

**Monday, 2nd November, 2020**  
**6.00 - 7.10 pm**

<b>Attendees</b>	
<b>Councillors:</b>	Chris Mason (Chair), Paul Baker, Dilys Barrell, Nigel Britter, Iain Dobie, Martin Horwood, Jo Stafford and Klara Sudbury
<b>Also in attendance:</b>	Councillor Jordan (Leader), Darren Knight (Executive Director People & Change), Councillor Wilkinson (Cabinet Member Climate and Communities)

**Minutes**

**1. APOLOGIES**

Councillors Payne and Holliday had given their apologies.

The Chairman took the opportunity to welcome Councillors Britter and Horwood to the committee, as newly elected members and explained that the vice-chair would be appointed by Council in December.

**2. DECLARATIONS OF INTEREST**

No interests were declared.

**3. MINUTES OF THE LAST MEETING**

The minutes of the last meeting were circulated with the agenda.

Upon a vote it was

**RESOLVED** that the minutes of the meeting held on the 7 September 2020, be agreed and signed as an accurate record.

**4. PUBLIC AND MEMBER QUESTIONS, CALLS FOR ACTIONS AND PETITIONS**

None received.

**5. MATTERS REFERRED TO COMMITTEE**

There were none.

**6. COVID-19 RECOVERY PROGRAMME**

The Executive Director People & Change introduced his Covid-19 Recovery Programme update, as circulated with the agenda. He explained that the update summarised some of the key initiatives that were underway in terms of recovery activity, but was by no means an exhaustive list. He stressed that the unique challenge of Covid-19 was that resources and efforts were split between emergency response and recovery efforts and it could be that, with the current lockdown, resources for recovery would have to be scaled back to provide additional support to the response phase, which could well ramp up again. The recovery efforts had been split into 5 work streams (Economy, Returning CBC

to a new normal, Community & Volunteers, Environment & Wellbeing and Finance), each made up of a range of activities and with a lead officer/member. It was important to note that CBC was not operating in isolation in terms of its recovery efforts and was in fact working with key partners across the Gloucestershire.

The Executive Director People & Change gave the following responses to member questions:

- From the outset of the pandemic, the council had been holding monthly liaison meetings with various cultural organisations and this continued to date. He reminded members that the Cheltenham Trust had attended the July meeting and discussed current organisational performance. The chairs group could decide who and when it next wanted to hear from and in which format.
- The Council did offer bid writing support to the Playhouse, but were assured that the support wasn't needed. Their subsequent bid was unsuccessful and CBC were due to meet them later this week to discuss the issue further. He would be happy to report back to the committee on this, if the Chairs group so wished and was not aware of any lease issues.
- Robert Jenrick, MP, had suggested that the play spaces and parks would remain open through the second national lockdown, but CBC would be following government guidance.
- The Inward Investment campaign had only just been launched and therefore it was not yet possible to give an indication of this being positively received, but with the business growth that was already underway in Cheltenham, it was absolutely an attractive place for people to invest. It would be possible to provide further member updates at appropriate times.

The Chairman thanked the Executive Director People & Change for the update and suggested that the recovery plan should be reviewed by this committee on a regular basis.

No decision was required.

## **7. CLIMATE EMERGENCY - A RESPONSE TO OVERVIEW AND SCRUTINY**

The Chairman reminded members that the committee had asked to hear from the newly elected Cabinet Member for Climate (Change) and Communities, once in post and Councillor Wilkinson had been appointed in September. Councillor Wilkinson had provided a written response to Overview and Scrutiny which focussed on things that might happen in the future, rather than covering in too much detail, existing work being undertaken. He stressed that some of these projects related to matters entirely within the control of the council; some were matters that the council could influence via policy change; some were items the council could work with partners to achieve; some were entirely outside of the council's control. But in order to successfully deliver carbon neutrality in all four areas, public engagement would be vitally important. He was keen that the core of very knowledgeable activists be expanded to include the wider community, with a variety of means by which they could get involved. He reminded members that when the initial motion was passed by council, a letter was sent by the Leader to the Secretary of State to ask for more support

from government to enable local government to pursue ambitious carbon neutral targets and advised that a follow-up letter was being drafted to restate the case for changes to legislation and increased funding. The fact was that there was little spare capacity within existing resource to pursue enough new projects and the extra demands placed on the council as a result of the pandemic, were only making the situation more difficult; but the climate change emergency budget would be to employ new members of staff who could take forward some key projects and job descriptions were being drafted.

The Cabinet Member for Climate and Communities gave the following responses to member questions:

- Vision21 had done a huge amount of work to assist the council in meeting carbon reduction targets in the past and were currently working on a conference for community groups and businesses which aimed to expand on engagement and taking them on the journey, rather than simply telling them what they need to do.
- Another group were looking to establish a Library of Things, a form of community sharing of tools and equipment.
- The toolkit would be for communities, though the plan was also to produce something for individuals on how they could reduce their own carbon footprint, by walking instead of driving, planting trees in their gardens, reducing the amount of red meat they consume.
- Sustainable transport was an important issue and of much personal interest to the Cabinet Member. The Council's 'Connecting Cheltenham' report included ambitious proposals for initiatives in the town and he endorsed much of the content of the government's 'Gear Change' report which urged highway authorities to bring forward plans for fully segregated cycle lanes. ON the topic of GCC, he was pleased to see that they were starting to trial 'School Streets' and would welcome further collaboration on shared goals, for which there were huge opportunities.
- The council had supported Clean Air Cheltenham on their 'Clean Air Day' and a framework for what we do/support and how we do it, was currently being developed.
- Bio-diversity was not directly a carbon reduction issue, though clearly it was climate change related. In terms of tree planting, there was a question over how the target could be delivered and he was keen to get more local residents involved. Throughout the borough there were wild flower planting and uncut areas in green spaces, but there was more we could be doing, including green bus shelters (grass on the roof). There was lots already being done, but there was also lot's more that could be done in his view.
- Whilst he acknowledged the frustrations around the issue of Pilley Bridge footbridge, the issue was that any repairs would represent a huge proportion of the climate change budget for a number of years and ultimately the council was endeavouring to achieve as much 'bang for its buck' in terms of what it could achieve with this budget. This was not to say that the council couldn't work together with GCC on a future project and he was happy to take this forward after the meeting.
- 2.5k trees were planted in Cheltenham last year, which was clearly some way off the target of 100k set out in the carbon neutral report.

However, there was also the issue of nursery capacity in terms of being able to produce enough trees of local provenance to meet demand.

- He felt that the council should be more ambitious in terms of the carbon footprint of new homes in the borough and he was in talks with CBH about opportunities for a development that tested this approach.
- Engagement was important but there was also a need to manage expectations. Lots of people were expecting lots of progress, but given resource, capacity and financial restraints at the council, this was slower than some would like and whilst he accepted that we must get some projects underway, we would need to overcome some of the current uncertainties first.

In terms of weed treatment, this fell outside of his portfolio and as such he would refer the question to Councillor Coleman as the relevant Cabinet Member.

The Chairman thanked the Cabinet Member for not only his attendance, but for his honesty and wished him well in his new role, adding that he would be invited back at a relevant time to provide a further update.

There was no decision required.

#### **8. SCRUTINY ANNUAL REPORT 2019/20**

The Chairman introduced the Scrutiny Annual Report 2019/20, as circulated with the agenda. He confirmed that this report provided a brief summary of the work that had been undertaken by the committee during the period of time between April 2019 and March 2020, as well as outlining areas of future scrutiny.

He reminded the committee that they were being asked to approve the report for consideration by Council in December.

Upon a vote it was

**RESOLVED that the Scrutiny Annual Report 2019/20 be approved for consideration by Council in December.**

#### **9. FEEDBACK FROM OTHER SCRUTINY MEETINGS ATTENDED**

Written updates had been published or circulated in advance of the meeting.

In the absence of Councillors McCloskey and Brownsteen, members were asked to contact them directly with any questions or comments.

Councillor Horwood, who had produced a summary of feedback on the recent HOSC meeting, reiterated that what was being proposed represented the most significant downgrade of Cheltenham General Hospital ever undertaken and would, he felt, inevitably undermine the long-term future of an A&E department and intensive care unit in Cheltenham. His understanding was that cabinet had already agreed that CBC should make a response and he sought confirmation of this.

The Chairman asked the Leader to respond, and the Leader confirmed that it was indeed Cabinet's intention to table a motion but that constitutionally this needed to be done at Council, rather than Cabinet.

**10. CABINET BRIEFING**

The cabinet briefing had been circulated with the agenda. This was taken as read but the Leader asked to provide a further update in terms of the Engagement Board. Relevant people had been asked to sign a non-disclosure agreement (deadline of 7 November) and once completed, would mean the weekly dashboard of data would once again be shared with CBC; though it would not be possible to share this data more widely than with Cabinet and the Executive Leadership Team.

There were no questions.

**11. UPDATES FROM SCRUTINY TASK GROUPS**

In the absence of Councillor Payne, the Chairman of the O&S Review STG, the Democracy Officer confirmed that the group had met for the first time in October and though the second meeting had subsequently been cancelled, the group had, had productive discussions about how some of the recommendations could be taken forward.

The Chairman referred members to the feedback from the Special Responsibility Allowance (SRA) STG, that had been circulated with the agenda and Councillor Horwood, as Chair of that group, was asked to address the committee. He explained that the task group had been established to look at options regarding payments of SRAs to members who were appointed to outside bodies as non-executive directors or trustees. As outlined in the paper, the group considered advice from the Legal Officer which, in short made clear that to enable a payment to be made the Member had to be 'representing the authority'. Yet when a member took up the position of Director or Trustee of an outside body they were attending Board meetings in their capacity as a Director or Trustee of that body and were expected and indeed would have legal duties to look after the bodies' interests and to further its aims and not the authority's aims. In light of this advice the STG ruled out recommending an SRA for those members who were appointed as Directors or Trustees and also ruled out SRAs where it was felt that attendance at the outside body did not seem onerous or those which councillors or cabinet members would be expected to attend in the course of their duties. This left a list of 7 outside bodies which the STG felt could be actively considered as potentially meeting the criteria of receiving an SRA, but it was reiterated that these bodies were not where members held the role of director or trustee, which was therefore outside the remit prescribed by this committee. In view of this, the STG were asking whether O&S wished the STG to progress any further work in this regard.

Councillor Horwood gave the following responses to member questions:

- The STG had not investigated whether other authorities, such as Gloucester City in terms of the Gloucestershire Airport Consultative Committee, paid their members to attend, but he personally doubted that they would.
- Ubico was an oddity because it was not a constituted board but rather a subsidiary of the Council(s) and therefore no SRA was payable.
- It was his personal opinion, and not necessarily that of the STG, that no further work should be undertaken as the bodies for which SRAs were

potentially payable were not those where members held the role of Director or Trustee.

The Leader confirmed that it was he who had raised the issue at Council, on the grounds that it seemed only fair that Councillor McCloskey, a member on the Publica Board, be paid as the other Board Members were.

Members thanked the task group for their feedback and agreed that many appointments to outside bodies were those members that would be expected to attend meetings anyway because they were ward councillors or Cabinet members, or where the member had a particular interest in the work of the body.

The Chairman proposed that the committee vote on whether the task group should progress any further work.

Upon a vote it was

**RESOLVED that the SRA scrutiny task group should undertake no further work on the issue.**

**12. REVIEW OF SCRUTINY WORKPLAN**

The work plan had been circulated with the agenda and the Chair confirmed that the agenda for the next meeting would be finalised nearer the time.

No additions were made.

**13. DATE OF NEXT MEETING**

The next meeting was scheduled for the 18 January 2021.

Chris Mason  
**Chairman**

**Police and Crime Panel Report for Overview & Scrutiny – November 2 2020**

Date of Panel: September 18 2020

**Report from the Police & Crime Commissioner**

The waiting list for courts in Gloucestershire is increasing. The magistrates court has risen from 450 before the pandemic to 1,000 now. There is a backlog of 330 cases in the crown court. Gloucester cannot be covid-proofed because of its listed status, which means that only one case can be heard at a time. Most cases are being heard in Bristol. Victims, witnesses and the accused alike are beginning to lose patience. The commissioner has offered Cirencester court to Ministry of Justice and is waiting for a detailed response. If Cirencester can be put back into service, it will be the only DDA complaint court in the county.

The home office is undertaking a review of Police and Crime Commissioners and Police & Crime Panels, which is due for report this autumn.

**Police & Crime Plan refresh**

The deputy commissioner presented the refreshed Police & Crime Plan. The Panel took a vote on endorsing the principles set out in the plan, subject to approving a fuller draft at a later stage. That vote carried, with 8 voting for, 2 against and 4 abstentions.

**Revised police operating model**

Detective Chief Superintendent Richard Cooper presented a revised operating model to the Panel. The revised model changes the way in which officers interact with cases. Under the new model, the officers who initially respond to incidents will take ownership of the case through to completion. This is a change from a former model in which cases change hands between officers, who take responsibility for different stages of cases.

The objective behind the change of model is to introduce a greater emphasis on localism and ownership. Giving ownership of a case to officers will also introduce a greater sense of local identity as they get to spend more time in their areas working with residents. This is particularly important in more rural areas and is expected to resonate well with local business owners.

**CEO report**

The Chief Executive of the Office of the Police & Crime Commissioner presented his report to the panel. He announced there has been an extension of contract for Chief Constable Rod Hansen (this was for the panel to note, rather than approve). This news was well received by panel members and commented on favourably by many. O&S members may be pleased to know that the Chief Constable was recognised in the latest Queen's honours, receiving the Queen's Police Medal.

**Mental health report**

There is a possibility of establishing a blue light service for mental health. Currently there is a high level of partnership working, including the use of agencies for dealing with some of the demand for the police force. Mental health calls are becoming increasingly prevalent; the current figure is that 10 people go missing per day in Gloucestershire.

**Safer streets**

Cllr Mark Hawthorne pressed the Commissioner on why he did not apply for safer streets funding. The commissioner explained that the chances of success were slim, and as the time to make the applications coincided with the peak of the first wave of coronavirus he did not feel it would be a good use of officer time. The constabulary was operating at 74% capacity, with staff members themselves having the virus and/or self-isolating. The commissioner noted that plenty of other constabularies applied without getting grants, that he made an extra £1m of funding available to the constabulary, and Cllr Hawthorne should be aware of all of this as it was included in a recent response to an FOI from his office. Many panel members raised objections to the chair, saying they felt that this part of the meeting was clearly a politically motivated attack on the commissioner. The chair allowed around twenty minutes of debate before calling the meeting to a close.

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### Gloucestershire Health Overview & Scrutiny Committee 15 September & 22 October 2020

Written report from Cllr Martin Horwood to CBC Overview & Scrutiny Committee

The full agenda and minutes of the two HOSC meetings will be available at <https://glostext.gloucestershire.gov.uk/ieListMeetings.aspx?CId=772&Year=0>

Videos of both meetings are available on YouTube at

15 September 2020 <https://m.youtube/watch?v=lqIG89BmOFc>

22 October 2020 <https://www.youtube.com/watch?v=BebvtoJKTL0>

#### 15 September 2020

- I raised the lack of any report on **Covid19** or local response on the agenda. The chair allowed questions on this but restated the county council's position that public health issues are dealt with by the Adult Social Care committee. The county split health and social care scrutiny last year but this will be reviewed this autumn.
- We received full answers to later questions about Covid from Sarah Scott, Director of Public Health, who said they were not working well with regional public health tracking outbreaks linked to particular employers, returns from holiday and schools, and now had better access to national data. The Hospitals Trust added that they had established '**long Covid**' clinics but those didn't yet routinely include patients never admitted to hospital.

#### Public representation

- A Cotswold resident raised the replacement of blood test services at Cirencester Hospital with GP services at short notice with no public engagement or equality impact assessment.

#### Winter planning

- The CCG gave a detailed presentation on **county preparation for a winter surge** from Covid19 and other winter pressures complicated by lost capacity caused by the pandemic. This including trying to accelerate non-Covid services in advance of the second wave, restoring community & primary care (GP) services, expanding flu vaccination, optimising hospital discharge, better data sharing through the shared SHREWD early warning database with an escalation plan called OPEL (Operational Pressures Escalation Level).
- The expansion of **flu vaccination** caused some confusion. Extension to 50-64 age groups still had to wait on the usual higher priority groups so would be achieved later in the year.
- Issues raised included the **implications of Brexit for PPE supply**, anecdotal evidence of difficulty **accessing GPs** and the quality of online consultations, and the **backlog in non-Covid admissions** - I raised this latter point and was told "the issue was being managed".

#### Temporary service changes due to Covid 19

- HOSC agreed with a further **six month extension to the temporary changes** made in response to the pandemic including the closure of Cheltenham A&E, centralisation of acute medical take at Gloucester, acute stroke unit moving to CGH with 'Hyper Acute' stroke unit staying in Gloucester and emergency and elective vascular services moving to GRH. But councillors expressed concern at the 'temporary' nature of the changes and asked specifically for a **plan for the return of A&E services to Cheltenham**.

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## Clinical Commissioning Group performance report

- Covid 19 has led to multiple challenges and many services missing performance targets but in most cases at levels similar to national averages. Key areas for concern were:
  - **A&E** - continued missing of 90% 4 hour wait target at Gloucester (worst data points in March 45%, and in August - after closure of Cheltenham A&E - 55%)
  - **Dementia** diagnoses had dropped significantly probably reflecting reduced patient numbers in both primary and secondary settings due to the virus
  - **Mental health** recovery performance dropped to just 37.5% finishing treatment & entering recovery in April but numbers met the national target of 50% in June.
  - **Cancer** waits recovered to 98% being seen within 2 weeks of GP referral in June but this may partly be because referrals had dropped so there may still be a “hidden” backlog. Less than 62 day waits to definitive treatment dropped to 70% (target 90%), with even diagnosed patients avoiding hospital during lockdown.

22 October 2020

### Public representation

- A Forest of Dean resident raised the loss of inpatient beds and services there following planned consolidation of community hospital provision at a new hospital in Cinderford.

### Fit for the Future

- This is the revised plan for the reconfiguration of Cheltenham & Gloucester hospital services, delayed from 2019. The publication at HOSC marks the beginning of public consultation which continues to 17 December 2020. Online consultation documents are at:

<https://www.onegloucestershire.net/yoursay/fit-for-the-future-developing-specialist-hospital-services-in-gloucestershire/>

- The rationale for these changes is that, being one trust on two sites, Gloucestershire Hospitals NHS Foundation Trust (GHT) can achieve better health outcomes, optimise staffing, reduce out-of-county referrals, cancel fewer operations and attract better staff by consolidating more and more services in centres of excellence on single sites. GHT increasingly describes itself as a ‘two site hospital’. Paediatrics are already centralised in Gloucester and GHT maintains that its pilot centralisation of trauma & orthopaedics in Gloucester has also been successful although this is contested by some clinicians. Emergency care is temporarily centralised at Gloucester although ITV this week filmed **16 ambulances queued up at GRH A&E** so there is strong anecdotal evidence of problems.
- No changes are proposed to outpatient, day case or pre-pandemic A&E services (part-time A&E will be restored at CGH but not a Type 1 24 hour A&E as CBC requested). Inevitably though the proposals below will mean more emergency patients going to Gloucester.
- More details of the plan are given on the attached presentation excerpt but they include:
  - **Closure of the 24 bed acute care unit in Cheltenham**, centralising the ‘acute medical take’ (supervision of acutely ill but non-surgical patients such as pneumonia and asthma patients) in Gloucester.
  - **Shifting all Emergency General Surgery permanently to Gloucester** and possibly all planned general surgery apart from day cases. An option to keep lower colorectal general surgery at CGH is offered. Proposals similar to this were contested by many clinicians when they were last proposed and were shelved before the 2019 General Election.
  - **Vascular surgery would be centralised in Gloucester**
  - **A new ‘IGIS’ (image-guided interventional surgery) hub would be set up in GRH.**

## Cheltenham General Hospital

### Services at CGH pre COVID-19

- › 24/7 A&E (nurse-led 8pm–8am)
- › Acute Medical Take
- › Orthopaedic inpatient services (Pilot)
- › Gastroenterology inpatient services (Pilot)
- › Planned General Surgery: Lower Gastrointestinal (colorectal) surgery
- › Planned Day Case General Surgery
- › Image Guided Interventional Surgery (IGIS), including Interventional Radiology and Interventional Cardiology
- › Vascular Surgery
- › Emergency General Surgery (EGS)

### Temporary Changes at CGH in response to COVID-19

- › CGH A&E changed to Minor Injuries and Illness Unit 8am – 8pm 7/7 at CGH
- › Acute Medical Take centralised at GRH
- › Acute Stroke Ward moved to CGH from GRH
- › Emergency General Surgery centralised at GRH
- › Vascular Surgery moved from CGH to GRH

## Gloucestershire Royal Hospital

### Services at GRH pre COVID-19

- › 24/7 A&E
- › Acute Medical Take
- › Trauma inpatient services (Pilot)
- › Emergency General Surgery
- › Planned Day Case General Surgery
- › Image Guided Interventional Surgery (IGIS), including Interventional Radiology
- › Planned General Surgery: Upper Gastrointestinal
- › Planned General Surgery: Lower Gastrointestinal (colorectal) surgery
- › Hyper Acute Stroke Unit and Acute Stroke Ward

### Temporary Changes at GRH in response to COVID-19

- › Centralised Accident and Emergency A&E 24/7 at GRH
- › Acute Medical Take centralised at GRH
- › Emergency General Surgery centralised at GRH
- › Vascular Surgery moved to GRH
- › Acute Stroke Ward moved to CGH
- › Urology Emergency Front Door centralised at GRH

#### Preferred Options for change under 'Fit for the Future' proposals Cheltenham General Hospital (CGH)

- › No Change: 24/7 A&E (nurse-led 8pm-8am)
- › Orthopaedic inpatient services
- › Gastroenterology inpatient services
- › Image Guided Interventional Surgery 'Spoke'

#### Preferred Options for change under 'Fit for the Future' proposals Gloucestershire Royal Hospital (GRH)

- › No change: 24/7 A&E
- › Centralised Acute Medical Take
- › Trauma inpatient services
- › 24/7 Image Guided Interventional Surgery 'Hub'
- › Vascular Surgery

### There are two options for General Surgery

#### Centre of Excellence for Pelvic Resection

##### CGH

- › Planned Lower GI (colorectal) General Surgery (alongside gynae-oncology and urology)
- › Planned Day Case General Surgery
- › Outpatients

##### GRH

- › Emergency General Surgery
- › Planned Upper GI General Surgery
- › Outpatients

#### Centre of Excellence for General Surgery

##### CGH

- › Planned Day Case General Surgery
- › Outpatients

##### GRH

- › Emergency General Surgery
- › Planned Lower GI (colorectal) General Surgery
- › Planned Upper GI General Surgery
- › Outpatients

- **It is difficult to escape the conclusion that this would be the most significant downgrade of Cheltenham General Hospital ever undertaken** and the centralisation of vascular surgery, general surgery and acute medical take in Gloucester will inevitably undermine the long-term future of an A&E department and intensive care unit in Cheltenham. Cheltenham will be a satellite site and a general hospital in name only. Given the continuing and perhaps increasing failure at Gloucester A&E to meet targets despite continued assurances from the Trust, it is also hard to accept all the reassurances now being given that GRH can actually cope with so many extra centralised services. My understanding is that cabinet have already agreed that CBC should make a response and will obviously want to access more expert medical and surgical opinion in its preparation.
- A series of councillors of all parties and from across the county, including myself, raised concerns that it was the **wrong time to launch the consultation and reconfiguration plan**:
  - We are in the middle of major pandemic with temporary services and changes in place and the future requirements for dealing with covid long-term unclear as we do not yet know how effective vaccines and treatments will prove to be, what global and national learning will need to be incorporated into future services and recruitment and what the 'new normal' will look like.
  - Public consultation will be difficult during the pandemic with possibly fast-changing lockdown conditions over the coming months
  - Management focus at both GHT and the partner organisations like CBC expected to respond should be on the rising second pandemic wave and linked problem

Ellen Rule, Director of Transformation and Service Redesign at GHT said in response that peripatetic uncertainty was unhelpful and that "we know a lot more about Covid19 now, we know a lot more about how we're handling the response, we're not in the same position we were in March".. **"We feel we have a much more settled situation now**, notwithstanding that we recognise cases are gradually climbing" [sic - the Chief Medical Officer actually advises cases are now doubling every seven days].

- My proposal to withhold approval was not put to a vote by the chair and HOSC agreed that the changes were certainly major enough to require consultation.
- **Other items** included the consultation on the community hospital changes in the Forest of Dean and the HOSC's future work plan which will now include children's mental health and the situation at Gloucester A&E.

**Councillor Martin Horwood**

23 October 2020