

**OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE**  
**Report from the Health, Community and Care Overview and Scrutiny Committee**  
**September 2012**

**1. Winter Planning**

The committee received a briefing explaining the process involved in planning for winter. It is important to note that this is a partnership approach, with NHS Gloucestershire (NHSG) undertaking the coordinating role. The plan supports the management of increased pressures on demand or impacts on capacity usually experienced over the winter period throughout the health and social care community.

Key aspects of the plan include looking at whether there is sufficient capacity in the system; are the infection control measures robust; are the links to nursing homes in place? Part of this planning process involves a review of the previous plan and understanding what worked well and what did not. Members were informed that the particular issue coming out of last winter was that the escalation procedure was not producing the necessary outcomes, and this has therefore been addressed for this winter.

The plan has to be formally submitted to the Strategic Health Authority (SHA), and needs to be in place by the beginning of November 2012. The committee has asked to see the final approved plan for information.

**2. Health and Wellbeing Strategy (HWBS)**

The HWBS has been developed by the Shadow Health and Wellbeing Board (HWB). The priorities identified in the HWBS have been informed by the data and information from the Joint Strategic Needs Analysis (JSNA). Action plans to address these priorities will be developed following feedback from key stakeholders including the public. The HWBS also references the Children and Young People's Plan (CYPP).

The HWBS looks forward over a twenty year period as it can take some time for some changes to be effective. The priorities areas are for the next three years and have been grouped into four life course stages: -

- ⇒ **Starting well** – with a focus on pregnancy and early years to give every child the best start in life
- ⇒ **Developing Well** – a focus on children and young people maximising their capabilities and control over their own lives
- ⇒ **Living and Working Well** – a focus on promoting healthy lifestyles; equitable access to ill-health preventative services; healthy and sustainable physical environments; building social networks and communities and access to good employment opportunities
- ⇒ **Ageing Well** – promoting independence, physical and mental health and wellbeing post-retirement.

The committee welcomed the direction of travel described in the HWBS. The strategy is out for consultation until the 12 December 2012 and committee members encourage everyone to engage with this exercise. The committee will wish to have a view of the final draft following the close of the consultation.

**3. Transfer of Community Services**

The engagement exercise to gather the staff and public view of this matter is still underway and will not finish until 3 October 2012. The committee has asked to see the consultation outcome report.

The NHSG Board is holding an extraordinary meeting on Monday 15 October to make a decision on the way forward for community services.

The committee will continue to closely monitor the progress of this issue.

#### **4. Qtr1 Adult Care Performance**

The committee noted the concerns highlighted in the report regarding the pressures in Learning Disability relating to the issue of 'ordinary residence' and agreed that it would need to continue to closely monitor this area.

Given the joint work (with Budget and Performance OSC) relating to external care packages the committee also questioned the predicted overspend of £1.6m. The committee acknowledged the work that is being undertaken to address this issue but will be continuing to closely monitor this issue.

Adult safeguarding referrals are reported to have increased from 6.83% at the end of year to 10.65% in June (against a target of 12%). This is seen as a good thing. It brings the council into line with other local authorities in the south west and shows that people understand these issues more. The committee was concerned as to whether there was the capacity to respond to this number of referrals. We were informed that these referrals are treated as a priority and that this did have an impact on lower priority work. It is clear that the council needs to ensure that it is learning from these referrals and identifying if there are particular trends. The committee will monitor this issue closely.

#### **5. NHSG CEO and Performance Reports**

The numbers of people receiving support through telehealth has increased, and all GP practices are now referring patients. It is anticipated that this approach to healthcare will generate savings, but the committee was reassured to hear from NHSG that a main driver here is that of quality of care. The recent patient survey also demonstrates that this system is well received. Members were informed that there is still work to do in this area with regard to supporting people with dementia.

The committee was informed that performance against A & E targets at the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) were reported to be at 98% at the end of August 2012. OSMC will recall that Monitor intervened at the GHNHSFT due to underperformance in this area. The Trust has to report back to Monitor next month. The significant factor will be whether the Trust can demonstrate that it can sustain this improved performance. The committee welcomed this improvement and hope that the Trust is able to sustain this level of performance.

Members were pleased to hear that NHSG is about to undertake a survey at the two A & Es in the county and will be asking people why they chose to attend A & E as opposed to the other available options. The committee has requested to see the outcome of this survey.

NHSG have refreshed their performance report making it much more straightforward to understand. Those issues that are currently showing as being RED include: -

⇒ At least 90% of Trauma and Orthopaedic admitted through referral to treat (RTT) pathways should be treated within 18 Weeks – The Trust has had a persistent backlog of 200 to 300 patients. NHSG has been working with the Trust on this matter and mitigating actions to address this situation have been put in place. At its meeting in November the committee will be looking to see if these actions have begun to make a difference.

**Cllr Stephen McMillan**  
**Chairman**