

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

**TUESDAY, 21 JUNE 2016**

PRESENT:- Councillors Claire Ellis (Chair), Steve Allsopp, , Steph Exell, Mary Friend, Caryl Sydney-Smith, Steve Weisinger and Robert Wright.

Apologies for absence were received from Councillors Alan Bishop and Julie Wright, Heather Mitchell (SEQOL) and Dr Peter Crouch (CCG).

Also Present: Councillor Brian Ford, Cabinet Member for Adults' Health and Social Care, Sue Wald (Director, Adult Social Services), Gill May (Executive Nurse at NHS Swindon Clinical Commissioning Group), Kevin McNamara (Director of Strategy, Great Western Hospital), Michelle Howard (SEQOL), Paddy McKee (AWP) and Cherry Jones (Director of Public Health).

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

Resolved – That Councillor Caryl Sydney-Smith be Vice-Chair of this Committee for the Municipal Year 2016/17.

## **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. Minutes**

Resolved – That the minutes of the meeting held on 24<sup>th</sup> March 2016 be confirmed and signed as a correct record.

## **4. Public Question Time**

No public questions were asked.

## **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 2016/17.

Resolved - (1) That the appointment of the following non-voting representatives be confirmed:

- Mark Edwards (Swindon Healthwatch).
- Equalities Advisory Forum representative (as and when a nomination was received).

## **6. Performance for Adults Health, Social Care and Housing**

The Director of Adult Social Services submitted a report updating the Committee on the performance in Adult Services for Quarter 4 of 2015/16.

Mrs Sue Wald, Director of Adult Social Services explained that the report had been structured to highlight the strengths and challenges of the work to be undertaken, making specific reference to the recent increase in the number for delayed transfer of care, and the growth in domiciliary care and the number of young people with learning disabilities gaining employment. Mrs Wald updated the Committee on the use of the safeguarding enquiries contact point one year after its implementation and also referred to the result of a survey undertaken with service users that reflected an improvement in provision, particularly relating to the quality of life.

Mrs Wald, Councillor Brian Ford, Cabinet Member for Adults' Health and Social Care and Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group, responded to questions and comments from the Committee regarding:

- The need for detailed information on how challenges were to be overcome and the specific resources required to ensure successful outcomes.
  - The increase in domiciliary care within the community, particularly for those with English as an additional language and to its overall quality.
  - The "Fix Me Hub" Centre providing a useful filter service to assess patient needs and redirecting them where necessary to the Emergency Department.
  - The systems in place to help patients who are recurring attendees at the Emergency Department.
  - The need for detailed information regarding the range of disabilities covered by the report relating to young people with disabilities seeking employment.
- Resolved – That the report be noted.

## **7. NHS Swindon Clinical Commissioning Group**

The Head of Communications and Engagement, NHS Swindon, Clinical Commissioning Group (CCG) submitted a report updating the Committee on the performance and key issues relating to the service.

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), introduced the report and commented on the Groups' priorities and action being undertaken. In particular, Ms May referred to the financial plan submitted to NHS England, and the required savings to be made by the group in meeting clear financial challenges and the Sustainable Transformation Plan to facilitate regional CCGs working together to deliver services across a wider geographical area. Ms May emphasised the work being undertaken on promoting Personal Health Budgets for the benefit of patients.

In response to members' concerns regarding the demand and pressures on general practitioners, Ms May advised that Dr Crouch was undertaking discussions with the 26 practices forming part of the CCG group to identify ways of collaborative working across all surgeries.

Following her introduction of the report, Ms May, responded to questions and comments from the Committee regarding the following:

- The challenges being faced within primary care.
- The need to recruit more General Practitioners following the population increase in Swindon and how this was being addressed.

- The percentage of saving needed as a percentage of the overall budget.
- How the Sustainable Transformation Plan was determined and would be implemented.
- The uptake of Personal Health Budgets by the community and confirmation that whilst there were no uptake targets, there was a desire for more people to utilise this service.
- An explanation of how the 26 local practices working with the Care Commissioning Group would be able to secure equipment and provide services to the community by working as a co-operative to become more cost effective.
- How joint working with NHS England addressed the demand for primary care services that was outstripping resources.
- How dietary changes by patients with diabetes had resulted in a decrease in the number of amputations and the work being undertaken to continue this trend.

Resolved – (1) That the report be noted.

(2) That, in reports to future meetings of the Committee, the Executive Nurse at NHS Swindon Clinical Commissioning Group be requested to:

- i. provide an update on the outcome of the Community Services procurement exercise at the next meeting of this Committee,
- ii. provide information regarding the range of early intervention work being undertaken, and.
- iii. (provide an update on the “not for profit scheme” being considered by the 26 surgeries.

## **8. 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.

Mr Kevin McNamara, Director of Strategy, Great Western Hospital (GWH), presented the report and highlighted matters of significance, particularly the pending cost pressures following the implementation of the new junior doctors' contracts, the challenge to recruit staff, both nationally and internationally, and the Trusts' focus on reducing and maintaining lower waiting times for planned procedures against increasing demand. Mr McNamara also referred to the car park expansion to relieve parking pressures for both staff and those visiting the hospital, the progress being made on the Radiotherapy appeal and the work being undertaken following the Care Quality Commission inspection.

Following the presentation of his report, Mr McNamara and Cherry Jones, Director of Public Health, responded to Members' questions and comments on the following:

- The governance of the Trust and how it reflected public and patient involvement.
- The possible impact of a Brexit vote on the recruitment of nurses.
- The initiatives being undertaken to reduce waiting times.
- The possible financial benefits of extended bus services versus dedicated car parking build costs.
- How malnutrition could be addressed through partnership working between Health agencies, the voluntary sector and community providers. Members

noted that this was being addressed through the Sustainable Transformation Plan.

- The cost of nurses' recruitment, their contracts, retention and the effect of the abolition of bursaries on recruitment.
- Confirmation that pressures on primary care affected the number of patients attending the Emergency Department.

Resolved – (1) That the report be noted.

(2) That, prior to the next meeting of the Committee, the Director of Strategy, Great Western Hospital (GWH), be requested to circulate information regarding governance of the Trust.

## **9. Avon & Wiltshire Partnership NHS Trust**

The Committee received a report by the Clinical Director, Avon and Wiltshire NHS Trust (AWP) outlining challenges facing the organisation and its achievements in providing mental health care services. Mr Paddy McKee, Interim Director, AWP, introduced the report and referred to the creative opportunities implemented to ensure cost savings were made and explained that, like other organisations, AWP faced staff recruitment challenges. To ensure services were delivered within budgets, a review of agency services was being undertaken to ensure best price was achieved.

Mr McKee responded to Members' questions and observations regarding the training dependency network and its implementation. He referred to the work undertaken with universities to provide mental health care certificates for apprentices who were then invited to continue their studies into the nursing profession. Members noted that bed pressures and delay transfer of care were also challenges that were addressed through proactively working with other agencies. Members noted that AWP had recently undergone a Care Quality Commission inspection, the early results from which appeared positive.

Following his introduction of the report, Mr McKee responded to comments from the Committee regarding:

- The actions being undertaken to promote understanding of mental health care, particularly prevention, intervention and the support of mental health patients. This included work being undertaken by the Early Intervention Team with schools.
- Confirmation that competencies were reviewed by universities as part of the Certificate in Mental Health courses being undertaken.

Resolved: That the report be noted.

## **10. SEQOL**

The Head of Communications, Engagement and Brand submitted a report outlining performance and key issues for SEQOL.

Ms Michelle Howard (SEQOL) presented the report and commented on the work undertaken, particularly on the admission of patients and ensuring their timely and safe discharge from the hospital. She explained that members of the Discharge Team were engaged on hospital wards to help facilitate patient discharge. Members noted the recognition by the National Royal College of Nurses of the work initiated by SEQOL to help patients suspected with deep vein thrombosis and how

this work was being implemented nationally.

In response to comments regarding development planning and the recognition of the needs of dementia sufferers, , Ms Mitchell welcomed support and suggestions by the Committee on how it can liaise with planners when designing areas in Swindon to ensure Swindon became a Dementia Friendly town.

Resolved – That the report be noted.

## **11.**

### **Work Programme 2016-17**

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, 2016/17. Members noted that the Dementia Task Group work would continue their work during this Municipal year.

Resolved – (1) That all those contributing areas for consideration under this Committee's Work Programme for the Municipal Year, 2016/17, be thanked.

(2) That the proposed Work Programme for the 2016/17 be updated to include reports to the Committee on:

- How the Housing Department supported independent living for people with disabilities.
- The development of Council owned properties and how these met the future needs of the community.
- The quality of properties being rented out in Swindon.
- How the Council could ensure tenants' rights were protected when dealing with landlords, particularly regarding rent increases.
- How the Council was ensuring that landlords were paying the Council Tax on behalf of their tenants.
- That an update on "Transforming Care" services for people with learning disabilities and/or autism who have mental health conditions or behaviours that are challenging be presented at a future meeting

(3) That Members be requested to advise the Committee Officer if they wish to volunteer for the Dementia Task Group.

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