

Overview and Management Scrutiny briefing

Community Safety OSC meeting Friday 13th July

<http://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?CId=584&MId=7315&Ver=4>

The main item on the agenda was a presentation on the SkillZONE Centre, Tuffley Lane Gloucester (<http://skillzone.glosfire.gov.uk>). SkillZONE is a state-of-the-art life size village. It is a fully interactive learning environment to teach people of all ages how to recognise dangerous situations and stay safe. There are 16 zones, which will cover a range of scenarios including road, rail and water safety, an internet cafe, as well as opportunities to cover home and personal safety.

The SkillZONE team have been working very hard to prepare for the move whilst also arranging vital open day visits for interested groups to finally get to look around and see how the centre might work for them.

On Monday 30 July 2012 Councillors will get their first formal look around both SkillZONE and Gloucester South along with the media. Both SkillZONE and Gloucester South open their doors for a public open day on Saturday 8 September 2012 as well as a Road Safety Partnership event, BikeSkillZ, which aims to promote safer cycling.

Police & Crime Panel

The panel, which is made up of representatives from all seven Gloucestershire councils, held its inaugural meeting at Shire Hall last Friday (13th July) I attended as a substitute for Cllr McCloskey. Cllr Brian Calway of Tewkesbury Borough Council was chosen to lead. Cllr Kathy Williams, from Gloucestershire County Council was elected as vice-chair. In November, elections will be held to select the county's first ever Police and Crime Commissioner and the panel has been formed as part of this new way of working.

The panel is not a replacement for the Police Authority but will be a powerful local authority scrutiny body, acting on behalf of the public to review the Commissioner's role and ensure that checks and balances are made. Its powers will include:

- The ability to require the Police and Crime Commissioner attend meetings and answer questions.
- The ability to review the Commissioner's draft police and crime plan setting out police priorities for the area.
- The power to veto the Commissioner's police precept.

It will play a crucial role in supporting the effectiveness of the new Police and Crime Commissioner when they are elected in November.

Currently, the panel is made up of 10 elected councillors but two further independent members are being sought. Anyone who is interested in joining the panel should visit Gloucestershire County Council's website www.gloucestershire.gov.uk/PoliceandCrimePanel for an application pack.

The closing date for applications is 10th August and then a process of short listing will take place before interviews are held by panel members in August/ September. **The next meeting will be held on 14th September 2012.**

Full papers for the meeting can be found on the GCC website at:

<http://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?CId=650&MId=7390&Ver=4>

Health, Community and Care Overview and Scrutiny Committee 10th July 2012

<http://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?CId=587&MId=7301&Ver=4>

Gloucestershire Strategy for Care

The committee received a verbal update on the reasoning behind this strategy and also the outcomes it is expected to deliver. NHS Gloucestershire (NHSG) is leading on the development of this strategy which aims to identify the key challenges facing Gloucestershire with regard to the delivery of effective health and social care. The County's' aging population makes this particularly significant. The strategy will emphasise the need to be as efficient as possible and also meet demand in different ways and will draw together numerous strategies already in place into one overarching framework

NHSG is working in partnership on this matter with the County Council; the wider health community and is also linking closely with the voluntary sector. Key aspirations include patient centred care, and an integrated approach to service delivery that avoids delays and accesses the right professional as soon as possible. The approach also supports the principle that individuals are supported to take more responsibility for their own lifestyle. This strategy will also link with the Health and Wellbeing Strategy. It was agreed that the timetable for the development of this strategy will be shared with the committee.

2gether NHS Foundation Trust

Shaun Clee, Chief Executive 2gether NHS Foundation Trust, attended the meeting to give an overview of the work of the Trust and the national context in which the Trust operates. We were told that it is likely that 1:4 of the population of Gloucestershire would experience mental health issues at some point in their life. The Trust currently received 20,000 referrals each year, and could be in contact with 170,000 people over the course of a year.

The national average of people admitted to an in-patient unit is 8.4%, but in Gloucestershire the average is 4.2%. This is due to the Trust aiming to treat the majority of people closer to home. Some of the statistics relating to mental health reinforce the need for there to be a holistic and efficient approach to the delivery of mental health services: -

- 22% of the population smoke, this rises to 33% for people with mental health problems, and 40% of people with psychosis
- 42% of all cigarettes are smoked by people with a mental health problem
- 1:10 children (aged between 5-16 years) has a mental health problem
- Half of all lifetime mental health problems start by age 14 years

The report from the Trust outlined a great deal of work undertaken to support people with mental health problems. It was also explained that services delivered in the Cotswolds would differ from those in the more urban areas as service design was guided by the needs and demands of the local population. The committee is supportive of the aim to deliver early and effective intervention, as it is hoped that the earlier that people can gain access to support the better their long term expectations. The full report from the 2gether Trust can be accessed here <http://bit.ly/NsAgxf>. The government strategy 'No Health Without Mental Health' can be accessed here <http://bit.ly/eVKMyn>.

Gloucestershire Safeguarding Adults Board (GSAB) Annual Report 2011-12

Roger Clayton, Independent Chair of the GSAB, was present to introduce the Annual report and take questions. The Board has only been in place since 2009. Much of the work undertaken in 2010/11 related to the need to put in place the safeguarding structure and the building blocks for the future. This establishing work proved a good investment as it meant that the Board was ready to undertake a swift response to the Winterbourne View Panorama (BBC) programme. The report

commissioned by the Board to ascertain the situation in Gloucestershire produced 70 recommendations across the following areas: -

- ⇒ Procedure – 4 recommendations
- ⇒ Strategy – 11 recommendations
- ⇒ Contracts / Commissioning – 10 recommendations
- ⇒ Policy – 8 recommendations
- ⇒ Processes / Systems – 18 recommendations
- ⇒ Training – 5 recommendations
- ⇒ Practice – 14 recommendations

The Board's Serious Case Review (SCR) sub-group was also required to undertake its first SCR in response to the death of a vulnerable man (as a result of a house fire). The case was referred to the Board by Gloucestershire Fire and Rescue Service. The recommendations from both these areas of work and the Board's Business Plan have been brought together within the Board's Strategic Plan which is available here <http://bit.ly/M4k0fe> (the Board's Risk Register is also available at this link).

In response to the committee's concerns re the increase in the number of safeguarding alerts the Independent Chair informed the committee that he felt that one of the outcomes of Winterbourne View was to raise public awareness of safeguarding adult issues. As of March 2011 all organisations in Gloucestershire started working to the same policies and procedures, and the Board had also ran an awareness raising campaign. The Chair felt that the combination of these factors had led to the increase in alerts.

It was also explained that GCC was the only organisation that provided financial support to the Board as there is no statutory requirement for partners to provide funding. However NHSG does provide resources 'in kind' including providing facilities for training. For information the full report can be accessed here <http://bit.ly/LhkZZS>.

Delayed Transfers of Care (DTOC)

HCCOSC received an update to the report received by the committee in November 2011. The report was difficult to interpret and we requested that future reports are written in plain English, graphs should be better labelled and that scenarios/case studies would help to give greater meaning to the statistics. It is clear that all partner organisations are pulling together to try to improve this situation. A lot of this work requires a change in approach/culture and this type of change does take time. Whilst there has been some improvement there is still a lot to do and the committee will continue to monitor this situation.

NHSG Chief Executive's Report and Performance Report

The committee was particularly interested in the somewhat brief update regarding the transfer of community services. HCCOSC welcomed the confirmation that, as required by the agreement with Mr Lloyd, NHSG is undertaking a twelve week period of public engagement which includes drop in events and an online survey (full details are available on the NHSG website <http://bit.ly/LKMwEw>). There is a public engagement due to commence on 11 July (ends on 3 October 2012). NHSG clarified that as this was not about a service change, but was rather organisational change, it was not required to undertake a formal consultation exercise.

The NHSG performance report indicates that diagnostic wait times are still of concern and the committee requested more information on the recovery plan to support this work. The report also shows that whilst A and E performance against the 4 hour wait time is still below target performance has improved. In April 2012 performance was at 93.6% against the 90.7% recorded in March 2012. Performance for the first two weeks of May 2012 was at 97.9% which suggests that this improvement is being maintained. The committee will continue to monitor progress in these areas.

