

Gloucestershire Health & Care Overview & Scrutiny Committee

Written report from Cllr Martin Horwood to CBC overview & scrutiny committee 1 April 2019

A special meeting of the Gloucestershire Health & Care Overview & Scrutiny Committee (HCOSC) met on **20 February 2019** to discuss Gloucestershire **walk-in services** and **general surgery** only. A complete video with all presentation slides is available at https://gloucestershire.public-i.tv/core/portal/webcast_interactive/399618

The next regular meeting of the HCOSC took place on **5 March 2019**. A complete video with itemised agenda and all presentation slides should be available at https://gloucestershire.public-i.tv/core/portal/webcast_interactive/399619

20 February special meeting

• Gloucestershire walk-in services

This item arose from a county council motion expressing concern about walk-in services at the seven minor injury units across the county but also touched on Cheltenham and Gloucester A&Es. The NHS Long-Term Plan at national level has set out an ambition to replace the current confusing mixture of minor injury units, walk-in centres, urgent care centres and provide a consistently good model - Urgent Treatment Centres - for "out-of-hospital sites" across all localities. There is concern from rural areas that the minimum UTC model might just be for 12 hours. The concern for us - expressed by Cllr Dobie and myself at the meeting - is more obviously that a UTC will replace and in effect downgrade Cheltenham A&E.

At the meeting the CCG could not confirm or not whether this would represent a downgrade at Cheltenham - promising further engagement on this issue. A consultation exercise last week (29 March) presented a plan for UTCs at both Cheltenham and Gloucester alongside A&Es.

HCOSC agreed to write to the Clinical Commissioning Group (CCG) expressing similar concerns to those in the motion and urging that Cheltenham A&E is not downgraded to a UTC.

General surgery

The Hospitals Trust again presented its proposed model for general (abdominal) surgery which involves centralising both emergency general surgery and complex elective general surgery at Gloucester, leaving only day cases at Cheltenham General. Having met with and heard very serious concerns from more than 20 senior doctors at Cheltenham in private since the previous HCOSC meeting, I and other councillors highlighted a number of key concerns:

- The serious potential impact on other specialisms at Cheltenham, including urology, gynaecology and oncology (for which Cheltenham is a regional centre of excellence)
- The lack of a plan for junior doctor cover at Cheltenham
- The lack for a plan for any additional beds to the 55 already in Gloucester, despite Gloucester having a serious and well-documented bed shortage
- The failure to follow the recommended national model for dual-site trusts of centralising emergency on one site and complex elective on another to prevent the two constantly competing - described as Option 4 in the internal options appraisal and apparently recommended by John Abercrombie of the national 'Getting It Right First Time' programme.

Several of these points remained unanswered although the Trust did maintain that the changes were simply a pilot and could be reversed, that it was absolutely safe, wouldn't affect

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specialisms at Cheltenham as cover could be provided from Gloucester, and that Option 4 couldn't be implemented because it would take much longer (because it demanded more staffing than the current two rotas). A number of councillors expressed some scepticism about the 'pilot' status of the changes and whether or not they would be genuinely reversible.

HCOSC again declined to support the changes, set up a task and finish group to keep the issues under review which will begin meeting shortly, write a letter of concern to the Secretary of State expressing some of our concerns and asking specifically about what constituted a pilot, and meeting with John Abercrombie on his next visit to Cheltenham. This meeting did happen on 19 March and produced the surprising message from the Trust that they did, after all, favour Option 4 and that these changes were simply a transitional phase. This was met with some surprise and scepticism.

5 March meeting

• NHS Long-Term Plan

This agenda item explored the development of the national NHS Long-Term Plan at local level, including the models for emergency and acute care, increased focus on population health and prevention, boosting 'out of hospital care', blending primary and community care, centres of excellence and reducing hospital admissions. Much of this was welcomed by HCOSC members but specific questions were asked about finance and the implications of a closer relationship with primary care for the newly merged 2gether/Gloucestershire Care Services.

In answer to this, the Hospitals Trust revealed a continuing **deficit** expected to be £29.1m this financial year - 'slightly adverse to plan'.

• Public Health

Some indicators relating to our **most vulnerable families** are heading in the wrong direction, including health visitors calling on vulnerable families 7-14 days after new births and Healthy Lifestyles programme customers reporting improvements in their mental wellbeing. The Director of Public Health reported that all vulnerable newborn children were nevertheless known and being visited and that the HL data was under close review.

The DPH also reported that the Health and Wellbeing Board had agreed priorities for a new Joint Health & Wellbeing Strategy for Gloucestershire:

- Mental wellbeing
- Social isolation/loneliness
- Physical activity
- Housing
- Adverse Childhood Experiences (ACEs)
- Best start / early years
- Healthy lifestyles

Tackling social isolation and loneliness was agreed as a shared priority between the HWB and Safer Gloucestershire.

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- **Integrated Care Strategy ('One Gloucestershire')**

A further report on collaboration across NHS commissioners and providers, including the long-awaited Integrated Locality Board for Cheltenham and neighbouring areas. An important announcement was made of £5m 'Trailblazer' funding to 2021 to promote better **mental health in schools** in collaboration with mental health services. Two secondary schools in Cheltenham and a number of primaries will be amongst the initial pilot schools. Significant intervention was also reported as needed to improve waiting times in mental health services for children and young people. The plan aims for 100% of children & young people to have an initial access appointment within two weeks and a second appointment within six weeks.

- **Gloucestershire CCG**

Issues raised including the continuing problems with **bed capacity at Gloucester** and its impact on A&E waits there which have got even worse again, and on 'delayed transfers of care', and several **cancer 'dashboard' indicators** which are now going in the wrong direction including the proportion of patients waiting 31 days or more for surgery and waits of more than 62 days for 'first definitive treatment'. But performance against the target for 93% of patients to be seen within two weeks of a suspected cancer referral has improved.

- **Adult Social Care**

Issues raised included the drop in direct payments for clients to use for their own social care and the need for greater clarity in adult social care reporting. GCC expressed confidence that the transition of the carers' support contract from Carers Gloucestershire to PeoplePlus would provide continuity of care.

Martin Horwood
1 April 2019