified by the inspectors had been examined by officers, and they were of the view that the right actions had been taken in each case. Safeguarding was put in place in most cases, and a pragmatic outcome was achieved based on the needs of the victims.
- 27.8 The Chief Constable discussed some (anonymised) cases which demonstrated the complexity of the issues. The Panel found these to be very helpful in their understanding of the factors faced by officers when they are dealing with incidents and how these could present challenges around crime data recording.
- 27.9 The Panel was informed that the crime recording rules were very precise. It was important to note that these rules related to approximately 24% of the calls received by the Police; 76% of incidents responded to by the Police were non-crime related eg. missing people, road accidents and mental health.
- 27.10 The Chief Constable was clear that officers tried to strike a balance in responding to calls and would also aim to be compassionate. With regard to the data/questions relating to diversity he explained that when, for example, a person was traumatised it was important to pick your moment to ask them what religion they were. If not done at the time though the inspectorate team classed the incident as a data recording failure
- 27.11 There were challenges relating to the technology used by the constabulary. These were legacy systems and required double entry of data as they did not 'talk to' each other. This also meant that the constabulary was not yet able to consistently hit the 24hour rule. The Panel was informed that one of the Assistant Chief Constables was leading the project looking at improving the IT systems. This did have cost implications and within a tight budget situation this would mean that there would be difficult decisions to be made in future.
- 27.12 The Panel questioned whether the resources invested in this area to recover the situation meant that other areas were now at risk? It was also questioned whether the Home Office was, through the crime recording structure, forcing the Police to change its values? If when reviewing the individual cases the outcome was that the right actions had been taken why was the constabulary not able to defend its position with HMICFRS?
- 27.13 The Chief Constable explained that whilst there was additional funding available to recruit a deputy Force Crime Registrar (FCR), existing resources had been used to recover this position. He explained that four experienced sergeants had been selected to support the FCR in this work, whilst investigators worked the case(s); sustaining this would be a challenge. He acknowledged that Panel members were right to be concerned as to the potential impact on other areas. He was, however, clear that the Constabulary would not be changing or compromising its values in order to be able to meet these rules, it would still aim to do what was right in the circumstances
- 27.14 The PCC informed the Panel that neither he nor the Constabulary have any opportunity to comment on these rules. He commented that other PCCs across the country have commented on the potential impact of these rules on the front line. He was clear that within a challenging funding situation decisions as to where to direct resources would always be difficult; he stated that it would have been remiss of him to invest in this area earlier given the impact that this would have had on the frontline, which was suffering from the impact of austerity with the loss of 250 officers since 2010; as it was resources to redress this situation had had to be drawn from the frontline. He informed the Panel that the Chief Constable had his full support. He was of the view that other constabularies were in a

similar position to Gloucestershire, the majority receiving an 'inadequate' grading on first inspection (and some on second inspection).

- 27.15 In response to a question the PCC informed members that in retrospect he should perhaps have raised his concerns with the Chief Constable earlier. However, the Chief Constable explained that HMICFRS had sent in twelve inspectors for fourteen days; it would have taken the constabulary at least six months to be able to deliver the same level of detail.
- 27.16 The PCC was clear that in terms of resources there was 'no fat left on the bone'. The additional officers that were coming through were as a result of the increase in the Police precept. Although the government had made an announcement with regard to additional funding for the Police the actual detail and what this would mean in terms of additional officers for Gloucestershire was not yet known.
- 27.17 The Panel was informed that HMICFRS would no longer be undertaking thematic inspections on CDI; these issues would be addressed within the PEEL inspection process in future.
- 27.18 Members of the Panel reiterated their concerns that there was the potential for the ethos of the constabulary to be affected by these recording requirements. There was also the potential for this approach to give a false impression to the public as to the level of crime in the county, particularly with regard to violent crime.
- 27.19 In response to a question the Chief Constable explained that the constabulary hosted a number of support networks, eg for female officers, and also had champions across the service for specific issues, eg. Autism, dyslexia and careers. Some training would be bespoke to specific areas, eg those officers dealing directly with sex crimes would be trauma informed. The Force Crime Registrar now also visited teams to offer advice and guidance.
- 27.20 The Chief Constable also explained that the service did try to understand the demand profiles and in recognition of the number of calls relating to mental health there was now a mental health practitioner onsite in the force control room. Officers would also triage calls with the help of appropriately skilled mental health practitioners. He informed members that he also had regular meetings with the lead HMICFRS Inspector for Gloucestershire to raise and discuss issues.
- 27.21 The report had referred to the role of the Deputy Chief Constable (DCC) and in response to a question the Chief Constable informed the Panel that the DCC had felt that he was doing the right thing in focusing on the overall delivery of the service, but that he acknowledged and accepted the findings of the inspection. Following an internal review the DCC had accepted that there was some personal learning that he needed to undertake and this has been completed. The Chief Constable stated that the DCC was leading on the recovery plan.
- 27.22 In response to questions the Panel was assured that the safeguarding and domestic abuse issues raised in the report had been followed up and no one had suffered as a result of the data recording errors. He reiterated that all the cases identified by the inspectors had been reviewed by experienced officers, including listening to the original calls, and the victim contacted directly where appropriately. There were a small number of cases where perhaps more could have been done.
- 27.23 Members of the Panel reiterated their concerns with regard to the public perception of the level of crime in Gloucestershire. They agreed that it was important to be clear that much of

the issues identified in the inspection report could be attributed to technical factors. They also agreed that it was important that the Panel was clear that it accepted the explanation put forward by the PCC and Chief Constable, and that it was not possible to draw any conclusions in the three month period of recovery post inspection as to whether there were any trends around specific groups that had previously been missed due to recording errors. The Panel did expect to be kept up to date with progress in order that it could be assured that the underreporting had not been masking potential areas of concern.

28. POLICE AND CRIME PLAN REFRESH

- 28.1 Martin Surl, Police and Crime Commissioner, presented the refresh of his Police and Crime Plan 2017-2021. He informed the Panel that the refresh had been developed in conjunction with the Home Office which therefore meant that the plan was in line with government thinking. It was also explained that there was a transformation programme in place which included a significant focus on IT; a digital strategy would follow in due course.
- 28.2 The Panel questioned elements of the refresh but overall accepted the refreshed Police and Crime Plan 2017-2021.
- 28.3 In response to questions raised the Panel agreed that it would be good to have a briefing ahead of the budget setting meeting in February 2020 to enable members to fully explore the funding picture for the Police.

29. POLICE AND CRIME PLAN HIGHLIGHT REPORT

- 29.1 Richard Bradley, Chief Executive Office of the Police and Crime Commissioner, gave a detailed presentation of the report.
- 29.2 The Panel welcomed and noted the report.

30. OFFICE OF THE POLICE AND CRIME COMMISSIONER - CHIEF EXECUTIVE REPORT

- 30.1 Richard Bradley, Chief Executive Office of the Police and Crime Commissioner, gave a detailed presentation of the report.
- 30.2 The Panel noted the report.

CHAIRMAN

Meeting concluded at 12.26 pm



COTSWOLD
DISTRICT COUNCIL

EXECUTIVE FORWARD PLAN

**INCORPORATING NOTICE OF DECISIONS PROPOSED TO BE TAKEN IN PRIVATE
SESSION AND NOTICE OF INTENTION TO MAKE A KEY DECISION**

The Forward Plan

By virtue of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, local authorities are required to publish a notice setting out the key executive decisions that will be taken at least 28 clear days before such decisions are to be taken. The Regulations also require notice to be given of any matter where it is proposed that the public will be excluded during consideration of the matter.

This Forward Plan incorporates both of these requirements. In the interests of transparency, it also aims to include details of those items to be debated by the Cabinet that relate to either policy/budget formulation, matters which will be subject to a recommendation to the Council, and other matters due to be considered by the Cabinet. This programme covers a period of four months, and will be updated on a monthly basis. The timings of items may be subject to change.

It should be noted that although a date not less than 28 clear days after the date of the notice is given in each case, it is possible that matters may be rescheduled to a date which is different from that given provided, in the cases of key decisions and matters to be considered in private, that the 28 day notice has been given. In this regard, please note that agendas and reports for Meetings of the Cabinet are made available on the Council's Web Site - www.cotswold.gov.uk - five working days in advance of the Meeting in question. Please also note that the agendas for Meetings of the Cabinet will also incorporate a necessary further notice which is required to be given in relation to matters likely to be considered with the public excluded.

There are circumstances where a key decision can be taken, or a matter may be considered in private, even though the 28 clear days' notice has not been given. If that happens, notice of the matter and the reasons will be published on the Council's Web Site, and available from the Council Offices, Trinity Road, Cirencester, Glos. GL7 1PX.

Key Decisions

The Regulations define a key decision as an executive decision which is likely -

- (a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the authority.

In financial terms, the Council has decided that a key decision is any executive decision which requires a budget expenditure of £100,000 or more, or one which generates savings of £100,000 or more.

A key decision may only be made in accordance with the Cabinet Procedure Rules contained within the Council's Constitution.

Matters To Be Considered in Private

The great majority of matters considered by the Council's Cabinet are considered in "open session" when the public have the right to attend.

However, some matters are considered with the public excluded. The public may only be excluded if a resolution is passed to exclude them. The grounds for exclusion are limited to situations where confidential or exempt information may be disclosed to the public if present and, in most cases involving exempt information, where in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information. The definitions of these are set out in the Council's Constitution.

Documents and Queries

Formal reports presented relating to any executive decision will be available on the Council's Web Site at least five working days in advance of the Meeting at which the decision is to be made (except insofar as they contain confidential and/or exempt information).

The Decision Notice for each key decision will be published as soon as reasonably practicable after it has been made. We will seek to do this within five working days of the date of the decision. The Decision Notice will be available for public inspection on the Council's Web Site, and at the Council Offices, Trinity Road, Cirencester, Glos. GL7 1PX.

If you have any questions about the Forward Plan, or if you wish to make representations about any of the matters contained within it, please contact the Council's Democratic Services Team. The Democratic Services Team can also, on request, provide copies of, or extracts from, documents listed in the Plan and any which subsequently become available (subject to any prohibition or restriction on their disclosure).

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The Council's Executive Arrangements

The Council currently operates the Strong Leader and Cabinet form of governance.

By law, the Cabinet can comprise a Leader of the Council, together with up to nine other Members to be appointed by the Leader (one of whom has to be appointed as Deputy Leader). The Leader will be elected by the Council, for a four-year term; and the Deputy Leader appointment is also for a four-year term.

The Cabinet at Cotswold District Council currently comprises a Leader, a Deputy Leader, and seven other Cabinet Members. The structure is as set out in the table below.

Executive decisions are taken either collectively by the Cabinet or individually by Cabinet Members.

The Cabinet generally meets monthly; whereas decision-making by individual Cabinet Members occurs on an 'as and when needed' basis.

Decisions of the Cabinet and individual Cabinet Members are subject to scrutiny by the Overview and Scrutiny Committee.

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 Every (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 and (if applicable) Reason(s) the Matter is Likely to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Acquisition of an in-cab technology system to be used by Ubico and Publica in delivering an improved waste and recycling collection service.	Yes	No	Cabinet	November 2019	Waste, Flooding and Environmental Health	Claire Locke	Cabinet Members Senior Officers September 2019 Internal consultation with Technical Design Authority and Joint Management Team	None
Acquisition of an in-cab technology system to be used by Ubico and Publica in delivering an improved waste and recycling collection service.	Yes	No	Full Council (Recommendation from Cabinet)	November 2019	Waste, Flooding and Environmental Health	Claire Locke	Cabinet/Council Members Senior Officers October 2019 Internal consultation with Technical Design Authority and Joint Management Team	None
Revised Homeseeker Plus Policy Consultation Document	No	No	Cabinet	November 2019	Housing and Homelessness	Jon Dearing	Cabinet Members Senior Officers	None

Item for Decision and (if applicable) Reason(s) the Matter is Likely to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision- Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Draft Medium Term Financial Strategy 2020/21 to 2029/30 and Budget 2020/21	No	No	Cabinet	November 2019	Leader of the Council	Jenny Poole	Cabinet Members Overview and Scrutiny Committee Senior Officers	Autumn Statement Council Aims and Priorities Medium Term Financial Strategy Update Consultation Process
Performance Report (Quarter 2)	No	No	Cabinet	November 2019	All	Andy Barge	Cabinet Members Senior Officers Overview and Scrutiny Committee	Service and Financial Performance Data
Council Tax Support Scheme 2020/21 and Local Council Tax Reliefs	No	No	Cabinet (Recommendation to the Council)	November 2019	Deputy Leader/ Finance	Jon Dearing	Public Stakeholders Cabinet Members Senior Officers	Consultation results
Long Term Empty Property Strategy	No	No	Cabinet	November 2019	Housing and Homelessness	Mandy Fathers	Cabinet Members Senior Officers	None
The Cotswold Club	No	Yes	Cabinet	November 2019	Deputy Leader and Cabinet Member for	Claire Locke	Cabinet Members Ward Members Senior Officers	Scheme of Delegation for Land and

Item for Decision and (if applicable) Reason(s) the Matter is Likely to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision-Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Likely disclosure of exempt information - paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 - Information relating to the financial or business affairs of any particular person					Finance		Internal consultation	Property and the Acquisitions and Disposals Policy
Funding for Property resource	No	No	Cabinet	November 2019	Deputy Leader	Christine Cushway	Cabinet Members Senior Officers	None
Prosecutions under the Prevention of Social Housing Fraud Act 2013 on behalf of social housing providers.	No	No	Cabinet	December 2019	Housing and Homelessness	Emma Cathcart, CFU	Chief Finance Officer Audit Committee - April 2019 Internal consultation with Legal Department April 2019-date	Audit Committee Report 16 th April 2019
CCTV Policy	No	No	Cabinet	December 2019	Jenny Forde	Claire Hughes	None	None
Local Council Tax Support Scheme 2020/21	Yes	No	Council (Recommendation from the Cabinet)	January 2020	Deputy Leader/ Finance	Jon Dearing	CMT Group Manager Portfolio Holder Full Public Consultation	None

Item for Decision and (if applicable) Reason(s) the Matter is Likely to be Considered in Private	Key Decision (Yes/No)	Likely to be Considered in Private (Yes/No)	Decision- Maker	Date of Decision	Cabinet Member	Lead Officer	Consultation	Background Documents
Draft Medium Term Financial Strategy 2020/21 to 2029/30 and Budget 2020/21	Yes	No	Council (Recomm endation from the Cabinet)	February 2020	Leader of the Council	Jenny Poole	Cabinet Members Overview and Scrutiny Committee Senior Officers Treasury Management Advisers Local Businesses Residents Town/Parish Councils	Likely Local Government Finance Settlement Council Aims and Priorities Medium Term Financial Strategy Update Consultation Process

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