

Swindon Borough Council

Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee

Tuesday, 27 September 2016

Committee Room 6, Civic Offices

At 6.00 p.m.

Conservative Councillors

Claire Ellis (Chair)

Alan Bishop

Claire Ellis

Mary Friend

Caryl Sydney-Smith

Steve Weisinger

Labour Councillors

Steve Allsopp

Steph Exell

Julie Wright

Robert Wright

Co-opted Representatives

Mark Edwards (Healthwatch)

To be confirmed (Equalities Advisory Forum)

Committee Officer: Rita Glen Gallo, 01793 463611, rglen-gallo@swindon.gov.uk

Swindon Borough Council can be contacted at the Civic Offices, Euclid Street, Swindon, SN1 2JH (Telephone 01793 445500)

Access Arrangements - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you have any special requirements to enable you to attend the meeting or would like to receive any of the pages contained in this agenda in a larger print size, please contact the Committee Officer as soon as possible prior to the date of the meeting.

AGENDA

1. Apologies for Absence

2. Declarations of Interest

Members are reminded that at the start of the meeting, they should declare any known interests in any matter to be considered and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.

3. Minutes (Pages 5 - 10)

To receive the minutes of the meeting held on 21st June 2016.

4. Public Question Time

See explanatory note below. Please phone the Committee Officer whose name and number appears at the top of this agenda if you need further guidance.

5. **NHS Swindon Clinical Commissioning Group** (Pages 11 - 16)
6. **Great Western Hospitals NHS Foundation Trust Update** (Pages 17 - 24)
7. **Avon & Wiltshire Partnership NHS Trust** (Pages 25 - 28)
8. **Performance for Adult Social Care Commissioning DAS** (Pages 29 - 38)
9. **End of Life Care** (Pages 39 - 52)
10. **Work Programme 2016/17 DLDS** (Pages 53 - 76)

Date of Despatch: 19 September 2016

Key:

Officers:

- | | | |
|------|---|--|
| DAS | - | Director of Adults Services |
| DLDS | - | Director of Law and Democratic Services (Monitoring Officer) |

Public Question Time - Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above, or to the Director of Law and Democratic Services. We will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available from the Committee Officer named above or on the Council's Website at:

(<http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0>).

Terms of Reference:

To fulfil all the functions of an overview and scrutiny committee as they relate to:

- The review, scrutiny, and development of policy recommendations;
- The management of performance;
- The monitoring of progress towards delivering relevant strategies and corporate priorities; and
- The formulation of advice for the Cabinet, Council and other partners and stakeholders.

To have specific responsibility for (but not limited to) the scrutiny of:

- Adult Social Care;
- Community and Neighbourhoods; and
- Housing.

In addition, as these relate to Adults and Adult Social Care:

- The performance of services seeking to deliver healthy communities towards agreed local and national performance indicators;
- Health, health commissioning and service delivery;
- Public Health, Health promotion and the work of the Health and Wellbeing Board; and
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners.

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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 24th 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:

- provide an update on the outcome of the Community Services procurement exercise at the next meeting of this Committee,
- provide information regarding the range of early intervention work being undertaken, and.
- (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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NHS Swindon Clinical Commissioning Group

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 27 September 2016

Author: Gill May, Executive Nurse

Wards: All Wards

Locality Affected: All Locality Area

Parishes Affected: All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Swindon CCG.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold Commissioners of Health and Social Care Services to account.
- 1.3 Any Commissioner of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern or interest that require further investigation.

3. Detail

3.1 Community Services Update

Further to updates previously provided to this committee around the procurement for Community Services, we are pleased to inform that the contract for adult community health services has been awarded to Great Western Hospitals NHS Foundation Trust (GWH). The decision was taken in partnership with Swindon Borough Council (SBC) and follows a robust and comprehensive re-procurement process.

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Delivery of the new contract for adult community health services in Swindon and Shrivenham was due to commence on 18 February 2017 when the current provider's (SEQOL) contract comes to an end, however, in response to a direct request from SEQOL to formally end their contract ahead of schedule, due to their challenging financial position and workforce challenges, the CCG have asked GWH to take on the services earlier than the formal contract commencement date.

GWH has agreed to do this but it will be in a caretaking role until the formal contract starts in February. The caretaking role will commence from 1 October 2016.

This need to provide stability to patients, service users and staff is clearly our priority at this time and to make sure that there is a smooth handover of this service and that patients and service users continue to receive the care they need from the familiar faces they have come to know.

A transition board has been set up and is meeting weekly. The role of the board is to review and oversee a range of areas, including:

- The transfer of all SEQOL staff
- Novation of contracts
- Leases/Estates
- Transfer of Assets
- Governance
- Records (current and historic)
- Complaints
- Any contractual or performance concerns the CCG have about the services which are transferring.

With reference to the last bullet point, the importance of this is to ensure we are clear with the receiving organisation about any remedial actions either already in place or may be required in order to bring services in order to ensure the delivery of quality services.

In May 2016 the CCG had commissioned an external review of SEQOL community nursing service. A number of recommendations were made including a review of all community nurse caseloads. Therefore, as a starting point the CCG have commissioned an external team to carry this out and it will be completed prior to the 1 October transfer to GWH. All recommendations have been collated into a comprehensive action plan and will be the focus of discussions between SEQOL and GWH during the transition period but will also support GWH as they carry out their own clinical due diligence as part of contract mobilisation.

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The CCG have held weekly calls with NHS England, NHS Improvement and the CQC sharing and assuring them of the governance arrangements to oversee the transfer of services.

3.2 Primary Care Procurement

NHS England and Swindon Clinical Commissioning Group (CCG) are responsible for the commissioning of local GP services.

On Wednesday 10 August 2016, we began a joint procurement process with NHS England to appoint long-term providers of GP services across several areas of Swindon.

There are a number of reasons for this:

- As Swindon's population continues to grow, we are seeking providers to deliver general practice services in the New Eastern Villages and Wichelstowe areas.
- Following lengthy discussions and consideration of a range of options, two GP practices in Swindon, Great Western Surgery and Hermitage Surgery, have decided that they wish to end their contract. New providers are therefore required to ensure patients can continue to access these surgeries.
- A third practice, Carfax NHS Medical Centre, will reach the end of its contract on 31 March 2017. A provider is therefore required to ensure the ongoing provision of GP services.

The contracts for these services will go live over a phased period of time. Providers for the three existing practices will all be in place by April 2018.

By undertaking a joint procurement process, we believe that we will be in a better position to secure long term providers of general practice services for our Swindon population that will offer equal access to high quality care.

3.3 Primary Care update

At the last Committee meeting, it was agreed that we would provide a further update on opportunities to develop a not for profit organisation within primary care. Since the last committee meeting, discussions have not progressed further other than we are engaging with our membership to look at what a proposed model could look like.

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Swindon CCG has developed a Recruitment video which outlines reasons to consider becoming a GP /Healthcare Professional in Swindon. This includes quality professional support, access to portfolio career options working with The Great Western Hospital NHS Foundation Trust and lots of offers of housing and financial support to move to live and work in Swindon as an NHS Key Worker. The video is available on the [Swindon CCG website](#).

3.4 Prescription Ordering Direct (POD)

The Prescription Ordering Direct Service was launched on the 1 August 2016 and operates from Swindon CCG. Unused prescription medicines cost the NHS over £3 million every year in Swindon & Shrivenham alone and the aim of the POD service is to ensure that patients are receiving the correct quantity of medication that they need in a timely manner, to reduce the amount of prescription waste in our area. A call centre is manned by appropriately trained clerks through which patients can call and speak directly to an individual about their medication requirements. The team provides advice and support to the patient including reviewing the individual's specific needs for medication. Prescription requests are directly communicated to the relevant practice via their specific clinical system, reducing the workload on staff within the practice who are currently involved in the management of repeat prescription process. Further benefits of this service include:

- Increased patient empowerment and engagement in their own care and treatment;
- Reduced number of prescriptions generated for primary care approval.
- Reduced waste generated from refining the prescription needs to that of the individual following direct discussion and agreement with the patient (thus reducing the opportunity to stockpile);
- Reduced Clinical Risk associated potential stockpiling in the patient's home and for patients to use medications that are possibly out of date.

The service is currently available at Abbey Meads, Penhill, Crossroads, Ashington House and Kingswood Surgeries. More surgeries will be using the service over the coming months.

3.5 Supporting Information

3.5.1 None

4. **Alternative Options**

4.1 None

Further information on the subject of this report can be obtained from Sally Smith, 01793 683700, communications@swindonccg.nhs.uk

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5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 None

Legal and Human Rights Implications

5.2 None

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3 None

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None

6. Consultees

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None

8. Appendices

8.1 None

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NHS Swindon Clinical Commissioning Group

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 27 September 2016

Author: Kevin McNamara, Director of Strategy

Wards: All Wards

Locality Affected: All Locality Area

Parishes Affected: All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Great Western Hospitals NHS Foundation Trust.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold Commissioners and providers of Health and Social Care Services to account.
- 1.3 Any Commissioner or provider of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern or interest that require further investigation.

3. Detail

- 3.1 General update from the organisation
- 3.2 What are the challenges that your organisation is facing?

a) Maintaining a strong staffing level

Work is ongoing to ensure we have the right number and mix of staff across all services and we are currently focusing on attracting local talent as well as

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy on kevin.mcnamara@gwh.nhs.uk or 01793 604676.

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exploring international recruitment opportunities throughout Europe and further afield.

Taking into account turnover, we have around 100 more nursing and midwifery staff on our wards at the Great Western Hospital than we did in April 2013 when our recruitment drive began.

Earlier this year we began recruitment in India, however the complexities involved in overseas recruitment, means that nurses who had expressed an interest in working with us, are now unlikely to complete the recruitment process this year.

Our international recruitment drive, which has seen us welcome nine nurses from abroad this year, will continue in Portugal, Croatia, Romania and further afield.

Closer to home, 20 newly qualified nurses have joined our wards and we expect the same number again to be with us this autumn.

In August we ran a successful event to recruit more healthcare assistants, which is an invaluable role in our nursing teams and a good way to begin a career in the NHS.

Another way to begin a career in the NHS is through our apprenticeship scheme which offers apprenticeships in health & social care (a great way to begin a career in nursing) or in business administration (where you'll join one of our important teams behind the scenes).

This summer we also introduced an Overseas Nursing Training Programme which offers overseas nurses based in the UK the chance to gain their NMC Registration and join us as a registered nurse.

b) Emergency Department Improvements and challenges

In response to a continued increase in demand for our services we are planning to make some changes to layout of the Emergency Department.

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Over the past five years attendances to the Emergency Department have increased by almost 20 per cent and we saw around 82,000 people last year.

During July there were 7,545 attendances to the Emergency Department, a 7 per cent increase on June, meaning the team saw almost 500 more patients and over 400 more than in July 2015.

One of our biggest challenges is that more of our emergency patients now need to be admitted onto a hospital ward, with around one in three being admitted, in addition to the many who are admitted straight onto a ward via their GP.

Plans include an additional eight bays providing more privacy for our patients who need immediate care and further assessment, before decisions can be made about their ongoing care. We will also be trialling a new transfer team who will be focused on moving patients to wards, allowing nursing staff to focus on new patients.

As part of a redesign of the Emergency Department Observation Unit which will take place next year, we are planning to add a small outside space to improve the environment and better accommodate patients with mental health needs. The redesigned unit will also include private assessment rooms for patients with mental health needs. Together with Avon and Wiltshire Mental Health Partnership NHS Trust we will be recruiting additional staff to join the Mental Health Liaison Team, who will be based in the Observation Unit to provide 24 hour support.

These improvements will help to improve the experience of our patients and make it easier for staff to provide safe and high quality care.

Hilary Walker, Chief Nurse, will be providing a presentation at the meeting updating on our progress since our last inspection by the Care Quality Commission.

c) Junior doctors' contract industrial action

A week of industrial action by junior doctors, due to take place between Monday 12 and Friday 16 September, was called off by the British Medical Association at the beginning of the month to allow hospitals more time to prepare contingency plans.

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The BMA, whose members voted to reject the government's new contract for junior doctors, is still expected to go ahead with three separate five-day strikes in October, November and December.

Learning from previous episodes of industrial action earlier in the year, the Trust has tried and tested plans in place to ensure that, during any period of strike, disruption is kept to a minimum and patient safety is maintained at all times.

Inevitably, some patients booked to attend hospital on the affected days will unfortunately have their routine appointments postponed as the Trust's nurses and senior doctors work outside of their usual areas to care for people needing emergency treatment.

3.3 What have you done well?

a) Trust chosen as new provider for adult community healthcare in Swindon

Last month marked the start of an exciting new chapter for healthcare in Swindon, as we were named the new preferred provider of adult community healthcare services in the town.

Swindon Clinical Commissioning Group (CCG), which commissions local health services, selected the Trust as the preferred provider following a long process in which a number of organisations submitted a plan of how they would provide the services over the coming years.

This is positive news for Swindon. Being the provider of both acute and community healthcare, means that patients should experience a more joined up service, regardless of whether they are being treated in hospital, in their own home or elsewhere.

We already have a strong track record of providing good care at a community level and received a good rating for our community services in Wiltshire just last year. We are committed to working with our colleagues across Swindon to provide the same high standard.

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This responsibility will now begin sooner than expected

We were planning to provide this service from next February, when current provider SEQOL's contract comes to an end, but have now been asked by Swindon Clinical Commissioning Group (CCG) to become a caretaker organisation for the next few months.

This request is in response to significant financial, quality and workforce concerns in parts of the service which need to be resolved. We have been asked to step in to provide stability to patients, service users and staff.

This was a big decision as it means we will now become responsible for community healthcare from 1 October, but it was also an easy one as it will ensure local people continue to receive vital healthcare in the community, prior to a longer term contract being agreed.

What does this caretaker period mean?

The term 'caretaker' simply means we will be looking after the service for an interim period, however during this time it's important to recognise that we will be responsible for the quality, finance, performance and everything else involved in providing a healthcare service.

This next chapter is all about creating a more joined up service for our patients and service users, whether in hospital, in their own home or elsewhere.

While this won't happen overnight, this interim period where we become caretaker for community healthcare will be an opportunity to learn more about the opportunities and challenges ahead.

Our main focus at this time is to make sure there is a smooth handover of this service and that patients and service users continue to receive the care they need from the familiar faces they have come to know.

During this caretaker period we will agree a longer term contract with the CCG to provide these services from 17 February 2017.

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b) Launch of our Never OK campaign

September marks the launch of our Never OK campaign, which sends a clear message that abuse of NHS staff is never OK and we will take action against anyone who verbally or physically abuses our staff.

This is in response to feedback from the 2015 NHS Staff Survey where one in three staff said they had experienced a form of verbal abuse from patients, their relatives or members of the public last year. This is completely unacceptable. No one should come to work and not feel safe and our staff should never tolerate verbal or physical abuse as part of the job. Aside from the immediate upset; rude, intimidating and aggressive behaviour can cause longer term stress and drive hardworking people out of the NHS at a time when we need them most.

We have recently invested in more personal alarms for teams who experience high levels of abuse on a regular basis and introduced body cameras among teams who experience abuse on a regular basis.

We have a security team available 24/7, a security management specialist, state-of-the-art CCTV and the full support of the local police, with six prosecutions since January.

The campaign involves posters around the Great Western Hospital site as well as working with the local media to raise awareness of the issue media. We are asking local people, businesses and other organisations to show their support through our social media campaign #NeverOK.

c) Endoscopy Unit recognised for high quality

A Joint Advisory Group has described the care provided by the Endoscopy Unit at GWH as “of the highest quality”.

The Joint Advisory Group (part of the Royal College of Physicians) provides assurance of the quality of the unit with a thorough assessment. They look at all aspects of the unit, specifically clinical quality, quality of patient experience, workforce and training.

The assessors described how the vision and plan for the service was consistent and clear, and commended the team who work to deliver care in endoscopy to 13,000 patients each year.

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All NHS endoscopy services receive regular assessments. Although a virtual assessment takes place every six months, a full assessment which involves a visit only occurs every five years.

We continue to work with our commissioners to maintain this high quality service and make further improvements to support the early detection of bowel cancer.

d) Exemplary care given to cardiac patients

Last month it was revealed that patients needing treatment for a slow heart beat are more likely to receive the pacemaker most appropriate for their condition at the Great Western Hospital in Swindon than anywhere else in the country.

A new report into the provision of pacemakers in NHS hospitals revealed that 100 per cent of Swindon patients in 2014/15 were implanted with the pacemaker approved by the National Institute for Health and Care Excellence (NICE).

The average NHS hospital only manages to offer this state-of-the-art device to 89 per cent of slow heart beat patients, with some poorer performing hospitals only giving the pacemaker to fewer than 50 per cent of patients.

Three hospitals were highlighted in the report by University College London as demonstrating “exemplary practice”, with the Great Western Hospital the only one of the three to offer the dual chamber pacemaker to every suitable patient.

This is great news for our patients who can be assured that when they come to the Great Western Hospital, they are receiving a very high standard of care and treatment.

This achievement also highlights our commitment to 500 Lives, the Trust’s vision to save an extra 500 lives by the year 2020.

A full copy of the report can be found on the UCL website, www.ucl.ac.uk

3.4 Specific in-depth topic for discussion at the committee (please note this heading is discretionary depending on the need to raise a specific issue)

3.5 Supporting Information

3.5.1 None

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy on kevin.mcnamara@gwh.nhs.uk or 01793 604676.

NHS Swindon Clinical Commissioning Group

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 27 September 2016

4. Alternative Options

4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 None

Legal and Human Rights Implications

5.2 None

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3 None

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None

6. Consultees

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None

8. Appendices

8.1 None

Avon and Wiltshire Partnership NHS Trust

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 27th September 2016

Author: Tina Malhotra, Interim Clinical Director, AWP

Wards: All Wards

Locality Affected: All Locality Area

Parishes Affected: All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Avon and Wiltshire Mental Health Partnership NHS Trust.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold Commissioners and providers of Health and Social Care Services to account.
- 1.3 Any Commissioner or provider of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern or interest that require further investigation.

3. Detail

- 3.1 General update from the organisation
- 3.2 What are the challenges that your organisation is facing?

3.2.1 Staffing

There are significant staffing challenges faced by mental health services in Swindon. All inpatient mental health wards have both registered nurse and support staff vacancies. In particular registered nurse posts are proving difficult to recruit to.

Further information on the subject of this report can be obtained from Newlands Anning, Managing Director, 01793 836821

Avon and Wiltshire Partnership NHS Trust

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 27th September 2016

Swindon locality services have implemented a number of measures to mitigate these risks, including increasing consistency of temporary staff used by using lines of work for particular bank and agency staff, specific recruitment strategies to engage new staff including directly targeting previous employees, development of new rotational posts and creating stronger links with local nurse training providers to develop a placement pathway for trainee mental health nurses.

3.2.2 Memory Service Waiting Times

There have been a number of challenges in meeting waiting time standards of 6 weeks for an assessment by the memory services. The issue has now been resolved in partnership with Swindon CCG through a review of the service referrals and capacity which has resulted in additional resource of 2 memory nurses. Waiting times for new referrals are now well within the 6 week standard.

3.3 What have you done well?

3.3.1 Out Areas Admissions

Swindon services have reviewed our acute care pathways and as a result of a number of interventions have managed to ensure all service users requiring acute inpatient admission have been admitted within area for over 12 months.

3.3.2 Physical Health Monitoring

Services have set up clinics for monitoring the physical health of service users with mental health problems. There are 2 types of clinics, some run by AWP medical staff and others by Health Ambassadors. The clinics include access to physical health monitoring for those prescribed drugs such as depot injections and clozapine where risks of health complications are high. These clinics have been highlighted as good practice by the CQC during their recent inspection.

- 3.4 136 place of safety provision was considered inadequate by the CQC during their recent inspection of AWP services.

3.5 Supporting Information

3.5.1 <http://www.cqc.org.uk/provider/RVN/inspection-summary#overall>

4. **Alternative Options**

- 4.1 The Trust is preparing a consultation document outlining the possible solutions for 136 place of safety provision for Swindon and Wiltshire. The immediate issues raised by the CQC around the environment in the Swindon place of safety have already been addressed.

Further information on the subject of this report can be obtained from Newlands Anning, Managing Director, 01793 836821

Avon and Wiltshire Partnership NHS Trust

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 27th September 2016

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Continued provision of a Swindon specific place of safety may have financial implications, this is being consulted with Swindon CCG.

Legal and Human Rights Implications

- 5.2 There are going to be new standards for the recommended length of stay in place of safety that may present challenges to local health and social care services.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 None.

Diversity Impact Assessment

- 5.4 This will be completed as part of the consultation.

Risk Management

- 5.5 As above.

6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 CQC Report: <http://www.cqc.org.uk/provider/RVN/inspection-summary#overall>

8. Appendices

- 8.1 None.

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Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

27th September 2016

Author: Director of Adult Social Services

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Adult Social Care commissioning and performance.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold Commissioners and providers of Health and Social Care Services to account.
- 1.3 Any Commissioner or provider of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report
- 2.2 Identify any areas of concern or interest that require further investigation.

3. Detail

- 3.1 Update
 - 3.1.1 This report informs Scrutiny Committee Members on the progress we are making in delivering the priorities and pledges set out in Swindon's vision for 2016-2020 around supporting vulnerable adults to live as independently as possible and enjoy safe and fulfilling lives (priority 4). The three pledges we are committed to in delivering this priority include:

Further information on the subject of this report can be obtained from Sue Wald, Direct Dial Telephone Number: 01793 465713, swald@swindon.gov.uk

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

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27th September 2016

Working with the Clinical Commissioning Group (CCG) and GP surgeries to help people with long term health and social care needs to manage their health effectively with support from community groups and multidisciplinary teams (Pledge 26)

Ensuring that more people and their carers are supported to live as independently as possible and reducing the length of time people need to spend in residential care. (Pledge 27)

Reducing smoking prevalence to less than England average (Pledge 30)

- 3.1.2 This is an interim performance report which will be followed up by a more comprehensive analysis of performance at Adults Care, Adults Health and Housing Overview and Scrutiny Committee in December 2016. Background details on current activity and performance are provided in the appendix 1 which indicates that overall we are making good progress in achieving the ambitious agenda we set ourselves for the year.
- 3.1.3 We continue to work collaboratively with local health and care organisations from Wiltshire, Bath and North East Somerset (BANES) to shape our joint Sustainability and Transformation Plan (STP). This plan is required by NHS England. The increasing demand placed on local health and care services from population growth and people living longer, and often with long term conditions, has led to significant financial pressures. Health inequalities are also widening, and we know some areas benefit from better quality health services than others. The STP sets out how health and care services across our organisations will change in the future to improve people's health and wellbeing and support the delivery of quality services which are financially sustainable. Our aim is to introduce more preventative care, find new ways to meet people's needs; and identify ways that existing services and organisations can work together to do things differently. Our first STP submission was well received by NHS England in June, the next stage is to engage with key stakeholders and the local community to get their views on our emerging plans. The final submission is planned for 21st October 2016.
- 3.1.4 We have recently extended our Community Navigators programme to June 2017. This is a joint project with the Clinical Commissioning Group which focuses on supporting residents to manage their own long-term health conditions. It has both improved people's quality of life and reduced unnecessary visits to GPs and

Further information on the subject of this report can be obtained from Sue Wald, Direct Dial Telephone Number: 01793 465713, swald@swindon.gov.uk

Performance for Adult Social Care Commissioning

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27th September 2016

Great Western Hospital. The Community Navigator have worked with 497 individuals in the last 12 months, 117 were 75 years or older.

3.2 What are the challenges that your organisation is facing?

3.2.1 Managing demand

Managing demand continues to be a challenge as more clients become eligible for support and many have more complex needs requiring specialist or expensive care packages or placements. Increasing demand is impacting on our ability to deliver effective and responsive services within budget. The additional funding from the precept has been offset by increased cost pressures due to National Living Wage and Inflation. The forecast outturn position across Adults Social Care and Health Commissioning as at the end of July 2016 is a budget pressure of £1.155m. The budget pressures on the Social Care budgets are £1.128m and budget pressures on Health budgets are £0.027m. Hospital discharges and high demand for temporary nursing care continues to present financial challenges to adult social care

3.2.2 Delayed transfers of care

We continue to work with Swindon CCG, Great Western Hospital, SEQOL and Wiltshire Council to tackle the blockages leading to patients having their discharge from hospital delayed. Delayed discharge is a challenge nationally and regionally. Our programme board supports the ongoing monitoring and changes required to ensure sustainable long term reduction of delays for people being discharged from hospital. We have commissioned additional bridging services including nursing pilot beds, and increased the number of domiciliary hours being provided. In June 2016, we provided 8,308 domiciliary care hours per week, 450 additional hours (5.7% increase) compared to June last year (7,858 hours provided per week). Additional commissioned provision combined with improved staff awareness is supporting our ongoing programme.

The performance measure for delayed discharge is the average of the monthly snapshot figure per 100k population. For June, our result for delays attributable to social care is 4.78 per 100k population against the target of 3.9 (low is good). This is an increase on the previous month indicating there is more work to do to retain a sustainable reduction in delays. However, despite this slight increase,

Further information on the subject of this report can be obtained from Sue Wald, Direct Dial Telephone Number: 01793 465713, swald@swindon.gov.uk

Performance for Adult Social Care Commissioning

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27th September 2016

we continue to perform better than the South West average of 7.95 per 100k population and the England average of 5.6 per 100k population. The actual number of days lost for Swindon reduced from 1,600 days in Quarter 1 2015/16 to 1,000 days in Quarter 1 2016/17.

3.2.3 Learning disability Services

Work is ongoing to reduce spend on Learning Disability services. Spend per service user in Swindon remains high compared to other authorities. We are working with housing colleges to commission a greater variety of supported living accommodation to reduce the need for care home provision.

The percentage of people with learning disabilities in employment in Swindon is low compared to other authorities. Our performance for this measure has remained static over the past two years with our year- end result at 3.65% (21 adults in paid employment), against a 14/15 national average of 6%. The June position is 3.4% (19 adults in paid employment). We have established a Transitions programme to drive improvement and the Board met on 7th September 2016 to agree the Project Initiation Document (PID) and map the work plan. Work is underway to support a number of young people aged 16-25 years with Education Health and Care Plan to participate in supported internships. The aspiration is for the young people to complete these courses and for them to be skilled to enter employment.

3.2.4 Delivering New Models of Care

Great Western Hospital has been awarded the contract for community health and some social care services from February 2017. SEQOL informed commissioners of the financial challenges that this would bring to the organisation as well as potential instability of services. We have therefore been working with SEQOL to plan for the smooth handover of services earlier than planned. Staff from SEQOL will TUPE across to the Council for social care services apart from day services for older people which will transfer to First City. The TUPE process will be completed on 1st October 2016

3.2.5 Reducing smoking prevalence

The data source for this indicator has changed from the Integrated Household Survey (IHS) to the Annual Population Survey. The survey methodologies are

Further information on the subject of this report can be obtained from Sue Wald, Direct Dial Telephone Number: 01793 465713, swald@swindon.gov.uk

Performance for Adult Social Care Commissioning

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27th September 2016

slightly different and as a result the new data source along with new data for 2015 has seen Swindon slip from better than England to worse than England. The new figures for 2015 show Swindon's prevalence is 18.7% and England's average is 16.9% (previously reported for 2014 was Swindon 17.8% and England average 18%). Smoking prevalence in adults in routine and manual occupations for 2015 is 25.3% and England average is 26.5% (previous reporting 2014 was Swindon 24.3% and England average 28%). The Swindon Smokefree Alliance (SSFA) partnership oversees the integrated tobacco control programme for reducing smoking prevalence. Activities to support improvement include: redrafting the Tobacco Control Strategy; bus station going smokefree from October; championing the national Stoptober campaign at a local level; ongoing awareness raising amongst young people and schools to prevent the uptake of smoking; and continuing to encourage smokers to quit.

3.3 What have you done well?

3.3.1 Prevention and Early Intervention

Prevention and early intervention are key to managing demand and future cost pressures. Latest data indicates we are making good progress in meeting the national requirement set out in the Adult Social Care outcomes Framework (ASCOF) to delay and reduce the need for care and support. During quarter one (April to June), 91 adults received an episode of domiciliary re-ablement (compared to 44 last year) and 39 adults received residential re-ablement (compared to 24 last year). Reablement helps people regain the ability to look after themselves following illness or injury and aims to keep people as independent as possible for as long as possible.

We are undertaking more timely assessments with 94.9% (1337) assessments starting within 5 days. This is above the 85% target and a significant improvement on the same period last year (71.8%).

3.3.2 Choice and control

We continue to make good progress in providing service users with increased choice and control through the provision of personal budgets and direct payments. We have more service users with personal budgets and direct payments compared to last year and we are ahead of target. Latest performance is 91.5% (1312 clients), a significant improvement on our performance last quarter (82.56%, 1184 clients). However we remain below the target of 100%

Further information on the subject of this report can be obtained from Sue Wald, Direct Dial Telephone Number: 01793 465713, swald@swindon.gov.uk

Performance for Adult Social Care Commissioning

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27th September 2016

which we will strive to achieve over the coming months. We recognise further improvements are required to deliver this level of service for carers where we are a low performer nationally. Current performance is 21.7% (91 carers) against a target for the month of 25.4%. We are working with the Swindon Carers Centre to address the shortfall in personal budgets over the coming months.

Our improvements in delivering timely reviews have provided the opportunity to introduce personal budgets and offer direct payments. In June, 1299 service users had received an annual review of need (23.42%), which puts us on track for achieving the year- end target of 76%.

We recognise carers provide regular and substantial support for service users and it is encouraging that significantly more carers have been offered an assessment and review of their needs compared to last year. To date, 30.49% (509) carers have received an assessment or review which is above the target for this month (17.5%) and puts us on track to achieve the year- end target of 70%. This is an improvement against the same period last year of where 453 carers assessments/ reviews had been completed.

3.3.3 Permanent admissions to Residential Care and Nursing Homes

Admissions to residential and nursing care are being effectively managed and remain below target. During quarter one (April to June), 28 older people have been admitted to permanent care: 13 to a nursing home placement and 15 to residential care. Three people were admitted with mental health needs and 25 people with personal care/physical support needs. This is a 46% reduction on the same period last year where 52 older people had been permanently placed. The target for the year is to admit no more than 223 older people (a rate of 691 per 100k population). Current performance is comfortably within the monthly target and puts us on track to achieve our year-end target

3.4 Supporting Information

None

4. **Alternative Options**

4.1 None

Further information on the subject of this report can be obtained from Sue Wald, Direct Dial Telephone Number: 01793 465713, swald@swindon.gov.uk

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

27th September 2016

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial implications arising from this report. Any financial pressures resulting from changes in demand for social care services will be identified and included within the Council's Medium Term Resourcing Plan.

Legal and Human Rights Implications

- 5.2 None

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 None

Diversity Impact Assessment

- 5.4 None

Risk Management

- 5.5 None

6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 Appendix 1 – Activity and Performance Data

Further information on the subject of this report can be obtained from Sue Wald, Direct Dial Telephone Number: 01793 465713, swald@swindon.gov.uk

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Background activity and performance Data**Swindon's Performance against the Adult Social Care Outcome Indicators June2016**

| Indicator | 14/15 outturn | 15/16 outturn | June 2015 Actual | June 2016 Actual | June 2016 Target | DoT |
|--|--------------------------|--------------------------|---------------------------------|---------------------------------|---------------------------------|------------|
| 1A Social care-related quality of life | 18.9 | 19.3 | NA | NA | | |
| 1B Proportion of people who use services who have control over their daily life | 77.5 | 78 | NA | NA | | |
| 1C1A - Proportion of adults receiving self-directed support | 72.0 | 82.56 | 81.2 | 91.5 | 88.8 | ↑ |
| 1C1B Proportion of carers receiving self-directed support | 32.0 | 35.6 | 23.9 | 21.7 | 25.4 | ↓ |
| 1C2A Proportion of adults receiving direct payments | 20.0 | 24.61 | NA | 26.2 | 25.5 | ↑ |
| 1C2B Proportion of carers receiving direct payments for support direct to carer | 31.0 | 33.78 | NA | 20.8 | 25 | ↓ |
| 1D Carer reported quality of life | 7.8 | NA | Not Collected this year | NA | NA | NA |
| 1E Proportion of adults with learning disabilities in paid employment | 4.2 | 3.65 | Collected Sept and March | NA | NA | N/A |
| 1F Proportion of adults in contact with secondary mental health services in paid employment | 10.1 | 11.5 | 10 | 11.3 | 11 | ↑ |
| 1G Proportion of adults with learning disabilities who live in their own home or with their family | 70.5 | 71.3 | Collected Sept and March | NA | NA | NA |
| 1H Proportion of adults in contact with secondary mental health services who live independently, with or without support | 69.0 | 74.7 | 61.7 | 81.1 | 79 | ↑ |
| 1I1 Proportion of people who use services who reported that they had as much social contact as they would like | 43.6 | 49 | NA | NA | NA | N/A |
| 1I2 Proportion of carers who reported that they had as much social contact as they would like | 37.7 | Not Collected this year | NA | NA | NA | NA |

| Indicator | 14/15 outturn | 15/16 outturn | June 2015 Actual | June 2016 Actual | June 2016 Target | DoT |
|--|------------------|-------------------------|------------------------|------------------------|------------------------|-----|
| 2A1 14-15 Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population <i>(fewer admissions is better)</i> | 11.1 | 8.89 | 1.5 (YTD figure) | 1.48 (YTD figure) | 2.22 (YTD figure) | ↑ |
| 2A2 14-15 Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population <i>(fewer admissions is better)</i> | 676 | 682.48 | 165.8 | 86.86 | 164.41 | ↑ |
| 2B1 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) | 93.2 | 85.38 | NA | NA | NA | N/A |
| 2B2 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement /rehabilitation services (offered the service) | 0.9 | Not Available Yet | NA | NA | NA | NA |
| 2C1 Delayed transfers of care from hospital per 100,000 population <i>(fewer DTOCs is better)</i> | 16.2 | 14.8 | 17.1 | 11.5 | NA | ↑ |
| 2C2 Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population <i>(fewer DTOCs is better)</i> | 6.9 | 8.3 | 10.2 | 4.8 | 3.9 | ↑ |
| 2D Proportion of those that received a short term service during the yr where the sequel to service was either no ongoing support or support of a lower level | 78.0 | 89.02 | NA | NA | NA | N/A |

Key: DoT: Direction of Travel

YTD: Year to Date (1 April to 30 June)

End of Life Care

Adults' Health, Adults' Care and

Housing Overview & Scrutiny Committee

Date: 27 September 2017

Author: Gill May, Executive Nurse

Wards: All Wards

Locality Affected: All Locality Area

Parishes Affected: All Parish Area

1. Purpose and Reasons

1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with details of end of life care for patients in Swindon.

1.2 The Committee requested a report on End of Life Care.

2. Recommendations

The Committee is recommended to:

2.1 Note the report.

3. Detail

3.1 We all die and this means that care as we approach the end of our life and during those last few days and hours has to matter to everyone - in health and social care and the wider community.

3.2 End of Life Care can be difficult to define and further guidance and context can be found in Appendix A of this report.

3.3 Local Context

Recent data analysis shows that in Swindon, there are higher levels of emergency hospitalisation in the final months of life than the national average, despite there being higher levels of deaths at home than average. This suggests that there is scope to reduce the level of emergency hospital admissions locally through service development.

3.4 As already outlined in Appendix A, the reasons for the need to change and improve are not difficult to understand but the intricacies of how services are involved in the delivery of care and support adds complexity, all of which are all too often outside the control of the patient and their carer's.

3.5 We know care that people receive at the end of their lives has a profound impact not only upon them but also upon their families and carers. At the most difficult of times, their experience will be made worse if they encounter poor communication and planning or inadequate professional expertise.

End of Life Care

Adults' Health, Adults' Care and

Housing Overview & Scrutiny Committee

Date: 27 September 2017

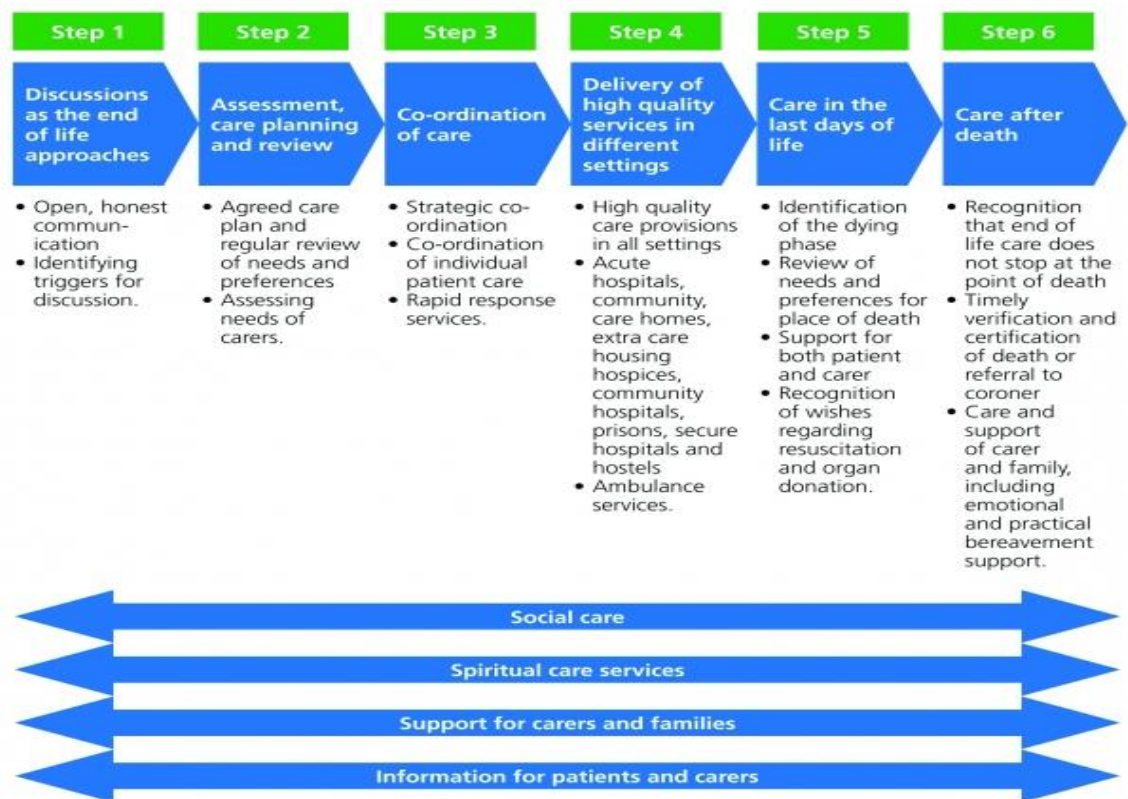
- 3.6 We do need to acknowledge that there are patients and carers now and whom in the past who have and are receiving high quality, compassionate care, but we need to get it right for everyone.
- 3.7 In Swindon, 1,590 people are predicted to require end of life or specialist palliative care per annum. By 2020, this is predicted to rise to 1,685 (6%). When asked directly, where they would wish to die, most people do not choose hospital. For up to 19% of patients who do die in hospital, the preferred location of death was known not to be hospital. The reasons for this are:
- Unpredictability and instability in their condition including rapid deterioration
 - Complexity of support required in the community
 - Applying for funding and accessing carers
 - Lack of availability of other services
- 3.8 The CCG currently commissions a number of services to provide end of life care. This includes care at home and in a number of bed based care settings. There has been a real focus on strengthening all providers to work in a more integrated way, with the intention to stream line referrals, improve care and coordination between providers.
- 3.9 Current end of life care services are provided by community and primary care services supported by specialist patient services provided by Prospect Hospice and Marie Curie. There has been a notable increase in provision of care provided by the Prospect Hospice and their hospice at home team in the last year- a service not currently commissioned. With the implementation of the locality end of life register and offering greater choice to patients, the shift of capacity and resource into the community setting is now required if we are to meet the expected reduction in deaths in hospital and more deaths at home.
- 3.10 In February 2015, the CCG led a mapping exercise to review the current end of life care pathway, resulting in a gap analysis identifying the strengths and limitations of existing provision. The approach used for this mapping exercise centred the Phase of Illness descriptors. This then forms part of a suite of outcome measures which may be used to determine complexity of need, and describes the distinct phases in the patients' illness. The phases are classified according to the care needs of the patient and their family.
- 3.11 The End of Life Care 'pathway' as identified in the Department of Health End of Life Strategy (2008), identifies core aspects of care for patient's thought to be in their last year of life. The standards for these stages are quality measures that illustrate in a practical manner both what is to be achieved and how. The 16 NICE Quality Standards for End of Life Care are included within each of the relevant steps, to provide a more structured approach to each step.

End of Life Care

Adults' Health, Adults' Care and

Housing Overview & Scrutiny Committee

Date: 27 September 2017



3.12 Alongside the NICE Quality Standards a number of other developments have contributed to the thinking and development underpinning the commissioning plan, notably 'Every Moment Counts' the narrative for 'person –centred coordinated care' produced for NHS England by National Voices in 2014. This sets out critical outcomes and success factors in end of life care, support and treatment, from the perspective of the people who need that care, and their carers, families and those close to them.

3.13 Ultimately the following quote from this review sets the template on which to move towards to support a person centred coordinated care near the end of life

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)"

Plans for end of life care in Swindon

3.14 Commissioning and implementing such change takes time and continual drive, particularly when the change involves a mind-set and cultural shift in care delivery. Our plans, in line with the ambitions nationally, are transformational and based on a delivery plan for the next 1- 5 years.

End of Life Care

Adults' Health, Adults' Care and

Housing Overview & Scrutiny Committee

Date: 27 September 2017

- 3.15 The following table provides an outline of what we need to do, providing recommendations to achieve the best possible care for patient and their families with progressive life limiting illness and in the last year of life.

| End of Life Care Pathway Steps | What we need to do. |
|---|--|
| Discussions as the end of life approaches | <p>Review current education and training for End of Life across commissioned services in collaboration with partner organisations to including in advance care planning</p> <p>Evaluate impact of the conversation project at GWH and SEQOL with the aim in understanding if this has increased the confidence of clinicians to identify people who may be near the end of life and to start conversations with their patients about their wishes.</p> <p>All staff who provide palliative and end of life care to people with life limiting conditions should receive training including the different models and forms that are available and their legal status.</p> |
| Assessment, care planning and review | <p>The use of Electronic Care Planning to make it easier to document and share people's wishes and care records between providers and also reduces the risk of an unwanted admission to hospital or failure to act on advance decisions to refuse treatment.</p> <p>The End of Life register in Swindon, previously hosted by Adastra, is in transition to the Single Care Record so that this can be viewed by all provider services (as appropriate indicated clinically on contact).</p> <p>This ensures that visibility of patients wishes can be followed throughout the spectrum of care delivery across Swindon services.</p> <p>Round-the-clock access to specialist palliative care in acute and community settings with the aim to greatly improve the way that people with life-limiting conditions and their families and carers are treated. Crucially their expertise should be more equitably available to people with a non-cancer diagnosis, older people and those with dementia, for whom early identification and sensitive discussion and documentation of their wishes is also important.</p> <p>Treatment Escalation Plans (TEP) and Advance care planning leaflets are now in place.</p> |

End of Life Care

Adults' Health, Adults' Care and

Housing Overview & Scrutiny Committee

Date: 27 September 2017

| | |
|---|---|
| Coordination of care | Agree a future model of care in Swindon to include a single point of contact that includes a central coordinating function. |
| Delivery of high quality services in different settings | <p>Access to 24 hour generic community nursing services.</p> <p>Ensure sustainable, longer term funding for the hospice sector as part of the Government's response to the Palliative Care Funding Review fully recognising the importance of the voluntary sector. Swindon CCG in 2014/15 agreed a three-year contract with the Prospect hospice.</p> |
| Care in the last days of life | <p>The possibility that a person may die within the coming days and hours is recognised and communicated clearly, decisions about care are made in accordance with the person's needs and wishes, and these are reviewed and revised regularly by doctors and nurses.</p> <p>Sensitive communication takes place between staff and the person who is dying and those important to them.</p> <p>The dying person, and those identified as important to them, are involved in decisions about treatment and care.</p> |
| Care after death | <p>Improve Bereavement support for families, including greater awareness amongst health and social care staff of the impact of bereavement, as well as universal access to bereavement services.</p> <p>Under take a needs assessment for bereavement services to better understand and inform future commissioning intent.</p> |

NHS Swindon Clinical Commissioning Group

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 21 June 2016

Dying Well Community Charter

- 3.16 Swindon Clinical Commissioning Group (CCG) has placed end of life care as one of its key priorities. Since developing a bid to become a Dying Well Community Charter pilot site in 2014, in which it was unsuccessful, all partners involved have continued to work together to design and implement, with stakeholder support, a local Dying Well Community Charter.
- 3.17 Towards the end of 2014 the National Council for Palliative Care (NCPC), working in partnership with Public Health England, set out the idea of a National Dying Well Community Charter and invited communities to bid to become one of 7 pilots to establish a 'Charter' in their areas. The purpose of the Charter is aimed at helping the local community to work together to improve their support to people with a life-limiting illness, those who support them and those who have been bereaved, something that is fully aligns with Swindon CCG's aims.
- 3.18 The Swindon Dying Well Community Charter (DWCC) sets to outline a visible commitment by individuals, communities and organisations, working together to support the community we all live in, the people with a life-limiting illness, their families and carers. The Charter is a nationally led idea, but the ideas and commitments within it are ones that many local organisations will recognise as important and valid for our local community of Swindon. So a group of local organisations came together to look at how we could create a Swindon Charter. These organisations on the working group include representatives from the Clinical Commissioning Group, Great Western Hospital, Healthwatch Swindon, Prospect Hospice, Public Health Swindon, SEQOL and the Swindon Carers Centre.
- 3.19 Appendix B provides further detail of the Dying Well Community Charter.

3.2 Supporting Information

3.2.1 None

4. Alternative Options

4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 None

Further information on the subject of this report can be obtained from Sally Smith, 01793 683700, communications@swindonccg.nhs.uk

NHS Swindon Clinical Commissioning Group

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 21 June 2016

Legal and Human Rights Implications

5.2 None

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3 None

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None

6. Consultees

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix A – Further guidance and context to end of life care.

8.2 Appendix B – Dying Well Community Charter

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End of Life Care

Adults' Health, Adults Care and Housing

Overview & Scrutiny Committee

Date: 27 September 2017

Introduction

We all die. This means that care as we approach the end of our life and during those last few days and hours has to matter to everyone- in health and social care and the wider community.

End of Life Care can be difficult to define. The General Medical Council Guidance on End of Life Care defines patients who 'are approaching the end of life' as those who are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few hours or days) and those with:

- Advanced, progressive, incurable conditions
- General frailty and co-existing conditions that mean they are expected to die within 12 months
- Existing conditions if they are at risk of dying from a sudden acute crisis in their condition
- Life-threatening acute conditions caused by sudden catastrophic events

It is recognised that predicting if someone will die within 12 months is not always easy or even possible. To aid this, health care staff, nurses and doctors use the guidance as set out in the Gold Standards Framework Prognostic Indicator. This guidance states that it is more important to predict needs rather than provide an exact predication of how long someone may have left to live.

"It is more about meeting needs than giving defined timescales. The focus is on anticipating patients' likely needs so that the right care can be provided at the right time. This is more important than working out the exact time remaining and leads to better proactive care in alignment with preferences".

Ultimately we need to ensure that the care for those with advanced incurable illness means that they and their families live as well as possible until they die. The term Palliative Care is often used and is defined by the World Health Organisation (2002) as "an approach that improves the quality of life of patients and their families facing the problems associated with life- threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual "

"You matter to the last moment of your life and we will do all that we can, not only to help you die peacefully, but to live until you die "Dame Cicely Saunders)

Policy Context

As people live longer, we know more people will have long-term, advanced conditions requiring more complex support towards the final stages of life. There has been good progress for many cancer patients, however the majority of people who die have non-cancer conditions such as heart failure, chronic obstructive pulmonary disease (COPD), dementia, frailty and multiple co-morbidities. Many patients are still not receiving the best level of support and care as they near the end of life. This is in part because it is harder to identify them early enough, their course of decline is erratic, unpredictable or protracted, and they may require complex health and social care provision in a number of settings, crossing the boundaries of care.

Strategic reports by the Department of Health, End of Life Care Strategy (2008) and NHS England, Actions for End of Life Care, (2014-2016) set out how to improve access to services, particularly community based palliative care services, by introducing the 'End of Life House of Care Framework' and achieve one of the main outcomes enabling people to die in the place of their choosing.

Ambitions for Palliative and End of Life Care: A national Framework for Local Action 2015-2020 was published by the National Palliative and End of Life Care Partnership in September 2015. This is not a new strategy, but it has been developed to build on the 2008 Strategy for End of life Care in the context of the current NHS. The framework sets out a range of actions for service development and planning.

The Department of Health launched the national Strategy for End of Life Care in 2008, following extensive consultation with families, NHS teams, social care, hospices, voluntary groups and other stakeholders. This generated momentum and energy, which led to significant improvements in end of life care.

As a result of the national strategy the first ever national snapshot of end of life care in primary care was undertaken in 2009. In the national snapshot, practices 'predicted' or expected 27% of all deaths and these people were included on the palliative care register. A further 15% were thought by practices to have been predictable but were not put on the register. However, the National Audit Office found that only about 8% of all deaths are completely sudden. Therefore, out of the 92% of deaths that were predictable, 65% were absent from the register and 50% were not even thought of by practices to be predictable (Figure 1).

Figure 1. Patient Deaths

It was also found that there continues to be inequity in the provision of end of life care for people with non-malignant diagnoses. Among participating practices, 71% of people on the register had cancer yet just 28% of people dying had a primary diagnosis of cancer.

The Leadership Alliance for the care of the dying patient published "One Chance to Get it Right". Improving peoples experience of care in the last few days and hours of life", in June 2014. It sets out the approach for the care of dying people that health

and care organisations and staff caring for dying people in England should adopt in the future. It should apply irrespective of the place in which someone is dying e.g. hospital hospice own or other home and during transfers between different settings.

The Neuberger report (2013) has been a major influence on end of life strategies. The report highlights many deficiencies in end of life care on reviewing the Liverpool Care Pathway. It advocates a national conversation about dying, as it describes alarming stories of poor care that ignored patient and family concerns. The findings of the report highlighted poor levels of care and communication and recommended areas that need to change.

Research into the cost of end of life care by the Nuffield Trust (2010), Blaney et al (2011), Seow et al (2014), Royal College of Physicians (2013), Marie Curie (2014) and Bristol University (2014) all provide compelling evidence that improved access to community based palliative care support can provide better value for money. In particular, the evidence demonstrates how supporting people with the care they need in their preferred location can reduce avoidable emergency hospital admissions during the last year of life. Other publications from the National Institute for Health and Care Excellence, Quality Standards for End of Life Care (2011 and 2015) and the Leadership Alliance for the Care of Dying People, One Chance to Get it Right (2014) focus on raising standards for end of life care.

During the transition of reviewing the national strategy NHS England have published a report *Actions for End of Life Care: 2014-2016* which sets out NHS England's commitments and intentions for improving end of life care for children and adults.

The report has been informed by comments and feedback from people who have experience of end of life care, as individual patients, carers, families and staff. In principle, it marks a shift in focus from 'place of death' to the broader 'experience' of end of life care. Wherever people are, the aim is to enable them to live and die well.

The report also referenced the focus on end of life care by the Care Quality Commission and recommended that they monitor both acute and community health care providers move to the new approach in their inspection and as part of their thematic review. A review of this is due this autumn.

We know end of life care accounts for a high proportion of NHS spending. It is estimated to be at least a fifth of NHS costs, and a total of £20 billion. Over the longer term, investment will need to shift away from the acute sector to the community, in order to reduce the number of people dying in hospital and to increase the number of people dying in their preferred place.

As we face the long-term challenge of an ageing population at a time of shrinking financial resources, it is vital that we get end of life care right. Failure to do so will result in spiralling costs for the public sector, and more importantly, a human cost for all of us who want to reach the end of our lives with dignity and control.

Patient Choice: Preferred Place of Care

The national bereavement survey (2012), undertaken by VOICES, showed that of those who expressed a preference, the majority preferred to die at home (81%), but only half of these actually died at home (49%). The most common reported place of death was a hospital (52%). In order to achieve such a shift, the workforce looking after people in the setting of people's homes need to be accessible, capable, competent *and* supported to meet the care needs and preferences of people in a planned way.

In the 2012 British Social Attitudes survey, 60% of those who stated that they would prefer to die at home would change their mind if sufficient support from family, friends or social and medical professionals were not available. The need to be pain free (24%) came a close second to the presence of family and friends (28%), in terms of the most important aspects of their end of life care.

Issues surrounding choice of place of death:

- Between 50-90% of patients with cancer wish to die at home but only 22% achieve this.
- Approximately a quarter of people express a preference to die in a hospice, but only 17% of those with cancer and 4% overall die there.
- Dying at home is associated with low functional status, an expressed preference (and carer agreement); home care and its intensity, living with relatives and dependable extended family support

Although individuals may have different ideas about what would, for them, constitute a 'good death', for many this would involve:

- Being treated as an individual, with dignity and respect
- Being without pain and other symptoms
- Being in familiar surroundings; and
- Being in the company of close family and/or friends

Some people die as they would have wished, but many others do not. Some people experience excellent care in hospitals, hospices, and care homes and in their own homes but the reality is that many do not. Many people experience unnecessary pain and other symptoms, as well as unnecessary hospital attendances and investigations. There are distressing reports of people not being treated with dignity and respect and many people do not die where they would choose to.

In the past, end of life care within the NHS and social care has had a high profile with a negative response. Reflecting this, the quality of care has been very variable. The ambition of Swindon CCG is to commission a high quality care for all people approaching the end of life. This should be irrespective of age, gender, ethnicity, religious belief, disability, sexual orientation, diagnosis or socioeconomic deprivation.

End of Life Care

Adults' Health, Adults Care and Housing

Overview & Scrutiny Committee

Date: 27 September 2017

Dying Well Community Charter

There are five key principles of the Charter:

- Recognition and Respect
- Communication
- Involvement
- Support
- Help us plan and do

These categories provide helpful banners under which to bring together all of the work Swindon CCG and its partners have been involved in over recent years to improve End of Life care (EOL).

The working group has identified a number of local organisation to engage with, setting out the value of the DWCC and looking to secure early sign-up to the Charter before the launch event in May.

In order to support the delivery of the DWCC, the partnership have worked together to:

- Review opportunities to bring the collective knowledge and support provided in Swindon together in one place, making the information accessible to everyone, to support them to support those they care for.
- Raise awareness of the Swindon Advance Care Planning document, it is a really simple and easy to use document so we need to make sure it's available for everyone to access.
- Support GPs and other healthcare professionals to know what services and help is already available
- Provide training & support where needed
- Identify support networks – talking to groups and supporting organisations, raising awareness of the DWCC, its value and what's important to people, as well as getting individuals, groups and organisations to sign up to the Charter and do a little to make a whole lots of difference
- Create an end-of-life care page for the Swindon My Care My Support website
- Hold a stakeholder awareness conference in May 2016

To build awareness and support of the Charter, we held a DWCC stakeholder awareness event on 12 May at Steam in Swindon. At this event, we provided an overview of the aims of the Charter, and suggesting opportunities for local

businesses and organisations to support in this improvement. Steps for consideration included:

- Create a Bereavement or Compassionate leave policy (or adapt someone else's)
- Create flexibility in the workplace for those with a life-limiting illness, family member or carer
- Sign-posting to useful advice and support; communicate what support you have and how to access it
- Highlight My Care My Support website
- Support managers in the work place
- Nominate a single point of contact for key information
- Feed back to us what changes have been made in six months' time and share your learning

The stakeholder event was a real success with over 70 delegates attending from a range of care providers, educational establishments and voluntary and community support groups. This is the beginning of local organisational buy-in to this critical issue and that the ongoing partnership, led by Prospect Hospice, will continue to provide improved awareness and understanding of EOL care and its development in Swindon.

Work Programme 2016/17

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 27th September 2016

| | |
|--------------------|---------------------------------------|
| Author: | Director of Law & Democratic Services |
| Wards: | All Wards |
| Locality Affected: | All Localities |
| Parishes Affected: | All Parish Areas |

1. Purpose and Reasons

- 1.1 Each Overview and Scrutiny Committee is requested to have a work programme that details the activities that it will be undertaking during the Municipal year.
- 1.2 The work programme details the various topics and issues that each Committee intends to look into during the coming year with the aim of producing evidence based recommendations intended to provide service improvements for Cabinet and external agencies/bodies to consider.
- 1.3 Under the Council's Constitution, Overview and Scrutiny Committees are required to agree a work programme at the start of the municipal year outlining their priorities and likely outcomes of considering these issues.

The work programme is developed taking into account:

- Corporate priorities and objectives, including the Cabinet Forward Plan.
 - Partnership strategic priorities and objectives.
 - The interests and concerns of Members, Council officers, members of the public and other stakeholders such as community and voluntary groups and local businesses.
- 1.4 Committees are encouraged to review the work programme on a regular basis to ensure it remains relevant and to prioritise the workload of the Committee.
 - 1.5 Members are reminded that the work programme must also take into account:
 - The workload of the Committee and of individual members.
 - The capacity of the Scrutiny Unit and other officers to support a review.
 - The resource implications of carrying out a review.
 - The timescales for a review.
 - The most appropriate method of carrying out a review e.g. Committee meeting, Task Group, Member Champion review.
 - 1.6 The Local Government and Public Involvement in Health Act 2007 have presented the Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee with a role, remit and powers regarding local health matters.

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

Work Programme 2016/17

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 27th September 2016

-
- 1.7 The Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee is encouraged to be mindful of its role and remit when considering a work programme for the 2016/17 Municipal Year.

2. Recommendations

The Committee is recommended to:

- Consider and discuss the Chair's proposal for the 2016/17 work programme.
- Approve the proposed Work Programme for the 2016/17 Municipal year.
- Appoint Members to any Task Groups agreed by the Committee.

3. Detail

- 3.1 It is important that Overview and Scrutiny adds value to the work of the Council and the Borough and produces tangible outcomes for local people that result in real service improvements. Selecting the right topics is crucial to ensure that Overview and Scrutiny will be effective.

The work programme will be reviewed at every Committee meeting or as the Committee sees fit to ensure that it remains relevant and that Members and Officers have sufficient capacity to effectively achieve its objectives.

- 3.2 The Work Programme attached at Appendix 1 includes these suggestions and the Committee is asked to approve the work programme for the 2016/17 municipal year.
- 3.3 Members of the Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee are encouraged to work with Cabinet in the best interests of the Borough and to take into account the priorities and suggestions of Cabinet as detailed in the Cabinet Work Programme and Forward Plan, attached at Appendix 2 when considering the contents for their work programme.
- 3.4 In addition, attention is drawn to the Scrutiny Process Flowchart, attached at Appendix 3, which is aimed at assisting the Committee in identifying how they could influence policy development.

Task Group Reviews

- 3.5 The Committee is required to undertake individual reviews throughout the municipal year and proposals for reviews should be proposed and discussed at the Committee meeting.

4. Alternative Options

- 4.1 The Committee can choose not to have a detailed work programme although it is recommended that it is best practice to do so.

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

Work Programme 2016/17

Adults' Health, Adults' Care and Housing Overview & Scrutiny Committee

Date: 27th September 2016

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising as a result of this report. Any expenditure arising as a result of an item on the Committee's work programme will be met by the Overview and Scrutiny Support budget, subject to the approval of the Committee.

Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act requires every local authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Scrutiny Committee and in any recommendations made by the Scrutiny Committee.

Links to One Swindon, Plans and Policies

- 5.4 The remit of the Committee includes the review, scrutiny and development of policy recommendations and the monitoring performance of corporate priorities including One Swindon.

Diversity Impact Assessment

- 5.5 No Diversity Impact Assessment is required at this stage, any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

Risk Management

- 5.6 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is under review by the Scrutiny Committee and if it makes any recommendations.

6. Consultees

- 6.1 The Director of Finance (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

Work Programme 2016/17

Adults' Health, Adults' Care and Housing Overview & Scrutiny Committee

Date: 27th September 2016

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Draft Work Programme for 2016/17.

8.2 Appendix 2 – Cabinet Work Programme and Forward Plan for the period 19th August 2016 to 19th August 2017.

8.3 Appendix 3 – Scrutiny Process Flowchart.

Adults' Health, Adults' Care and Housing Work Programme 2016-2017

Terms of Reference of the Committee

To fulfil all the functions of an overview and scrutiny committee as they relate to –

- the review, scrutiny, and development of policy recommendations
- the management of performance
- the monitoring of progress towards delivering relevant strategies and corporate priorities
- the formulation of advice for the Cabinet, Council and other partners and stakeholders

To have specific responsibility for (but not limited to) the scrutiny of:–

- Adult Social Care
- Community and Neighbourhoods
- Housing

In addition, as these relate to Adults and Adult Social Care:

- The performance of services seeking to deliver healthy communities towards agreed local and national performance indicators
- Health, health commissioning and service delivery
- Public Health, Health promotion and the work of the Health and Wellbeing Board
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners

In accordance with Section 7 of the Health and Social Care Act 2001 (as amended), the Adults' Health, Adults' Care, and Housing Overview and Scrutiny Committee will undertake scrutiny of local health service providers jointly with Children's Health, Social Care, and Education Overview and Scrutiny Committee.

Reports for noting

Reports with a recommendation "to note the report" will be included in a separate section at the back of the Agenda and will not be heard at the committee meeting, unless specifically requested by a Member of the Committee.

Review of the Work Programme

The work programme will be reviewed at every meeting of the Adults' Health, Adults' Care and Housing Overview & Scrutiny Committee to ensure that it remains relevant, to ensure that Members and Officers have sufficient capacity to deliver the work programme and to include any additional items on the work programme, if appropriate, to ensure that Members and Officers have sufficient capacity to deliver the work programme and to include any additional items on the work programme, if appropriate.

Contact details

Committee Officer: Rita Glen-Gallo
Email: rglen-gallo@swindon.gov.uk
Tel: 01793 463611

| 21st June 2016 | | |
|----------------------------------|---|--|
| Item | Objectives | Witnesses |
| Co-optees Appointment | To confirm the appointment of Co-optees to the Committee. | Chair |
| Work Programme discussion | To set the work programme for the forthcoming municipal year and agree Task and Finish Groups and Membership on to those groups. | All |
| Performance update reports | <p>To receive regular performance reports from Commissioners and Providers.</p> <p>Presentation of these reports will be limited to 5 minutes.</p> <p>Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.</p> | <p>Great Western Hospital (GWH)</p> <p>Avon & Wiltshire Mental Health Partnership (AWP)</p> <p>NHS Swindon Clinical Commissioning Group</p> <p>Adult Social Care Commissioning (ASCC)</p> <p>SEQOL</p> |

| 27th September 2016 | | |
|---------------------------------------|---|--|
| Item | Objectives | Witnesses |
| Performance update reports | <p>To receive regular performance reports from Commissioners and Providers.</p> <p>GWH will also include an update regarding the Care Quality Commission report following its unannounced visit to the Emergency Department at GWH in April.</p> <p>CCG to include an update on the outcome of the Community Services procurement exercise at the next meeting of this Committee.</p> <p>Presentation of these reports will be limited to 5 minutes.</p> <p>Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.</p> | <p>Adult Social Care Commissioning (ASCC)</p> <p>Avon & Wiltshire Mental Health Partnership (AWP)</p> <p>Great Western Hospital (GWH)</p> <p>NHS Swindon Clinical Commissioning Group</p> <p>SEQOL</p> |
| End of life care | To receive a report regarding end of life care. | SEQOL |

| <u>6th December 2016</u> | | |
|--|---|---|
| Item | Objectives | Witnesses |
| Performance update reports | <p>To receive regular performance reports from Commissioners and Providers.</p> <p>Presentation of these reports will be limited to 5 minutes.</p> <p>Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.</p> | <p>Adult Social Care Commissioning (ASCC)</p> <p>Avon & Wiltshire Mental Health Partnership (AWP)</p> <p>Great Western Hospital (GWH)</p> <p>NHS Swindon Clinical Commissioning Group (CCG)</p> |
| Transforming Care | To receive a report on services for people with learning disabilities and/or autism who have mental health conditions or behaviours that are challenging. | NHS Swindon Clinical Commissioning Group (CCG) |
| Housing Report | <p>To receive a report providing an overview of the Housing demand for those receiving Adult Social Care. Report to include:</p> <ul style="list-style-type: none"> • 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. | Housing |

| <u>7th February 2017</u> | | |
|--|---|---|
| Item | Objectives | Witnesses |
| Performance update reports | <p>To receive regular performance reports from Commissioners and Providers.</p> <p>Presentation of these reports will be limited to 5 minutes.</p> <p>Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.</p> | <p>Adult Social Care Commissioning (ASCC)</p> <p>Avon & Wiltshire Mental Health Partnership (AWP)</p> <p>Great Western Hospital (GWH)</p> <p>NHS Swindon Clinical Commissioning Group (CCG)</p> |
| Learning Disabilities Transition Pathway | To receive an update regarding the transition programme for young people from children and education services to adult social care. | Adult Social Care (ASCC) (Victoria Guillaume) |

| <u>25th April 2017</u> | | |
|--|---|---|
| Item | Objectives | Witnesses |
| Performance update reports | <p>To receive regular performance reports from Commissioners and Providers.</p> <p>Presentation of these reports will be limited to 5 minutes.</p> <p>Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.</p> | <p>Adult Social Care Commissioning (ASCC)</p> <p>Avon & Wiltshire Mental Health Partnership (AWP)</p> <p>Great Western Hospital (GWH)</p> <p>NHS Swindon Clinical Commissioning Group</p> <p>SEQOL</p> |
| Review of the Year | Chair of Dementia Care Pathway Task Group to present the final report and recommendations to the Committee. | |

TASK GROUPS

| Item | Objectives |
|-----------------------|--|
| Dementia Care Pathway | To look at the partnership arrangements and whether the health journey is working for the patient. |

Swindon Borough Council

CABINET WORK PROGRAMME AND FORWARD PLAN

19 AUGUST 2016 - 19 AUGUST 2017 – Proposed AGENDA ITEMS and KEY DECISIONS (as at 08/09/16)

Key Decisions are defined as:

- a) decisions that are likely to be significant in terms of spending or savings having had regard to the Council's budget for that particular service or function, and
- b) decisions that are likely to have a significant impact on two or more Council wards.

If you wish to make your views known on any matter set out in this work-plan, please contact the relevant Cabinet Member or the contact officer identified.

| Councillor: | Portfolio: |
|--------------------|--|
| David Renard | Leader of the Council and Chair of Cabinet |
| Russell Holland | Deputy Leader of the Council and Vice-Chair of Cabinet and Cabinet Member for Finance and Corporate Services |
| Oliver Donachie | Cabinet Member for Housing and Homelessness |
| Toby Elliott | Cabinet Member for Strategic Planning |
| Fionuala Foley | Cabinet Member for Children's Services |
| Brian Ford | Cabinet Member for Adults' Health and Social Care |
| Dale Heenan | Cabinet Member for Sustainability and Transport |
| Mary Martin | Cabinet Member for Communities |
| Garry Perkins | Cabinet Member for the Economy, Regeneration and Skills |
| Keith Williams | Cabinet Member for Streetsmart |

Cabinet Member Decisions Proposed for August 2016

| Subject | Key Decision Yes/No? | Portfolio Holder / Cabinet Member | Decision Maker | Method of Consultation Undertaken / To be Taken | Contact Officer | Available Background Papers |
|---|----------------------|--|--|--|--|------------------------------|
| 1 and 3 Faringdon Road - Purchase, Refurbishment and Disposal | No | Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services | Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services | The following Opposition Spokespersons / Ward Members – Councillor Bob Wright (Labour), Councillor Des Moffatt (Labour), Councillor Kevin Small (Labour), Councillor Julie Wright (Labour), Councillor Junab Ali (Labour) Councillor Stan Pajak Wood (Liberal Democrat). | Head of Property Assets Rob Richards tel: 01793 463521 Email: rrichards@swindon.gov.uk | Cabinet Member Decision Note |

Cabinet Meeting Date - 7th September 2016

| Subject | Key Decision Yes/No? | Portfolio Holder / Cabinet Member | Decision Maker | Method of Consultation Undertaken / To be Taken | Contact Officer | Available Background Papers |
|--|----------------------|--|----------------|--|---|-----------------------------|
| Budget Management 2016/17 and 2016 - 2020 Efficiency Statement | No | Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services | Cabinet | N/A Date of Notice: 21 st October 2015 | Corporate Director Resources (S151 Officer) or Kirsty Cole Tel: 464610 or Email: kcole@swindon.gov.uk | Cabinet Minute 26 refers |
| Apprenticeships and the Apprenticeship Levy | No | Cabinet Member for Finance and Corporate Services | Cabinet | N/A Date of Notice: 14 th June 2016 | Head of People, Performance and Engagement Sam Mowbray Email: smowbray@swindon.gov.uk Tel: 07823 525337 | N/A |
| A Smokefree Bus Station | No | Cabinet Member for Adults' Health and Social Care | Cabinet | N/A Date of Notice: 29 June 2016 | Director of Public Health Cherry Jones Tel: 01793 444681 Email: Cherryjones@swindon.gov.uk | N/A |
| Local Bus Services - Strategy Review | No | Cabinet Member for Sustainability, Highways and Transport | Cabinet | N/A Date of Notice: 30 th June 2016 | Head of Highways and Transport Jason Humm Email: JHumm@swindon.gov.uk tel: 01793 463201 | Cabinet Minute 16(3) refers |
| School Place Planning Update 2016 | No | Cabinet Member for Children's Services | Cabinet | N/A Date of Notice: 5 th July 2016 | Head of Education Services or Gareth Cheal Tel: 01793 465802 Email: gcheal@swindon.gov.uk | N/A |

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|---|----|--|---------|---|--|-----|
| Swindon Education Improvement Strategy | No | Cabinet Member for Children's Services | Cabinet | N/A Date of Notice: 11 th July 2016 | Head of Education Services Peter Nathan Tel: 07467 440955 Email: pnathan@swindon.gov.uk | N/A |
| Regulation of Investigatory Powers Act 2000 - Inspection report from the Office of Surveillance Commissioners | No | Leader of the Council | Cabinet | N/A Date of Notice: 14 th July 2016 | Director of Law & Democratic Services (Monitoring Officer) Stephen Taylor Tel: 01793 463012 Email: staylor@swindon.gov.uk | N/A |
| Annual review of Local Ombudsman Complaints | No | Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services | Cabinet | N/A Date of Notice: 1 st August 2016 | Director of Law & Democratic Services (Monitoring Officer) or Erz Turner Tel: 01793 463002 Email: eturner@swindon.gov.uk | N/A |
| References from other Council bodies - Health and Wellbeing Board and Community Safety Partnership Board | No | Cabinet Member for Adults' Health and Social Care Cabinet Member for Housing and Homelessness | Cabinet | N/A Date of Notice: 8 th August 2016 | Director of Law & Democratic Services (Monitoring Officer) or Steve Jones Tel: 01793 463602 Email: stevejones@swindon.gov.uk | N/A |
| Wichelstowe District Centre | No | Cabinet Member for Strategic Planning | Cabinet | N/A Date of Notice: 12 th August 2016 | Robert Powe Rob Powe Tel: 01793 463305 Email: rpowe@swindon.gov.uk rpowe@swindon.gov.uk | N/A |

Cabinet Meeting Date - 19th October 2016

| Subject | Key Decision Yes/No? | Portfolio Holder / Cabinet Member | Decision Maker | Method of Consultation Undertaken / To be Taken | Contact Officer | Available Background Papers |
|---|----------------------|--|----------------|---|---|----------------------------------|
| Budget Management 2016/17. | No | Cabinet Member for Finance, People and Performance | Cabinet | N/A Date of Notice: 13 th October 2015 | Corporate Director Resources (S151 Officer) or Kirsty Cole, Finance, Tel: 464610 or email: kcole@swindon.gov.uk | N/A |
| 2017-2020 Financial Context and Budget Proposals 2017/2018. | Yes | Cabinet Member for Finance, People and Performance | Cabinet | N/A Date of Notice: 9 th December 2015 | Corporate Director Resources (S151 Officer) Tel: 463300 or Email: smckellar@swindon.gov.uk | N/A |
| Delivering the Vision for Swindon | Yes | Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services | Cabinet | N/A Date of Notice: 8 th August 2016 | Corporate Director Resources (S151 Officer) Stuart McKellar Tel: 01793 463300 Email: smckellar@swindon.gov.uk | N/A |
| Education Transport Policy 2018-19 | Yes | Cabinet Member for Children's Services | Cabinet | N/A Date of Notice: 26 th May 2016 | Head of Education Services or Emily Heaton Email eheaton@swindon.gov.uk Tel: 01793 465769 | N/A |
| Options for reducing street lighting energy usage | No | Cabinet Member for Sustainability and Transport | Cabinet | N/A Date of Notice: 12 th February 2016 | Head of Highways and Transport or Tim Price Tel: 01793 46 6254 Email: tprice@swindon.gov.uk | Cabinet Minute 69 2015/16 refers |

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|--|-----|---|---------|---|--|----------------------------------|
| Heritage Lottery Fund Application to support Swindon Museum & Art Gallery development and relocation | No | Cabinet Member for the Economy, Regeneration and Skills | Cabinet | N/A Date of Notice: 29 th June 2016 | Chief Executive or Duncan Kerr: Tel: 01793 465743, Email: dkerr@swindon.gov.uk | N/A |
| Affordable Housing Development Programme | No | Cabinet Member for Housing and Homelessness | Cabinet | N/A Date of Notice: 20 th July 2016 | Head of Housing Management & Community Safety Michael Ash Tel: 01793 464377 Email: Mash@swindon.gov.uk | N/A |
| Insurance for Community Groups | No | Cabinet Member for Communities | Cabinet | N/A Date of Notice: 23 rd August 2016 | Head of Localities and Volunteering Patrick Weir tel: 07946 595852 Email: pweir@swindon.gov.uk | Council Minute 90 2015/16 refers |
| Waste Strategy Options | No | Cabinet Member for Streetsmart | Cabinet | N/A Date of Notice: 24 th August 2016 | Head of StreetSmart Leon Barrett Tel: 07818 51062 Email: lbarrett@swindon.gov.uk | N/A |
| Solar Farm Investment Options | No | Cabinet Member for the Economy, Regeneration and Skills | Cabinet | | Jan Willis, Interim Corporate Director, Resources or Philippa Venables Tel: 07824 550469 Email: pvenables@swindon.gov.uk Jan.Willis@swindon.gov.uk | N/A |
| Land at Oakfield | Yes | Cabinet Member for Communities and Strategic Planning | Cabinet | N/A Date of Notice: 4 th May 2016 | Head of Property Assets Rob Richards Tel: 01793 463521 | N/A |

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|---|----|---|---------|---|--|-----|
| Proposed Property Acquisition, Swindon Town Centre | No | Cabinet Member for the Economy, Regeneration and Skills | Cabinet | N/A Date of Notice: 14 th August 2016 | Rob Richards Rob Richards Tel: 01793 463521 Email: rrichards@swindon.gov.uk rrichards@swindon.gov.uk | N/A |
|---|----|---|---------|---|--|-----|

Cabinet Meeting Date - 7th December 2016

| Subject | Key Decision Yes/No? | Portfolio Holder / Cabinet Member | Decision Maker | Method of Consultation Undertaken / To be Taken | Contact Officer | Available Background Papers |
|--|-----------------------------|---|-----------------------|--|---|------------------------------------|
| Capital Programme Monitoring - Second Quarter and Treasury Management Performance 2016/17. | No | Cabinet Member for Finance, People and Performance | Cabinet | N/A Notice of decision: 9 December 2015 | Corporate Director Resources (S151 Officer) or Paul Smith Tel No: 463976 e-mail: psmith2@swindon.gov.uk | N/A |
| Swindon's Country Parks - Car Parking Charges | Yes | Cabinet Member for the Economy, Regeneration and Skills | Cabinet | N/A Date of Notice: 30 th June 2016 | Corporate Director Resources (S151 Officer) Stuart McKellar Tel: 01793 463300 Email: smckellar@swindon.gov.uk | Cabinet Minute 14 (3) refers |
| North Star - Proposed Regional Leisure Destination | Yes | Cabinet Member for the Economy, Regeneration and Skills | Cabinet | N/A Date of Notice: 1 st August 2016 | Head of Property Assets Rob Richards Tel: 01793 463521 Email: rrichards@swindon.gov.uk | N/A |

Cabinet Meeting Date - 8th February 2017

| Subject | Key Decision Yes/No? | Portfolio Holder / Cabinet Member | Decision Maker | Method of Consultation Undertaken / To be Taken | Contact Officer | Available Background Papers |
|---|-----------------------------|---|-----------------------|--|--|------------------------------------|
| Budget 2017/18 and Beyond | No | Cabinet Member for Finance, People and Performance | Cabinet | N/A Date of Notice: 22 nd April 2016 | Corporate Director Resources (S151 Officer) or Kirsty Cole, Finance, Tel: 464610 or Email: kcole@swindon.gov.uk | N/A |
| Capital Programme 2017/18 | Yes | Cabinet Member for Finance, People and Performance | Cabinet | N/A Date of Notice: 22 nd April 2016 | Corporate Director Resources (S151 Officer) or Paul Smith, Finance, Tel: 07500 884176 or Email: psmith2@swindon.gov.uk | N/A |
| Treasury Strategy Statement 2017/18 | Yes | Cabinet Member for Finance, People and Performance | Cabinet | N/A Date of Notice: 22 nd April 2016 | Corporate Director Resources (S151 Officer) or Paul Smith, Finance, Tel: 07500 884176 or Email: psmith2@swindon.gov.uk | N/A |
| Housing Revenue Account - Rents and Charges 2017/18 | Yes | Cabinet Member for Finance, People and Performance | Cabinet | N/A Date of Notice: 22 nd April 2016 | Corporate Director Resources (S151 Officer) or Paul Smith, Finance, Tel: 07500 884176 or Email: psmith2@swindon.gov.uk | N/A |
| Swindon Pay Policy Statement 2017 | Yes | Cabinet Member for Corporate, Customer and Digital Services | Cabinet | N/A Date of Notice: 22 nd April 2016 | Head of People, Performance and Engagement Tel: 07823 525337 or Email: smowbray@swindon.gov.u | N/A |

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| Securing a sustainable future for Swindon's Cultural Assets | Yes | Cabinet Member for the Economy, Regeneration and Skills | Cabinet | N/A Date of Notice: 12 th February 2016 | Corporate Director Resources (S151 Officer) or Rachel Watts Tel: 07823 525297 Email: RWatts2@swindon.gov.uk | Cabinet Minute 58 2015/16 refers |

Cabinet Meeting Date - 15th March 2017

| Subject | Key Decision Yes/No? | Portfolio Holder / Cabinet Member | Decision Maker | Method of Consultation Undertaken / To be Taken | Contact Officer | Available Background Papers |
|--|-----------------------------|--|-----------------------|--|--|------------------------------------|
| Budget Management 2016/17 | Yes | Cabinet Member for Finance, People and Performance | Cabinet | N/A Date of Notice: 22 nd April 2016 | Corporate Director Resources (S151 Officer) or Kirsty Cole, Finance, Tel: 464610 or Email: kcole@swindon.gov.uk | N/A |
| Capital Programme Monitoring 3rd Quarter 2016/17 | Yes | Cabinet Member for Finance, People and Performance | Cabinet | N/A Date of Notice: 22 nd April 2016 | Corporate Director Resources (S151 Officer) or Paul Smith, Finance, Tel: 463976 or Email: psmith2@swindon.gov.uk | N/A |

Cabinet Meeting Date - 26th April 2017

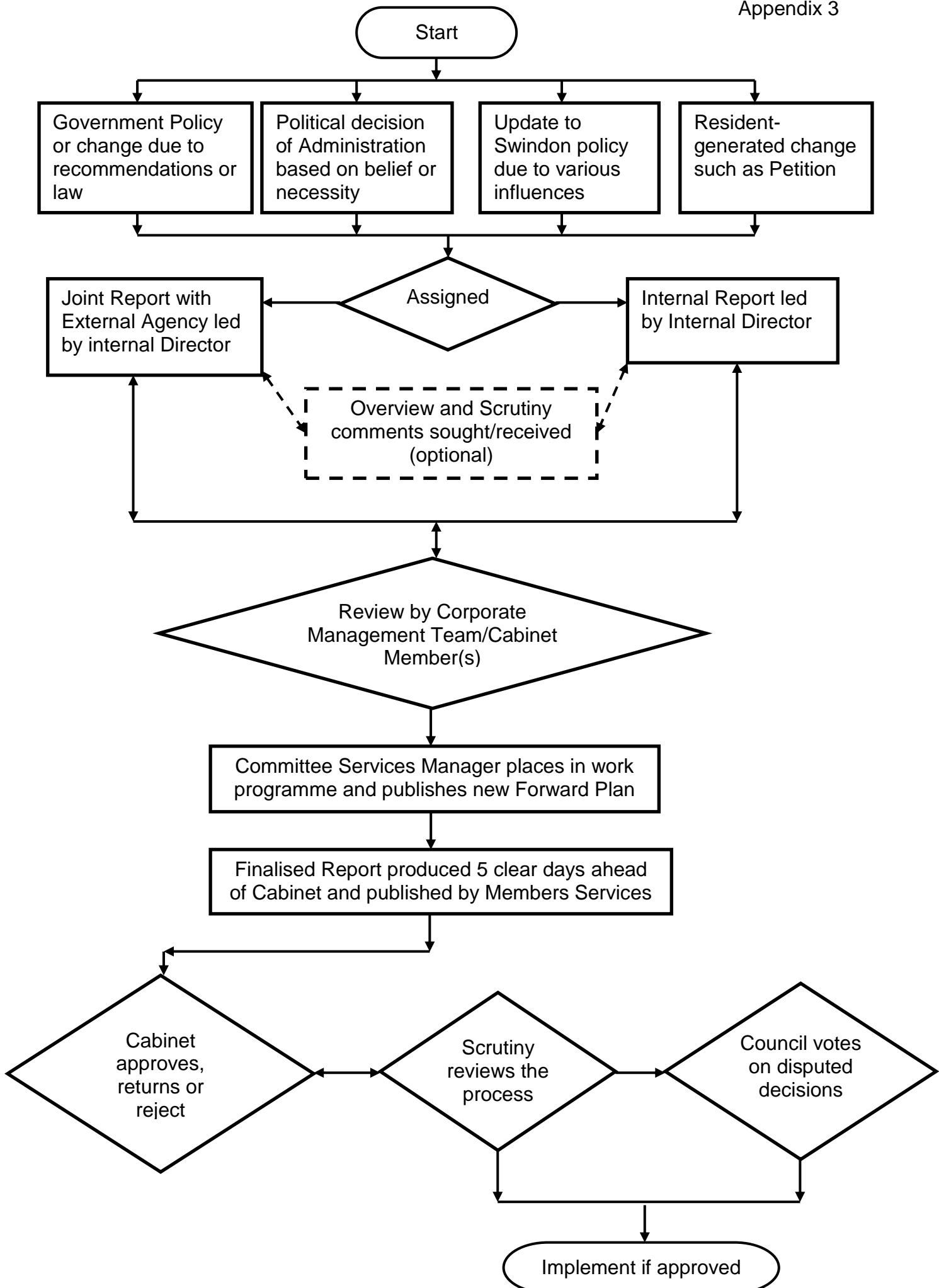
| Subject | Key Decision Yes/No? | Portfolio Holder / Cabinet Member | Decision Maker | Method of Consultation Undertaken / To be Taken | Contact Officer | Available Background Papers |
|---------------------------|-----------------------------|--|-----------------------|--|---|------------------------------------|
| Budget Management 2016/17 | Yes | Cabinet Member for Finance, People and Performance | Cabinet | N/A Date of Notice: 22 nd April 2016 | Corporate Director Resources (S151 Officer) or Kirsty Cole, Finance, Tel: 464610 or Email: kcole@swindon.gov.uk | N/A |

Cabinet Meeting Date - June 2017 (TBC)

| Subject | Key Decision Yes/No? | Portfolio Holder / Cabinet Member | Decision Maker | Method of Consultation Undertaken / To be Taken | Contact Officer | Available Background Papers |
|--|----------------------|--|----------------|--|--|-----------------------------|
| Housing Revenue Account - Medium Term Financial Plan | No | Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services | Cabinet | N/A Date of Notice: 27 th May 2016 | Corporate Director Resources (S151 Officer) or Paul Smith Tel: 07500 884176 or Email: psmith@swindon.gov.uk | N/A |
| Budget Out-turn and Management 2016/17. | No | Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services | Cabinet | N/A Date of Notice: 27 th May 2016 | Corporate Director Resources (S151 Officer) or Kirsty Cole, Finance, Tel: 464610 or Email: kcole@swindon.gov.uk | N/A |
| Capital Programme Monitoring Out-Turn 2016/17 | No | Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services | Cabinet | N/A Date of Notice: 27 th May 2016 | Corporate Director Resources (S151 Officer) or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk | N/A |
| Treasury Performance 2016/17 | No | Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services | Cabinet | N/A Date of Notice: 27 th May 2016 | Corporate Director Resources (S151 Officer) or Paul Smith, Finance, Tel: 463976 or Email: psmith2@swindon.gov.uk | N/A |

July 2017 (TBC)

| Subject | Key Decision Yes/No? | Portfolio Holder / Cabinet Member | Decision Maker | Method of Consultation Undertaken / To be Taken | Contact Officer | Available Background Papers |
|---------------------------|-----------------------------|---|-----------------------|--|---|------------------------------------|
| Budget Management 2017-18 | No | Cabinet Member for Finance and Corporate Services | Cabinet | N/A Date of Notice: 7 th June 2016 | Corporate Director Resources (S151 Officer) or Kirsty Cole, Finance, Tel: 01793 464610 or Email: kcole@swindon.gov.uk | N/A |



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