

## Health and Care Overview and Scrutiny Committee update

Overview and Scrutiny Committee – 26 June 2017

### **7 March 2017**

I was not able to attend this meeting, as was my substitute Cllr Collins. Here is a summary based on the minutes.

Gloucestershire Hospitals NHS Foundation Trust - update on financial situation.

The Trust Chief Executive apologised to the Committee as she was not able to present the findings of the financial governance review at this time and that the committee should expect it "in the new council".

It was confirmed by the Trust that "must do" actions identified by the CQC inspection report 2015 had all been delivered.

The Committee then robustly challenged the Trust representatives on the financial position and the Trust responded that they planned to return to a break even financial position by March 2019. Staff commitment and cultural change, starting at the top of the organisation, was needed to help return to a stable financial position and the Trusts Chairmans reported that the amount of "challenge" at Board meetings and a culture of openness had already started.

The South West Ambulance NHS Foundation Trust gave an update on the Ambulance response programme. The resulting discussion ended in one Action for the Trusts Director of Operations who will give details on how many Community First Responders responded to calls.

### **6 June 2017**

First meeting since the new County Council, a majority party Cllr has replaced a minority party Cllr as the Chair, Members expressed the hope that this would not stifle debate. The County Councils new Cabinet Member for Public Health, Cllr Tim Harman, was present for this HOSC in his new role.

Overview. One Gloucestershire Transforming Care, Transforming Communities (Sustainability and Transformation Plan (STP)). The accountable officer from the GCCG gave her update on the STP. This huge initiative covers many detailed areas and committee members expressed their discomfort at the discussion being curtailed after 45 minutes. In responding to comments expressing disapproval made by committee members the Chair replied that the committee was in the period of the GE 'purdah' and that some of the comments were heavily politically slanted. Members replied that they were elected representatives and they they were entitled to ask difficult questions.

As a retired Civil Servant my understanding of 'purdah' was that Civil and Public Servants were refrained from making any decision or making any comment that would indicate or suggest a political position, either for or against an administration, either at the National level (Civil Servants) or local district and county levels (Public Servants'.

Whilst Elected councillors receive allowances from the public purse and are sometimes referred to as public servants, that's with a small p not a big P. My personal view is that Councillors had every right to challenge and ask hard questions, misusing 'purdah' to restrict a debate may have been unfortunately exercised on this occasion. If purdah was there to restrict political comments and questions from elected Councillors or MPs, then they would find it very hard, impossible even, to actually campaign during any election. The purdah restriction is not on Members.

The accountable officer commented on a drive to have more care in the community and less use of hospital beds. A committee member asked if this meant a reduction of the number of beds available or a reduction of hospital services and was given the reply no, it was not. She

reported a funding gap of £226m over four years and said that it was hoped that person led services and more district council local solutions would help this.

GP vacancies were a concern. I asked the question that if there was a sacristy of GPS and a bubble of aged GPs about to retire what contingency plans were there in place to satisfy the shortage and maintain a supply of new GPS. I was told that this was covered in the GCCG STP Policy Plan ( online, not shared with us at the meeting)

Scrutiny. We received reports about Adult Social Care and Public Health Performance and the GCCG performance report. There was nothing is major significance to report but I will defer to the minutes when they are published. The Chair of O&S may be able to fill in any gaps I may have missed.