

ADULT'S HEALTH, SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 24 MARCH 2016

PRESENT:- Councillors Maureen Penny (Chair), Alan Bishop, Claire Ellis, Steph Exell, John Haines, Fay Howard, Derique Montaut, Caryl Sydney-Smith, Keith Williams, Julie Wright and Robert Wright and Rosemarie Phillips (EAF).

An apology for absence was received from Councillor Mary Friend.

Also Present: Councillor Brian Mattock, Deputy Leader and Cabinet Member for Adult Health and Social Care, Sue Wald (Interim Director, Adult Social Care), Gill May (Executive Nurse at NHS Swindon Clinical Commissioning Group), Kevin McNamara (Director of Strategy, Great Western Hospital), Heather Mitchell (SEQOL), Michelle Howard (SEQOL) and Cherry Jones (Director of Public Health).

51. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting.

Councillor Fay Howard made a personal and non-prejudicial declaration in interest of the Committee's consideration of health matters relating to Great Western Hospital as she was an employee at the hospital.

52. Public Question Time

No public questions were asked or submitted for this meeting.

53. Minutes

Resolved – (1) That the minutes of the meeting held on 11th February 2016 be confirmed and signed as a correct record.

(2) That further to Minute 46, it be noted that the Chair is still to meet Dr Peter Crouch (Clinical Chair of Swindon Clinical Commissioning Group) reference communication to be submitted to NHS Swindon on the amount of funding being delegated to Primary Care and seeking information on how this was intended to be allocated to services.

54. Performance for Adults Health, Social Care and Housing

The Interim Director, Adult Social Services, submitted a report updating the Committee on key issues relating to commissioning and performance. Mrs Sue Wald, Interim Director, Adult Social Care, introduced the report, commenting, in particular, on issues relating to delayed transfer of care, including Avon and Wiltshire Partnership Trust NHS data, and the significant reduction in delayed transfer of care figures as a result of partnership working with SEQOL and the Great Western Hospital Trust.

Mrs Sue Wald and Mr Kevin McNamara, Director of Strategy, Great Western Hospital, responded to the Committee members' questions and comments in respect of:

- The explanation given by officers regarding delayed discharge of care data, particularly relating to the reduction in demand in February following a busy January.
- The structure of the report with some items outstanding at "Red", some in "Significant improvers" but there were no items were in the "To watch" category.
- The financial implications due to budget pressures as reflected in 5.1 of the report.
- How Local Indicator NI 132 (Waiting times for assessment from contact to end of assessment within 28 days for New Clients) data was calculated.
- Why Local Indication NI133 (Waiting times for Services from end of assessment to provision of all services within 28 days for new clients) was below the target of 89%.
- Officers presenting data regarding delayed discharge of care data in all future performance reports.

Resolved: (1) That the report be noted.

(2) That the Interim Director, Adult Social Services, be requested to include information regarding delayed discharge of care in future performance reports submitted to this Committee.

55.

SEQOL

The Chief Executive, SEQOL, submitted a report updating the Committee on the performance and key issues relating to the services they commission. Mrs Heather Mitchell, Chief Executive, SEQOL, presented the report and referred to SEQOL's challenges, particularly due to the continued increase in demand and support being provided to Great Western Hospital and social care providers.

Mrs Mitchell made specific reference to:

- The review of policy and processes to reduce the increase in the prevalence of pressure ulcers.
- The End of Life Strategy where the aim was to enhance the quality of life of patients and referred to funding secured for end of life care in Swindon.
- SEQOL presentation of a business case for the Building Better Opportunities Project where SEQOL were leading on the Learning Disabilities Programme within the project.

In response to a specific query regarding the End of Life Strategy, members noted that whilst the strategy came into effect in 2008, it still ensured patients were able to fulfil their choices and access the end of life care they wanted. Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) explained that a report reviewing end of life support would be submitted at a future meeting of the Health and Wellbeing Board.

Resolved: (1) That the report be noted.

(2) That the Chief Executive, SEQOL, be requested to submit a report regarding end of life care at a future meeting of this Committee.

56.**NHS Swindon Clinical Commissioning Group**

The Head of Communications and Engagement, NHS Swindon, Clinical Commissioning Group submitted a report updating the Committee on the performance and key issues relating to the service particularly to the one year Operational Plan and Sustainable operation Plan, the MUSE development and national funding allocations for 2016 to 2021.

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) introduced the report explaining that it was a strategic report reflecting the direction of travel for the CCG. Ms May referred to the One Year Operational Plan and Sustainable Transformation Plan as being footprints for providers and that there might be opportunities for them to work more cohesively. She explained that providers would have a five year plan in place by end of June and this would reflect the model for future provision. Ms May advised that current commissioning contracts were coming to an end and a Procurement Board had been set up to review future contracts. Members noted that Primary Care Services were under pressure due to lack of funding.

Ms Gill May responded to questions and comments from the Committee regarding the following:

- The increase in demand for locum doctors.
- The need to recruit general practitioners to Swindon and the work being undertaken with NHS England to ensure continued service within doctors' practices.
- Attendance at the "Breaking Soil" event.
- The importance of ensuring that new quangos were not created and the need to reorganise present provision rather than having a need to create new commissioner and provider services.
- The need to reduce "red tape" and bureaucracy between commissioners and providers to ensure the community are supported both within and without hospitals.
- Patients' utilisation of the Swindon Mental Health Crisis Concordat and whether cases were solely drug and alcohol related or encompassed all mental health issues.
- The need to improve engagement with staff on the MUSE development.

Resolved – (1) That the report be noted.

(2) That the Committee support NHS Swindon Clinical Commissioning Group in their bid to procure further funding from NHS England.

(3) That the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) be requested to submit a flow chart / schematic visually outlining a model of an "Accountable Care Organisation" at the next meeting of this Committee.

(4) That the Interim Director, Adult Social Services, be requested to circulate information regarding the number of repeat mental health patients within the Swindon Mental Health Crisis Concordat programme.

57.**Great Western Hospitals NHS Foundation Trust Update**

The Committee received a report by the Chief Executive of the Great Western Hospital (GWH) NHS Foundation Trust on key issues and developments at the Great Western Hospital relating to the Care Quality Commission improvement journey, the Emergency Department and the development of new roles to support

patients.

Mr Kevin McNamara, Director of Strategy, Great Western Hospital (GWH), presented the report and highlighted matters of significance, particularly the need to review processes within the Emergency Department to ensure patients attending the Accident and Emergency (A&E) Department were seen within agreed timescales. He referred to weekly management meetings to address actions arising following the Care Quality Commission inspection, particularly relating to the A&E Department. Mr McNamara commented on the junior doctor's strike and to contingency plans being set up to maintain service provision. He further referred to the Trust's financial position and members noted that the deficit was less than predicted.

Mr McNamara commented on the Mutually Agreed Resignation Scheme (MARS) programme and explained that this did not affect clinical staff. He advised that there would be no redundancies, but staff were given the opportunity to leave the Trust voluntarily. Members noted that the Sepsis Team were shortlisted for the Clinical Leadership Award. This was a national award under the aegis of the British Medical Journal.

Following the presentation of his report, members enquired on the effect that a PFI contract had had on Great Western Hospital's financial position. Mr McNamara explained that termination of PFI contracts was a national issue. Councillor Brian Mattock, Deputy Leader and Cabinet Member for Adult Health and Social Care, explained that the Leader, Councillor David Renard, together with the Leader of Wiltshire Council had raised the issues of PFI contracts with the Local Government Association Board. In response to a query regarding future radiotherapy services, Mr McNamara confirmed that Oxford Hospital Trust would be funding this service and it would have no financial impact on the Great Western Hospital PFI.

Resolved: That the report be noted.

58. Avon & Wiltshire Partnership NHS Trust

The Committee received a report by the Clinical Director, Avon and Wiltshire NHS Partnership Trust (AWP) outlining challenges and achievements for the organisation.

Resolved: (1) That the report be noted.

(2) That, in the absence of a representative from the Avon and Wiltshire Partnership NHS Trust, members of the Committee be requested to submit any questions to the Overview and Scrutiny Officer for circulation to the Trust.

59. Dementia Task Group

The Committee received a report and recommendations from its Dementia Task Group, established to review the partnership arrangements and whether the health journey was meeting the needs of patients. Councillor Bob Wright, the Chair of the Task Group, introduced the report, explaining the rationale for the review and expanding on the structure and methodology of the Task Group's investigation. It was noted that interviews had been undertaken by the Task Group with various agencies, including Avon and Wiltshire Partnership and SEQOL.

Resolved: (1) That the Committee welcomes this report and acknowledges

the hard work of its Task Group in undertaking this review to inform the development of future change and improvement for dementia patients.

(2) That due to the range of the subject matter and the limited opportunity to influences change and improvements, the work of the Dementia Task Group continues into 2016/17 Municipal Year.

60. Transitions Task Group

The Committee received the Final Report and recommendations of its Transitions Task Group, established to look at (a) the transition from young person to adult care, (b) the cost of placements and (c) how costs could be reduced. Councillor Caryl Sydney-Smith introduced the report, advising the Committee of the aims, objectives and methodology of the review, which had included a series of site visits and meetings with commissioners and young people. Councillor Sydney-Smith also provided some background to the various recommendations set out in the report.

Resolved: (1) That support living provision (or similar) be made available for young people with learning disabilities to enable them to learn how to live independently where possible.

(2) That Commissioner Voluntary and Third Sector be requested to take 'parent to parent discussion' as a proposal to the Parents and Carers Advisory Group to discuss how this might best be facilitated.

(3) That the Council work in partnership with special schools and colleges, with employers, and with the voluntary sector to improve work experience and supported internships for young people with learning disabilities.

(4) That the Council engage with their partners in the voluntary sector and with leisure providers to improve opportunities for young people with learning disabilities to engage in sport, leisure, music and art.

(5) That all officers and Members involved in the task group review be thanked for their continued hard work.

61. Work Programme 2015_16

The Director of Law and Democratic Services submitted a report on the Committee's work programme for the current Municipal year, detailing the activities that the Committee had undertaken during the course of the year.

Resolved – (1) That the report be noted.

(2) That contributions from Councillors and stakeholders for consideration for inclusion in the Committee's Work Programme for the Municipal Year, 2016/17, be welcomed.