

## **Report to March 2026 Meeting of CBC Overview and Scrutiny Committee**

### **Summary of 27<sup>th</sup> January 2026 Meeting of GCC Health Overview and Scrutiny Committee**

A full recording of this meeting is available in the meetings section of the GCC website. The agenda reports pack which includes presentations is also available on this website with the SWAST report attached separately. At the time of writing this report the minutes were not yet available.

#### **1. Scrutiny Items –**

##### **1.1 Adult Learning Disability Service Review**

Gloucestershire County Council data indicates that currently approximately 12,000 adults in Gloucestershire have a learning disability, with those aged between 18 and 64 accounting for three-quarters of the total. The rate of increase in the next 10 years is predicted to be most steep in the older age groups as life expectancy improves.

The services commitment to deliver care close to home fell under 2 headings:

- Commitment to invest in community-based options for care and treatment. The modelling indicates this will reduce the need for in patient specialist LD beds from current levels of 4 per year to 2 per year for Gloucestershire's population
- Commitment to access timely and 'appropriate' inpatient care if necessary (i.e. via reasonable adjustments and/or specialist facilities)

At the December ICB Board the following changes were agreed:

- a) Additional investment in CLDT (Community Learning disability therapists) and community support workers (to improve liaison with families and people with learning disabilities)
- b) Investment in voluntary sector partner(s) to enhance independent working and living.
- c) A better crisis response • A more proactive, clinically led approach to managing the Dynamic Support Register, to anticipate and manage crises • more investment in emergency response staff • the development of crash pads and respite accommodation • Pre-admission pathway to ensure timely, well-planned admission when needed.
- d) A decision not to commission a stand-alone Learning Disability unit in Gloucestershire (i.e. Berkeley House) given the low predicted level of demand (2 beds per annum) and related risks of maintaining quality and safety standards.

#### **2. Information Items – see presentations for full details:**

##### **2.1 NHS Gloucestershire 5 Year Strategy: Online, Digital & Technology**

The Committee received the second of three presentations on issues included in the NHS Gloucestershire 5 Year Strategy reflecting the 3 Gloucestershire NOW themes:-

N – Neighbourhood, Health & Care

O – Online Digital & Technology

W – Wellbeing, Prevention & Maintaining Health Independence

## **2.2 Gloucestershire Home Birth Services Update**

This was a verbal item on the temporary suspension of the home birthing service due to the lack of highly experienced midwives required to run this service which requires a 24/7 rota for only one birth a week.

The committee also received a brief update on the temporary closure of the Cheltenham Aveta Centre for Births (all other maternity are still provided there) as well as some post-natal maternity services at Stroud hospital.

These closures/ suspensions of service will remain in place whilst the ICB conducts a maternity health needs assessment to inform any case for change. The needs assessment involves a review of nationally available data and trends, and the evidence base for what works in terms of quality and safety. Initial findings from the needs assessment indicate that the number of women having an induction has been increasing in Gloucestershire in line with national figures. The number of elective and emergency Caesarean sections have been increasing, both nationally and within Gloucestershire (45.27% in May 2025 compared to 34.99% in April 2022). The change in Caesarean rates has required a significant change in the resource needed, such as an increase in obstetric consultant time and an increase in theatre sessions.

One member suggested that the Trust should offer a home Caesarean service. I'm pleased to say that most of the other questions to NHS staff were rather more sensible.

The range of services being offered for mothers giving births includes:-

- Obstetric-Led Delivery Suite within the Women's Centre in Gloucestershire Royal Hospital.
- Midwifery-led care at Stroud Maternity Unit and Gloucester Birth Unit, both of which offer birth in more homely environments and have ample capacity.

## **2.3 Gloucestershire Integrated Care System (ICS) Performance Report (incl Cancer Performance Briefing)**

Last year the Hospitals Trust received national recognition for being the 6<sup>th</sup> most improved in respect of long waits in A&E. At a time when figures have been generally getting worse and when demand has continued to escalate, 12 hour waits reduced from 14% of attendances in 2023/24 to 8.9% when this recognition was received to 6.1% at the latest count. Clearly still a horrible experience for a large number of patients but it is vindication for the changes made to the A&E patient pathway which have at times received adverse comment including from HOSC members.

At the start of 2024/25 there were 3000 patients waiting over 52 weeks for their procedure, that figure is now down to 122 or 0.2% of the total waiting list with only 30 of those with the local service (GHT). However, only approx. 70% of elective patients hit the 18 week wait which represented some movement towards the interim 73% target but is still some way away from the actual target of 92%

Performance against all the Cancer Waiting Times (CWTs) targets is good compared with national and regional averages in all categories but the 62-day target from referral to first definitive treatment is still, at 77.1%, well below the target of 85% with the prostate pathway continuing to be the most problematic.

Growth in demand for diagnostics continues unabated and whilst activity in almost all modalities continues to rise in line with plans more people than ever are waiting over 6 weeks for their test at 24.3% (approx.. 4500). Additional recruitment has provided more slots in echocardiography but there is still a shortfall of about 100 slots per month. Performance in all 3 endoscopy modalities has declined and stands at 41.6% over 6weeks. More non-recurring slots have been purchased from Great Western Hospitals to try to address this. On the positive side two new (but replacement) MRI scanners are now fully commissioned with a corresponding significant increase in performance.

Appointments in general practice in September 2025 remain at record levels. Registered population has increased by 6% since 2019/20, whilst appointment activity has increased by 26%. 30% more patients have seen the GP at least once in 2024/25 compared with in 2023/24.

#### **2.4 NHS Gloucestershire Integrated Care Board (ICB) Update – this report is divided into 2 sections**

- Section 1, an update on national and local commissioning issues focusing mostly on this occasion on maternity services for Gloucestershire. It was noted that the Care Quality Commission's (CQC) National Maternity survey was published in December 2025 and highlighted a significant improvement for Gloucestershire Hospitals Trust, and it was one of just six trusts in England to emerge as 'better than expected'. The CQC Maternity Services Survey asks women a wide range of questions about their experience of choice, continuity of care and the support they receive in hospital maternity services. Over the past three years the Trust has acted on CQC findings, taken part in the NHS England maternity safety support programme and brought in independent experts to help review and shape our service plans. So it's pleasing to see results that reflect progress being made.
- Section 2, an update from the 2 provider Trusts; Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire Hospitals NHS Foundation Trust (GHT) and South Western Ambulance Service NHS Foundation Trust.