Gloucestershire Health & Care Overview & Scrutiny Committee
Written report from Cllr Martin Horwood to CBC overview & scrutiny committee 26 November 2018

Gloucestershire Health & Care Overview & Scrutiny Committee (HCOSC) met on 13 November. A complete, itemised video is available at https://gloucestershire.public-i.tv/core/portal/webcast_interactive/384377.

The main agenda items were:

- **Glos Safeguarding Adults Board (GSAB) annual report 2017/18**

  GSAB highlighted reviews of the deaths of four **adolescents**, all of whom had suffered abuse or neglect in childhood and led high risk, chaotic lives but didn't necessarily meet criteria for adult social care. GSAB are going to try to address this and encourage the development of services for this population.

  Cllr Dobie raised the issue of **training** in best safeguarding practice, specifically in the NHS trusts. GSAB reported 18500 staff trained but were concerned that so much of this was online. Cllr Hay emphasised the importance of **feedback** to those who report concerns.

- **Quarterly Public Health report**

  Director of Public Health Sarah Scott reported a significant drop in **'Healthy Lifestyles'** service users reporting improvement in their mental wellbeing. GCC are addressing this.

  She reported that the **drug and alcohol** service is experiencing greater demand but has a reduced budget.

  Cllr Hay raised concerns about **childhood wellbeing** and it was highlighted that Cheltenham is above both national and county averages for permanent exclusions from school.

- **Quarterly Adult Social Care report**

  HCOSC chair raised continuing and worsening 'red' markers on **needs reassessments for adults in long-term care**. GCC responded hoping that new systems would improve contact and give more accurate data but chair said it was frustrating not to have a clearer picture.

- **NHS Clinical Commissioning Group performance report**

  CCG reported that the **ambulance** trust SWAST is finally meeting 7 minute national targets for response times across the county, although the fastest response times are in Cheltenham and Gloucester - both now under 6 minutes on average.

  The CCG reported that **emergency waiting time targets** had been missed over much of the last quarter but met year to date and in the most recent week reported. I highlighted that disaggregated data showed Cheltenham consistently meeting the target and Gloucester almost always missing it, suggesting the service model still wasn't working, a worry in advance of the challenging winter period. The CCG said there were 'particular pressures' on GRH. The hospitals trust said that there was "mismatch of demand with resources" and suggested Gloucester's population were disadvantaged because there was better resource compared to demand at Cheltenham!

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Cancer targets (93% 2 weeks from GP to specialist, and 85% 62 days to treatment) were also being missed and the CCG identified backlogs and workforce issues as a particular problem.

Targets for access to **psychological therapies** were now 'on trajectory'.

- **Integrated Care System progress report**

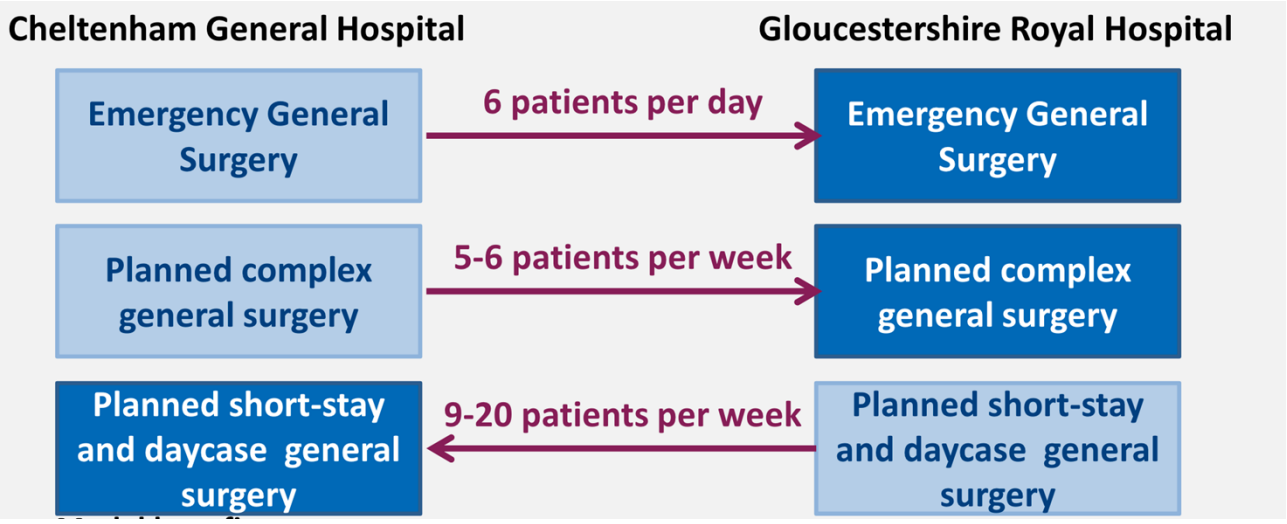
The CCG pilot **Integrated Locality Board** covering Cheltenham and Winchcombe (there was some discussion of sensible boundaries) had been established. I asked when and how it would begin to engage with CBC and was told by the CCG that all would be revealed "in the next couple of weeks".

Cllr Dobie asked about the successful **mental health acute response** street triage pilot (an integrated approach between 2gether and the Police) and whether it could be extended to Cheltenham. CCG replied full evaluation period had been extended and was still ongoing.

- **General surgery**

This is the proposed reconfiguration of **general surgery** (which actually means gastrointestinal and colorectal surgery - stomach, intestines & bowel, gall bladder, spleen and liver). The briefing paper was sent to HCOSC on 7 November, although the proposal was publicly revealed on 20 September and not reported to the previous HCOSC meeting on 11 September. 57 consultants have publicly written supporting the general principle but questioning whether the exact model is the safest option but the Trust said this was only "5% of their workforce".

The full papers are online at http://glostext.gloucestershire.gov.uk/mgConvert2PDF.aspx?ID=49578 and a summary presentation is online at http://glostext.gloucestershire.gov.uk/mgConvert2PDF.aspx?ID=49689 but in summary the proposal is:



The Trust said the drivers for change included an "inability to sustainably deliver national standards for emergency medical surgery", "unwarranted variation in patient experience" between Cheltenham and Gloucester and recommendations from two external reviews - the HCOSC has asked for copies of these, including other possible configuration options. A generic justification for centralising services was repeated verbally, which is that it enables

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the trust to create single centres of excellence enabling better training and more sub-specialism. Earlier public consultation suggested distance to travel was "important" but "lower priority". Staffing would not change but both rotas for emergency and complex general surgery would be in GRH instead of one in GRH and one in CGH. It was suggested that planned surgery centralised in Cheltenham would suffer fewer cancellations.

This is now being presented as a pilot (so not yet requiring public consultation) to go live in September 2019. Pilot evaluation and public consultation on final change would follow this.

Issues raised by Cllr Dobie, myself and others (including Cllr Clucas as a guest speaker) included the implications for Cheltenham as a district general hospital and specifically its A&E, the safety of patients developing complications in Cheltenham who would have to be blue-lighted to Gloucester, lack of consultation with HCOSC, the reversibility of the 'pilot', the need to hear alternative professional views, the apparent 'climate of fear' amongst those opposed to the proposal within the trust, the inability to meet current standards and why this hadn't been previously reported to HCOSC and the general risks of ever-increasing centralisation, including the pressure on capacity in the receiving hospital.

Gloucestershire Hospitals Trust, supported by the CCG, replied that this did not affect the viability of A&E in Cheltenham, that priority was being given to patient safety and the the service is "safe now" but not necessarily sustainably "optimal". They said they had gone through an internal panel, an options appraisal process and senior leadership team decision and communicated it to staff before bringing it to HCOSC. Patient transfers were not required in the next 5 minutes "in the vast majority of cases" and operation and transfer to ITU in Cheltenham would still be possible.

HCOSC declined to support the proposal and agreed to issue a letter of concern and call an emergency meeting to further review the proposal. This is likely to happen before or soon after Christmas.

- **Interventional & community radiology**

  Workforce shortages have forced an urgent reconfiguration of community radiology services, mainly affecting those provided in community hospitals in the south of the county.

Cllr Martin Horwood
26 November 2018