

HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Health Overview & Scrutiny Committee held on Tuesday 18 October 2022 at 10.00 am in the Council Chamber at Shire Hall, Gloucester.

Present	Cllr Andrew Gravells MBE (Chair)	Cllr Paul Hodgkinson
	Cllr David Brown	Cllr Alan Preest
	Cllr Linda Cohen	Cllr Stephen Andrews
	Cllr David Drew (Vice-Chair)	Cllr Adrian Bamford
	Cllr Tim Harman	Cllr Collette Finnegan
	Cllr Stephen Hirst	Cllr Helen Fenton

1. APOLOGIES

Apologies were received from Cllrs Pam Tracey, Stephan Fifield and Jill Smith.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

3. MINUTES

The minutes of the meeting held on 12 July 2022 were confirmed and agreed as an accurate record of that meeting.

4. PUBLIC QUESTIONS

No public representations were made at the meeting.

5. NHS GLOUCESTERSHIRE WINTER SUSTAINABILITY PLAN 2022/23

Eve Olivant and Mary Hutton from NHS Gloucestershire outlined proposals relating to the NHS Gloucestershire Winter Sustainability Plan 2022/23. Please refer to the presentation document published with the agenda for details of the proposals.

Responding to questions, NHS Gloucestershire, acknowledged the challenges presented by the potential spread of new variants from the Covid-19 Coronavirus, in addition to anticipated pressures likely to impact on NHS services from large numbers of people experiencing flu symptoms.

In response to the challenges, it was clarified that the proposals set out in the Winter Sustainability Plan 2022-23 did not differ significantly from the activities included in the Winter Plan from the previous year.

The focus of the new plan would concentrate on the following areas of activity:

- Prepare for new COVID-19 variants and other respiratory challenges

- Increase the amount of care provided outside hospitals, notably, in Primary Care and Mental Health
- Increase the resilience provided by NHS 111 and 999 services
- Improve 999 Cat 2 responses and reduce ambulance handover times
- Expand the availability of alternative services without patients having to go to an acute hospital
- Reduce demands placed on acute and community hospital wards
- Ensure people are discharged safely and quickly from acute, mental health, and community settings
- Provide better support for people at home, including expanding 'virtual wards'

Responding to questions on the response to new variants of the coronavirus and the measures in place to deliver the Covid-19 booster and flu vaccination, it was reported that: -

1. Covid-19: The Joint Committee on Vaccination and Immunisation (JCVI) had set out the following recommendations for the Autumn Coronavirus (COVID-19) Booster Programme. Those eligible for a further vaccine dose included:

- All adults aged 50 years and over
- Those aged 5 to 49 years in a clinical risk group, including pregnant women
- Those aged 5 to 49 years who are household contacts of people with immunosuppression
- Those aged 16 to 49 years who are carers
- Residents in a care home for older adults and staff working in care homes for older adults
- Frontline health and social care workers

2. Flu Vaccine.

Although it was initially thought those eligible for the flu vaccine would be those over 65 and those in clinical risk groups, the Department of Health and Social Care (DHSC) had since announced it would be widening the offer of the free flu vaccine to more eligible groups. The additional groups would only be eligible after the most vulnerable, including previously announced pre-school and primary school children, those aged 65 years and over and those in clinical risk groups, have been offered the vaccine.

For further information, please visit <https://www.gov.uk/government/news/over-50s-to-be-offered-covid-19-booster-and-flu-jab-this-autumn>

NHS Gloucestershire confirmed it would be encouraging as many people as possible to have their vaccinations. This included those eligible to visit local pharmacies and drop in centres where vaccines were being offered. Recent reports confirmed, Gloucestershire, as a county was once again performing exceptionally well, (the highest in the country), in the roll out of booster and flu vaccines. To avoid impacting on other services, a separate team of NHS personnel had been appointed to deliver the vaccination programme.

Several members expressed concern about the transfer of patients to urgent and emergency care by ambulance. It was confirmed that in the past few weeks there had been a significant improvement in meeting transfer targets and that a whole system reset plan had been put in place to address current issues.

Acknowledging concerns about increased demands being placed on the NHS 111 and the NHS Out of Hours Service, members were reminded that, in response to the issues impacting on Urgent and Emergency Care Systems that had been raised at scrutiny committee meetings in July, the members of the Gloucestershire Health Overview and Scrutiny Committee (HOSC) and the Adult Care and Communities Scrutiny Committee (ASCC), had arranged to meet at a joint scrutiny committee meeting on 15 November 2022 to consider a single item agenda on the delivery of urgent and emergency care in Gloucestershire.

Representatives from each of the following organisations would be invited to contribute to the discussion and to respond to member questions. In addition, members would receive an update on the conclusions and findings of the diagnostic work being undertaken by consultants, Newton Europe, (in partnership with Gloucestershire County Council and NHS Gloucestershire).

The organisations invited to make representation at the meeting included: -

NHS Gloucestershire Integrated Care Board
NHS Gloucestershire Hospitals Foundation Trust
NHS Gloucestershire Health and Care Foundation Trust
NHS Gloucestershire Primary Care
NHS 111 Service
South-West Ambulance Service Foundation Trust
Gloucestershire Police
Gloucestershire County Council

Responding to member requests, Cllr Andrew Gravells, had also arranged for a small group of members to visit SWAST and NHS 111 at the Bristol control offices on Tuesday 8 November 2022. The purpose of the visits would allow members to observe the working environment at each location and to speak to key workers. Information and data from the visits to be shared with the committee.

Healthwatch Gloucestershire suggested it might be useful to include/publicise an overview of information in the form of an NHS Gloucestershire directory of services. The information to highlight key services and promote recommended pathways for when a person becomes ill or is involved in an emergency situation. Healthwatch Gloucestershire offered to assist in producing the directory and this was welcomed. Members supported the proposal and agreed the proposal would be a useful alternative to assist those patients without access to online services.

Given the significance of the challenges to the urgent and emergency care system in Gloucestershire and following on from the outcomes identified by Care Quality Commission (CQC) inspection reports in 2022/2022, it was agreed this extensive issue was likely to form the focus of ongoing work for the members of both the

Health Overview and Scrutiny Committee and the Adult Social Care and Communities Scrutiny Committee in 2023/24.

The proposed winter plan was noted, subject to a request for a review of performance in the Spring.

6. REDUCING HEALTH INEQUALITIES (COUNCIL MOTION 881)

At the Gloucestershire County Council meeting on 8 September 2021, members considered Motion 881, (Tackling poverty and deprivation in Gloucestershire), with a request to 'bring regular progress reports on the progress of the Health and Wellbeing Board's seven strategic priorities to the Health Overview and Scrutiny Committee'. To view the discussion at the council meeting on 8 September 2021, please visit the Council website at the link [here](#)

Acknowledging common interests with the Adult Social Care and Communities Scrutiny Committee, members received a presentation from Kate Emsley, Senior Commissioning Manager at Gloucestershire County Council, on the impact of inequalities on the health and wellbeing on different groups of people in Gloucestershire. Please refer to the attached PowerPoint for details of the presentation.

Incorporated within the report was an overview of the outcomes of the Gloucestershire Levelling Up Our Communities Conference held on 19 May 2022. Recent data indicated that Gloucestershire enjoyed overall good health and life expectancy, thus emphasising a need to work hard to uncover and understand any inequalities that existed.

The work to concentrate on the seven strategic priorities identified by the Gloucestershire Health and Wellbeing Board (HWBB). These included: Physical Activity, Adverse Childhood Experiences (ACEs), Mental Wellbeing, Loneliness and Social Isolation, Healthy Weight, Best Start in Life and Housing. It was explained that the priorities had been considered as HWBB priorities since 2019, with regular updates and reports at HWBB meetings. Each priority received dedicated agenda time to 'spotlight' the area in terms of progress, opportunities and challenges.

'Highlight' reports, reporting on each of the seven strategic priorities had been considered at a HWBB meeting held in September, in addition to a performance update report, comprising indicators for each priority area.

Key highlights identified from the reports included: -

1. Physical activity - distribution of over £250,000 grant funding; a pilot approach used to social prescribing for young people; delivery of on-line workshops for communities, clubs and organisations; strength and asset-based delivery in geographical areas of inequality;

2. Adverse Childhood Experiences (ACEs) - evidence of good professional knowledge of ACEs; 138 ACE Ambassadors forming a network of people to champion ACEs awareness across Gloucestershire; Action on ACEs' partnered

with the Nelson Trust to roll out training to 160 people from VCS organisations and ACEs Ambassadors

3. Mental wellbeing – roll out of a £200k community grants scheme for community led and based projects aimed at addressing the wider determinants of mental health and Five Ways to Wellbeing initiative, focusing on groups at highest risk of poor mental health and social isolation; provision of new early intervention mental health services throughout the pandemic to improve access to support for children and adults experiencing mild-moderate mental health issues working alongside existing commissioned services; completion of a suicide audit to inform a refresh of the countywide suicide prevention strategy and action plan; ongoing delivery of training in suicide prevention, mental health and crisis care awareness for VCS and public sector organisations.

4. Loneliness and social isolation – it was noted that, since the pandemic, there had been significant changes to peoples' social connectedness. To address such changes, new and diversified community-based activities had been introduced to bring people together and to consider the differences and need for change since 2019.

5. Healthy weight - Feeding Gloucestershire (FG) was established to coordinate and enable local efforts to help coordinate and support efforts to improve access to affordable healthy food for those affected by food insecurity, working with food aid providers and charities and develop a sustainable programme to eradicate food poverty; a successful bid had been made to participate in the Soil Association's Sustainable Food Places (SFP) programme and become one of the country's first Sustainable Food Counties; pilot delivery of community-based weight management support to continue in Gloucester City and the Forest of Dean until March 2023, to be followed with a countywide children and young people's community weight management service.

6. Best Start in Life – highlights from the nine focus areas introduced to help support families seek the best start in life included: The Steps Ahead Programme, funded through the Contain Outbreak Management Fund (COMF) Grant, (providing tailored packages of care to support families impacted by the pandemic in all areas of child development); equity audit of Gloucestershire's maternity services, (introduced to make improvements to services for women from areas of deprivation and some ethnic minority groups); help provided to young children who had missed out on support provided during the pandemic;

7. Housing and Health – this priority had shifted significantly during the past year due to the Ukraine situation and the use of contingency hotels for asylum seekers. At the time of the meeting, Gloucestershire was hosting refugees through a variety of schemes, including the Gloucestershire Refugee Resettlement Programme (GRRP) for Syrian refugees, the Afghan Relocations and Assistance Policy, the Homes for Ukraine (HFU) scheme and the Ukraine Family Scheme

It was noted that significant changes had impacted on the county since the priorities had been identified in 2019, notwithstanding the COVID pandemic which had created specific challenges in progressing each of the priorities. It was agreed the

current cost-of-living rise would undoubtedly affect the outcomes of the priority areas and present new challenges.

It was confirmed that the HWBB priorities would now form part of the developing Integrated Care Partnership Strategy, with a focus on long-term change from tackling the wider determinants of health and primary prevention. It was requested that the members of both committees should continue to receive periodical updates on each of the strategic priorities.

Cabinet Member, Cllr Nick Housden, informed the meeting that the County Council would be launching its Levelling Up Together Grant Scheme that day, committing £1.5million to delivering initiatives considered to be the most effective for the 10 most deprived communities in the county. Cllr Housden said he hoped to see improved opportunities for both children and adults from the huge investment, in addition to creating improvements in wellbeing, skills and employability.

Responding to requests on how to support work within local communities, including the work of voluntary organisations, members were advised to visit two useful websites, including the 'Your Circle' website and the 'Know your own Patch' network. Referring to work undertaken by the Overview and Scrutiny Committee at Cheltenham Borough Council, members noted the importance of promoting joined up working by the District and Borough Councils. Members also acknowledged the impact of inequalities on mental health and the importance of early intervention. It was suggested that mental health be added to the committee work plan for consideration at a future meeting and the suggestion was noted.

In addition to the report, members received a detailed update on the 'Levelling Up Our Communities Conference' held on Thursday 19 May 2022. The conference was attended by over 131 people from a broad range of voluntary sector and community groups and public sector leaders. To view the conference report and summary of the discussions, including next steps, please refer to the link [here](#). It was agreed the conference had been useful in highlighting how important it was to work together to reinforce the links between communities, voluntary and community sector partners, public sector organisations and businesses.

Strongly advocating the need to maintain a firm commitment on tackling inequalities and in making real changes to people's lives, members agreed it was essential to adopt a coordinated approach and requested regular updates on the work going forward.

Cllr Housden agreed it was important to maintain the momentum on this area of work. Thanking the County Council's Public Health Team, Cllr Housden said this was not the end but the beginning of the work.

The report was noted.

URGENT ITEM: CARE QUALITY COMMISSION GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST INSPECTION REPORT

This item was considered as an item of urgent business in accordance with

Paragraph 7 of Part 4 of the Council's Constitution: Rules of Procedure/Rules on Access to Information about the County Council's Formal Business.

The item was added to the agenda at the request of the Chair of the Gloucestershire Health Overview and Scrutiny Committee, Cllr Andrew Gravells.

Under consideration of the urgent item, members of the Gloucestershire Health Overview and Scrutiny Committee were invited to ask questions on the Care Quality Commission (CQC) Gloucestershire Hospitals NHS Foundation Trust Inspection Report published by the CQC on 7 October 2022. The report relates to inspections of Gloucestershire Royal Hospital and Cheltenham General Hospital on 12-13 April 2022 and 14-16 June 2022.

Representatives from the Gloucestershire Hospitals NHS Foundation Trust in attendance at the meeting gave a verbal update on the findings of the inspection report and responded to questions from the members of the committee. Please see attached the summary report presented at the meeting.

To visit the CQC webpage please go to the link [here](#)

To view the inspection report relating to the inspection of Gloucestershire Hospitals (published on 7 October 2022) please go to the link [here](#)

Please also refer to section 3.1.2 of the One Gloucestershire NHS Integrated Care Board Report at item 8 of the agenda for comments from the GHNHSFT.

To view the extensive committee discussion on the item, please visit the Gloucestershire County Council website at the link [here](#) for a recording of the meeting.

Pending the response to the Care Quality Commission (CQC) Inspection report, members agreed to await until the formal response was publically available, and in the meantime, requested to have sight of the Gloucestershire Hospitals NHS Foundation Trust Action Plan to consider the 49 actions that had been agreed.

7. NHS ONE GLOUCESTERSHIRE INTEGRATED CARE SYSTEM (ICS) PERFORMANCE REPORT

The committee received an update on the performance of the Gloucestershire Clinical Commissioning Group (GCCG) in relation to NHS constitutional and other agreed standards. The report was taken as read at the meeting and can be viewed at the link [here](#).

Responding to specific issues involving potentially personalised information, members were advised to contact NHS Gloucestershire representatives after the meeting to discuss the issues in more detail.

The update was noted.

11. ONE GLOUCESTERSHIRE NHS INTEGRATED CARE BOARD (ICB) UPDATE

The committee received a detailed update on the One Gloucestershire Integrated Care System (ICS) Partnership, (the ICP received formal recognition on 1 July 2022). The report was produced by the One Gloucestershire NHS Integrated Care Board.

One member enquired about the Lydney/South Forest GP provision going forward and agreed to receive an update after the meeting.

The report was taken as read at the meeting and can be viewed at the link [here](#).

9. FIT FOR THE FUTURE 2: OUTCOMES OF ENGAGEMENT REPORT

A briefing paper and Fit for the Future 2 Output of Engagement Report was shared with committee members in advance of the meeting, with a request for questions or points of clarification to be sent to the NHS in advance of the meeting.

No questions or points of clarification were received ahead of the meeting.

The report was taken as read at the meeting.

To view the full report, please visit the Fit for the Future 2 Project page on the Get Involved in Gloucestershire online participation platform:

<https://getinvolved.glos.nhs.uk/fit-for-the-future-2>

NHS colleagues confirmed that the Output of Engagement Report, (setting out all the engagement activity and responses to the engagement that took place during May and June 2022), had been reviewed by Gloucestershire Hospitals NHS Foundation Trust, the ICB and NHS England. The quality of the report was noted by the committee.

In response to member questions, NHS colleagues confirmed that, as part of the overall engagement with people and communities, key stakeholders, voluntary and community sector partners, GP Practice Patient Participation Groups (PPG) were invited to participate in the engagement over the summer.

The committee discussed next steps and considered whether further public involvement would provide additional information, such as alternatives or impacts, that could influence decision making. The committee concluded that the engagement undertaken to date was sufficient and requested that updates be brought to future meetings of the committee regarding the implementation of Fit for the Future 2 service changes.

CHAIRPERSON

Meeting concluded at 1.35pm

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

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Reducing Health Inequalities: an update on Council Motion 881 – Tackling Poverty and Deprivation in Gloucestershire

Tuesday 18th October 2022

Update provided by Kate Emsley, Senior Commissioning Manager, PWC Hub, GCC



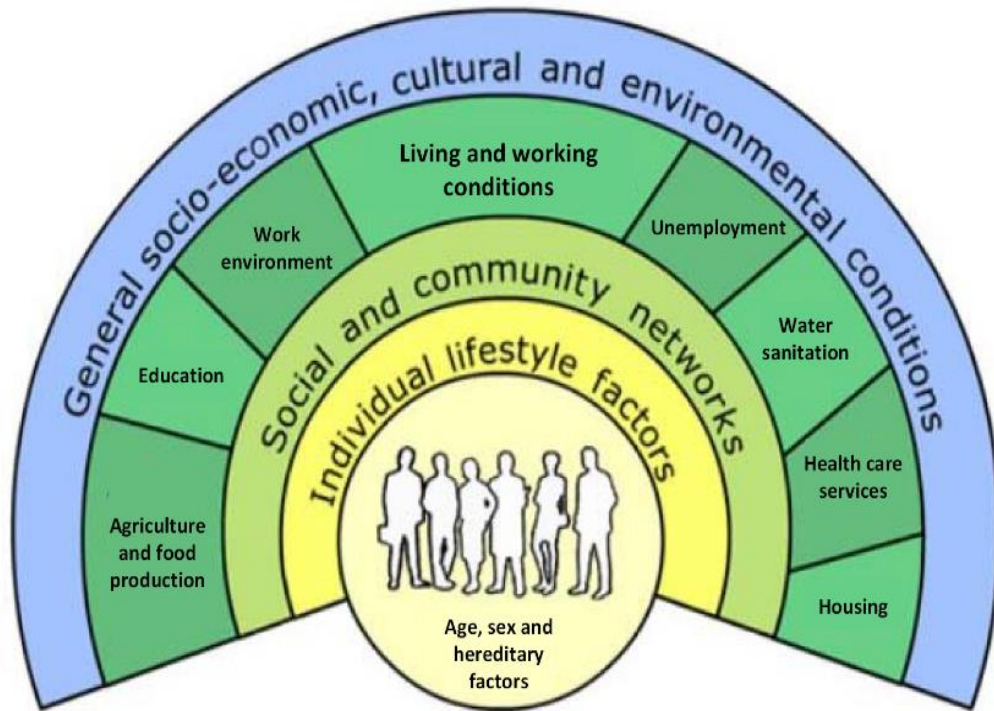
Defining health inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

They are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.



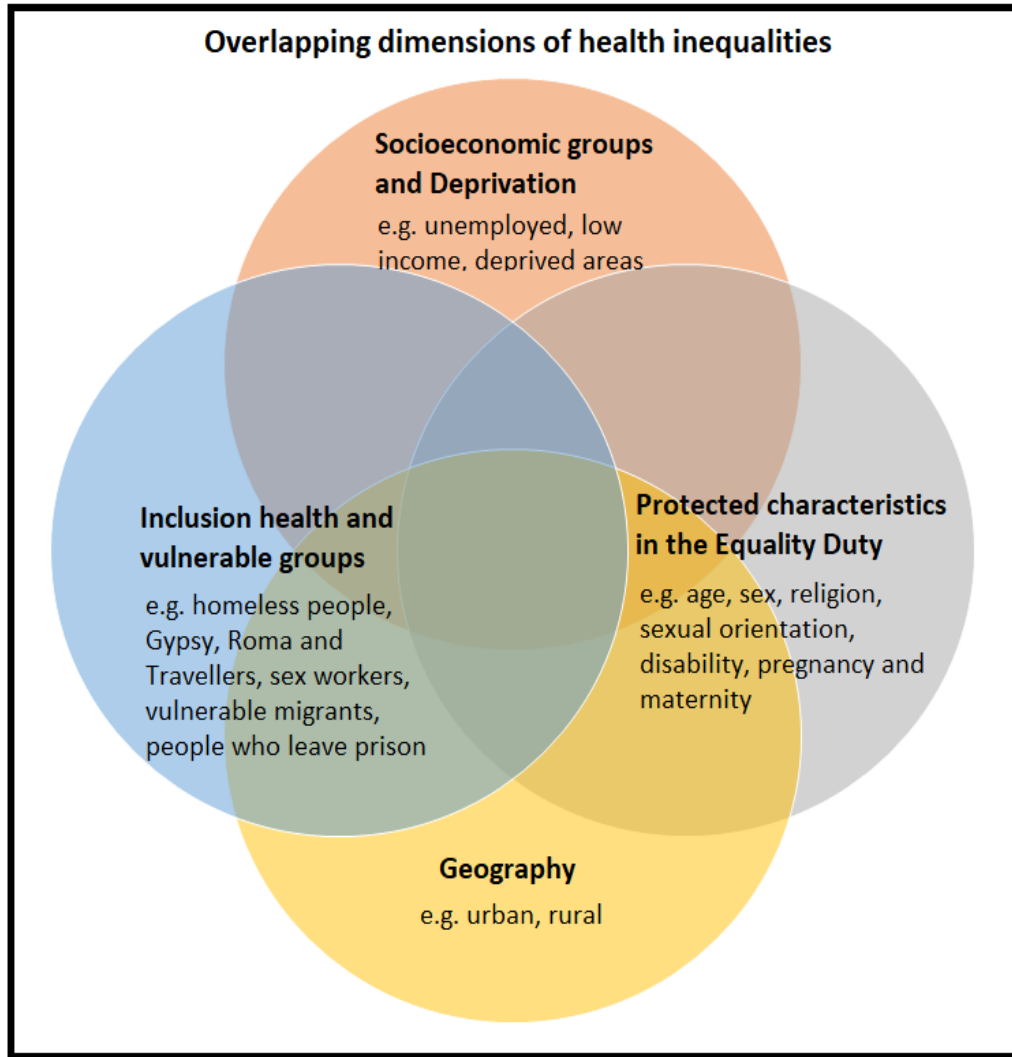
What influences our health?



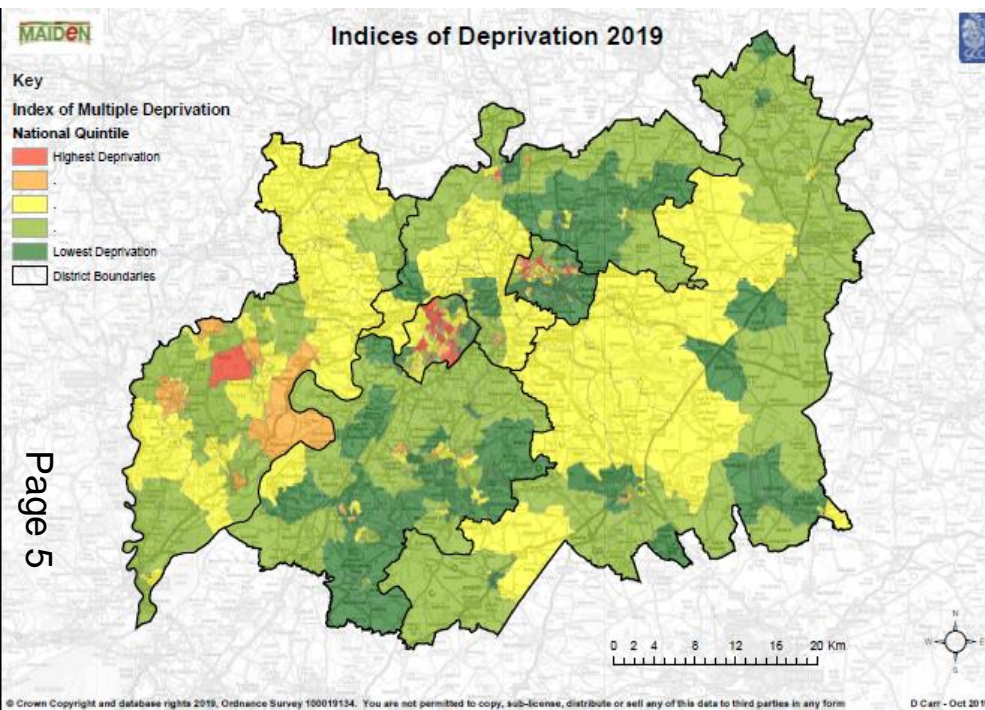
The rainbow model maps the relationship between the individual, their environment and health.

Dahlgren and Whitehead framework (1991)

Who experiences health inequalities?



Why are health inequalities important in the Gloucestershire system?



A boy born today in the least deprived area in Gloucestershire can expect to live on average 8.7 years longer than a boy born in the most deprived area in Gloucestershire, and a girl 6.5 years longer.

The unemployment rate in the most deprived decile is 6 times higher than in the least deprived decile.

“The more equal and engaged people feel, the better a citizen they feel empowered to be”

“There is good evidence that reducing inequalities in health is good for everyone socially, economically and in terms of overall health and wellbeing”

Relevant strategies

Building Back Better in Gloucestershire

2022-2026

Event Summary Report

Levelling up together

Conference • Thursday 19 May 2022

gloucestershire.gov.uk

Gloucestershire
COUNCIL

REDUCING HEALTHCARE INEQUALITIES

NHS

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

20%

Target population

CORE20 PLUS5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Key clinical areas of health inequalities



1 MATERNITY
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



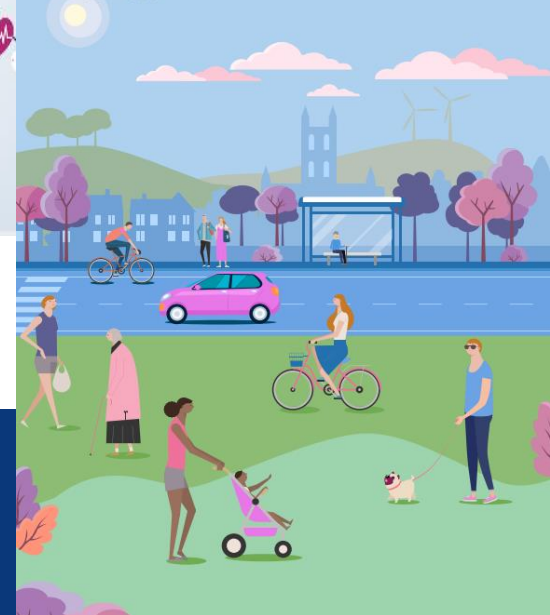
3 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



Gloucestershire Joint Health and Wellbeing Strategy
Summary Version
2019 - 2030



Living our values



Accountable



Integrity



Empower



Respect



Excellence

Programmes of work focusing on health inequalities in Gloucestershire



“The single most important intervention is to understand that there is no single most important intervention”

Harry Rutter, London School of Hygiene and Tropical Medicine



A decorative graphic in the top left corner featuring a blue arrow pointing downwards, overlaid on a grid of small blue dots.

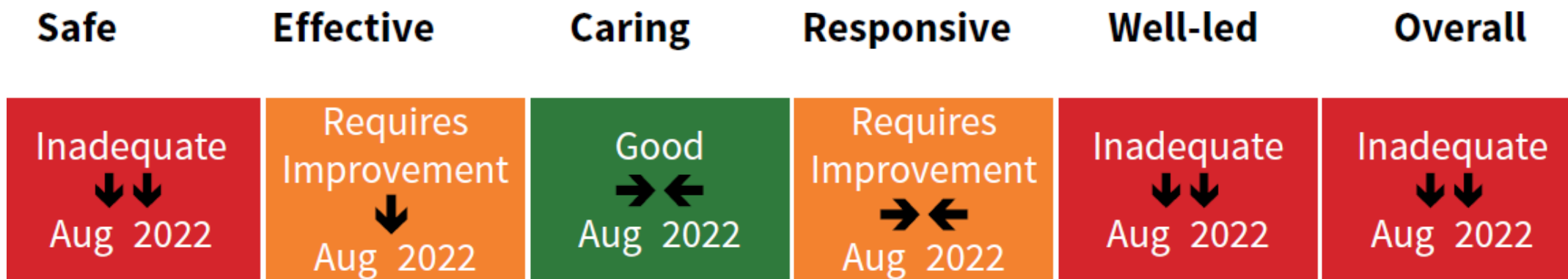
CQC Inspection Findings: Well-led and Surgery

Reflections

- We have had an unprecedented two-and-a-half years in which staff have been selfless in their efforts to deliver the best care in difficult circumstances; the pressures have changed, rather than diminished
- The CQC findings provide a helpful perspective on the Trust, which tells us that there are issues to address many of which have their origins in pandemic context, others (relating to culture) cannot be explained away by the pandemic and ongoing pressures
- The issues identified are not evident everywhere all the time, and are not demonstrated by everyone, but they are having a disproportionate impact
- There is much to reflect on, but of utmost importance is that we listen to our staff and work together to respond to the issues, using the findings and recommendations as a platform to expedite the change already underway
- I am personally disappointed that the report didn't reflect more of the incredible things our colleagues achieve every single day



CQC ratings: Surgery



What led the CQC to judge the service as inadequate?

- High number of never events – 7 in the previous year
- Use of theatre recovery overnight
- Insufficient capacity in our Surgical Assessment Unit(SAU) leading to long waits for patients to be assessed
- Mandatory training and appraisal below expected levels
- High staff vacancy rate and turnover
- Our estate was considered not fit for purpose in some areas
- Staff reported incidents, which were investigated but dissemination of the learning from these incidents was not always evident

What led the CQC to judge the service as inadequate?

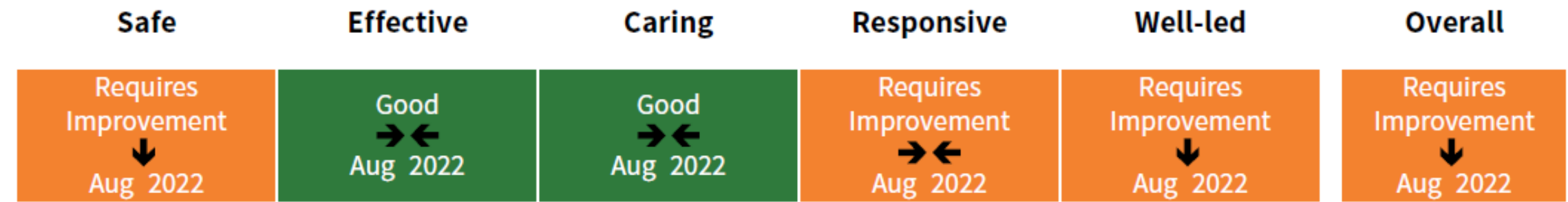
- High number of never events – seven never events in the previous year. An improvement programme was instigated two years ago and we have not had a theatre never event for 310 days from a previous median of one every 59 days
- Use of theatre recovery overnight – lacks privacy dignity but very safe and enabled patients to have cancer surgery that they would not otherwise have had. 2500 cancer operations undertaken during the pandemic of whom 252 were looked after in recovery. 100% of patients surveyed said they would rather have been cared for in recovery than had to wait at home for their surgery
- Insufficient capacity of the Surgical Assessment Unit(SAU) – recognised by the Trust in 2020 and a new unit comes on board in summer 2023 as part of a £100m+ investment in our estate
- Mandatory training and appraisal - when staff vacancies were at their highest which was very common during the pandemic COVID, we prioritised patient facing activities over training and development. 85% of staff were up to date against an internal standard of 90%
- High staff vacancy and turnover rate -Our greatest challenge. Nationally,40,000 nurses left the NHS last year with fewer than 42% saying they would not recommend the NHS as a place to work. We have and continue to have an unrelenting focus recruitment and most importantly retention

In summary

- The CQC identified a number of risks to safety which if poorly controlled and / or persisted could lead to unsafe services
- Our surgical outcomes are in line with surgical units nationally and better in some areas
- However, I do not believe our surgical service is unsafe and we are determined to address the issues raised as we begin to reset services post-pandemic
- Our staff are our greatest asset and I am determined we will support them to ensure that when they are next inspected, they will be rightly proud of the CQC's findings



CQC ratings: The Trust



Key findings

- Leaders did not always use the organisation's values to improve the culture and services for patients.
- They observed a high tolerance of poor behaviours
- The Trust did not have an open culture where staff could raise concerns without fear
- Leaders did not always promote equality, diversity and inclusion in their daily work, and some staff groups did not get the same opportunities for career development
- There was a disconnect between some senior level leaders' perception and the reality for the frontline staff

Key findings

- Most leaders have the skills and abilities, experience and capacity to manage the Trust; however, many were new
- The Trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders
- A review of the effectiveness of committee structures and governance was underway. Changes were being implemented to improve risk management and visibility from frontline services to the Board
- Leaders encouraged innovation and participation in research and staff, and leaders had a good understanding of quality improvement methods and the skills to use them

Next steps – the “how”

- Being brave and bold
- Colleagues who do not demonstrate our values, will have no place in our organisation
- Zero tolerance of discrimination, bullying and harassment
- Encouraging staff to surface the issues : we can't work with what we're not talking about
- Talking, thinking and problem-solving together



**Relationships
are the key**

Next steps: Well-led – the ‘what’

- All Senior Leaders “Back to the Floor”
 - Relationships, empathy, understanding, insight, humility
- Full-time Freedom to Speak Up Guardian role: linked with cultural work
- Staff Experience Improvement Programme
 - Survey results: clarity of focus
 - Restorative Just and Learning Culture implementation: placing emphasis on culture and learning
 - Living and breathing the Trust’s values and behaviours: team development, action learning and support for leaders and managers
- People and OD Department transformation programme to ensure we have a function with the capacity and capability to lead the change necessary



**‘Inch-wide,
mile deep’**

Questions

