



Item	Subject
<b>(1)</b>	<b>Joint Scrutiny Etc. Meetings/Oral Updates as appropriate</b>
(i)	Gloucestershire County Council Economic Growth Scrutiny Committee – Minutes of meetings held on 18 November 2020 (attached).
(ii)	Gloucestershire County Council Health Overview and Scrutiny Committee - Minutes of meetings held on 17 November 2020 (attached).
(iii)	Gloucestershire County Council Police and Crime Panel - Minutes of Meeting held on 6 November 2020 (attached).
<b>(2)</b>	<b>Forward Plan – Update</b>

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 a meeting of the Gloucestershire Economic Growth Scrutiny Committee held on Wednesday 18 November 2020 virtually.

**PRESENT:**

Cllr Brian Robinson	Cllr Nicky Packer
Cllr Matt Babbage	Cllr Paul McCloskey
Cllr Kevin Cromwell (Chair)	Cllr Sajid Patel
Cllr Stephen Davies	Cllr John Murphy
Cllr Ben Evans	Cllr Gina Blomefield
Cllr Kate Haigh (Vice-Chair)	Cllr Simon Pickering

Officers in attendance: Mike Dawson, David Owen, Sophie Benfield, Simon Excell, Colin Chick, Angela Presdee and Rupert Waters

Apologies: Cllr Klara Sudbury

## **2. DECLARATIONS OF INTEREST**

No declarations of interest were received.

## **3. MINUTES**

The minutes of the meetings held on 23 September and 21 October 2020 were approved.

## **5. WORK PLAN**

- 5.1 The Chair informed members that they had met with officers and the Chair of the GEGJC to consider the work plan for the remaining two meetings of this Committee. It was noted that March would be the final scrutiny Committee of this Council term.
- 5.2 The attached document was shared with the Committee as a list of potential items for the January and March 2021 meetings, items that the Committee have previously requested and that officers thought would be timely.
- 5.3 The Committee approved the list of topics and agreed the Chair would work with officers to produce a work plan for the two sessions and share this with members.

**ACTION:** Chair/DSU

## **7. MODERN METHODS OF HOUSING CONSTRUCTION**

7.4 The Chair invited Michael Craggs, Development & Asset Management Innovation at Bromford, to present this item. Members noted the following points from the presentation:

- Slides 2 and 3 gave an overview of the reasons for the introduction of modern methods of construction (MMC), it was key to understand that these new forms were not to replace traditional construction, but to work alongside it and support the traditional market.
- There was a noticeable and growing shortage of skilled construction workers. A majority of this trade were now in the 50+ age bracket and the current apprenticeships level were not likely to fulfil the level of skilled jobs needed to address the current housing shortage.
- Brexit would have a further impact on this due to the uncertainty of European workers migrating to work in the industry, plus a potential shortage of materials and tariffs on goods coming from abroad.
- Homes England were in Purdah at the moment so were unable to comment at this meeting but it was confirmed they had begun to allocate funding for MMC houses, which was a really positive step forward for the industry.
- The main benefits of using MMC was: a reduction in wastage (it was estimated that 1 in 5 homes were lost to waste using traditional building), reduction in carbon use through construction, reduced delivery times and a reduction in skilled labour reliance.
- There were currently 7 types of MMC, Slides 4 and 5 categorised them into five groups. Volumetric and Pods were normally used in the hotel/leisure industry and panelised systems were the most common used in house construction.
- The Volumetric builds were delivered in 2-3 pods, and could be fully fitted offsite. It was usual then for the completed pods to be delivered on to site when it is two-thirds of the way complete e.g. ground works/infrastructure/services completed. There was then a 7 day turn around from the day of delivery.
- The MMC Pods on the other hand, tended to come as room pods e.g. kitchen or bathroom, they were made in factories and fully fitted and then placed into an already completed structure.
- Slide 6 showed a picture of a Legal and General factory in Leicestershire, they produced 3,500 units at peak.
- Slides 7-9 showed examples of various MMC products delivered in Gloucestershire. The Timber Volumetric construction tended to be the more favoured MMC option for residential – the speed of construction was estimated about half the time of a traditional site and was not labour or skill reliant, but pre-planning of the site infrastructure is essential.
- There were a growing number of MMC manufacturers and suppliers available now, estimated about 140+ companies. There was therefore a lot of choice so it was absolutely essential that housing providers had an evaluation framework and process, which could then be altered to address and weight the different requirements of particular local authorities, planners or sites.

- There had been a lot of conversation around quality assurance for these builds. BOPAS were the Build Offsite Property Assurance Scheme which tend to be the standard warranty provider for MMC. They normally offered a 6 year warranty, but providers were now beginning to ask for more assurance, e.g. 25 years.
  - NHBC in the last 12 months had also begun to support MMC builds which had been really welcomed by providers.
  - As previously mentioned, Homes England have had a massive shift towards supporting MMC, considering that 5 years ago it was not on their agenda. Slide 14 outlined some of their recent commitments, including pledging to support at least 25% of new homes to be MMC.
  - It was noted that MMC was slightly more expensive at the moment, but this could be put down to the wide choice on the market, no investment was going into one area.
  - Another key priority for the MMC agenda needed to be ensuring new homes were retrofit ready e.g. ready to fit solar panels, battery storage and moving away from gas use, making sure new homes were ready to receive these changes, rather than having to go back and carry out a lot of work and expense retrofitting.
  - The final slide offered questions for future consideration on this issue.
- 7.2 Members particularly noted the cost implications of MCC at the moment and there was a lengthy discussion about what scale Gloucestershire would need to reach before MMC's would become financially beneficial.
- 7.3 It was advised that MMC came out at present at about 10% more and there was a level of uncertainty and risk around delivery and payments. As with everything, once you start to get some economy of scale, the cost would begin to come down, potentially not significantly but the other benefits may outweigh this.
- 7.4 A manufacturer would need about 250 units through the factory per annum to breakeven. The problem being at the moment, there were too many small factories trying to serve a relatively small market. It was likely that purchasers will start to favour particular manufacturers which will draw down the needed economies of scale.
- 7.5 Bromford for example as a registered housing provider would be looking to partner with a particular manufacturer to deliver its MMC quota, and build reliance to deliver in the long term. It was not thought a provider would begin to see economy of scale for a few years. The better Gloucestershire got at designing and producing MMC builds, the quicker it would likely begin to see the financial reductions
- 7.6 Considering the economic benefits of using MMC, it was noted that MMC factories did not need a lot of employees to run. If a factory were brought to Gloucestershire, it would like only need around 20 employees so the industry was not a big employer per se. However from a supply chain perspective, it would certainly help increase the developments sustainability to be

producing locally. There have been examples of manufactures producing 'pop up' factories to support a particular scheme over a set timeframe.

- 7.7 It was acknowledged that there was nervousness about the long term quality of MMC housing. In response, it was advised that England were only just starting to touch base with this industry and not many registered providers had delivered anything in scale yet, it was largely still an untested territory.
- 7.8 The nervousness however was impacting the ability of providers to get funders on board at this stage; the providers were the ones being left with a lot of the financial risk which was not a usual situation.
- 7.9 It was advised that customers wouldn't expect to see any changes in repair timescales/costs compared to traditional builds. The things that normally need repairs such as a kitchen or bathroom still occur the same.
- 7.10 Regarding retrofitting housing, it was advised that was no difference adapting MMC to traditional builds, but they were potentially more convenient as some of the construction could be done offsite by removing the pod, for example.
- 7.11 It was stressed at this point that it was vital for MMC manufacturers to be on board with the carbon neutral adaptations that our future housing will need and therefore produce structures ready to take these changes when needed.
- 7.12 A member asked for clarity on the role of Homes England. It was reiterated that they were absolutely beginning to support and fund the delivery of MMC. There was an expectation that all of Homes England's wave two providers (Bromford being one of those) would deliver 25% of MMC housing going forward. It appreciated that MMC was part, but not all, of the solution to the UK's housing needs.

**ACTION: Share further information regarding Homes England and MMC**

- 7.13 It was added that Gloucestershire was very much a growing place. In its existing plans alone between 2011 and 2031 we were looking to deliver 61,000 new homes, and if you project that 2041, this could be an additional 33,000.
- 7.14 In response to a question on any additional risk or reduction in quality using MMC builds, it was advised that there was some scepticism around using the MMC but this had potentially come from an over scrutiny of the sector, which you never really saw with traditional methods. In regards to the warranty, providers could push for 100 years but it was unlikely we will be asking the same questions of construction in 100 years time, 75 years would be sufficient.

- 7.15 In conclusion, it was agreed that the Committee would welcome inviting some local manufacturers/developers to a future meeting to understand what their views were.

**ACTION: Produce questions potential questions**

#### **4. GLOUCESTERSHIRE ECONOMIC GROWTH JOINT COMMITTEE UPDATE**

The Chair invited Cllr Patrick Molyneux, Chair of the Gloucestershire Economic Growth Joint Committee (GEGJC), to present this item, giving the Committee an update on the morning's meeting and Members noted the following points:

- There was a presentation on Gloucestershire's skills agenda from the LEP. The Committee heard about the new skills portal which brought together all national and local support for projects on skills into one place. This had been produced by collaborating with skills leads from across the districts. GCC had provided substantial funding towards this and worked alongside the LEP on delivering this project. Members were encouraged to visit the website and feedback on its content/nature: [www.skillsportalglos.com](http://www.skillsportalglos.com).
- The portal included information on careers advice, retraining and upskilling, apprenticeships, support for individuals and businesses facing redundancies, and delivery of the digital and cyber skills learning programmes.
- All of these proposals would form part of the Gloucestershire Skills Strategy and monitored by the Gloucestershire Skills Advisory Panel, which report into the LEP Board and GEGJC.
- There was a very exciting presentation on the [Kings Quarter Regeneration](#) project in the heart of Gloucester. It was noted how great it was to see so many projects like this around the county all following similar themes (cyber/digital) and moving at a considerable pace.
- The project would aim to be carbon neutral in its running and would look into how to mitigate and offset carbon during its construction. The buildings would be sustainable and the development also included the largest green wall in the South West.
- An update on the local plans and the key delivery projects around the county.
- Strategic planning statement of common ground was still being worked on and would be brought to the GEGJC meeting in January (additional date on 20 January 2021).
- The Business Rates pool item included a match funding request, which was approved, for the LEP to run until March 2023.

#### **6. DISTRICT MEMBER FEEDBACK**

The Committee noted the following updates:

##### **6.1 Cllr Paul McCloskey – Cheltenham Borough Council**

The Council had recently approved the Minster Innovation Exchange development to begin, after being awarded £3.114m funding through the LEP's 'Getting Building Fund'.

The full report can be found at the following link:

<https://democracy.cheltenham.gov.uk/documents/g3263/Public%20reports%20pack%2016th-Nov-2020%2016.00%20Council.pdf?T=10>

It was offered if the Committee would like further detail on this project, the member could enquire.

## **6.2 Cllr Simon Pickering – Stroud District Council**

The Member reiterated the information in the Director's report later in the agenda that the Council had recently received a successful Heritage Lottery Bid for canal restoration (opening up the canal from Thrupp through to Sharpness at Saul Junction). This work would have a positive impact on tourism, employment and economic development for the District and County as a whole.

It is also applying for the [One Public Estate](#) government grant, and working GCC and the LEP to locate land within the district that could be developed into housing.

The Chair thanked members for their feedback and encouraged others to continue using this opportunity.

## **8. GFIRST LEP ITEM**

The Chair invited David Owen, Chief Executive of the GFirst LEP, to present this report. Members noted the following:

- The LEP thought it would be useful to see the latest economic data that had been produced and circulated regularly throughout the pandemic.
- Members were reminded that when the LEP started their recovery planning earlier in year, the forecasting showed a GVA hit for Gloucestershire's economy anywhere in-between 9-29% (between £400m-£1.2b per quarter), the job loss for the county would be expected between 26-29,000 and recovery would begin somewhere between Quarter 3 2022 and Quarter 3 2023.
- The latest data set showed:
  - A drop in the claimant count for September;
  - Youth employment had started to become more of a worry, nearly 20% of claimants in the county were young people;
  - Job postings were getting better but still had a long way to improve back to pre-Covid levels;
  - The total number of furloughed workers at 31 August 2020 was 30,700. They would expect to see a steady increase in the next few months due to lockdown 2.

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

- Gloucestershire businesses had to date claimed £483m in Bounce Back Loans from the Government which was quite a significant risk; and
- Gloucestershire was currently showing in the lowest risk category in terms of Covid impact and recovery and therefore in the most resilient category.
- The LEP were really pleased to be working with GCC to launch the skills portal which was going to be really important in the New Year.

## **CHAIR**

Meeting concluded at 15:20.



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## **Future item suggestions**

### **Modern methods of construction:**

- Following the presentation today, it could be an option to continue this for another 2 Committee meetings, focusing on different aspects:
  - November meeting: registered housing providers/affordable housing sector
  - January: private sector – invite the LEP Construction and Infrastructure Group
  - March: speak to manufacturers in the industry
- The Committee may then want to consider some recommendations to GEGJC following this piece of work.

### **Update on the county's Growth Hub service:**

- What the model is in each area
- How the different tiers of service work and interact with each other
- What are the costs
- Are there any improvements that could be made

### **Local housing provision:**

- Mike Dawson presented a report to the GEGJC Committee this morning – is there anything the Committee want to pick up on here?

### **Skills agenda:**

- Pete Carr gave an update presentation on this to the GEGJC Committee this morning, is there anything the Committee want to pick up on here?

### **Social mobility (to include the Power of 3)**

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# HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Health Overview & Scrutiny Committee held on Tuesday 17 November 2020.

This meeting was a remote access meeting - to view the meeting on the Gloucestershire County Council website, please go to the link [here](#).

## PRESENT:

Cllr Brian Robinson (Chair)	Cllr Suzanne Williams
Cllr Paul Hodgkinson (Vice-Chair)	Cllr Martin Horwood
Cllr Brian Oosthuysen	Cllr Dilys Neill
Cllr Nigel Robbins OBE	Cllr Collette Finnegan
Cllr Terry Hale	Cllr Steve Lydon
Cllr Stephen Hirst	Cllr Jill Smith
Cllr Pam Tracey MBE	

## Officers

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

Mary Hutton – Accountable Officer and ICS Lead  
Dr Andy Seymour – Clinical Chair  
Ellen Rule – Director of Transformation and Service Redesign  
Becky Parish – Associate Director Engagement and Experience

### **Gloucestershire Hospitals NHS Foundation Trust**

Deborah Lee – Chief Executive  
Peter Lachecki – Chair  
Simon Lanceley- Director of Transformation  
Prof Mark Pietroni - Director for Safety and Medical Director

### **Gloucestershire Health and Care NHS Foundation Trust**

Paul Roberts – Chief Executive  
Ingrid Barker – Chair  
Angela Potter, Director of Strategy and Partnerships

### **Gloucestershire County Council**

Sarah Scott – Director of Public Health  
Cllr Carole Allaway Martin, Cabinet Member for Adult Social Care  
Commissioning  
Cllr Kathy Williams, Cabinet Member for Adult Social Care Delivery  
Cllr Tim Harman, Cabinet Member for Public Health and  
Communities

### **Gloucestershire Healthwatch - Gill Bridgland**

**1. APOLOGIES**

Apologies were received from Cllr Helen Molyneux (Forest of Dean District Council) and Cllr Robert Vines (Gloucestershire County Council).

No substitutions were made.

**2. DECLARATIONS OF INTEREST**

No declarations of interest were made at the meeting.

**3. MINUTES**

The minutes of the meeting held on 22 October 2020 were confirmed as a true record of that meeting.

**4. PUBLIC REPRESENTATION**

**Phlebotomy Services in the South Cotswolds**

One public representation was made at the meeting.

The following statement (including several questions) was submitted by Marco Taylor in response to concerns relating to Phlebotomy Services in the South Cotswolds.

**Statement** (taken as read at the meeting)

Further to my earlier representation, (at the Health and Overview Scrutiny Committee meeting on 15 September 2020), regarding the un-consulted degradation in access to phlebotomy services in the South Cotswolds, I note that the Clinical Commissioning Group has provided a report regarding the background.

There are a number of inaccuracies and omissions that I wish to highlight to the committee for further scrutiny. Wait times for blood tests at local GP practices have now typically increased to 3-4 weeks and in addition local evidence of inexperienced staff requiring several attempts to successfully find a vein and take a blood sample are common, creating a distressing experience especially for nervous patients.

I can contrast this to my direct experience of the pre-bookable hospital service in August where I was able to get a next day appointment and have my blood sample taken very easily. The result is many patients requiring primary care blood tests are now having to unnecessarily having to travel to Gloucester as they cannot wait a month for a test and as there is no direct bus service to Gloucester from Cirencester this is having a disproportionate impact on those who are unable to access a car or drive, typically older and more vulnerable people. Furthermore, this is exposing more people unnecessarily to environments with a higher risk of COVID-19 transmission.

In addition to raising the serious concerns, I would like to raise the following key questions for the CCG to respond to and the committee to scrutinise their responses:-

- 1) At the previous meeting I requested evidence of what consultation had taken place with the local community about the changes to phlebotomy services. No evidence was provided other than reference to engagement with the patient participation group.

I have searched the last two years' agendas of the CCG PPG and have found only one agenda item in February 2020 with the description: *"Jo gave a brief update on how Phlebotomy Services are currently provided in Gloucestershire"*.

There is no indication of a discussion about future changes nor any form of meaningful consultation, let alone how many members of the Cirencester community were involved.

There is also reference to a link to an "Experiences of using Phlebotomy Services in Gloucestershire (blood tests)", which it is noted no reference has been made to as part of any decision making process.

Please can the CCG provide details of the full extent of consultation that took place related to this change in care setting for key community health services be provided including specifically how many members of the Cirencester community were involved?

- 2) Also at the previous meeting, I requested evidence that the needs and challenges reflecting the Cirencester area were examined separately from the conurbations of Cheltenham and Gloucester, (where access to alternative phlebotomy services is far more readily available).

The report submitted again states that one of the reasons for the change was that *"High levels of demand within the hospital setting led to long waiting times for many patients. At least once a week on average, hospital services had to close earlier than scheduled in order to manage safely the number of patients waiting, with some patients then needing to come back on another date"*.

However, any such instances have not been known at Cirencester hospital nor has any further evidence of such an issue existing in the Cirencester area been provided.

Please can the CCG provide this evidence specific to Cirencester and, if not available, acknowledge there was in fact no such need for this change?

- 3) Despite numerous local residents writing in to advise of the lack of access to testing for those requiring phlebotomy services related to secondary care. When the hospital service was discontinued, there was no phlebotomy provision for those requiring secondary care in the Cirencester area for some

weeks until the half a day a week service was introduced (resulting in six week waits for appointments).

Can the CCG please explain why there was no provision made prior to the change in the service?

- 4) The report to the health overview & scrutiny committee in March 2020 stated that: *"[the CCG] are confident that when fully implemented these new local arrangements for taking blood will make a real difference for patients"*.

Further to this, the report provided for the November 2020 meeting adds: *"The CCG wanted to improve this service for patients by ensuring all patients have timely access to a safe and high quality community phlebotomy"*. It is clear that the new arrangements are unable to provide either a timely service, nor a high quality experience.

Can the CCG please explain how they are monitoring the impact of these changes to ensure the same level of service (near universal access to next day high quality blood testing) will be provided and what further corrective action is planned to reduce wait times and increase the quality of service?

- 5) The report submitted states that: *"A reduction in footfall at these sites has also allowed Page 2 3 them to provide a COVID-secure service, which would not have been possible prior to the changes."* This is false and mis-leading.

With effect from August 2020 phlebotomy appointments at Cirencester hospital were only available via an on-line booking system. This allowed demand for the services to be readily managed and still retained access to at worst next-day appointments, thus proving the above assertion as false. The new approach for secondary care appointments is now by phone only, not only narrowing the window people have to book access to these, but also reducing transparency of the extent of waiting times for vital community health services.

Please can the CCG acknowledge this statement is incorrect and misleading?

- 6) The report submitted also states: *"For those patients who would have made use of hospital 'drop in' phlebotomy clinics for GP requested blood tests, the move to a new service model with phlebotomy provided from their GP practice, is intended to result in reduced travel and waiting times and the avoidance of hospital car parking charges"*. This is again false.

Waiting times for blood tests have increased from a next day service to a near one month wait at GP practices. Car parking at Cirencester hospital is free and in fact with more patients now having to drive to Gloucester to get timely blood tests as they cannot wait a month, this means far more Cotswold patients have to pay parking charges that they would not of needed to accessing services at Cirencester hospital under the old regime.

Again, can the CCG confirm how they are monitoring the impact of these changes and will ensure the promised benefits are realised?

- 7) Lastly, the concluding section of the paper states: *"COVID-19 concerns around patients attending an acute hospital setting, coupled with the general direction of travel towards more non-face to face consultant appointments, has led to a significant increase in demand within primary care for blood tests, including blood tests for oncology patients and patients with long term conditions. This rapid increase in demand is such that it is frequently outstripping the phlebotomy capacity available within primary care"*.

This risk was clear when the CCG announced the un-consulted changes to phlebotomy in Cirencester in July and flagged by a number of local residents.

Can the CCG explain why they chose to press on with these damaging changes in the middle of an international pandemic when it was clear primary care services were already under stress?

Also, given these changes can the CCG confirm that full blood testing services will be reinstated at Cirencester hospital that has the facilities to provide this much needed capacity ready and waiting?

At the meeting itself, Mr Taylor reiterated his concerns and spoke of a 'clear deterioration' in blood testing services accessible to people living in the South Cotswolds area. Relating the concerns to the length of time people had to wait for blood tests; an unacceptable number of people needing to travel to Gloucester Royal Hospital for blood tests; travel limitations of people requiring blood tests but reliant on public transport in a rural location; inexperienced staff issues; additional pressures placed on GP's and the lack of public consultation prior to making the changes.

Mr Taylor referred to the overall negative impact of the concerns and the disappointment in the promise of the Public Participation Group, a group he believed had only met on one occasion.

The concerns were noted, with the agreement that the responses would be made during consideration of item 5 of the agenda (Community Phlebotomy Services).

Mr Taylor was thanked for his participation at the meeting.

## **5. COMMUNITY PHLEBOTOMY SERVICES**

Mary Hutton, (Accountable Officer for Gloucestershire NHS CCG/Lead Officer for One Gloucestershire Integrated Care System ICS), referred members to the report on Community Phlebotomy Services.

In response to the public representation made by Mr Marco Taylor at the September committee meeting, (and to the public representation made by Mr Taylor at this meeting), the committee received an update on community



phlebotomy (blood testing) services. The purpose of the update was to brief members on the rationale for making changes to community phlebotomy services in Gloucestershire, including recent revisions to the service arrangements in the Cirencester area.

Referencing a review of service provision in 2019, (involving consultation with GP's across the county), followed by updates to the committee in March, July and September 2020, members were advised that, prior to the recent changes, community phlebotomy services had been provided in a range of settings/locations across the county, including 'drop in' hospital clinics and at GP practices. Blood tests can be requested by a range of clinicians, including GPs and by hospitals based clinical teams.

Before the changes, some patients had been able to access local phlebotomy services at local GP practices, whilst other patients had to travel to a hospital setting to receive a blood test. High levels of demand within hospital settings had resulted in long waiting times for many patients. On occasions, services had to close earlier than scheduled in order to manage the high volume of patients requiring tests, with some patients having to revisit the hospital at a later date.

To address the situation, the CCG had endeavoured to make improvements to the provision of phlebotomy services with the aim of ensuring all patients had timely access to a safe and high quality community service at a location as near to their home as possible and, in doing so, providing a consistent service across the county.

Following changes introduced over the summer, blood tests generated by a GP or Practice Nurse continued to be provided by primary care services, whilst blood tests generated as part of a hospital outpatient appointment was now the responsibility of the hospital managing the patients care.

The CCG had funded all 73 Gloucestershire GP Practices to start the provision of phlebotomy services for patients requiring 'primary care requested' blood tests from 1 July 2020 (1 August 2020 in Cirencester). Acknowledging specific issues affecting the Cirencester area, additional temporary arrangements had been put in place, (to be supplemented by additional permanent arrangements from 2 December 2020).

A consequence of the changes had been a notable increase in CCG spending on community phlebotomy services. Furthermore, in response to the Covid-19 emergency and the need for social distancing requirements, some appointments were taking longer than anticipated.

Members were advised that, prior to the changes, the total demand for providing phlebotomy services at the Gloucestershire Royal, Cheltenham General and Cirencester Hospitals, had often been so great, the resources available for providing the services had been significantly overstretched.

GP practices now had their own in-house phlebotomy capacity from which to manage community phlebotomy needs, allowing hospital based phlebotomy services at Gloucestershire Royal and Cheltenham General Hospitals the ability to

better manage outpatient secondary care phlebotomy demand successfully. A reduction in the footfall at each site allowed the county's Acute hospitals to provide a COVID-secure service, a factor which might not have been possible prior to the changes.

For patients accessing GP requested blood tests at local GP practices, there was no change. The only change was that the GP practices were now remunerated for providing blood testing services. For patients who had previously been required to use hospital 'drop in' phlebotomy clinics for GP requested blood tests, it was hoped the move to the new service model, (provided by GP practices), would help reduce travel and waiting times, and avoid hospital car parking charges.

In addition to the changes to community phlebotomy services, separate, additional changes had been made to the secondary care phlebotomy services provided at the Cirencester Community Hospital. New arrangements allowed patients to book secondary care blood tests at the hospital if required by a consultant. It was acknowledged that these changes had resulted in some patients having to travel further for secondary care requested phlebotomy appointments where GP practices had been unable to accommodate urgent requests. Whilst some GP practices had adapted to the changes more quickly than others, this had not been the case in all areas. With the added impact of the Covid emergency on recruitment issues and supply issues creating a significant backlog, the service provision in the Cirencester area had taken longer to set up than in other areas.

In response to concerns about accessing services in the Cirencester area, the Hospitals NHS Foundation Trust had quickly reinstated a bookable Monday morning phlebotomy clinic at the Cirencester Community Hospital for patients needing blood tests as part of consultant outpatient care. This service had been extended to providing two bookable morning clinics a week from 12 October 2020.

From 2 November 2020, the Gloucestershire Health and Care NHS Foundation Trust had assumed overall responsibility for providing phlebotomy services at Cirencester Hospital, allowing patients aged 16 and over, where their consultant required them to have a blood test, to access the service three days per week (Monday, Tuesday and Friday). It was hoped this service would be expended to five days a week from December 2020.

To manage resources effectively and to ensure safe social distancing measures, this service now offered a bookable (virtual) service for patients to make appointments via a dedicated booking line (0300 421 6215) on each weekday between 9am and 3pm.

Due to Covid-19 arrangements, there had been a significant increase in the demand for blood tests within primary care, including blood tests for oncology patients and patients with long term conditions, (not covered by the CCG GP funding). This rapid increase in demand had seriously impacted on the phlebotomy service capacity within primary care.. Acknowledging members concerns, it was confirmed that work was underway with partners from the Integrated Care System (ICS) to develop a more sustainable and countywide approach to delivering phlebotomy services.

The NHS CCG was confident that, overall, phlebotomy services across the county would benefit from the changes and provide a better experience to patients.

In response to the briefing, several members remained resolute in their concerns about phlebotomy services, particularly in the Cirencester area. One member emphasised the challenges of accessing services at Gloucester and Cheltenham hospitals when having travel from a rural location. Another member suggested that the changes had been completely un-satisfactory and needed to be reviewed. One concern was the need for reliable evidence, with a request to include performance indicators and data to support the narrative in update reports. **The request was noted.**

Questioning the use of government funding to fund GP's, members also questioned the timing of the changes, (during the pandemic), and whether the funding could have been put to better use. A key issue raised by several members was the lack of consultation on the changes. Other members stated they had not experienced any issues in the services provided by GP practices and enquired why Cirencester had been so affected. One member commended the efficiency of the service from personal experience.

Responding to the comments, Dr Andy Seymour, (Clinical Chair at CCG/ISC), reiterated the impact of the pandemic on service provision and the challenges presented in recruiting experienced staff to support the changes to phlebotomy services. He confirmed that the changes would continue to be monitored and that a full review would be undertaken after the Covid-19 emergency.

Mary Hutton reported a reduction in the number of complaints about phlebotomy services across the county, (with the exception of the Cirencester area), and was confident this would continue going forward. To unpick the changes at this stage would be detrimental.

Commending the robustness of the discussion and acknowledging the strength of concern from some members of the committee and from members of the public from the Cirencester area, it was agreed that the committee would receive further updates on the changes to phlebotomy services in 2021. **Action by – NHS GCCG**

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

Mary Hutton, (Lead Officer from the NHS CCG/One Gloucestershire Integrated Care Service), and Dr Andy Seymour (Clinical Chair), gave an update on the performance of the Gloucestershire CCG against NHS constitutional and other agreed standards. A summary of performance against national and local standards, as reported to the GCCG Governing Body, formed part of the update.

At the time of the meeting, it was confirmed that the number of Covid-19 cases across the county was increasing, with a significant increase in the number of hospital admissions. The number of cases was higher than anticipated, with increased pressures placed on urgent care services. It was important to note,

however, that both Covid-19 and Non-Covid-19 patients were still able to access beds and services across the county.

Overall, Gloucestershire was performing well in comparison to the national position, with the exception of the A & E 4 hour performance standard. It was confirmed that there had been a significant decline in overall A & E performance locally, largely attributed to the Covid-19 measures in place in relation to infection, prevention and control and social distancing. Such measures had impacted significantly on the performance of the emergency department at the Gloucestershire Royal Hospital site.

Cancer performance targets had improved over the summer months, particularly in meeting the 62 day standard. Gloucestershire compared well to the national position in relation to all cancer targets.

Work on improving diagnostic performance standards was continuing but still significantly impacted by the COVID-19 emergency. Performance had, however, stabilised, with some signs of recovery.

Responding to specific questions on the pressures placed on Gloucestershire Royal Hospital from having to respond to the Covid-19 emergency, members were assured that every effort was being made to prepare for a second wave of the virus and the impact of such on the county's hospitals during the winter.

Particular concern was expressed about the need to cancel planned surgery, as had been reported on the radio the previous day. Mary Hutton acknowledged the concerns and informed the committee that a considerable amount of work was being taken to address the issue, including a revision and enhancement of the winter plan. It was noted that Gloucestershire was one of the few hospital trusts in the region continuing to prioritise cancer patients. A huge effort was being undertaken as part of a joined up team effort and working programme.

Acknowledging concerns about ambulance waiting times at Gloucestershire Royal, and conscious that, whilst the system was currently not performing as well as it should be, it was also pointed out that emergency departments in Gloucestershire were coping better and less crowded than in other parts of the country.

The committee noted the significant amount of work being invested in responding to the challenges of the pandemic and commended the efforts of all those involved. Several members expressed strong support for the work being undertaken and a concerned understanding of the demands being placed on NHS staff.

One member enquired whether a dashboard of performance data from other local authorities could be provided for the committee to draw on comparisons with other hospital trusts. The request was noted and it was agreed to look at developing the performance report to include comparisons with other regions in 2021. **Action by – NHS GCCG**

The performance report was noted.

## **7. DIRECTOR OF PUBLIC HEALTH UPDATE**

Sarah Scott, Director of Public Health, gave an update on Covid-19 related data for Gloucestershire. The update referenced information included in the Gloucestershire Covid-19 Weekly Summary (Week 45) document, based on data for the period 2 to 8 November 2020. It was noted that the data was updated daily and that the information presented at this meeting was now retrospective. The summary sheet is attached to the minutes of the meeting and available on the GCC website.

Concerns were noted about the rapid increase in the number of Covid-19 cases across many parts of the county during recent weeks. The increase was notably larger in specific age groups, primarily the 19-35 age group and in elderly people. Data continued to be analysed daily and was under constant review.

Clarifying that the number of Covid-19 related cases in Gloucestershire continued to be lower than in other areas of the South West, the Director of Public Health hoped transmission rates would start to decline following the introduction of new lockdown measures. Concerns remained about the impact of the virus on the county on entering the winter period.

Robust track and trace testing was being carried across the county, with a Gloucestershire Contact Tracing Pilot being introduced from 19 November 2020.

Noting concerns about a recent experience at a mobile testing unit, a member was informed that the county was following strict government testing guidelines.

Questioning the arrangements for conducting tests in respect of care home staff, the Director of Public Health confirmed staff were tested weekly and care home residents every 28 days. It was noted that recent data indicated an increase in the number of staff contracting the virus but a slight decrease in the number of residents who tested positive. At the request of the committee, it was agreed to provide data on this issue after the meeting. **Action by – Director of Public Health**

Personal Protective Equipment (PPE) supplies plus training on how to conduct testing in care homes was being rolled out, in addition to revised guidance on the arrangements for care home visiting. The decision on whether to allow visiting in care homes was the responsibility for care home managers. The NHS CCG confirmed that there were fewer Covid-19 patients admitted to hospital from care homes during the second wave of the pandemic.

When asked what support members might provide to their local communities, the Director of Public Health reaffirmed the need to remain vigilant about adhering to basic government guidelines. This would be particularly important during the anticipated roll out of a possible vaccine prior to Christmas.

The Director of Public Health also reinforced, (on entering the second wave of the pandemic), the importance of raising awareness about the mental health support available across the county and, wherever possible, for members to encourage people to seek help, if needed. Referring to the significant number of factors that can influence a person's mental health, Sarah advised the committee that

promoting mental wellbeing was everyone's business. It was suggested that a separate mental health briefing might be useful for all councillors/district representatives and the suggestion was noted. In the meantime, members were advised to promote the services commissioned by the Gloucestershire Public Health Team on the GCC website in their local areas.

Enquiring about the continuation of Mental Health First Aid training during the pandemic, the Director of Public Health agreed to make enquiries and report back via email the current position. Since the meeting, an email from Claire Procter, (Head of Commissioning - Sexual Health and Mental Wellbeing at Gloucestershire County Council), was circulated to the committee in response to the question.

Enquiring about the contact tracing pilot about to be launched in Gloucester later that week, it was confirmed that the decision to roll out the 2 week pilot in Gloucester City had been based on the urban and densely populated characteristics of the city. Members requested that that outcomes of the pilot be presented to the committee at a later date and the request was noted. **Action by – Director of Public Health.**

The committee thanked the Director of Public Health for the update, including the information on the multi-agency work being carried out in response to the pandemic.

The date of the joint committee meeting of the Health Overview and Scrutiny Committee and Adult Social Care and Communities Scrutiny Committee on 26 January 2021 was noted.

## **8. ONE GLOUCESTERSHIRE INTEGRATED CARE SYSTEM (ICS) LEAD REPORT**

Mary Hutton, (representing One Gloucestershire Integrated Care System), introduced the report by emphasising the need to consider the needs of the population in response to the Covid-19 pandemic and planning for the anticipated pressures on the NHS during the winter months.

It was explained that work on the future needs of the Gloucestershire population was a major focus of work, relying on feedback from the public, patients, carers and staff to help plan how the system needed to change and adapt going forward.

Recognising the extreme pressures placed on carers nationally, a key focus of work was to understand the activities required to support the carers in the county. The results of an online survey completed over the summer, (inviting Gloucestershire Carers to share their experiences and asking how ICS could support them), was completed by 273 carers. The results of the survey had been presented at various meetings, including the CCG Executive Group.

In addition, Gloucestershire Carers Hub was organising a Gloucestershire Carers Rights Week event to be held later in the month to showcase various aspects of wellbeing support available to carers from a variety of means.

Dr Andy Seymour, (Clinical Chair), referred to the collaborative work that had been undertaken in many parts of the country to recognise/early diagnose a repercussion of Covid-19, referred to as silent hypoxia, (where a patient is not getting enough oxygen to the body). In response to the idea of introducing home oximetry (measuring the level of oxygen in a person's blood in their own home), a Covid-19 Virtual Ward had been developed and implemented in several regions around the UK.

The aim of developing a Covid-19 Virtual Ward was to identify patients showing signs of early deterioration in the community and where clinically appropriate, increase their care to provide better results for the person. The Gloucestershire Covid-19 Virtual Ward model to support clinicians to follow up and monitor patients, (confirmed with or suspected to have Covid-19 and at a higher risk of deterioration), within their own homes. Dr Seymour informed members that use of the virtual ward would be rolled out across the county during the next few weeks and would be a great help to the system.

Noting the emphasis on mental health referred to in the Director of Public Health's update to the committee, Mary Hutton reiterated the need to adapt mental health services to deal with the impact of Covid-19 on the mental health of the county, including children and young people.

During the first phase of the pandemic, a children and young people wellbeing chat-line had been made available during weekdays from 9 to 5pm, providing guidance and support to the young people of the county and a parent support line. Both functions had been provided throughout the summer holidays and extended from September onwards. The service had been recently adapted to include a wellbeing lunch time 'drop in' service for Secondary Schools, to be rolled out to all Trailblazer Secondary Schools.

Responding to questions, members were informed that the support offered to children and young people across the county was made up of various components, (not just a chat-line service), and was being developed to meet the needs of children and young people as they emerged. Advising members that this extensive piece of work would continue into the New Year, **it was suggested a briefing note be provided to members on the progress of the work in 2021.**

Responding to questions on the work being undertaken in response to the impact of Covid-19 on eating disorders and the expectation that referrals to an urgent appointment service that was offered, (offering urgent appointments and physical health monitoring), might increase as a result of the pandemic, (at the time of the meeting, referrals had increased by 25%), it was confirmed that extra resources for the service had been provided and that the referral rate was under weekly review. **An update to be provided in 2021.**

The One Gloucestershire Integrated Care System (ICS) Lead Report was noted.

## **9. GCCG CLINICAL CHAIR/ACCOUNTABLE OFFICER REPORT**

Introducing the report, Mary Hutton, (representing GCCG and One Gloucestershire Integrated Care System), asked whether the content of the report was too broad and if the information needed to be adapted?

In response, members commended the report and welcomed the depth of information it provided. It was suggested, however, that, in order to maintain the level of information provided to members in between meetings, **the report needed to be supplemented with regular updates and briefings, to be circulated via email.**

Responding to questions on the Covid-19 Emergency, Mary stated that the response to the pandemic continued to be managed month by month. At this stage in the response, there could be no guarantees of when the emergency might end.

Regular updates on the NHS response would continue, including progress reports on the impending roll out of the vaccine. Whilst there was a degree of optimism that, by the summer of 2021, there could be a change in the severity of the pandemic, there remained a significant concern that the impact of the virus during the winter months presented a very serious challenge.

The report was noted.

## **10. WORK PLAN**

The dates of the following meetings/events were noted by the committee:

20 Nov 2020 – Children and Young People Mental Health Briefing (All)  
12 Jan 2021 – HOSC meeting  
26 Jan 2021 – Joint meeting of ASCCSC and HOSC  
02 Mar 2021 – HOSC meeting (final meeting of the current committee)  
15 Jun 2021 – HOSC meeting (induction meeting of the incoming committee)  
13 Jul 2021 – HOSC meeting  
14 Sep 2021 – HOSC meeting  
16 Nov 2021 – HOSC meeting

The following requests/actions were made in relation to the committee work plan:-

- a) SWAST performance indicator/update report (including consideration of the challenges presented to SWAST during the Pandemic) – item to be considered (pending work pressures) at the 12 Jan 2021 meeting;
- b) Fit for the Future Consultation (Outputs Report) – 12 Jan 2021;
- c) Forest of Dean Community Hospital Consultation (Outputs Report) – 12 Jan 2021;
- d) Update on the review of the GCC decision to split the remit of the Health Overview and Scrutiny Committee from the Adult Social Care and Communities Committee – 2021
- e) Review of public representation pilot at HOSC meetings – via email
- f) Briefing Note: Vaccine Roll Out Update (circulated by email to all members) – 2021



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

- g) Briefing Note: Support to Schools Programme Update (including roll out of the Children and Young People Wellbeing Chat-Line Service during the Pandemic) – 2021
- h) Eating Disorder Update – 2021
- i) Community Phlebotomy Services Update – 2 March 2021

## **CHAIRPERSON**

Meeting concluded at 12.40

# COVID19 in Gloucestershire – weekly data summary Week 45 (reported week 46)

The report is based on week 45 (data between 2<sup>nd</sup> – 8<sup>th</sup> November 2020) and where available daily data up to 11<sup>th</sup> November 2020.

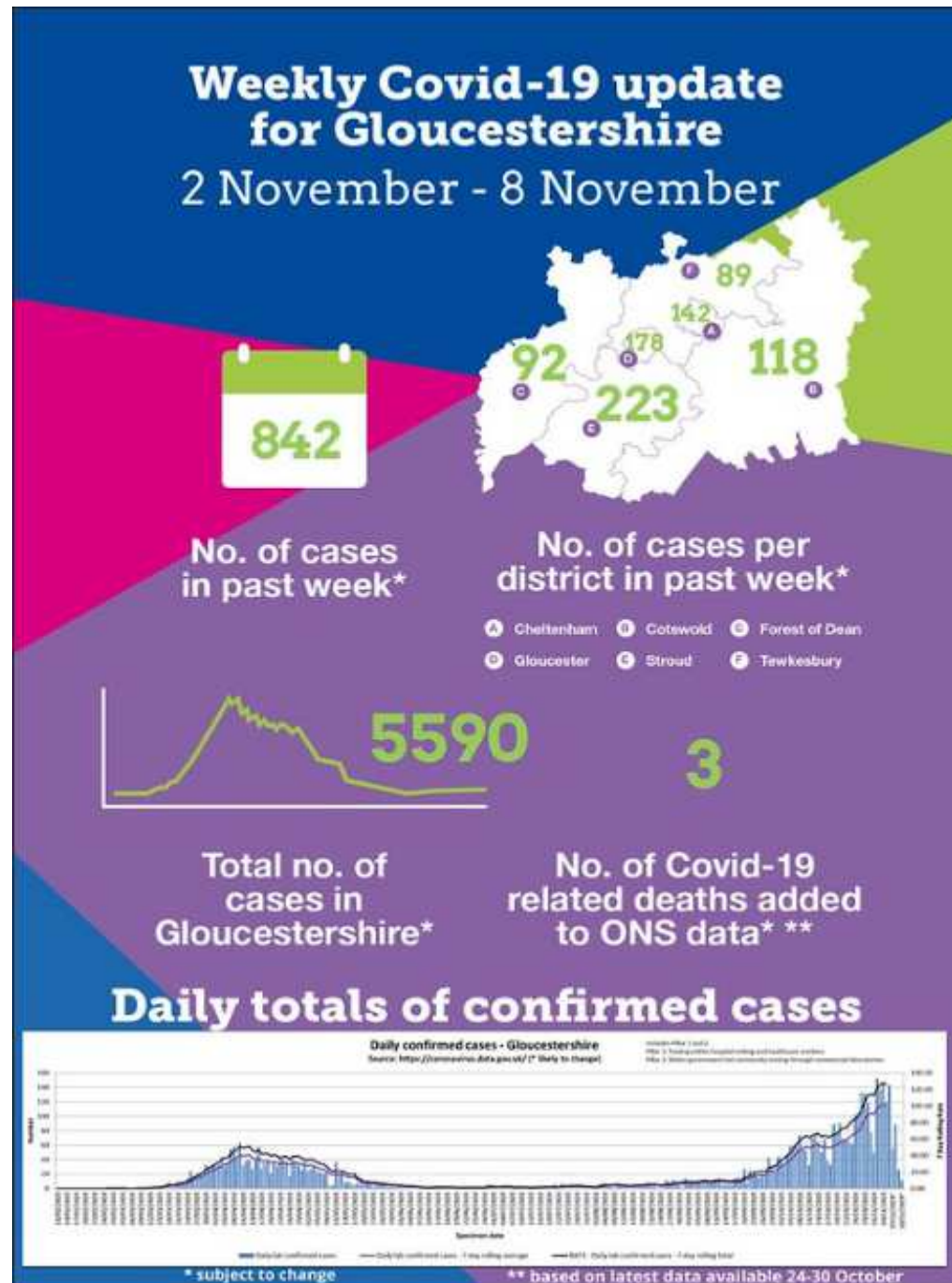
Gloucestershire Local Outbreak Management  
PREVENT-CONTAIN-RESPOND-**MONITOR**



# Weekly Covid-19 roundup

**COVID19 related deaths'** are all deaths where COVID19 features on the death certificate. It is not known to what extent it contributed to an individuals death

**Lab-confirmed positive cases** are attributed to the day the first specimen was taken from the person being tested (the specimen date). Each day new cases are reported, but the dates they originate from cover the previous few days. Because of this, there are few cases reported for the most recent dates. Data from around 5 days ago can usually be considered complete. Data for recent days are constantly being revised as more information becomes available.



# Infections

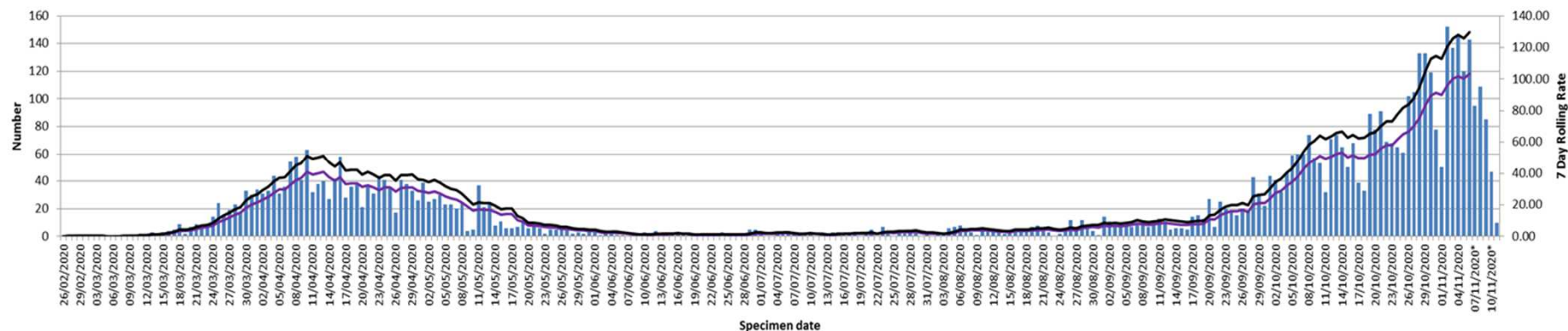
## Daily confirmed cases - Gloucestershire

Source: <https://coronavirus.data.gov.uk/> (\* likely to change)

Includes Pillar 1 and 2.

Pillar 1: Testing within hospital setting and healthcare workers

Pillar 2: Wider government led community testing through commercial laboratories



Specimen day	Week 46 (Monday 9th November-Sun 15th November)	Week 45 (Monday 2nd November-Sun 8th November)	Week 44 (Monday 26th October-Sun 1st November)	Week 43 (Monday 19th-Sun 25th October)
Monday	26*	152	102	89
Tuesday	12*	137	105	78
Wednesday	Awaiting publication from gov.uk	146	133	91
Thursday	N/A	120	132	69
Friday	N/A	143*	119	68
Saturday	N/A	55*	78	65
Sunday	N/A	89*	50	61
Weekly running total	38*	842*	719	521

Source: <https://coronavirus.data.gov.uk/> Includes Pillar 1 and 2:

Pillar 1: Testing within hospital setting and healthcare workers

Pillar 2: Wider government led community testing through commercial laboratories

**\*subject to change**

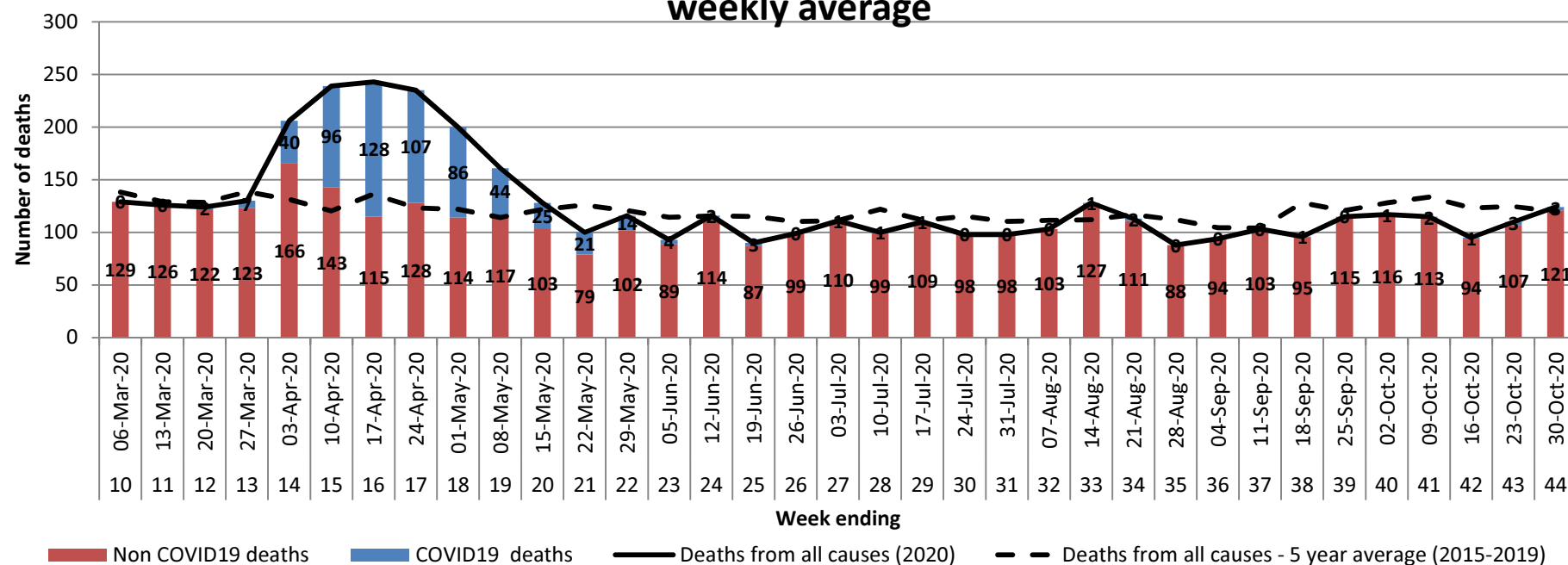


### How are test numbers measured?

Lab-confirmed positive cases are attributed to the day the first specimen was taken from the person being tested (the specimen date). Each day new cases are reported, but the dates they originate from cover the previous few days. Because of this, there are few cases reported for the most recent dates. Data from around 5 days ago can usually be considered complete. Data for recent days are constantly being revised as more information becomes available.

# Mortality

Weekly deaths occurring up to 30th October, compared with the five-year weekly average



Source: ONS and PCMD

**COVID19 deaths** are all deaths where COVID19 features on the death certificate. It is not known to what extent it contributed to an individuals death.

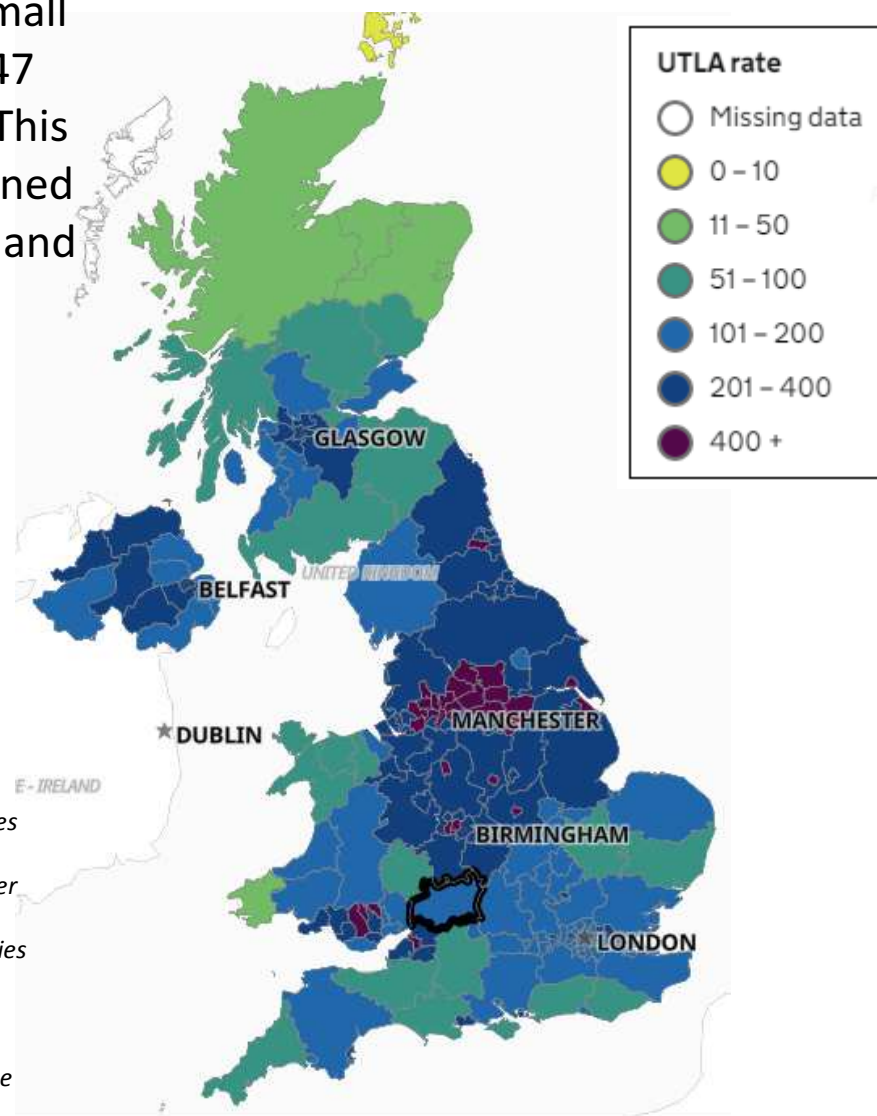
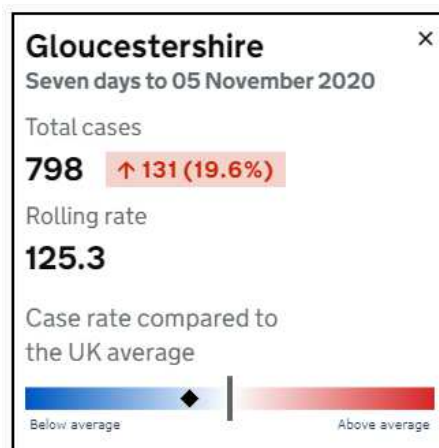
**Weekly death figures** provide provisional counts of the number of deaths registered in England and Wales for which data are available. From 31 March 2020 these figures also show the number of deaths involving coronavirus (COVID-19), based on **any** mention of COVID-19 on the death certificate.

The tables include deaths that occurred up to 25th September.



# UK Medium Super Output Area (MSOA)

- Medium Super Output Areas (MSOA\*) are a small area statistical geography with an average 8,447 population and average of 3,395 households. This map of UK MSOA shows Gloucestershire (outlined in black) rate has increased and is similar to neighbouring areas (up to the 5<sup>th</sup> November).



**Source:** Public Health England Second Generation Surveillance System (SGSS). Data includes lab confirmed pillar 1 & 2 positive cases of Coronavirus (COVID-19) . <https://coronavirus-staging.data.gov.uk/details/interactive-map> Please note: Seven day rates are expressed per 100,000 population and are calculated by dividing the seven day count by the area population and multiplying by 100,000. Small area analysis can uncover issues or disparities in health service access or outcomes, which you might not see at a larger geography. However, because areas contain relatively small numbers of individuals, and events, the observed rates may differ from the expected due to chance alone. Also, there may be differences in the characteristics of the populations between small areas that are the cause of the difference.



# Cases by Medium Super Output Area (MSOA)

- This map shows the 7-day rolling rate of new specimen date ending on 5<sup>th</sup> November 2020 by MSOA. There are cases spread all over Gloucestershire with highest rates in: Dursley MSOA (7 day rolling rate 431.4; cases 33); and Cirencester Central (7 day rolling rate 290; cases 19).



**Source:** Public Health England Second Generation Surveillance System (SGSS). Data includes lab confirmed pillar 1 & 2 positive cases of Coronavirus (COVID-19) .  
<https://coronavirus-staging.data.gov.uk/details/interactive-map> Please note: Seven day rates are expressed per 100,000 population and are calculated by dividing the seven day count by the area population and multiplying by 100,000. Small area analysis can uncover issues or disparities in health service access or outcomes, which you might not see at a larger geography. However, because areas contain relatively small numbers of individuals, and events, the observed rates may differ from the expected due to chance alone. Also, there may be differences in the characteristics of the populations between small areas that are the cause of the difference.

# R-Value

- Calculations of the **reproduction number, R value\*** have been updated by the government on the 6<sup>th</sup> November
- R value - the South West R value range is estimated to be between 1.2 and 1.4 (compared to 1.2 and 1.5 last week); true value is somewhere towards the middle of this range.

Region	R
England	1.1-1.3
East of England	1.1-1.4
London	1.1-1.3
Midlands	1.1-1.3
North East and Yorkshire	1.1-1.2
North West	1.0-1.1
South East	1.2-1.4
South West	1.2-1.4

*\*The uncertainty around R values increase when there are small numbers of cases, either due to lower infection rates or smaller geographical areas. Because of this R-Values are not produced at Local Authority level. Locally we monitor a range of indicators to monitor the threat and impact of COVID19.*

*\*\*Low case numbers and/ or a high degree of variability in transmission across the region means these estimates are insufficiently robust to inform policy decisions.*





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# GLOUCESTERSHIRE POLICE AND CRIME PANEL

**MINUTES** of a meeting of the Gloucestershire Police and Crime Panel held on Friday 6 November 2020 at the Virtual Meeting - Web ex meeting.

## PRESENT:

William Alexander	Cllr Karen McKeown
Cllr Ray Brassington	Cllr David Norman MBE
Cllr Jonny Brownsteen	Cllr Loraine Patrick
Cllr Philip Burford	Cllr Steve Robinson (Vice-Chair)
Cllr Collette Finnegan	Martin Smith
Cllr David Gray	Cllr Brian Tipper
Cllr Colin Hay (Chairman)	

Others in attendance: Simon Harper – Democratic Services Manager  
Martin Surl – Police and Crime Commissioner  
Chris Brierley – Deputy Police and Crime Commissioner  
Ruth Greenwood - Head of Policy, Performance and Strategy, OPCC  
Richard Bradley – Chief Executive OPCC

Apologies: Cllr Chris Brine

## 1. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting on Friday 18 September 2020 were agreed as a correct record and signed by the Chairman.

## 2. DECLARATIONS OF INTEREST

No declarations of interest were received.

## 3. POLICE AND CRIME COMMISSIONER - UPDATE

- Bamfurlong Operations Centre – The PCC explained that due to the highway improvement work in the vicinity, officers were not currently based at this site due to the impact that these works would have on response times. The planning application for the development to the site was with Tewkesbury Borough Council for consideration. Should the application be approved, it was anticipated that the construction works would commence in January 2021.
- Finance – The PCC closely scrutinised the financial position of the Constabulary on a regular basis, particularly monitoring the impact of Covid-19. As well as the additional investment by the PCC the Constabulary was due to receive some funds from Government. It was not clear however as to when the OPCC would receive the settlement from Government.
- Home Office review of the role of PCCs – The initial report from the Home Office was due to be published ahead of the elections in 2021. It was expected that this will include recommendations on the governance arrangements of Fire and Rescue Services, greater oversight of Criminal Justice as well as offender management services.
- Police Officer numbers – It was anticipated that there would be close to 1200 officers in place by the end of March 2021. All new officers were now being trained at the Sabrina Centre. The PCC noted however that even when fully trained, the new officers would be inexperienced, and it would be some time before they would be able to work 'single crewed'. The Commissioner also noted that, due to the

pandemic, fewer than anticipated officers were currently retiring. The Panel agreed that it would be helpful to receive information on the experience profile of the Constabulary.

**ACTION: Ruth Greenwood**

- Rural Crime Week – The Panel was informed that this had gone ahead in Gloucestershire despite being cancelled nationally. This had been a success and well received by rural communities.

#### **4. COVID 19 ENFORCEMENT PLAN**

- 4.1 (NB. At the time of this meeting England had just entered its second lockdown.) The PCC explained that in October 2020 the Constabulary had been awarded £229k to support the enforcement of the lockdown. It was noted that the district councils had been awarded a similar amount to support the management of the lockdown, for example, to employ 'Covid Marshals'. It was noted that marshals could not enforce, this action remained with the Police, but they could engage and encourage people to abide by the lockdown rules.
- 4.2 The approach in Gloucestershire would continue to be Engage, Explain, Encourage, Enforce although it was expected that there would be more enforcement during this lockdown. The regulations were complex; a point of contact had been established in the Constabulary which officers could call on for advice.
- 4.3 It was questioned how the relationship between the Police and the Covid-19 Marshals would work. The PCC explained that he did not know how the Marshals were operating; they were coordinated through the district councils and involved the Environmental Health Officers. The strategic management of the response to the pandemic was undertaken by the Local Resilience Forum and the Gloucestershire Covid-19 Outbreak Engagement Board.
- 4.4 It was explained that Covid related reports to the police are recorded as 'anti-social behaviour' (ASB) and therefore Panel members should expect a rise in number of ASB cases this year. Enforcement notices were also recorded and monitored closely to identify where the main areas of reporting were and whether particular groups of people were involved Covid related breaches. The PCC informed the Panel that he had spoken with the Chief Constable who was clear that the Constabulary would not hold back from issuing large fines when necessary.
- 4.5 It was acknowledged that Gloucestershire was in a difficult position with regard to the border with Wales, where different measures were in operation. The OPCC and Police were working with the NPCC (National Police Chief's Council), and Government, on this matter. Gloucestershire Constabulary would not be undertaking border checks, but would monitor activity.
- 4.6 In response to a question it was explained that where high levels of Covid-19 were reported the response was lead by Public Health. If the Police were needed to support activity this would be addressed through the appropriate strategic group.

#### **5. POLICE AND CRIME PLAN REFRESH**

- 5.1 The Deputy PCC informed the Panel that the refreshed Police and Crime Plan had been launched at the Sabrina Centre in October 2020. The delivery plans were in the process of being refreshed, and work was also underway on the performance framework; these would be submitted to the Panel in due course.

- 5.2 It was noted that the County Council Cabinet had had a Panel in place looking at road safety across the county. It was agreed that it would be helpful to hear from the Police and Crime Plan lead on this matter; perhaps, in January 2021.
- 5.3 There was some concern as to the number of young people going into custody in Gloucestershire. It was explained that the Gloucestershire Youth Offending Service: Response to Covid 19 - Recovery Plan 2020/21 was due to be received by the County Council Cabinet on 11 November 2020, and would also be received by the council's Children and Families Scrutiny Committee in January 2021. It was agreed that this report be shared with Panel members for their information.  
**ACTION: Andrea Clarke**
- 5.4 There was a shared view that the title 'Police and Crime Plan' did not really do justice to, or reflect the collaborative, and more community based, approach of the PCC. However, it was acknowledged that this was a statutory document and this was therefore something that could not be changed.
- 5.5 It was also stated that it was thought that the general public did want to see that the crime and punishment elements were addressed. The PCC assured the Panel that the Police would issue tickets during the lockdown, and would arrest and prosecute people. It was however important to remember that it was the criminal justice system that was responsible for the punishment aspect; this was not within the remit of the PCC.
- 5.6 The Panel's meeting on 18 September 2020 had not been in receipt of the full detail of the plan and had therefore not been able to fully endorse it at that time. Having now received the full detail the Panel agreed to support the (refreshed) Police and Crime Plan 2020/2022.
- 6. CRIMINAL JUSTICE UPDATE**
- 6.1 The PCC updated the Panel on negotiations with the Department of Justice with regard to Cirencester Court (currently closed) being utilised as a 'nightingale' court to enable the, ever increasing, backlog of cases in the county to be reduced.
- 6.2 It was agreed that the impact of Covid-19 on the court system was causing people to lose confidence in the Criminal Justice system, including the Police; the delay in cases reaching court, for both victim and defendant, was making people feel that they had been let down.
- 6.3 Mindful that the Criminal Justice System was not within its remit, the Panel had previously written to Alex Chalk MP (Cheltenham) as a Minister at the Department of Justice. A reply had been received and it was agreed that this should be followed up. (Post meeting note: The OPCC asked for the letter not to be sent at this time as negotiations were now in a more positive position. The Cirencester 'Nightingale' Court was expected to begin hearing cases in the New Year.)
- 7. OPENING OF THE SABRINA CENTRE**  
Panel members welcomed the update and hoped that they would be able to visit the Sabrina Centre and observe the facilities for themselves in due course and allowing for Covid-19 guidelines.
- 8. OFFICE OF THE POLICE AND CRIME COMMISSIONER - CHIEF EXECUTIVE REPORT**

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

The Chief Executive, OPCC, presented the report. It was highlighted that a fewer number of people than usual had put in a bid to the Commissioners Fund. It was thought that this related to the Covid-19 pandemic and its potential long term impact.

**CHAIRMAN**

Meeting concluded at 12.15 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](http://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).

**Contact Details:**

Democratic Services,  
Cotswold District Council,  
Trinity Road,  
Cirencester,  
Glos.  
GL7 1PX.

**E-mail:** [democratic@cotswold.gov.uk](mailto:democratic@cotswold.gov.uk)

**Telephone:** 01285 623000

**Website:** [www.cotswold.gov.uk](http://www.cotswold.gov.uk)

**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 six 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.



<b>Councillor</b>	<b>Portfolio Area</b>	<b>Areas of Responsibility</b>
Joe Harris	Leader	Overall COVID-19 recovery, Policy framework including the corporate plan, Coordination of executive functions, Democratic Services, Communications, Customer experience Publica, Democratic Renewal and Consultation, Civic Pride (streets signs, street cleaning and litter picking)
Mike Evemy (Deputy Leader)	Finance	Financial strategy and management, Revenue and benefits, Property and asset management, Car parking operations, Grants, Cotswold Water Park
Rachel Coxcoon	Climate Change and Forward Planning	Climate Change and energy planning, Sustainable transport, Strategic forward planning, Local plan, Community Infrastructure Levy and Section 106, Allowable solutions
Tony Dale	Economy and Skills	Local Enterprise Partnership and county-wide partnerships, Economic Development and COVID-19 Economic Recovery, Council commercialisation, Internal council transformation, Tourism and Visitor Information Centres, Chamber of Commerce liaison, Young people
Andrew Doherty	Environment, Waste and Recycling	Waste and recycling, UBICO, Flooding, Public protection, Food safety, Building control, Cemeteries, Noise and public nuisance, Public toilets
Jenny Forde	Health and Wellbeing	COVID-19 response, Public health, wellbeing and mental health, Improving social mobility, Tackling social isolation, Crime, disorder and safety, Supporting and safeguarding people, Leisure, museums and culture, Support for community events (Stow Fair, Phoenix Festival, Fleece Fair, Moreton Show)
Lisa Spivey	Housing and Homelessness	Tackling homelessness and improving housing security, Delivery of social rented homes Support for small housing developers and community land trusts, Promotion of self-build and system-build housing, Strategic oversight of tenure and housing needs assessment Liaison with housing developers, Housing Benefit and Universal Credit.
Clive Webster	Planning Department, Town and Parish Councils	Town and Parish Council Liaison Development management Heritage and design management Landscape conservation Cotswolds Area of Outstanding Natural Beauty (AONB) Neighbourhood Development Plans

<b>Item for Decision and (if applicable) Reason(s) the Matter is Likely to be Considered in Private</b>	<b>Key Decision (Yes/No)</b>	<b>Likely to be Considered in Private (Yes/No)</b>	<b>Decision-Maker</b>	<b>Date of Decision</b>	<b>Cabinet Member</b>	<b>Lead Officer</b>	<b>Consultation</b>	<b>Background Documents</b>
Draft Medium Term Financial Strategy 2021/22 to 2030/31 and Budget 2021/22	Yes	No	Council (Recommendation from the Cabinet)	8 February 2021 (Cabinet) 24 February 2021 (Council)	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
Ubico Contract Extension	No	No	Council (Recommendation from the Cabinet)	8 February 2021 (Cabinet) 17 March 2021 (Council)	Environment, Waste and Recycling	Scott Williams	Cabinet Members Overview and Scrutiny Committee Senior Officers	None

The Cotswold Club	No	No but potential for exempt annexes	Cabinet	8 February 2021	Deputy Leader and Cabinet Member for Finance	Christine Cushway	Cabinet Members Ward Members Senior Officers Internal consultation	Scheme of Delegation for Land and Property and the Acquisitions and Disposals Policy
Affordable Housing Delivery	No	No	Cabinet	8 February 2021	Housing and Homelessness	Claire Locke	Cabinet Members Senior Officers	None
Consideration of Draft Licensing Act 2003 Policy for Consultation	No	No	Planning and Licensing Committee	10 February 2021	Environment, Waste and Recycling	Michelle Bignell	Cabinet Member Senior Officers Chair/Vice-Chair of Planning and Licensing Committee	None
Consideration of Draft Taxi/Private Hire Policy for Consultation	No	No	Planning and Licensing Committee	10 February 2021	Environment, Waste and Recycling	Michelle Bignell	Cabinet Member Senior Officers Chair/Vice-Chair of Planning and Licensing Committee	None
Change of Parish Council name - Kemble Parish Council	No	No	Council	24 February 2021	The Planning Department, Town and Parish Councils	Sarah Dalby	Cabinet Members Senior Officers	None

Affordable Housing Schemes - Expenditure of Commuted sums (Moreton-in-Marsh/ Avening)	Yes	No	Council (Recommendation from the Cabinet)	1 March 2021 (Cabinet) 17 March 2021 (Council)	Housing and Homelessness	Claire Locke Anwen Hughes	Cabinet Members Ward Members Senior Officers	None
Performance Report (Quarter 3)	No	No	Cabinet	1 March 2021	All	Andy Barge	Cabinet Members Overview and Scrutiny Committee Senior Officers	Service and Financial Performance Data
Adoption of the strategic outcomes planning model, District Wide Leisure Strategy.	No	No	Cabinet	1 March 2021	Health and Wellbeing	Martin Holland	Cabinet Members Senior Officers	None
Acquisition of One Telephone Box in Salperton	No	No	Cabinet	1 March 2021	Deputy Leader and Cabinet Member for Finance Health and Wellbeing	Jasmine McWilliams	Cabinet Members Senior Officers	Scheme of Delegation for Land and Property and the Acquisitions and Disposals Policy
Civic Pride Project	No	No	Cabinet	1 March 2021	Leader	Jon Dearing	Cabinet Members Senior Officers	None

Council Tax – Covid-19 Hardship fund 2020/2021	No	No	Cabinet	1 March 2021	Deputy Leader and Cabinet Member for Finance	Mandy Fathers	Cabinet Members Senior Officers Citizens' Advice Bureau	None
Homelessness Prevention Grant 2021/22	Yes	No	Cabinet	1 March 2021	Housing and Homelessness	Jon Dearing	Cabinet Members Senior Officers	Letter from the Ministry Of Housing, Communities and Local Government to Chief Executive - 21 <sup>st</sup> December 2021
Consideration of Licensing Fees for 1 April 2021 implementation	No	No	Council	17 March 2021	Environment, Waste and Recycling	Michelle Bignell	Cabinet Members Senior Officers Chair/Vice-Chair of Planning and Licensing Committee	None
Provision of Office cleaning services	Yes	No, but exempt annexe	Cabinet	12 April 2021	Deputy Leader and Cabinet Member for Finance	Andy Dike	Cabinet Members Senior Officers	None

					Property & Asset Management			
Fairer Management of public open space in new developments - interim report	No	No	Cabinet	12 April 2021	Cabinet Member for Climate Change and Forward Planning	Sophia Price	Cabinet Members Senior Officers	None
Consideration of options arising from the review of the Joint Tourism Service	No	No	Cabinet	12 April 2021	Economy and Skills	Philippa Lowe	Cabinet Members Senior Officers	None
Legal and Estates Standard Fees	No	No	Cabinet	12 April 2021	Deputy Leader and Cabinet Member for Finance  Leader	Jasmine McWilliams  Susan Gargett	Cabinet Members Senior Officers	None

Green Infrastructure Strategy as part of the Local Plan evidence	No	No	Cabinet	12 April 21	Cabinet Member for Forward Planning	Sophia Price Lesley Davies	Cabinet Members Senior Officers	The Draft of the Green Infrastructure Strategy 2020
Performance Report (Quarter 4)	No	No	Cabinet	June 2021	All	Andy Barge	Cabinet Members Overview and Scrutiny Committee Senior Officers	Service and Financial Performance Data
Consideration of comments from Licensing Act 2003 policy consultation and the recommendation of document to Council for adoption	No	No	Planning and Licensing Committee (recommendation to Council)	9 June 2021	Environment, Waste and Recycling	Michelle Bignell	Cabinet Members Senior Officers Chair/Vice-Chair of Planning and Licensing Committee	None
Consideration of comments from taxi/private hire policy consultation and to recommended adoption	No	No	Planning and Licensing Committee	9 June 2021	Environment, Waste and Recycling	Michelle Bignell	Cabinet Members Senior Officers Chair/Vice-Chair of Planning and Licensing Committee	None
Adoption of Licensing Act 2003 policy	No	No	Council	14 July 2021	Environment, Waste and Recycling	Michelle Bignell	Cabinet Members Senior Officers	None

statement with effect from 1 August 2021							Chair/Vice-Chair of Planning and Licensing Committee	
Performance Report (Quarter 1)	No	No	Cabinet	September 2021	All	Andy Barge	Cabinet Members Overview and Scrutiny Committee Senior Officers	Service and Financial Performance Data
Performance Report (Quarter 2)	No	No	Cabinet	December 2021	All	Andy Barge	Cabinet Members Overview and Scrutiny Committee Senior Officers	Service and Financial Performance Data
Provision of Office cleaning services	Yes	No, but exempt annexe	Cabinet	1st March 2021	Deputy Leader and Cabinet Member for Finance  Property & Asset Management	Andy Dike	Cabinet Members  Senior Officers	None
Increase charges for Public Conveniences	Yes	No	Council (Recommendation from Cabinet)	Date to be confirmed	Deputy Leader and Cabinet Member for Finance Environment, Waste and Recycling	Jon Dearing	Cabinet Members Senior Officers	None

(END)