

# **ADULTS' HEALTH, ADULTS' CARE AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE**

**THURSDAY, 21 JUNE 2018**

PRESENT:- Councillors Maureen Penny (Chair), Claire Crilly, Malcolm Davies, Steph Exell, Mary Friend, Caryl Sydney-Smith, Julie Wright and Robert Wright.

Rosemary Curtis (Homeless Organisations Standing Together in Swindon), Michelle Howard (Equalities Advisory Forum) and Carol Willis (Healthwatch).

Apologies for absence were received from Councillors Nick Martin and Kate Moore (Tenant Scrutiny Panel).

## **1. Appointment of Vice Chair**

Resolved – That Councillor Caryl Sydney-Smith be Vice-Chair of this Committee for the Municipal Year 2018/19.

## **2. Declarations of Interest**

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

## **3. Public Question**

In accordance with Standing Order 28, Ms Samantha Wathen, Chair of “Keep our NHS Public Swindon”, submitted a written question requesting assurances that the Avon and Wiltshire Partnership (AWP) would not be using the Accident and Emergency Department at Great Western Hospital as a place of safety during the closure of Sandalwood Court Place of Safety for a trial period.

In Ms Wathen’s absence, the Chair advised the Committee that due to the late submission of the question, a response will be circulated after the meeting.

## **4. Minutes**

Resolved -That the minutes of the meeting held on 28<sup>th</sup> March 2018 be confirmed and signed as a correct record.

## **5. Appointment of Co-optees**

The Committee considered a report by the Director Law and Democratic Services regarding the appointment of Co-optees to the Adults’ Health, Adults’ Care and Housing Overview and Scrutiny Committee for the Municipal Year 2018/19.

Resolved - That the appointment of the following non-voting representatives be confirmed:

- Michelle Howard (Equalities Advisory Forum).
- Kate Moore (Tenant Scrutiny Panel)
- Carol Willis (Healthwatch)

- Rosemary Curtis (Homeless Organisations Standing Together in Swindon - HOSTS).

## **6. Clinical Commissioning Group Update**

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), presented a report providing the Committee with a performance update and a summary of key issues in relation to the planning and provision of health and social care services within the Borough. These included the Health Based Place of Safety in Swindon and the procurement of Swindon Extended Primary Care Access and GP Out of Hours Service.

Following the introduction of the report, Ms May and Mr Kevin McNamara, Director of Strategy, Great Western Hospital (GWH) NHS Foundation Trust, responded to members' questions and comments on the following issues:

- The need to undertake a cross services recruitment drive that would include the CCG, GWH and AWP, in order to attract key workers to Swindon.
- The work being undertaken by the Housing Department to ensure housing was provided for new healthcare staff.
- The number of Swindon patients accessing the Devizes place of safety over the past three months.
- The ways used to engage staff and stakeholders in the procurement process to commission Primary Care Extended Access and GP out of hour's services.

Resolved – (1) That the report be noted

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), be requested to include feedback at the next meeting of the Committee on the 360 Stakeholder Survey for 2018, conducted in April 2018.

(3) That a report regarding key worker recruitment be submitted by the Executive Nurse (CCG), Director of Strategy (GWH) and Managing Director (AWP) at a future meeting of the Committee.

## **7. Avon and Wiltshire Partnership NHS Trust Update**

The Committee received a report by the Clinical Lead, Avon and Wiltshire NHS Partnership Trust (AWP), that highlighted the achievements of the organisation and provided a summary of the challenges it was facing. Mr Newlands Anning, Managing Director, Avon and Wiltshire NHS Partnership Trust (AWP), presented the report and drew the following key issues to member's attention:

- The AWP Transformational Programme, which entailed a review of the current models of care and development of new initiatives.
- The temporary closure of the Swindon Health based Place of Safety.
- The challenges faced by the service, including financial pressures, recruitment and retention, engaging and supporting staff and bed availability.
- The achievements accomplished by the service, including the establishment of the Acute Community Unit, the Adult Resource Centre, the reduction of out of area placements and the establishment of the Swindon Town FC sports group for service users.

Following the introduction of the report, Mr Anning responded to members' questions and comments on the following issues:

- The need to modernise Canal House for the benefit of the residents and the nearby community.

- The programmes for Mental Health patients to ensure their physical needs were also met.
- The work being undertaken to support patients during the three month pilot of the Acute Community Unit.
- The challenges for AWP as a Trust within a large geographical area to address financial, recruitment, retention and bed management issues.

Resolved – (1) That the report be noted.

(2) That, the Managing Director, Avon and Wiltshire NHS Partnership Trust (AWP), be requested to include updates in his next report on (a) the programmes used to ensure the physical needs of mental patients were met, and (b) the Acute Community Unit.

## **8. Great Western Hospital NHS Foundation Trust Update**

Mr Kevin McNamara, Director of Strategy, Great Western Hospital (GWH) NHS Foundation Trust, submitted a report providing the Committee with a performance update and a summary of the following key issues in relation to the planning and provision of health and social care services provided by the hospital:

- The Care Quality Commission inspection in 2017 with nearly two thirds of services now rated as good or outstanding.
- The increase in demand for services within the Emergency Department.
- The impact of Swindon's increase in population and its effect on the hospital's capacity.
- The referral to treatment indicators, which were positive compared to national targets but had dipped during the winter months.
- The hospital's achievement of most of its cancer indicators, including the 31 day waits for diagnosis to first treatment, the 31 day wait for second treatment, the 62 day wait for first treatment from a referral from the NHS cancer screening services.
- The financial pressures on the hospital and the work being undertaken to reduce the deficit which will make the hospital eligible for some national Sustainability and Transformation funding.
- The work with other Trusts to submit a bid for capital funds to support the expansion of the emergency department and other parts of the estate due to lack of capacity at the hospital.
- The appointment of Julie Marshman as new Chief Nurse.
- The infection control regime, which saw no hospital acquired cases of MRSA blood stream infections in 2017/18.
- The excellent team work from hospital and Carillion staff during a major incident at the hospital.
- GP referrals and the fact that the majority were now being done electronically (digitally, maybe?).
- The new e-observations system enabling staff to manage patient observations electronically will be rolled out across the Trust this summer.
- The hospital's full accreditation again from UNICEF's Baby Friendly Initiative after a recent assessment.
- The success of the #EndPJParalysis campaign that sees patients up and moving out of their hospital bed. This helps them to get home quicker.

Following his introduction of the report, Mr McNamara, together with Councillor Brian Ford, the Cabinet Member for Adults, and the Director of Public

Health responded to members' questions and comments on the following issues:

- GWH's preparation for A&E pressures during the winter months.
- The breakdown of data provided for scrutiny by the Committee
- The national shortage of nurses and how GWH was addressing this.
- The distribution of medication in hospital wards on patient discharge.
- The waiting list for ophthalmology services.
- The bid for funding submitted to the National Executive to help deal with the population growth in Swindon.
- The need to attract developer's funding from the Section 106 Agreements and the Community Infrastructure Levy to address the population growth in Swindon.
- The myriad ways various health services were promoting preventative care on obesity and diabetes within the community.

Resolved – (1) That the report be noted.

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), circulate a range of key indicators to the Committee to assist them in selecting topics for scrutiny.

(3) Further to (2) above, a meeting be set up by the Committee Officer to discuss the key indicators and determine the way forward.

(4) Further to (3) above, the targeted indicators be submitted to the Director of Strategy for inclusion in future reports.

(5) That the Director of Strategy and the Executive Nurse at NHS CCG be requested to include an update on ophthalmology services in Swindon in their reports to be submitted at the next meeting of this Committee.

(6) That the Director of Strategy, Great Western Hospital (GWH) NHS Foundation Trust be requested to (a) include information regarding staffing levels at GWH in his report to the next meeting of this Committee and (b) circulate to members a copy of the presentation, "Rightsizing hospital capacity – planning for the future" that he had presented to the Committee in February 2018.

## **9. Performance for Adult Social Care Commissioning**

Councillor Brian Ford, the Cabinet Member for Adults, presented a report that provided an update on performance and key issues relating to Adult Social Care commissioning. He drew attention to the financial pressures on the department and thanked officers for their hard work that had resulted in an under-spend of £612k in 2017/18 by Social Services. The Director of Health explained that the report had been structured to highlight the strengths and challenges of the work undertaken.

The following key issues were drawn to members' attention:

- The ongoing work to reduce spend on Learning Disability services as spend per service user in Swindon remained high compared to other authorities.
- The identification of improvements to safeguarding services around adult services to better understand Domestic Abuse the impact of coercive and controlling behaviour (especially on older people); application of Mental Capacity when there are safeguarding concerns; quality assurance processes; and personalisation in safeguarding.
- The action plan set up for a care home to address concerns by the Care Quality Commission.
- The range of initiatives underway in Swindon to tackle obesity and promote physical activity include Football Fans in Training, Health

Walks, Park runs, and weight management programmes.

- The improvement in the Delayed Transfer of Care performance.
- The work with external partners and services across the council to identify opportunities to improve resilience and prevent long term conditions by promoting health and wellbeing amongst Swindon residents.
- The reduction in the number of older people being admitted into permanent care. This was due to timelier assessments, the effectiveness of the reablement service and the improved management oversight at first point of contact.
- The “Illegal Tobacco Community” Engagement events held to inform the public of the harms of illegal tobacco.
- The support provided by various areas of the community including carers and the Voluntary Sector.

Following the introduction of the report, the Cabinet Member for Adults, with the Director of Health, responded to members’ questions and comments on the following issues:

- The promotion of healthy living within the community, with a particular focus on diabetes and obesity.
- Partnership working between health providers to help those wanting a lifestyle change, particularly to prevent obesity and diabetes.
- The work undertaken by officers, resulting in the Social Services under-spend.
- The facilities provided for people with learning disabilities in Swindon.
- The procedure for assessing care homes and the agencies involved in this process.
- The Council’s recruitment of community volunteers and how the Council engages with them.

Resolved – (1) That the report be noted.

(2) That the Corporate Director Adult Social Services and Health be requested to include information on the areas savings had been made on within her report to the next meeting of the Committee.

(3) That the Corporate Director Adult Social Services and Health be requested to circulate the Adult’s Annual Complaints & Compliments Report before the next meeting of this Committee.

(4) That the Director of Health arrange the attendance of a representative from the voluntary sector at the next meeting of the Committee in order for them to discuss their joint working with the Council.

## **10. Green Paper - Rough Sleeping Strategy**

The Head of Housing submitted a report setting out the key challenges facing the Council and its success in responding to recent increases in rough sleeping. Councillor Cathy Martyn, Cabinet Member for Housing and Public Safety, presented the report and explained that the Committee’s views were sought on the emerging priorities for the Rough Sleeper Strategy and the related bid to the Ministry of Housing Communities and Local Government for additional resources to support those sleeping rough. She explained that the Rough Sleepers Strategy correlated to the Homeless Strategy. The Committee was advised that the report also summarised the key priorities for the Rough Sleeping Strategy, which were:

- Working in partnership to prevent people sleeping rough in the first place – No One Arrives on the Street
- Rapid joined up multi-agency response when people do end up on the streets.
- Provide an Outreach Service for those with complex or multiple needs.
- In partnership, once housing solutions have been identified for individuals, then a range of services are to be made available to support them.
- Develop a range of accommodation and support solutions tailored to individual needs
- The need to tackle anti-social behaviour and crime as this encourages those sleeping rough to engage. This keeps Swindon safe and clean for all users.

Following the presentation of the report, Councillor Cathy Martyn, with the Head of Housing, responded to members' questions and comments on the following issues:

- The involvement of the voluntary sector when drafting the Rough Sleepers' strategy.
- The discussions to be undertaken on the development of the Green Paper: Rough Sleepers Strategy, with the Housing Cabinet Member Advisory Group to obtain their contribution.
- The multi-agency support being provided to the rough sleepers in Swindon.
- The number of houses that been approved to assist rough sleepers.

The Head of Housing responded to questions submitted by Councillor Crilly and it was agreed that the questions and responses be circulated to members.

Resolved - (1) That the report be noted.

(2) That the Committee Officer be requested to circulate the Head of Housing's response to Councillor Crilly's questions regarding the Green Paper: Rough Sleeper's Strategy.

(3) That the Head of Housing be requested to include information on the number and location of the houses bought by the Council to support rough sleepers in Swindon.

## **11. Work Programme 2018-19**

The Committee considered a report by the Director of Law and Democratic Services on the results of the work programme consultation and the suggested priorities for the work for the Municipal Year, 2018/19. It was agreed that a Domestic Abuse Task Group be established and that members be requested to contact the Director of Health if they wished to sit on this group.

Resolved – (1) That the report be noted.

(2) That the Committee thanks all the contributors who had suggested topics for inclusion in the Committee's Work Programme for the Municipal Year, 2018/19.

(3) That the Wiltshire Police Force be requested to report to the Committee detailing their work relating to health issues.

4) That Members be requested to advise the Committee Officer if they wish to volunteer for the Domestic Abuse Task Group.

In accordance with Standing Order 28, Ms Wathen, Chair of the Keep our NHS Public, Swindon, submitted additional written question following the meeting regarding places of safety.

Question:

What assurances can AWP give that GWH A&E will not be used as a place of safety during the pilot period of the closure of Sandalwood Court Place of Safety?

Response:

“Since the temporary closure of the Swindon PoS, no Service Users have been taken to GWH ED as a result of no capacity within the East PoS.

It is important to note that a person detained in the community under a Section 136 may require assessment at GWH ED due to physical needs, but following this and once medically fit they will be transferred to the East PoS.”

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Councillor Crilly's questions and responses from the Head of Housing.

**1. *What is the timetable for the completion and implementation of both the rough-sleeping and homelessness strategies?***

We have started the process with this Green Paper to Overview and Scrutiny Committee. We will consult with the Homelessness voluntary sector at their umbrella group "HOSTS" on 19<sup>th</sup> July. We will then feedback responses and develop this further with Overview and Scrutiny Committee and seek the views of the Health and Well Being Board which has representatives from key partner agencies. Recommendations will then be taken to Cabinet

**2. *Who will be consulted on this and by what means?***

Please see above

**3. *What exactly is being consulted on, given that the report suggests that government funding has been already been secured for specific items and the priorities are set out***

The headline Strategy is set out in Section 3.12 for comment

**4. *Pg 55 3.1: Swindon's Rough sleeper count for 2017 was 45 - why is this number not used here?***

The number is historic as more recent counts and evidence from the multi-agency Rough Sleeper Panel show it to be considerably lower. Therefore the number of 45 is historic not particularly helpful

**5. *Pg 58 3.12 Why do the proposals not include a "No Second Night on the street" policy?***

No second night out relates to a previous Government policy. However this is covered by the draft priority of ensuring that no-one should return to the streets

**6. *Why has there been no consideration being given to a day-centre for rough-sleepers?***

The idea of a Day-Centre has previously been linked with the development of proposals for a further Temporary Winter Housing Provision for 2018/19. This will form part of our consultation with HOSTS

**7. *3.12.3- Outreach services - How does this build on or differ from the current outreach service?***

We are looking to re-commission the Outreach Service with refreshed outcomes that relate to the new Rough Sleeper Reduction Strategy

**8. 3.12.6**

***What does the support for rough-sleeper component of this actually look like?***

***What assurances can be given that this money will be used to directly support rough sleepers rather than to cleanse the town centre of rough sleepers?***

All of the funding available under the successful Rough Sleeper Fund Bid will be used to support the homeless. This will provide support based on broad "Housing First" principles. This is direct support to individuals in their new homes that will enable them to sustain their new tenancies. For example, help with their Universal Credit claim, seeking work, volunteering or training opportunities, encouraging them to keep health related appointments, basic advice about running their own home and looking after themselves.