COTSWOLD
District Council

Supplement for

OVERVIEW AND SCRUTINY COMMITTEE - MONDAY, 2 FEBRUARY 2026

10. **Updates from Gloucestershire County Council Scrutiny Committees** 3 - 6

Purpose

To receive any verbal updates on the work of external scrutiny bodies:

Gloucestershire Economic Growth Scrutiny Committee – Cllr Angus Jenkinson
Health Overview & Scrutiny Committee – Cllr Dilys Neill

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Report for Overview & Scrutiny Committee Feb 2nd 2026 from HOSC representative Dilys Neill

The most recent health overview and scrutiny committee at GCC took place on Tuesday January 27th.

Review of services for adults with learning difficulties.

About 2.6% of adults have learning difficulties, which is defined as a reduced intellectual ability which leads to difficulties with everyday activities, e.g. household tasks, managing money. In Gloucestershire, the current estimate that there are 12,000 adults with learning difficulties of varying severity. This review focused on the need to ensure that these people are supported and able to access health care. There are four learning disability teams in Gloucester, with a caseload of1,250 people and there is further provision for more intensive support. Berkeley House, the inpatient facility for individuals with learning difficulties with challenging behaviour or significant mental health needs is currently closed to admissions following a review by the CQC in 2023.

The vision for this project is that;

- People with learning difficulties will live gloriously ordinary lives in their community
- Where needed , care and support will be available in the right time, right place and provided by the right person

The review involved interviews with families and carers as well as staff involved in the provision of services. There have been a series of working groups and workshops

Approach

- Commitment to deliver care close to home
- Commitment to invest in community-based options for care and treatment. The modelling indicates this will reduce the need for inpatient specialist LD beds from current levels of 4 per year to 2 per year for Gloucestershire's population
- Commitment to access timely and 'appropriate' inpatient care if necessary (i.e. via reasonable adjustments and/or specialist facilities
- Use best practice; national policy and what our EbE's and families tell us to drive improvements

Most adults with learning difficulties are living in the community and the problems which they experience in negotiating daily life are often similar to those experienced by people living with dementia. Our commitment to making Cotswold a "dementia friendly district" could be extended to include adults with learning difficulties

5 year plan - online digital and technology

The move from analogue to digital is one of the commitments following the recent consultation on a ten year plan for the NHS

Context setting

- Demand for health and care continues to rise faster than workforce growth
- Digital and technology support: Safer, joined-up care o Faster access and decision-making o More efficient use of clinical time
- Digital is not an end in itself, it is an enabler of better care and sustainability
- Gloucestershire is building on a strong digital foundation, not starting from scratch

Following a recent survey, ir was found that people are interested in

- Sharing records
- Virtual care e.g. virtual wards which provide clinical oversight for people receiving care at home
- Apps and online access. The NHS app is used for ordering prescriptions, booking appointments and accessing health information
- Digital inclusion and choice. Barriers include cost of devices and connectivity, skills and confidence and preference for face to face care.

There are a series of DigiHubs throughout the county to support people who would otherwise be excluded

Priority areas

- Digital first, but never digital only
- Preserving choice in how people access care
- Assisted digital support where needed
- Simple, accessible service design
- Working with voluntary, community and local authority partners
- Using feedback to inform design before scaling solutions

Questions were raised about data security and the potential use of AI

Integrated performance report

This looks at provision of services across primary and secondary care, comparing Gloucestershire with the national average.

The demand for primary care appointments continues to grow. There is an understanding that a small number of patients have multiple GP appointments each year, efforts are being made to identify and proactively manage these patient, mostly with multiple pathologies and frailty.

Gloucestershire compares well with the rest of the country in meeting cancer waiting time targets. Areas where there are delays, e.g. urology are being addressed.

Diagnostics. There is a new diagnostics unit at Gloucester Quays, but there are still delays in some areas, e.g. echocardiography and endoscopy.

Urgent and emergency care was impacted by the strike of resident doctors at the end of last year but very long waiting times continue to reduce and ambulance handover times have improved significantly.

Strike by phlebotomists

There is ongoing industrial action by phlebotomists. The national recommendation is that phlebotomists are on Band 2 of the pay scale (£24,000 per annum) They are being offered Band 3 (£26,000 per annum) and some other benefits. A group of phlebotomists regularly attend the HOSC meetings while this is being address, but current remuneration is barely above the national minimum wage and needs to be addressed by central government.

Maternity services

Gloucestershire is included in the ongoing review of maternity services by Baroness Amos. Following a series of possibly avoidable neonatal and maternal deaths reviewed by the CQC significant changes have been made to improve the services. There has been a successful drive to recruit more midwives.

However, the birthing unit at Cheltenham General Hospital remains closed, and while women can still give birth at the unit in Stroud, the postnatal ward is closed. The main controversy is that Gloucestershire no longer offers a service for women wanting a home birth, and protesters attend the committee who were vocal in there opposition to this decision. We were told that there are not enough experienced midwives to cover a home birth service. Midwives attending home births are on their own and need to have years of experience to safely deliver this type of care. A recent death of a mother and baby during a home birth in Manchester was cited. However, some women wanting a home birth are now choosing a “free birth” where no medical practitioner is present.

Maternity services remain on the agenda for every HOSC

Following the death of a Stow resident with dementia who fell and broke his hip while an inpatient in Cheltenham, I am meeting with some of the Trust’s dementia care providers in Cheltenham next week