

Cheltenham Borough Council
Council – 6th December 2021
Update report on Council Motion

Accountable member	Councillor Chris Mason, Chair of Overview and Scrutiny
Accountable officer	Darren Knight, Executive Director People and Change
Ward(s) affected	All
Key/Significant Decision	No
Executive summary	A motion regarding the ‘Emergency Situation in our Hospitals’ was approved by Council on 18 October 2021. In order to enable all Members to obtain an accurate understanding of the facts; senior representatives of the CCG, NHS Trust and Ambulance Service were invited to a meeting of this council’s Overview and Scrutiny Committee, on Tuesday 23 November.
Recommendations	To note the update report.

Financial implications	There are no specific financial implications arising from the report. Contact officer: Gemma Bell, Gemma.Bell@cheltenham.gov.uk
Legal implications	There are no specific legal implications arising from the report Contact officer: One Legal - legalservices@onelegal.org.uk, 01684 202012
HR implications (including learning and organisational development)	N/A
Key risks	N/A
Corporate and community plan Implications	The council places a high priority on protecting and improving the health and wellbeing of local residents. It is therefore important that the Council sustains trusted relationships with its NHS partners and develops joint plans for managing health and wellbeing.
Environmental and climate change implications	N/A
Property/Asset Implications	There are no specific property implications arising from the report. Contact officer: Gemma Bell, Gemma.Bell@cheltenham.gov.uk

1. Background

- 1.1** A motion regarding the 'Emergency Situation in our Hospitals' was approved by Council on 18 October 2021.
- 1.2** In order to enable all Members to obtain an accurate understanding of the facts; senior representatives of the CCG, NHS Trust and Ambulance Service were invited to a meeting of this council's Overview and Scrutiny Committee, on Tuesday 23 November.
- 1.3** This provided Members with the opportunity to ask questions around the following key topics, which the CCG, NHS Trust and Ambulance Service responded to ahead of the meeting. The full set of questions and responses are attached at Appendix 1.
 - The Black Alert declared (i.e. the Ambulance Service, which is a national Black Alert for all Ambulance services), how this is impacting on the service countywide and how it impacts on the Trust.
 - The pressures on the NHS Trust, how it is coping in relation to the Internal Incident declared, how this is affecting the service offered to the community and staff, and an explanation of the winter plan now being put in place.
 - Next steps and support required, and the role that this council could play to support and influence it.
- 1.4** Representatives of the CCG and NHS Trust delivered a presentation on the Gloucestershire Urgent and Emergency Care Winter Sustainability Plan 2021/22. This plan focused on ensuring the resilience of the health and social care system across Gloucestershire throughout the year, with a particular focus upon the upcoming winter.
- 1.5** They cited the ongoing impact of the Covid-19 pandemic, normal anticipated winter challenges, workforce pressures across health and social care, planning for seasonal flu and respiratory syncytial virus (RSV) as the most important factors.
- 1.6** Key risks within the winter plan were acknowledged, including demand possibly exceeding capacity, workforce pressures, risks related to increased Covid cases, difficulty in maintaining operational performance standards, increased activity in NHS 111 and patients deconditioning.
- 1.7** The next steps included additional recruitment for key schemes and continual review of system pressures and responses. They would also continually evaluate the impact of key initiatives, influence and build on changes in patient behaviour, and repurpose or redirect resources where needed.
- 1.8** In response to member questions, the CCG and NHS Trust representatives stressed the importance of staff wellbeing, noting that a system wide 'People Framework' was in use to allow organisations to share staff when required. A number of initiatives were in place to support staff mental wellbeing, including a Staff Support and Advice Hub and an in-house Staying Well Service.
- 1.9** They also responded to queries regarding A&E waiting times and clarified the criteria for the raising of the Operational Pressure Escalation Level (OPEL).
- 1.10** Members asked supplementary questions to gain greater detail and clarify key points, particularly regarding local examples and the risks faced over the coming months.
- 1.11** The committee debated a number of key points, including how to streamline the system and the importance of taking a case-by-case approach. Members noted that the NHS was a frequent topic of concern with constituents, and that there was a danger of residents choosing to not access care if they did not believe they would be looked after. The representatives of the Integrated Care System emphasised that messaging was essential, and that the focus needed to be on encouraging the public to access care at the appropriate point.

- 1.12** Members acknowledged the impact of Covid on mental health and discussed possible solutions for increased mental health need, particularly related to eating disorders.
- 1.13** Members discussed the structure of the Integrated Care System, and were reassured that the health and social care systems were in constant contact and shared significant resources. The CCG and NHS Trust representatives emphasised that an organisational restructure would not solve the challenges faced, and that what mattered above all was the outcomes for patients.
- 1.14** The Chair summed up the key message as being that the Council and its Members could play a significant role in communicating with residents about accessing care at the appropriate point.

2. Reasons for recommendations

- 2.1** To enable all Members to obtain an accurate understanding of the facts in order to relay to residents that care should be accessed at the appropriate point.

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Appendices	1. Questions from Members and responses from the ICS
Background information	N/A