



Supplement for

OVERVIEW AND SCRUTINY COMMITTEE - MONDAY, 4 NOVEMBER 2024

Agenda No	Item
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| 5. | Matters Arising from Minutes of the Previous Meeting 3 - 6
To consider actions outstanding from minutes of previous meetings |
| 15. | Updates from Gloucestershire County Council Scrutiny Committees 7 - 8
<u>Purpose</u>
To receive any updates on the work of external scrutiny bodies: |

Gloucestershire Economic Strategy Scrutiny Committee – Cllr Angus Jenkinson
Gloucestershire Health and Care Overview and Scrutiny Committee – Cllr Dilys Neill

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Actions arising from previous meetings of the Overview and Scrutiny Committee

4 November

Open Actions			
Meeting date	Minute	Action Owner	Update
Council 24 September	<p>Motion B on Ambulance response times</p> <p>Council instructs the Chief Executive to write to the CEO of SWASFT asking him for a full report on what steps he will be taking to improve ambulance response times in the Cotswold District as well as providing more support to grow the Community First Responder teams whose assistance is invaluable and thereafter invite him to attend the Overview and Scrutiny Committee to discuss his report and the actions resulting from it. Council also instructs the Chief Executive to write to the Chair of the county's Health Overview and Scrutiny Committee asking that committee to express this Council's concerns at its next meeting and to regularly scrutinise ambulance performance as a standard agenda item. Finally, Council instructs the CEO to write to our two MPs asking them to raise this issue in Parliament and to lobby SWASFT on our behalf.</p>	Chief Executive	Chief Executive wrote to CEO of SWAFST on 14 October, awaiting response.
Overview and Scrutiny 2 September	OS.103 Costs of agency staff were discussed by the Committee, particularly as it pertained to the Publica transition. The Deputy Chief Executive stated that there was	Deputy Chief Executive	Verbal update to be provided during meeting by Deputy Chief Executive



	an ongoing piece of work to reconcile this position for Development Management, but that in other areas the cost was lower. The cost would be presented to the Committee once the position was known.		
Overview and Scrutiny 2 September	OS.104 Planning enforcement was discussed. Members asked if they could be provided with statistics on the breaches and processes for planning enforcement, which the Leader said they would provide.	Interim Head of Planning	Statistics to be included within Q2 performance report.
Overview and Scrutiny 22 July and 2 September	2 September - In relation to the previous meeting, members discussed missed bin collections which occurred on a Friday, which could not be reported until Monday if customers did not have an internet connection.	Deputy Chief Executive Business Manager – Environmental Services	Waste services update on agenda 4 November
Closed Actions			
Meeting date	Minute	Action Owner	Update
Overview and Scrutiny 2 September	OS. 95 Members also highlighted that there was no date in the work plan for the Publica transition report to be considered by the Committee, the Chief Executive stated that they would provide the Committee with dates for this.	Chief Executive	In Committee’s work plan for February’s meeting
Overview and Scrutiny 2 September	OS.101 The proposals included reference to the development of brownfield sites. In response to Member questions on this, the Interim Forward Planning Lead explained that they would email members more information on how long an area was classed as a brownfield site.	Interim Forward Planning Lead	Information provided below

OS.101 The proposals included reference to the development of brownfield sites. In response to Member questions on this, the Interim Forward Planning Lead explained that they would email members more information on how long an area was classed as a brownfield site.



The National Planning Policy Framework (December 2023) provides the following definition of 'previously developed land' (also known as brownfield land):

"Land which is or was occupied by a permanent structure, including the curtilage of the developed land (although it should not be assumed that the whole of the curtilage should be developed) and any associated fixed surface infrastructure. This excludes: land that is or was last occupied by agricultural or forestry buildings; land that has been developed for minerals extraction or waste disposal by landfill, where provision for restoration has been made through development management procedures; land in built-up areas such as residential gardens, parks, recreation grounds and allotments; and land that was previously developed but where the remains of the permanent structure or fixed surface structure have blended into the landscape."

No time limit is specified for how long ago a site was, for example, occupied by a permanent structure, for a site to be classified as previously developed land. However, over time, some brownfield sites can gain importance for biodiversity, heritage or other reasons. Despite technically being classified as previously developed land, these issues would need to be considered in the planning balance if a development proposal was being considered.

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Report on HOSC October 15th 2024 for O&S

The main report was on winter planning. The demand for health services is highest in the winter. Key points of the current plan include

- advice to patients: Keeping well, Also Gloucestershire ASAP which gives comprehensive advice about dealing with various conditions. This includes self medication, & where to go for help e.g. pharmacy, GP, NHS 111, A&E. there is also advice for carers & people with mental health problems.
- Treasure seekers. Many patients attend A&E with acute mental health problems for which this is not the appropriate forum. Treasure seekers is an initiative where mental health professionals work alongside A&E staff too deal with those patients,
- Integrated flow hub looks at the patient pathway & there has been a reduction in 1.9 inpatient days per patient on average. This has resulted in a significant reduction of the number of patients who could be discharged but don't have the necessary care in the community set up (no criteria to reside)
- Integrated urgent care mobilisation. New clinical assessment service aims to reduce ambulance response times & waiting times in A&E & improve patient experience.
- Vaccination programme, seasonal flu & COVID programmes going well (also RSV)

Personalised care: "What matters to me." New form to help health care professionals work with patient with long term conditions, dementia, frailty & also palliative & end of life care. Liaison with voluntary, community & social enterprise sector (VCSE) to improve quality of life for patients & carers & improve communication.

Staffing: continued initiatives for recruitment & retention, including apprenticeships "Home grown" staff as well as external recruitment. Provision of support for recruits from the countries.

Quality improvement e.g. learning from patient safety episodes

Most cancer targets are achieved but certain areas continue to struggle, e.g. urology but this is a national problem. New diagnostic techniques e.g. for prostate cancer are being introduced.

Diagnostic delays: waiting times over six weeks are a problem in colonoscopy, cystoscopy & echocardiography. The targets for reporting non urgent MRI & ST scans are not being met.

General practice. Despite continuing provision of alternative services, e.g. clinical nurse specialists, social prescribing, the demand for GP appointments continues to rise. Over 40% of appointments offered are same day, urgent appointments.

Dentists. There has been increase provision of NHS dental appointments & the number of patients seen by an NHS dentist continues to rise. nearly 30% adults &

50% children were seen by an NHS dentist last year. I asked if there was any information about the number of people who had seen a private dentist but this information is not available.

Clearly, provision of adequate social care is crucial for improvements in the day to day functioning of the NHS. For example, If beds are occupied by patients who could be discharged, patients will be waiting in A&E for longer. If there are no beds available in A&E, patients can't be transferred from ambulances, hours of paramedic time are lost & the ambulance response time will be increased. So there is no simple answer to improving performance & patient experience.

There continues to be an emphasis on prevention e.g. falls prevention for the frail elderly, instruct on dental care in schools etc.

Please let me know if there are any topics you would like to be included in the work plan for the HOSC