CHELTENHAM
BOROUGH COUNCIL

Notice of a meeting of
Overview & Scrutiny Committee

Monday, 31 October 2022
6.00 pm
Council Chamber - Municipal Offices

Membership	
Councillors:	John Payne (Chair), Steve Harvey (Vice-Chair), Graham Beale, Nigel Britter, Jackie Chelin, Stephan Fifield, Tabi Joy, Louis Savage, Julian Tooke and Suzanne Williams

The Council has a substitution process and any substitutions will be announced at the meeting.

Important Notice

Filming, recording and broadcasting of council meetings
This meeting will be recorded by the council for live broadcast online at http://www.cheltenham.gov.uk and www.youtube.com/user/cheltenhamborough.
The Chair will confirm this at the start of the meeting.

If you make a representation to the meeting, you will be deemed to have consented to be filmed and to the possible use of those images and sound recordings for broadcasting and/or training purposes.

Agenda

11.		**FEEDBACK FROM OTHER SCRUTINY MEETINGS ATTENDED** Health Overview & Scrutiny Committee (18th October) – update from Cllr. Bamford	(Pages 3 - 4)

Contact Officer: Harry Mayo, Democracy Officer,
Email: democratic.services@cheltenham.gov.uk

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Report to October Meeting of CBC Overview and Scrutiny Committee

Summary of 18th October 2022 Meeting of GCC Health Overview and Scrutiny Committee

This was a joint meeting with the Adult Social Care Scrutiny Committee. A full recording is available at the "Online meetings" section of the GCC website. The public information pack which includes all power point presentations is also available on this website. The minutes are not yet available, so this paper is based solely on notes I took at the time.

1. **Scrutiny Items**

1.1 NHS Gloucestershire Winter Sustainability Programme 2022/23

The representative from One Gloucestershire ICS presented a healthcare wide system plan aimed at ensuring winter 22/23 is considerably better than 21/22 for the healthcare community and its patients. Detailed plans across 7 areas of the system can be reviewed in the presentation, but they involve six 'key' areas of specific investment:

- Rehab. beds at Cheltenham General
- Extra Social Workers
- A new discharge waiting area at Gloucester Royal
- A 10-bed assessment unit at Tewkesbury Hospital
- 14 rehab. Beds at the Kingham Unit
- A £2M investment in 'virtual wards' where healthcare staff give advice and monitor patients in their own home.

The plan was implemented in early October and 2 weeks in the average ambulance down time has reduced from 121 hours lost per day to 36 hours lost per day.

1.2 Reducing Health Inequalities (Council Motion 881)

Life expectancy for men is 8.7 years worse and 6.5 years worse for women living in the most deprived areas of Gloucestershire compared with those living in the least deprived. A stark indication of health inequality in our County.

The report presented 3 strands to an overall plan to improve this dire situation:

a) HOSC to receive regular reports from the Health and Wellbeing Board reviewing progress against 7 key areas e.g. housing, physical activity and mental wellbeing.
b) GCC to invest £1.5M in a " levelling up" agenda through a grant scheme. GCC will invite bids from community groups in the 12 most deprived areas including St Marks and St Pauls. The process will allow communities to be creative in what they bid for, as long as they can demonstrate how their bid will help to achieve the outcomes linked to five of the missions in the levelling up white paper
c) The existing 20 plus 5 strategy will be retained and strengthened. This involves work on the poorest 20% of the County measured against 5 key areas. Early cancer diagnosis, management of hypertension, maternity, chronic respiratory diseases and severe mental illness.

1.3 CQC report about the performance of Gloucestershire Hospitals NHS Trust

Discussion about this report focussed on two areas, the safety of surgical services and a bullying culture that has not yet been eliminated from the Trust.

Looking first at surgical safety. Despite 72 pages of dense text, I found the CQC report disappointingly uninformative. It was highly repetitive and with the exception of its focus on surgical never events it contained very few meaningful statistics. For instance, surgical services are provided across 25 to 30 almost entirely discrete surgical teams yet there was no analysis by individual team. We were left guessing which areas had caused the CQC serious concerns.

It's also of concern that in times of high system stress (i.e. the pandemic and the NHS wide bed crisis) the CQC are still using the same criteria for monitoring. Of course, it's good to set a high bar but for instance if surgical services carry on but in a sub-optimal environment e.g. if patients are recovered in theatres rather than a ward because ward beds aren't available that could be seen as a good way to keep operations going, the CQC see it as dangerous practice. By focusing solely on levels of risk rather than surgical outcomes the CQC have branded a service with good outcomes, using any national comparator as not fit for purpose (or unsafe). My conclusion would be different.

In response to the report the Trust put in place a 49-point action plan 23 of the actions are complete 21 are on track and 5 are currently at risk. As a result of the action plan the surgical never events which are clearly indicative of very poor, unsafe practice have dramatically reduced. There has been no 'never' event recorded for the last 310 days (compared with 52 days per event when the CQC visited)

Turning to the issue of organisational culture. The picture continues to appear bleak. The anecdotal observations which appeared to me to characterise the CQC report were much more compelling as a way of assessing these cultural issues and pointed to the fact that the Trust still has a problem with a bullying culture. These cultural problems emerged in the period up to the departure of the last Chief Executive and when appointed to succeed him the current Chief Executive made tackling them a key priority. Unfortunately, they have persisted. I would reflect however that bringing about the change required when staff are facing such stressful working conditions is not easy.

2. Information Items – see presentations for details

2.1 **NHS One Gloucestershire Integrated Care System (ICS) Performance Report**

2.2 **One Gloucestershire NHS Integrated Care Board (ICB) Update (n.b. One Gloucestershire ICB now known collectively as NHS Gloucestershire – this report therefore includes updates from all NHS providers in primary and secondary care as well as a report from the healthcare commissioner)**

2.3 **Fit for the Future 2: outcomes of Engagement Report**.