

Swindon Borough Council

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

Tuesday, 6 December 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

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 - 8)

To receive the minutes of the meeting held on 27th September 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. Performance for Adult Social Care Commissioning DAS (Pages 9 - 24)

6. **NHS Swindon Clinical Commissioning Group (CCG) - Learning Disability** (Pages 25 - 60)
7. **NHS Swindon Clinical Commissioning Group** (Pages 61 - 80)
8. **Community Service Transfer** (Pages 81 - 86)
9. **Overview of Housing Demand for People in Receipt of ASC Services DSD** (Pages 87 - 114)
10. **Avon & Wiltshire Partnership NHS Trust** (Pages 115 - 118)
11. **Great Western Hospitals NHS Foundation Trust Update** (Pages 119 - 128)
12. **Work Programme 2016/17 DLDS** (Pages 129 - 158)

Date of Despatch: 24 November 2016

Key:

Officers:

DAS	-	Director of Adult Services
DSD	-	Director of Service Delivery
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.

This page is intentionally left blank

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

TUESDAY, 27 SEPTEMBER 2016

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

Apologies for absence were received from Mark Edward (Swindon Healthwatch).

Also Present: Sue Wald (Director, Adult Social Care), Gill May (Executive Nurse at NHS Swindon Clinical Commissioning Group), Kevin McNamara (Director of Strategy, Great Western Hospital), Hilary Walker (Chief Nurse, GWH).

12. 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.

13. Minutes

Resolved -That the minutes of the meeting held on 21st June 2016 be confirmed and signed as a correct record.

14. Public Question Time

In accordance with Standing Order 28, Mr Cockbill, of 44 Stratton Road, Swindon, submitted questions regarding the future of SEQOL and its integration with the Great Western Hospital and the Council.

The Chair thanked Mr Brian Cockbill for his questions and comments and advised that a written response would be provided.

15. Dr Peter Crouch

Mrs Gill May, Executive Nurse, Clinical Commissioning Group, advised the meeting of the untimely death of Dr Peter Crouch. The Chair, on behalf of the Committee, extended condolences to his family.

16. NHS Swindon Clinical Commissioning Group

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) presented a report providing an update on performance and key issues relating to the service. She referred to the procurement of Community Services which was awarded to Great Western Hospital (GWH) and to the governance of the transition processes. Ms May explained how SEQOL staff would be incorporated within GWH and Swindon Borough Council and confirmed that services would not be affected. Ms May also referred to the Primary Care Procurement process that had been undertaken, the Recruitment video developed outlining reasons to consider becoming a general practitioner (GP) in Swindon and to the new Prescription Ordering Direct (POD) Services available at six practices in Swindon that allowed patients to talk to pharmacists regarding their medication.

Ms May, with Kevin McNamara, Director of Strategy, Great Western Hospital, Ms Hilary Walker (Chief Nurse, Great Western Hospital) and Mrs Sue Wald (Director, Adult Social Care) responded to members' questions and comments on the following:

- Surgeries' promotion of the POD service.
- The time taken for SEQOL to undertake assessments, particularly for those patients towards end of life.
- Addressing the difficulties for patients calling surgeries and having to wait on the "triage line" for a considerable time.
- Confirmation that pharmacist were able to support GPs through the POD services. Members noted the collaborative working partnership between surgeries and pharmacists.
- The review of all community nurse caseloads following the transfer of services from SEQOL to GWH.
- Understanding the cultural shift for staff transferring from SEQOL to GWH and how this would impact staff.
- The training of staff delivering the POD service and reasons for the delay in implementing the service.
- The financial governance of SEQOL, the reasons for awarding the SEQOL contract to the Great Western Hospital and the future financial impact this would have on GWH.
- The number of providers that submitted a bid for the SEQOL contract and confirmation that the SEQOL budget would be ring-fenced for community health services.

Resolved – (1) That the report be noted.

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) be requested to update the Committee regarding the POD service at a future meeting of this Committee.

(3) That further to (2) above, the Chief Pharmacist helping to implement the POD service be invited to a future meeting of this Committee.

17. Great Western Hospitals NHS Foundation Trust Update

Mr Kevin McNamara, Director of Strategy at the Hospital, presented 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 McNamara advised that the report highlighted matters of significance, including (i) staffing levels, (ii) the improvements and challenges for the Emergency department, (iii) the junior doctors' industrial action, (iv), GWH as the chosen provider for adult community healthcare, (v), recognition by the Royal College of Physicians of the high quality service provided by the Endoscopy Unit, and regarding (vi) the exemplary care given to cardiac patients.

Mr McNamara introduced Ms Hilary Walker, Chief Nurse at the Hospital who gave a presentation on the Care Quality Commission (CQC) report. Ms Walker advised that the presentation centred on progress made on the CQC's recommendations following their inspection.

Following the presentation of their report, Mr McNamara, Ms Walker and Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group, responded to Member's questions and comments on the following issues:

- Overcoming communication issues for nursing staff whose first language is not English.
 - Non-UK qualifications and the need to ensure uniformity of standards.
 - Apprenticeships being promoted at GWH.
 - Work being undertaken to retain nurses in Swindon, particularly after they had been trained.
 - The effectiveness of Mental Health Liaison Service located in the Accident and Emergency (A&E) Department.
 - The recruitment of a Help Care Assistant to help families and staff working in the Paediatric waiting room.
 - GWH's response to the volume of demand for beds by the A&E Department and the impact on routine procedures.
 - The location and use of the Discharge Lounge by patients.
- Resolved – (1) That the report be noted.
(2) That the Committees' support.

18. Avon & Wiltshire Partnership NHS Trust

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

Resolved: (1) That the report be noted.

(2) That the Committee noted the absence of a representative from the Avon and Wiltshire Partnership NHS Trust.

(3) That, if required, Members of the Committee be requested to submit any questions to the Committee Officer for circulation to the Trust.

19. Performance for Adult Social Care Commissioning

Mrs Sue Wald, the Director of Adult Social Services submitted a report updating the Committee on the performance in Adult Services for Quarter 4 of 2015/16. The Director explained that the report had been structured to highlight the strengths and challenges of the work that had been undertaken, making specific reference to the challenges of clients with complex needs who required specialist care packages or placements.

The Director referred to the continued collaborative work with the Clinical Commissioning Group, Great Western Hospital, SEQOL and Wiltshire Council regarding delayed transfer of care. Members noted the financial demand in Adult Social Care and the high expenditure of the Learning Disability service as compared to other local authorities. The Director referred to the effective management of admissions to residential and nursing care which was below target. Members further noted the work being undertaken following the integration of SEQOL staff into the Council and how a review of services would be undertaken to ensure patients were individually supported when leaving the hospital with a tailored service.

The Director, with Mr Kevin McNamara, Director of Strategy, Great Western Hospital, responded to questions and comments from the Committee regarding:

- The recruitment of social workers and assistant care managers.
- The review of the waiting list for assessments to be undertaken following the integration of SEQOL.
- Measures to address safeguarding issues for patients and staff.

- Support for hospital patients in quitting smoking for, at least, the duration of their stay.

Resolved – That the report be noted.

20.

End of Life Care

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) presented a report detailing the end of life care of patients in Swindon. explained the definition of end of life from a clinical perspective. The Committee was advised that in Swindon, there were 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 and that this could be addressed through local service development.

Ms May referred to the national guidance and the work undertaken by commissioners, particularly the “Conversation Project” undertaken with SEQOL and Great Western Hospital. This project allowed staff to engage with patients and carers earlier and involve them by having meaningful and effective conversations about end of life care. The Committee noted the impact services provided had on patients and family and explained that a single plan record for end of life care in Swindon was being developed. Ms May confirmed that the Clinical Commissioning Group had signed up to the “Dying Well Charter”.

Ms May responded to members’ questions and comments on the following:

- The importance of documenting wishes and planning in advance to ensure that end of life care truly reflected ones’ requests.
- The process undertaken to ensure relatives were fully informed and participating in decisions made.
- Confirmation that professionals work in the best interest of patients when they are near end of life.

Resolved – That the report be noted.

21.

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.

Resolved – (1) That the report be noted.

(2) That a report regarding work being undertaken by various agencies to address isolation be submitted at a future meeting.

Performance for Adult Social Care Commissioning

Adults' Care, Adults' Health and Housing

Overview & Scrutiny Committee

6th December 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

Overview & Scrutiny Committee

6th December 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 report provides an overview of performance as at end of September 2016. Despite ongoing budget pressures, we are making good progress in achieving the ambitious agenda we set ourselves at the start of the year. We have a number of strategies in the pipeline to tackle our financial challenges based on five themes: improving accommodation and support; making more efficient use of social work resources; improving quality assurance processes; improving joint working with NHS; and improving access to suitable support. Detailed activity and performance information is provided in the appendix.

3.2 What are the challenges that your organisation is facing?

3.2.1 Managing demand

Although duties under the Care Act are being met, Swindon is struggling to manage demand within planned budgets. This is mirrored across the South West. Swindon is one of the lowest funded authorities in the South West and is the fourth lowest spending authority on adult social care. This is in line with our funding settlement but challenges our ability to make the necessary investment for a transformative shift to new models of care which will be crucial in terms of managing demand in the future. Demographic pressures are mounting and demand for complex Social Care is increasing.

Significant new cost pressures have been added through the introduction of the National Living Wage (NLW), EU Directives to pay carers travel time and night covers, and the changes to the Deprivation of Liberty Safeguarding (DOLS) assessments. These pressures, along with increased demand, have more than offset the additional funding from the precept. The latest forecast outturn position

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

6th December 2016

at October 2016 across Adults Social Care and Health Commissioning is a budget pressure of £3.2m. Rising demand for discharge to assess beds, living wage increase for contracts, additional staffing costs, and slippage in some savings programmes due to the SEQOL transfer, have contributed to the additional cost pressures.

3.2.2 Residential and Nursing Care

In line with the South West authorities, Swindon continues to be over dependent on residential and nursing models of care which attract high gross and net expenditure. Although we have focussed our efforts on reducing the number of state funded placements in residential and nursing care, compared to the same period last year, there is only a slight reduction in the number of younger adults and older people admitted to permanent residential care, and the numbers of young adults and older people admitted to nursing care has remained relatively static.

The pressure on hospital discharge has also led to a number of older people being moved from a hospital bed to a residential care bed with the aim to “discharge to assess”. This practice has shown to increase the risk of these people ending up being permanently admitted to residential or nursing care homes which has cost implications. We will be closely monitoring the use of these “discharge to assess” beds to review and manage the longer term financial implications.

3.2.3 Learning disability Services

Reducing Learning disability costs continue to be a challenge. We have adopted a number of strategies to reduce the amount we pay including re-negotiating the price of residential care for people with a learning disability; moving people from residential care into lower cost supported housing schemes; and assisting the more abled people to live a more independent life style so they need less care and support. We are working with both the carers (usually parents) of people with learning disabilities and service providers who are often risk averse, to shift the culture to a strength-based approach that focuses on promoting independence.

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

6th December 2016

We strive to meet our target to review the care packages of 70% of our service users with a learning disability to ensure support is appropriate and delivers value for money (latest performance predicts 69.5% achievement). Further improvements across the learning disability services are being managed through a number of programmes including: Progressive Support Planning to improve outcomes for individuals; joint review initiative to combine the social care review with the commissioning and contract review of the service to promote greater clarity of outcomes achieved and agree individuals longer term aspirations about how they are supported and where they want to live; consistent review of out of area placements to consider returns to Swindon if appropriate; making social care reviews more effective; and renegotiating costs with providers

3.2.4. Personalisation

Our aim is to support independence, and promote choice and control, for people facing difficulties due to disability, mental health issues, effects of age and other circumstances. Through personalisation, people have the opportunity to manage their own resources and determine how their needs will be met by organising their support and services themselves. Although we are ahead of target with 2312 clients having received an annual review of need by end of September 2016 (41.68%), we are under-performing for the number of clients who have a personal budget (1273 adults, 88.8%) and clients receiving their personal budget through a direct payment (382 adults, 26.6%). Commissioners continue to work closely with providers, especially Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) who have only 58% of clients with a personal budget, to improve access to self-directed support.

We recognise carers provide regular and substantial support for service users and it is encouraging that we are on track to meet our year-end target for 70% of carers to have had an assessment or review of their needs. To date, 50.9% (774) carers have received an assessment or review. However, as at September 2016, the proportion of carers with self-directed support continues to be low at 29.5% (129) compared to the 15/16 England average (77.7%) and South West average (55.4%).

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

6th December 2016

We anticipate performance will improve over time as Swindon Carers Centre (SCC) embeds the service changes following the 2015 organisational review. The 'journey mapping' exercise has delivered a better carer experience particularly when they are caring for someone who is being discharged from hospital. The patient's carer is identified earlier and supported more quickly. Swindon Carers Centre offers carers a "light touch" assessment which is proportionate to their needs and in line with Care Act legislation. There are plans to develop an online tool for carers to self assess. Our carer support workers focus on ensuring Swindon carers receive the right support at the right time which has led to more carers accessing funding for support schemes and respite care.

3.2.5 Reducing smoking prevalence

The smoking prevalence in adults in Swindon as at 2015 is 18.6% which is higher than the national average of 16.9%. The smoking prevalence rate in our routine and manual occupations is 25.3% which is lower than the England average of 26.5%. The latest version of the Tobacco Control Profiles were published 01 November 2016 and in this latest version a new indicator 'Smoking prevalence in adults with serious mental illness' has been added to the profiles. For 2014/15 the Swindon smoking prevalence rate for adults with serious mental illness is recorded as 41 which is not statistically different to the England average of 40.5. It does however highlight that smoking prevalence is more than double in people with serious mental health illness and continues to be a focus for the tobacco control work in Swindon.

Death rates from lung cancer and chronic obstructive pulmonary disease (COPD) were also included in the latest Tobacco Control Profiles and Swindon was not statistically different to the England average. Death rates from lung cancer in Swindon 2013-15 were 61.8 and the England average was 58.7. Death rates from COPD were 54.7 compared to the England average of 52.8.

Smoking status in pregnancy at the time of delivery (SATOD) is the measure that gives the smoking in pregnancy percentage. New figures for 2015/16 show that smoking rates have fallen in this group to 11.4% from 12.7% in 2014/15. Swindon is now statistically significantly similar to England (10.6%) rather than higher and also similar to the South West (11.2%).

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

6th December 2016

Swindon Central Bus Station was officially launched as a smokefree site on 31 October. For a two week period following the launch there has been a member of staff from the Envirocrime team at Swindon Borough Council at the bus station to raise awareness and inform members of the public of the change. As part of this raising awareness 150 members of the public, smokers and non-smokers have been approached and the feedback has been, on the whole, very positive.

3.3 What have you done well?

3.3.1 SEQOL Insourcing

On 1 October 2016, the 400 staff that had previously provided care services in Swindon on behalf of SEQOL (the independent employee-owned social enterprise company) transferred to the Council following financial difficulties experienced by SEQOL. All services were transferred smoothly and there have been no complaints from staff or service users. A new management structure has been established and we have successfully recruited to a Head of Transitions post, Head of Commissioning, Head of Social Work and Regulated Services Manager. All staff have received induction training. Since transferring services, we have identified a number of quality challenges which we are working on with the staff and managers

3.3.2 Community Navigators

We are now in the second year of the Community Navigator project and continue to operate the referral based service through GP surgeries throughout Swindon and Shrivenham. Since the start of the programme, we have recruited 633 clients all of whom have one or more long term health condition. We currently have 8 Community Navigators operating across Swindon and all 26 Practices are offered the opportunity to refer a patient into the Community Navigator programme. We have seen an increase in interest and referrals from other health professionals, including social workers. We are able to process these referrals, providing consent is given through the clients GP.

The top four Long term Health Conditions referred into the programme are: Depression, Diabetes, Anxiety and Hypertension. GPs are asked to say what area of support would be most useful to the patient and the top four areas are: Social isolation/community support needs, Physical Activity, Healthy Eating 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

Adults' Care, Adults' Health and Housing

Overview & Scrutiny Committee

6th December 2016

Carer Support. An important element of this programme continues to be the learning and development of the team; ensuring that they are suitably skilled, supported and equipped with the expertise to deal with their caseload.

We have worked with the CCG to analyse to make comparisons between the cost per patient pre and post intervention and identified the average health cost saving per month is £148 per patient. This equates to an annual health cost avoidance saving of approx. 418k (forecasted from the current position) but should also have a positive impact on reducing the demand for adult social care.

3.3.3 Prevention and Early Intervention

Prevention and early intervention is key for managing demand and future cost pressures. We aim to maintain and prolong people's own independence through improving our first point of contact /front door. Our emarketplace, My Care My Support (MCMS), provides extensive information around health and wellbeing, residential care, support at home, social groups and clubs and education across the voluntary, third and private sectors. Over the last 12 months, we have integrated a Google search facility into the site to improve accessibility and consulted with the community to ensure it includes the right information. We continue to develop a 'front door' hub for residents to use as a first port of call for help and support by promoting the services available at Sanford House and the MCMS website. So far this year we have received 6,420 contacts, and a higher proportion of these are being effectively dealt with at the front door compared to the same period last year. To date, we have had fewer clients progressing to an assessment (49.86%) compared to the same period in 2015/16 (56.1%) and slightly fewer clients progressing to a service (44.13% compared to 44.5%).

This year we have increased our intermediate care provision, step up crisis support and bridging domiciliary care services to reduce hospital admission and facilitate appropriate hospital discharge. 231 clients have completed 243 episodes of crisis domiciliary care at home, receiving on average 17 days of service. In addition, 31 adults have been admitted to crisis temporary placements with an average length of stay of 31 days. 188 clients have received domiciliary reablement services (compared to 137 last year) and 35 people have had an episode of residential reablement compared to 39 in the previous year.

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

6th December 2016

The outcome for clients following the completion of a reablement episode has been very positive with 68% (151) no longer requiring a state funded service.

3.3.4 Delayed Transfers of Care

The Delayed Transfers of Care Programme Board was established in early 2016 across Swindon and Wiltshire and involving Great Western Hospital (GWH). Work streams were established for a review and improvement of: Discharge to assess beds and bridging services; Reshaping of reablement; 7 day working for Discharge Assessment Referral Team (DART) and social care; and improved patient flow

Monthly monitoring shows that in the last 6 months, the days lost due to a hospital discharge being delayed has reduced by a third (2,934 compared to 4,069). Social care delays have reduced significantly and we are now 4th best in the South West. Although the Swindon performance has improved, the overall delays for GWH have not improved at the same rate. Availability of nursing and residential care remains a challenge. The Programme has been refreshed to implement additional support at home which was been funded by the NHS and due to go live in November 2016. The outcome focused domiciliary care tender is due to start in 2017.

3.4 Supporting Information

None

4. **Alternative Options**

4.1 None

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.

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

6th December 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 Interim Corporate 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

This page is intentionally left blank

Appendix One: Background activity and performance Data

Number of service users receiving Permanent Nursing & Residential care in Swindon April to September 2016

Primary Support Reason	18-64 Year Olds				65+ Year Olds			
	Nursing Care		Residential Care		Nursing Care		Residential Care	
	April-Sept 15	April-Sept 16	April-Sept 15	April-Sept 16	April-Sept 15	April-Sept 16	April-Sept 15	April-Sept 16
Physical Support: Access and Mobility Only	0	0	0	0	1	0	1	0
Physical Support: Personal Care Support	3	4	12	10	189	173	226	188
Sensory Support: Support for Visual Impairment	0	0	0	0	4	3	2	2
Sensory Support: Support for Hearing Impairment	0	0	0	0	1	0	2	1
Sensory Support: Support for Dual Impairment	0	0	0	0	0	1	3	2
Support with Memory and Cognition	2	1	3	0	51	42	101	71
Learning Disability Support	5	3	162	123	8	5	33	26
Mental Health Support	3	3	34	31	4	12	28	33
Totals	13	11	211	164	258	236	396	323

Number of service users receiving Community Services in Swindon April to Sept 2016

Primary Support Reason	Services to help users maintain mobility & independence; Adaptations, Equipment, & Telecare (e.g. home alarms & sensors)		Preventative services to support users during crisis & help remain independent; Crisis support, hospital discharge services & reablement		Community Services to help users remain independent & living in the community; Homecare services, day care support, direct payments, short term breaks	
	April-Sept 15	April-Sept 16	April-Sept 15	April-Sept 16	April-Sept 15	April-Sept 16
Learning Disability Support	38	54	2	1	465	494
Mental Health Support	1	2	1	1	65	72
Physical Support - Access & Mobilty only	309	401	10	2	32	10
Physical Support - Personal Care Support	133	138	32	15	231	259
Sensory Support - Support for Dual Impairment	3	0	0	30	3	3
Sensory Support - Support for Hearing Impairment	9	5	0	0	0	0
Sensory Support - Support for Visual Impairment	12	10	0	0	9	8
Support with Memory & Cognition	2	1	0	0	12	8
18 -64 Year Old Total	507	611	45	49	817	854
	Sept 15	Sept 16	Sept 15	Sept 16	Sept 15	Sept 16
Learning Disability Support	6	11	2	2	41	46
Mental Health Support	6	13	6	4	34	36
Physical Support - Access & Mobilty only	657	935	15	9	11	15
Physical Support - Personal Care Support	369	381	487	530	815	835
Sensory Support - Support for Dual Impairment	18	10	4	2	17	12
Sensory Support - Support for Hearing Impairment	34	22	9	12	8	8
Sensory Support - Support for Visual Impairment	31	26	11	8	21	15
Support with Memory and Cognition	23	24	7	6	62	64
65+ Year Old Total	1144	1422	541	573	1009	1031

Swindon's Performance against the Adult Social Care Outcome Indicators Sept 2016

Indicator	14/15 outturn	15/16 outturn	Sept 2015 Actual	Sept 2016 Actual	Sept 2016 Target	DoT
1A Social care-related quality of life <i>Annual</i>	18.9	19.3	NA	NA	NA	NA
1B Proportion of people who use services who have control over their daily life <i>Annual</i>	77.5	78	NA	NA	NA	NA
1C1A - Proportion of adults receiving self-directed support	72.0	82.56	83.6	88.8	92.5	↑
1C1B Proportion of carers receiving self-directed support	32.0	35.6	30.8	29.5	28.9	↓
1C2A Proportion of adults receiving direct payments	20.0	24.61	NA	26.6	27.0	↑
1C2B Proportion of carers receiving direct payments for support direct to carer	31.0	33.78	NA	29.0	28.0	↓
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	4.2	4.0	4.8	↓
1F Proportion of adults in contact with secondary mental health services in paid employment	10.1	11.5	10.9	11.4	11.0	↑
1G Proportion of adults with learning disabilities who live in their own home or with their family	70.5	71.3	69.8	70.9	70.0	↑
1H Proportion of adults in contact with secondary mental health services who live independently, with or without support	69.0	74.7	69.1	79.7	80.5	↑
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	NA
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	Sept 2015 Actual	Sept 2016 Actual	Sept 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	2.22 (YTD figure)	4.45 (YTD figure)	5.93 (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	381.57	282.30	341.24	↑
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) <i>Annual</i>	93.2	85.38	NA	NA	NA	NA
2B2 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement /rehabilitation services (offered a service) <i>Annual</i>	0.9	3.5	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	16.6	12.3	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	9.7	5.5	3.9	↑
2D Proportion of people who received a short term service where the sequel to service was either no ongoing support or support of a lower level. <i>Annual</i>	78.0	89.02	NA	NA	NA	NA

Indicator	14/15 outturn	15/16 outturn	Sept 2015 Actual	Sept 2016 Actual	Sept 2016 Target	DoT
3A Overall satisfaction of people who use services with their care and support <i>Annual</i>	65.0	66	NA	NA	NA	NA
3B Overall satisfaction of carers with social services	40.0	Not Collected This year	NA	NA	NA	NA
3C Proportion of carers who report that they have been included or consulted in discussion about the person they care for	71.8	Not Collected This year	NA	NA	NA	NA
3D1 Proportion of people who use services who find it easy to find information about services <i>Annual</i>	74.3	75	NA	NA	NA	NA
3D2 Proportion of carers who find it easy to find information about services	68.6	Not Collected This year	NA	NA	NA	NA
4A Proportion of people who use services who feel safe <i>Annual</i>	65.7	70	NA	NA	NA	NA
4B Proportion of people who use services who say that those services have made them feel safe and secure <i>Annual</i>	89.7	91	NA	NA	NA	NA

Key

DoT: Direction of Travel

YTD: Year to Date (1 April to 30 September 2016)

This page is intentionally left blank

NHS Swindon Clinical Commissioning Group (CCG)

Learning Disability (LD)

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

Authors:	Gill May, Executive Nurse Lynnette Glass, Quality Lead for Projects
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 updated details with regards to the plans to transform the care services for people with learning disabilities and/or autism who have mental health conditions or escalating and challenging behaviours in Swindon (following on from previous updates).

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.

3. Detail

3.1 The National Picture and Background

- 3.2 Children, young people and adults with learning disabilities or autism, who also have health conditions or behaviours described as challenging, can be and have a right to be, given the support and care they need in a community-based setting, near to family and friends. Closed institutions, with people far from home and family, deny people the right care and present the risk of poor care and abuse.
- 3.3 The horrifying Winterbourne View Hospital scandal was exposed by the BBC Panorama programme in May 2011. This highlighted shocking levels of criminal, physical and emotional abuse which led to six former staff being jailed. Further failings were identified with regards to the Provider at Winterbourne View but also across the wider health and social care economy.
- 3.4 Varying reviews were undertaken to identify the lessons to be learnt nationally as a result, within various published reports and the subsequent Department of Health Winterbourne View Concordat publication; to identify and progress

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 (CCG)

Learning Disability (LD)

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

national and local actions for people with LD and or autism (in order to enable meet their needs and live fulfilling and safe lives).

- 3.5 However, there has been limited national progress post the Winterbourne View Concordat publication, and the continued lengthy spells within Learning Disability (LD) inpatient settings remains an issue for some areas. NHS England developed a model and process for reviewing people's care and treatment which was introduced in October 2014 (initially for people with learning disabilities who had no discharge plan in place and were inpatients in low secure or non-secure hospitals). These are called Community Treatment Reviews (CTR's) and are core to NHS England's commitment to improving the care of people with learning disabilities, with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities.
- 3.6 NHS Swindon CCG have adopted the national policy to ensure best practice adherence, to meet the aims and objectives. An NHS Swindon CCG local policy is under final approval (with specialist consultation for assurance). This clearly defines the local escalation process for clarity and standardisation, and has been shared with Wiltshire colleagues.
- 3.7 The Swindon and Wiltshire Transforming Care Plan (TCP)
- 3.8 NHS Swindon CCG are leading partnership working with colleagues in Swindon Borough Council, Avon and Wiltshire Mental Health Partnership (AWP) in joint responsibility with Wiltshire CCG to deliver the three year (nationally mandated) Swindon and Wiltshire TCP.
- 3.9 The TCP delivery plan was approved and overseen by NHS England, to show how Swindon and Wiltshire are to develop community services and thus reduce the use of inpatient facilities for people with LD and/or autism who display behaviour that challenges, including those with a mental health condition. This is a very comprehensive multidisciplinary approach, very much in coproduction with people who use services and their families to ensure that local needs are met. The plan has been written in consultation with people with LD, health, social care, providers of care, and will progress over the next two and a half years.
- 3.10 The TCP is aligned to the 9 core national principles as found on page 9 of the appendix paper A (Swindon and Wiltshire TCP; Easy Read which gives a full summary of the TCP).
- 3.11 NHS Swindon CCG have worked really hard to set the foundations for timely assessment and intervention. The main challenge currently relates to the leadership and turnaround of information from all parties, in order to accurately

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 (CCG)

Learning Disability (LD)

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

record the Swindon milestones, timelines for completion and ultimately progress. A local project group is to now be formally set up to further engage and any risks are fed through the TCP Strategic Group and TCP Joint Board.

3.12 Supporting Information

3.2.1 See Appendix A

4. **Alternative Options**

4.1 None

5. **Implications, Diversity Impact Assessment and Risk Management**

Financial and Procurement Implications

5.1 The cost of implementation is yet to be fully understood, however reducing costly inpatient stays is anticipated for other areas (Swindon currently have no specialist inpatient commissioned so rate more favourably than other areas of the country).

5.2 Equality of access and the right support will improve experiences for people and their families as the plan progresses.

Legal and Human Rights Implications

5.3 None

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

5.4 None

Diversity Impact Assessment

5.5 None for this paper

Risk Management

5.6 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 (CCG)

Learning Disability (LD)

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

6. Consultees

- 6.1 The Interim Corporate 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 Building the Right Support
- 7.2 Swindon and Wiltshire Transforming Care Plan
- 7.3 The Draft (NHS Swindon CCG) Learning Disability: (Challenging Behaviour) Care and Treatment Review (CTR) & Blue Light Protocol Guidance and Policy (Adults and Children)

8. Appendices

- 8.1 Appendix A - The Swindon and Wiltshire TCP; Easy Read version.

SWINDON & WILTSHIRE

Transforming Care Partnership Service Model Plan

Easy Read translation by



Transforming Care Partnership Service Model Plan**Index**

Introduction	Page 3
National Principles	Page 4
1. Mobilise Communities	Page 5
2. Understanding the status quo – how things are now	Page 10
3. Develop your vision for the future	Page 12
4. Implementation Planning – making it happen	Page 17
5. Delivery Plan	Page 28
Glossary	Page 31

Transforming Care Partnership Service Model Plan

Introduction



This document is the local plan about changing the special services provided for people with learning difficulties, autism or a mental health condition who also have challenging behaviour, living in Wiltshire and Swindon.



This is a 3 year plan from 2016 until March 2019.

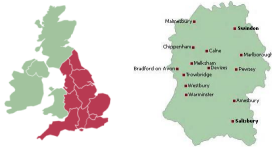


This plan shows how Wiltshire and Swindon will decrease (lower) the number of beds needed for inpatient care and increase the amount of care provided in the community.



The council spoke to lots of people about this plan, including doctors, service providers and others who understand the needs of people with learning difficulties well.

National Principles



The Wiltshire and Swindon partnership has looked at the plan for the whole country and decided how this fits with the people who live in Wiltshire and Swindon.



The local plan follows three main values which are:



1. It is important to build the right support and follow the plan made by NHS England in October 2015.



2. People with learning difficulties and/or autism are equal citizens and should lead active lives in their community and live in their own homes.



This means the right support and services are needed for people to live in their community.



This will mean that most inpatient hospital beds will close.



People with learning difficulties and their families or carers need to be supported to produce plans for this change.



They should have more choice and control over the health and care services they use, including their personal and health budgets.



3. It is important that Service users, carers and providers should have a say in the plan as well as those working in health and social care.

Our Plan

Transforming Care Partnership Service Model Plan

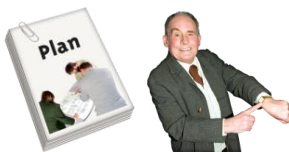
1. Mobilise Communities



After the Winterbourne View Hospital investigation in 2012 it was decided that services across the country for people with learning difficulties needed to be changed and improved.



The plan is to reduce (lower) the number of people who are patients in hospital and instead to support those people to live in their own communities.



The time allowed for these changes is not very long. The plan is expected to change and develop as more people have their say.



18,136

In 2015 the number of people with learning difficulties and/or autism in Wiltshire and Swindon was around 18,136.

Wiltshire Council
Where everybody matters



1600

The number of people with learning difficulties and/or autism known to the local authority in Wiltshire is 1600.

Swindon
BOROUGH COUNCIL



898

In Swindon there are 898 people with learning difficulties and/or autism.

Wiltshire Council
Where everybody matters

Swindon
BOROUGH COUNCIL

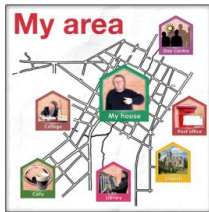


Wiltshire and Swindon are working together to share ideas and information about how to make this plan work.

Transforming Care Partnership Service Model Plan



Wiltshire and Swindon think that care and support should:



- Be closer to home



- Follow the best way to care for and support people



- Change based on what is best for each person at the time



- Be based on what the service user and their families want



- Be good value for money

Transforming Care Partnership Service Model Plan



We will know that the plan is working well if people using the service are able to say:



- I am safe



- I am helped to keep in touch with my friends and family



- I have regular care reviews to see if I should be moving on



- I am involved in decisions about my care



- I am supported to make choices in my daily life

Choice

Transforming Care Partnership Service Model Plan



- I am supported to live safely and take part in activities in the local community



- I get good healthcare



- I get any extra support I need



- I get the right treatment and medicines to keep me well



- I am protected from avoidable harm but can take risks if I want to



- I am treated well and with kindness and respect



- I have a choice about living nearer to my friends and family



- I am cared for by people who are well supported

Transforming Care Partnership Service Model Plan



Easy Read



It is expected that lots of different groups will need to work together. This includes the two local authorities of Wiltshire and Swindon and their Clinical Commissioning Groups.

The Wiltshire and Swindon Transforming Care Partnership will also include people who have learning difficulties and/or autism, unpaid carers, those involved in making decisions and staff.

Other organisations involved will include Avon and Wiltshire Mental health Partnership (NHS Foundation Trust), Great Western Hospital (NHS Foundation Trust), Wiltshire Council, Swindon Borough Council and SEQOL.

The partnership want to include all people with learning difficulties and/or autism and support them to say how this plan will change their lives.

This means that extra work will need to be done to include everyone, such as sharing information, having documents in clear formats (e.g. easy read) and making sure any meetings involving service users is accessible.

2. Understanding the status quo – how things are now



18,136

It is thought that there are 18,136 people across Wiltshire and Swindon who have a learning difficulty and/or autism.



Some of these people have challenging behaviour and need extra support and care.



It is thought that between 10 – 15% of people with learning difficulties and/or autism have challenging behaviour.



189

At the moment in Wiltshire and Swindon there are 189 people with learning difficulties and/or autism and challenging behaviour.



Between 2015 and 2030 the number of people in Wiltshire and Swindon with challenging behaviour is expected to increase.



Wiltshire and Swindon have closed all inpatient services for people with learning difficulties who also have challenging behaviour. At the moment 7 people with challenging behaviour are looked after in other counties and this will be looked at over the next year.

Transforming Care Partnership Service Model Plan



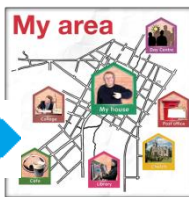
At the moment people are cared for using different systems depending on where they live.



When there is an emergency extra money can be made available for extra support to stop people being admitted to hospital.



Where this does not work a place will need to be paid for in a centre outside of the county.



The plan is to try and make sure that no-one needs to be admitted to a specialist hospital. Instead people will be looked after in their own communities.



Work needs to be done to make sure that the right services and facilities are available to treat people in the best way possible, close to where they live.

3. Develop your vision for the future



Wiltshire and Swindon Transforming Care Partnerships vision for the future is to make sure that:



- Everyone will be supported to live safely in their community



- Everyone will have good care and quality of life



- The amount of challenging behaviour will decrease



- Ideally no-one will be admitted to hospitals because of their behaviour.



- If they do go to hospital it will be closer to home and they will go home as soon as possible.



- There will be less inpatient beds used for people from Swindon and Wiltshire.

How we will measure improvements

Transforming Care Partnership Service Model Plan



To monitor quality of care we will look at:



How many people are using personal budgets, health budgets and Direct Payments



We will also look at quality assurance and using a Quality Checker scheme to measure how we are doing.



There will also be the 9 core national principles. People should be able to use to see if the plan is working:



1. I have a good and meaningful everyday life



2. My care is centred around me, and is well planned and organised



3. I have choice and control over how my care and health support



4. My family, paid support and care staff get the help they need to support me to live in the community

Transforming Care Partnership Service Model Plan



5. I have a choice about where I live and who I live with



6. I get good care and support from general health services



7. I can use specialist health and social care support in the community



8. If I need it, I get support to stay out of trouble



9. If I need to go to hospital my care is excellent and I go home as quickly as possible

Transforming Care Partnership Service Model Plan



To make sure this happens the Partnership have set out some principles in how they will offer care and support



- Service users and their families will be at the centre of decisions about their care, and will have more choice and control



- We will expect a person to be able to make decisions about their care, unless this has been shown not to be true. They will be supported to make their own decisions.



- If we are not sure a person can make this decision we will check this quickly.

Choose



- People with challenging behaviour will be helped from the beginning. The number of times people go to hospital will decrease, including where there has been a crime

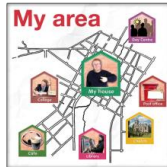


- Wherever possible, mainstream services will be used to provide care and support for people with a learning difficulty and/or autism

Transforming Care Partnership Service Model Plan



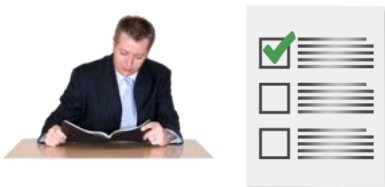
- If this is not possible, specialist housing and support will be available



- We will work with health and social care commissioners to make sure people's homes are in their community



- We will work together to make sure people have the best care possible



- Those in charge of the plan will expect it to work and work hard to make the changes



- Services will be good value for money and service users will be helped to be more independent



- People will be supported to stay in the community, as long as it is safe. If someone has to go to a hospital this will be for as little time as possible.



- We will make sure the local health, social care and housing services are good



Keep safe

- We will protect those with a learning disability and/or autism from abuse and neglect wherever possible. If we are worried that someone is in danger we will act quickly

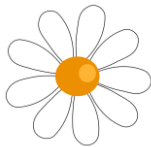
4. Implementation Planning – making it happen



The Swindon and Wiltshire plan aims to improve the services provided for people with learning difficulties and/or autism and challenging behaviour.



Wiltshire has worked hard to make support and care happen in the community. There is a new learning disability support service.



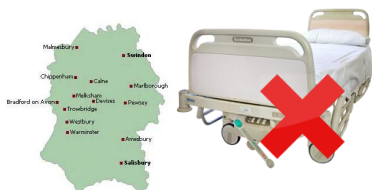
There will also be specialist housing called 'The Daisy.'



These new services will support service users moving from hospital inpatient services to the community. We hope it will stop people going to hospital when they do not need to.



Swindon has a plan to support people to live in the community and provide better housing.



There are no specialist learning disability/autism beds available in Swindon and Wiltshire since Postern House closed.



When Postern House closed the money was used for the new service in Wiltshire.

Transforming Care Partnership Service Model Plan



How is it different?

The new plan will focus on three groups:



1. Those who are in hospital now



The new service will provide care and support for these service users within the community wherever possible.

Care in the Community



This will improve their quality of life and the care they receive.



2. Those supported in the community now



They will need to be well supported to stay in the community and to make sure that their health does not get worse



With excellent support there should be less people going to hospital

Transforming Care Partnership Service Model Plan



3. People with learning difficulties and/or autism who are not supported at the moment



We do not know much about this group of service users, except through medical care.



Where possible they will need to be supported through general services and community support



These services will need to be accessible

Easy Read



The causes of challenging behaviour will need to be looked at to reduce the number of times there are issues.



There will need to be a list of those people who may be likely to go to hospital. This is called a register of risk.



Spending a lot of time in hospital can make people less confident so we want to stop this happening. It is important that everybody agrees what should happen when working with people with challenging behaviour.

Transforming Care Partnership Service Model Plan



When the plan is agreed we will talk with other groups in the South and South West of the country about the services we need to provide.



There will be care and support teams who will help review care plans, provide access to health care, arrange short-break accommodation and organise training for parents as well as emotional and practical support.



At the moment in Wiltshire the Learning Disabilities Wiltshire Intensive Support Service (LDWISS) provides support in an emergency for those with learning difficulties who also have challenging behaviour.



The plan is to use this same idea in Swindon.



The plan also needs to include those with autism in Wiltshire.



This will need to be a step by step change to make sure that everyone gets the support they need.



The plan may change slightly as different people are included in the service.



The Intensive Support Service will work with families, carers and providers to make sure that they get the right support.

Transforming Care Partnership Service Model Plan



At the moment Swindon does not have a team that works to provide support for people with learning difficulties and challenging behaviour. Instead, staff from two different organisations become involved when this support is needed.



Since 2014 they have stopped all hospital admissions for people with challenging behaviour. There is a group of service users in Swindon who need this local support to keep safe.



Swindon has an excellent Autism Diagnostic Service. The service needs extra money each year to do its work. It is often asked to provide extra support to help people cope.



Mainstream services and community support networks



People with learning difficulties and/or autism should be able to use mainstream services and get the same help as everyone else.



But we know that some services will need to be supported to make reasonable adjustments so that they can be accessed by everyone. These services might include:



- Activities to help people to lead a fulfilling and purposeful everyday life

Transforming Care Partnership Service Model Plan



Job

- Services for education, training and employment (getting a job.)



- Health care services, including doctors and dentists.



- Services to decrease anti-social or offending behaviour, including drug and alcohol services



- Housing services



- Services to help people understand their rights (e.g. Citizens Advice Bureau)

Transforming Care Partnership Service Model Plan



Community together

It is important that all of us are part of a community or group where we are cared for and supported. This is very important for people with learning difficulties.



Advocacy

Peer support networks will be encouraged in Swindon and Wiltshire to provide support for individuals and families.



Transition Link Workers (or Community Connectors) have been working with young people to build relationships and help families think about plans for the future.



Health

Primary care: Anyone with a learning difficulty over the age of 14 will have a health check with a doctor to make sure that their physical and mental health needs are met and make a Health Action Plan.



When people with learning difficulties are living in the community there will need to be more places to stay short term and in an emergency.

Crisis accommodation – places to stay for a short time in an emergency will include:



- A specialist flat in Bradbury House (Salisbury) for use when available for planned respite or emergencies.



- A specialist flat in Bradbury Manor (Devizes) for use when available for planned respite or emergencies.



- The services at Firethorn Close in Swindon will be improved. There will be a small number of beds for emergencies for people with learning difficulties and/or autism.

Transforming Care Partnership Service Model Plan



Where people stay long term will need to change. There will need to be more spaces in the community.



Staff will need to be trained to support people who may have challenging or destructive behaviour.



Hospital-based services will only be used when all community services have not worked. If someone has to go to hospital they should know the date when they are going to go home and plans should be made to support them.



There will also be special forensic services to support some offenders - people with learning difficulties and other needs who are going to court or in trouble with the police.

Transforming Care Partnership Service Model Plan

What new services will be needed?

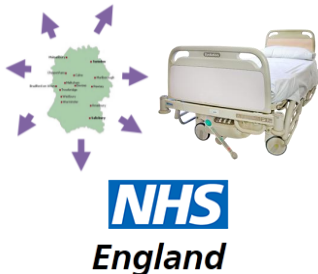


These new services will need to be commissioned (bought) - Intensive support services, community forensic services, specialist housing options, housing and support options and advocacy services.

What services will be stopped or changed?



There will be fewer people staying in hospitals and more services in the community.



At the moment seven service users are provided for out of county. The aim is for these to stop and everyone to live in Wiltshire or Swindon. If someone has to live outside of Wiltshire/Swindon we will work with NHS England to provide the best choice.



There will be local community services for everyone. The new commissioning will make sure that services are improved.



Health Budgets and Choice

People will have choice and control over their care and support. Wiltshire and Swindon are trying out a new personal health budget to make sure that service users are involved in choosing their care. These will be used along with personal budgets and direct payments.



0-25

The transition process from child to adult services will be looked at as part of the changes.

In Wiltshire there is already a new 0-25 service in

Transforming Care Partnership Service Model Plan



place and a new transitions service working to support those with the most complex needs to have a good transition.



Swindon has a transitions plan which is checked often to see if it can be improved. There are 4 transition link workers who will be a key point of contact and support during the change to adult services.



Care and support will get better and improve the life enjoyed by those with a learning disability and/or autism, and their family and carers.



Local commissioners will need to make sure that there are lots of different providers so that the right support and care is there for people with complex needs.



There will be more people with complex needs who have personal budgets and personal health budgets. This means providers with particular skills and abilities will be needed.



The partnership will work with other local CCG and commissioning teams. They will need the support of NHS England to make sure the new plan works.



The partnership will look at where people with learning difficulties and/or autism who also have complex or challenging needs can live.



Wiltshire has a housing options group which has

Transforming Care Partnership Service Model Plan



been working with Housing and NHS England to make sure housing and support packages work for each person.



Swindon's Housing and Adult Social Care Board meet every two weeks to look at what is needed.

Social Care and Housing Board

5. Delivery Plan



We will know that the plan is working if people can say that the 9 core principles are happening for them (page 11 section 3)

Making it happen



This plan covers the following groups of people; children, young people or adults with a learning difficulty and/or autism who also have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.



1. Who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them showing challenging behaviour.



2. Who display aggressive behaviour or are likely to hurt themselves, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome.



3. Who behave in a way which may put themselves or others at risk and which could lead to contact with the criminal justice system



4. Those with lower level support needs who may not be known to health and social care services. They may be from disadvantaged backgrounds and display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.



5. Who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long time, and have not been moved when NHS campuses or long-stay hospitals were closed.

Transforming Care Partnership Service Model Plan

The key milestones



The plan does not yet include timeframes for the key milestones, these will be added shortly.

When it will happen



However consultations with stakeholders have identified the following list of priorities, from the 9 Principles, which will be used to guide the transforming care plan.



1. I have a good and meaningful everyday life



2. My care is centred around me, and is well planned and organised



3. I have choice and control over how my care and health support



4. My family, community, paid support and care staff get the help they need to support me to live in the community



5. I have a choice about where I live and who I live with

My choice

Transforming Care Partnership Service Model Plan



6. I get good care and support from general health services



7. I can use specialist health and social care support in the community



8. If I need it, I get support to stay out of trouble



9. If I need to go to hospital my care is excellent and I go home as quickly as possible



Translated
into Easy
Read by



**Wiltshire
People 1st**

using



for

Wiltshire Council
Where everybody matters

Glossary



There are some difficult words in this plan. You might want to use this list to help you remember and understand what they mean.



Clinical Commissioning Group (CCG)

A local group including doctors and other people who work in health who decide how money is spent on services.



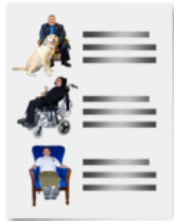
NHS England

The group that looks after all the healthcare services in England. They support local groups.



Challenging Behaviour

When someone acts in a way that might be angry, harmful or damaging. It may make other people feel they are in danger. They need extra care and support.



Register of Risk

A list of people who may be more likely to have to go to hospital because of the way they behave.



Learning Disability Wiltshire Intensive Support Service (LDWISS)

A new service to help people with a learning disability and challenging behaviour stay in their own home and their community.



Stakeholders

The people who need to have a say in the plan. This includes, the commissioners (who buy services), doctors, nurses, social workers, people with learning difficulties and/or autism, carers, staff and family members.



Core Principles

These are the rules about how the new service should work for people with learning difficulties and make their lives better.

This page is intentionally left blank

NHS Swindon Clinical Commissioning Group

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6th December 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 that require further investigation.

3. Detail

Winter Plan

- 3.1 During 2015/16 the urgent care system experienced another tough winter with high levels of demand and acuity. This put considerable pressure on services trying to cope and deliver good quality and safe services for patients.
- 3.2 During 2016/17 we have continued to see high demand on our non-elective services, with our acute trust declaring black escalation status during those months we would have traditionally not expected to see this status being declared.

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' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6th December 2016

- 3.3 The CCG are required to write a plan clearly outlining and providing assurance that the whole system is prepared to meet expected demand during the winter months, have the additional capacity in place to care for all patients both when admitted to hospital but also when they are able to be discharged and ultimately is able to be resilient throughout the winter period.
- 3.4 A plan has been written in collaboration with providers, incorporates their expected demand profiles and outlines lessons learnt from quarter three and four from 2015/16. It details the operationally implemented changes and resilience measures to support the highest possible care delivery within financial constraints.
- 3.5 A joint communications programme is being coordinated between the CCG and partner organisations to ensure that we are providing consistent messages around 'Stay Well This Winter' and are making the best use of available resources.
- 3.6 There are specific schemes in place to support the system overall. Swindon CCG and Swindon Borough Council have supported a Discharge to Assess model to expedite discharge from the acute hospital which went live on 14 November 2016. Other initiatives with NHS 111, Ambulance services and Mental Health are in place to expedite emergency assessment and triage to support the community this year.
- 3.7 The plan has been submitted to NHS England and the CCG await feedback to confirm they are assured that the whole system is ready and prepared.
- 3.8 The initiatives will be monitored through the Urgent Care Working Group and overseen by the Accident and Emergency Delivery Board.

Planned Care

- 3.9 We are currently experiencing challenges within planned care services in Swindon. Planned care is care that can be delivered at a time that is convenient to the patient and the hospital and is not immediately life threatening. Examples include hip replacements and cataract surgery. There are a combination of factors that are causing the challenge, namely the growing patient demand and recruitment difficulties due to national shortages of particular groups of clinical staff.
- 3.10 As a result of these issues, there is an increase in waiting times to the first outpatient appointment and some patients are being seen for follow-up

NHS Swindon Clinical Commissioning Group

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6th December 2016

appointments beyond the clinically optimum periods. This puts pressure on achieving performance targets set by Government.

- 3.11 Specialties experiencing particular pressures are currently Dermatology, Rheumatology, Pain Management, Gastroenterology, Cardiology, and Ophthalmology. We continue to work collaboratively with providers and commissioning partners to manage the growth on these services.

Sustainability and Transformational Plan

- 3.12 The STP plan for the BaNES, Swindon and Wiltshire CCG footprint has been submitted and a summary of that plan is attached at Appendix A for information.

SWIPE Wound Care Programme

- 3.13 This is a project focusing on community and primary nursing wound care and improving nursing knowledge and skills and access to specialists for prompt review and advice. SWIPE workstreams report into an over-riding Project Board with Executive level representations from all organisations involved and is reported through the CCG Project Management Office.
- 3.14 The project began with an audit of observation of nursing wound care, knowledge and skills and patient quality of life, carried out by experts from the Welsh Wound Improvement Centre in May 2016. Most of the wounds reviewed were leg ulcers by the nature of what the nurses had on their caseloads. These results and recommendations have become "SWIPE" and Swindon CCG is working in collaboration with the West of England Health and Science Network, Primary Care and Swindon Community Services & GWH to deliver the improvements. A group of interested clinicians have come together as the Clinical Leads for this project (meet monthly) and following quality improvement methodology training, they now have responsibility for steering the implementation and evaluation of the improvements, working with hands-on support from the Network. This Network support will be in place until the end of March 2017 and the CCG will be developing a sustainability plan to review services and ensure quality improvements are sustained.
- 3.15 Improvements:
- 3.15.1 Already, improvements have been tested in one GP surgery resulting in more timely management of people with wounds and allowing greater

NHS Swindon Clinical Commissioning Group

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6th December 2016

clinic time for the dressings and we will be sharing this work with all GP surgeries via the GP Locality meetings.

- 3.15.2 Swindon Community Services now have a superb new Tissue Viability Team leader in post who has planned a robust education programme which will be rolled out from December.
- 3.15.3 Additionally, work is in place to design and test new information leaflets for patients and their carers outlining what they can expect from the nurse caring for their wound and what they need to do to maximise wound healing.
- 3.15.4 Swindon Community Services have redesigned their assessment process for the review, provision of expert advice & classification of pressure sores and it is expected that this will reduce the incident of severe pressure sores In Swindon.
- 3.15.5 We will be seeking further patient and carer feedback in January 2017, once improvements are in place. It is important for us to understand from a patient and carers perspective what it's like living with a wound and to understand from them what further improvements they may suggest to the wound care pathway.

Social Media

- 3.16 We are pleased to confirm that Swindon CCG is now live and active on social media on Facebook as NHS Swindon CCG and on Twitter @swindonccg.
- 3.17 Social media will help the CCG interact with service users, stakeholders and communities and will provide the CCG with a new and more direct way to achieve engagement and involvement with a much wider range of people, including those who usually do not engage, those in harder to reach groups or other disengaged groups, people who work full time and those whose time is pressured, such as young parents. This will enable the CCG to build better relationships with patients, leading to potential long-term partnerships

4.

4.1 Supporting Information

4.1.1 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' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6th December 2016

5. Alternative Options

5.1 None

6. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

6.1 None

Legal and Human Rights Implications

6.2 None

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

6.3 None

Diversity Impact Assessment

6.4 None

Risk Management

6.5 None

7. Consultees

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

8. Background Papers

8.1 None

9. Appendices

Appendix A – Sustainable and Transformation plan Summary.

This page is intentionally left blank

Bath and North East Somerset, Swindon and Wiltshire

Sustainability and Transformation Plan Summary



DRAFT
November 2016

Contents

	Page
1. Introduction	3
What is our Sustainability and Transformation Plan?	3
2. Our local area or 'footprint'	5
3. Why do we need to change how we provide services?	6
Improving health and wellbeing	6
Improving the quality of care people receive	6
Ensuring our services are efficient	7
4. Our emerging priorities	9
Priority 1: Transforming primary care	9
Priority 2: More focus on prevention and proactive care	9
Priority 3: Making best use of our public estates and technology	10
Priority 4: Ensuring the sustainability of our acute hospitals	10
Priority 5: Improved collaboration across our hospital trusts	11
5. How we are working together	11
6. Get involved to help us solve the challenges we face	11
7. Glossary	13

1. Introduction

Health and care organisations across Bath and North East Somerset (B&NES), Swindon and Wiltshire have begun working together in an exceptional new way to meet the many challenges facing the health and care system.

Overall across B&NES, Swindon and Wiltshire the standard of health and care services is very good compared to other areas of England. However there are still improvements that need to be made to make sure that these services are the best they can be – both now and in future years.

Our Accident and Emergency (A&E) departments are under pressure, in some areas patients are waiting too long for GP appointments and there are gaps in quality with some parts of our region benefitting from better health and care services than others.

Additionally there are increasing financial pressures. In the last financial year (2015/16), our combined spend on healthcare, across all our NHS organisations (such as GPs, hospitals, Clinical Commissioning Groups and mental health services), was approximately £1,570 per person. When we assess the additional needs that will be required from an older population – and of the growing numbers of people in our area based on national projections - then we estimate that by 2020/21 we will need to spend approximately £1,760 per person. This will exceed our expected budget of approximately £1,650 per person.

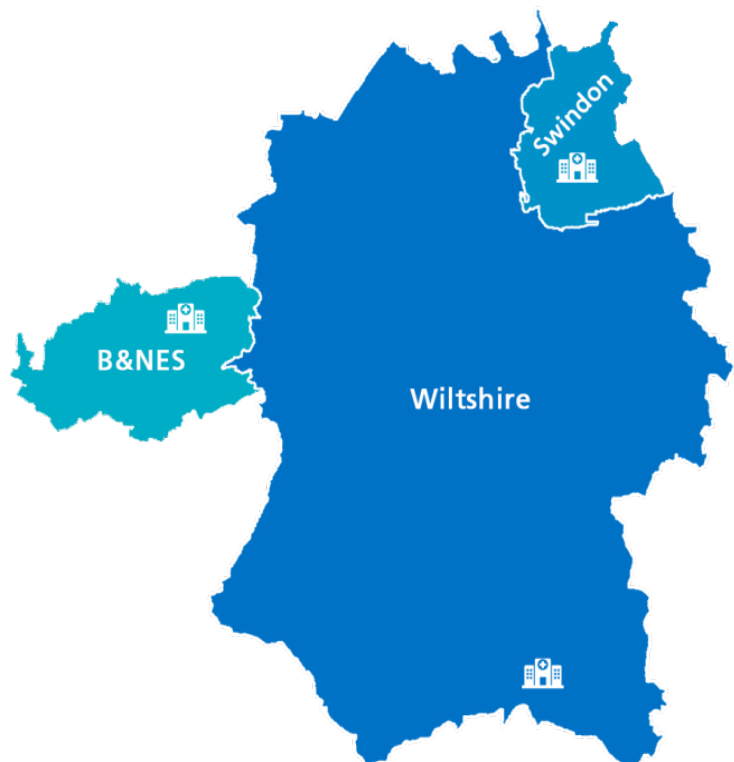
We therefore need to make choices over the next five years on how services are provided. We believe the only way to bridge the financial gap is to turn this into an opportunity to work smarter and more efficiently.

We need to support people to stay healthier and independent for longer.

We need to reduce the duplication, variation and potential gaps between the various health and social care organisations so that residents receive a consistent service and we make the best use of the available resource. We need to make better use of new technology to support people to monitor their own health and wellbeing with access to the right information and support to manage long-term conditions (such as diabetes) as an alternative to hospital-based care.

What is our Sustainability and Transformation Plan?

This is why our health organisations have joined up with our local authority partners and other key stakeholders to agree a plan to improve local health and care services. This local plan for better health and care is known as a Sustainability and Transformation Plan (STP). It will support the delivery of a national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, and the steps we should take to get us there by 2020/21. This doesn't mean doing less for patients or reducing the quality of care.



It means working more closely with patients to help keep them healthier and well for longer and designing services to better meet their individual needs.

We recognise that the health and care needs of our local population are diverse and we are developing a joint approach that takes this local variation into account. And it will not stop all the great work already going on locally to improve services.

To succeed, our STP will need to build on where local health (NHS) services are already working together effectively with social care services provided by the local authority. This joined-up approach will help people manage long-term conditions better and will ease pressure on hospitals by providing improved home care services for those who need it. NHS leaders have begun working more closely with their local government partners to develop the STP and achieve a shared vision of care coordinated and centred around the needs of the individual.

This summary sets out our approach, emerging priorities and proposed activity so everyone can see and have their say on what is being proposed. Our STP needs to be developed with, and based upon, the needs of local people, patients, carers and communities and engage clinicians and other care professionals, staff and voluntary organisations.

We welcome your comments on this document and we also look forward to discussing and developing our ideas further with everyone over the coming months.

Our STP partners

The following organisations are working together to develop our STP:

- Avon and Wiltshire Mental Health Partnership NHS Foundation Trust (AWP)
- Bath and North East Somerset Clinical Commissioning Group
- Bath and North East Somerset (B&NES) Council
- Great Western Hospitals NHS Foundation Trust (GWH)
- Health and Wellbeing Boards in B&NES, Swindon and Wiltshire
- Health Education England
- Healthwatch in B&NES, Swindon and Wiltshire
- Royal United Hospitals Bath NHS Foundation Trust (RUH)
- Salisbury NHS Foundation Trust (SFT)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Swindon Borough Council
- Swindon Clinical Commissioning Group
- Wessex Local Medical Committee
- West of England Academic Health Science Network (WEAHSN)
- Wiltshire Council
- Wiltshire Clinical Commissioning Group
- Wiltshire Health & Care

2. Our local area or 'footprint'

B&NES, Swindon and Wiltshire (BSW) have a population of approximately 874,000 people.

There are three local authorities, 110 GP practices, three Clinical Commissioning Groups (CCGs), three hospital trusts, a mental health provider, an ambulance trust as well as organisations providing community services and many voluntary and charitable organisations within our geographical area or 'footprint'. All the hospital trusts are located on the fringes of the STP boundary and patients are referred onto specialist centres outside of the BSW footprint for expert support and treatment, e.g. cancer services in North Bristol NHS Trust and ophthalmology at Oxford Eye Hospital. We have a combined health and care workforce of approximately 40,000 people.

B&NES, Swindon and Wiltshire all have growing populations and have local communities with very different health and care needs. For example:



Swindon is small but densely populated (221,000 people). This population is predicted to rise by 10 per cent to 243,000 by 2026. The STP footprint also includes Shrivenham.



Wiltshire, by contrast, has a much lower population density (483,000 people) spread across large rural areas with Salisbury Plain at its centre.



Wiltshire has a large armed forces presence and there are plans for a further 10,000 servicemen and their dependents to relocate to the area by 2021.



B&NES has a population of 182,000 people. Over 50 per cent live in Bath. The rest live in market towns or diverse rural communities.

There are an above-average number of people aged 20-24 years due to two universities in Bath.



In B&NES the local housing strategy is expected to create an extra 13,000 homes by 2029 and will increase the local population by 16 per cent. 22,000 homes are being built in Swindon between 2011 and 2026.



Across the BSW footprint there is a largely affluent population but there are pockets of deprivation – 6.4 per cent of people live in the most deprived areas of England.

3. Why do we need to change how we provide services?

The NHS's Five Year Forward View highlights three areas where fundamental change is urgently needed in order to ensure services meet the needs of the local population and are sustainable for the future. These areas are relevant to B&NES, Swindon and Wiltshire and reveals widening gaps between current resources and increasing demand:

Improving health and wellbeing

The majority of illnesses that the NHS treats are caused by obesity, smoking or alcohol. Many of these illnesses, such as heart disease or diabetes put significant pressure on health care services but are preventable. To improve everyone's health and wellbeing and for services to be sustainable, we need to get better at preventing disease, not just treating it. We need to strengthen collaboration between public health teams, other council departments and all our partner organisations and encourage everyone to take more responsibility for managing their own care. Local issues include:



Obesity rates that are higher than the national average in some parts of the BSW footprint.



A prevalence of obesity and smoking in Swindon.



Higher than average numbers of people in Wiltshire with hypertension (high blood pressure).



Long term conditions (LTCs) putting pressure on services. In Swindon, LTCs take up 50 per cent of all GP appointments.



5,700 people with undiagnosed diabetes across BSW.



Significantly worse admission rates for self-harm in B&NES and Swindon than the England average.

Improving the quality of care people receive

People are living longer and need a wider range of health and care services over a longer period of time. But care can be disjointed across different organisations and our workforce is not equipped or big enough to handle the increased demand. Local issues include:

- A 6.6 per cent population growth predicted across the footprint over the next ten years
- 40 per cent of the NHS budget being spent on the over 65s who currently make up nearly 19 per cent of the total population. This will rise to over 22 per cent by 2025/26
- Recruitment shortages and health professionals nearing retirement across all health and care sectors. This is a particular issue for GPs, nurses (in our trust hospitals, care homes and those based in the community) and midwifery

- In B&NES, for instance, ten extra GPs will be required for the increased population that will accompany housing growth. At time of writing, Swindon is short of 25 GPs compared to other areas with the same population size.

Ensuring our services are efficient

The BSW health system will have a budget of £1.4 billion next year (2017/18) to commission or pay for services. Our local trust hospitals and partner organisations providing community and mental health services will receive an income of £1 billion.

Although the future challenges are considerable, we are in a better place to deal with them as our 2015/16 financial position was relatively strong when compared to the national position. The combined overspend that year, across all the NHS organisations within our footprint, was around 0.5 per cent of the total budget. In a national review of productivity and efficiency across NHS Trusts in England, the three hospital trusts in our footprint have been shown to be between eight and ten per cent more efficient (using average treatment costs) than similar hospitals elsewhere in England. Some of the ways we are already working smarter are by:



Improving communication between GPs and hospital doctors so that GPs can get specialist advice for individual patients without needing to refer them to hospital.



Sending out reminders about appointments via text to reduce the time a clinician wastes when patients do not show up to see them.



Providing alternative services that reduce the need for patients to stay in hospital overnight.



Introducing new IT systems that help reduce the amount of time clinicians spend on completing paperwork.

Our early focus is on ensuring that the innovative steps that are already underway in one organisation are taken forward in every organisation. The STP has already provided an unprecedented opportunity to bring teams together across a wider geography to share, learn and agree where what is working well in one area could be replicated in another area. This move towards standardisation and more joined-up planning will help us to improve the quality of services and better support the health and wellbeing of everyone living in B&NES, Swindon and Wiltshire.

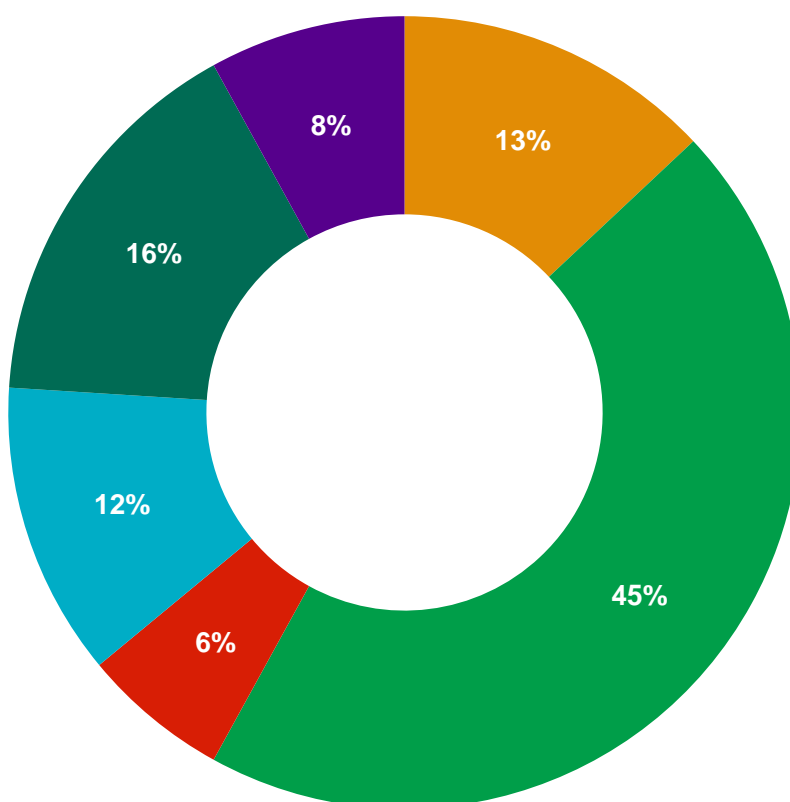
We also need to build on conversations already taking place with the public (through Clinical Commissioning Groups, Healthwatch and other partner organisations) on how we support them to stay healthier for longer. In the future, for example, we will face a choice whether to recruit more doctors and nurses (and potentially provide more hospital beds and clinical space) to manage the projected rise in type 2 diabetes or to work with our local population to improve everyone's diet and lifestyle and reduce obesity levels that causes the increase in diabetes. We know from national evidence that it is cheaper to prevent type 2 diabetes than to treat it so we have already committed in our plan to doing this.

This is just one example of the choices we face in planning our future health and care services. Our plan is at a much earlier stage of development than other STPs and we see this as an opportunity to engage our population in making these choices. Otherwise, if we do not continue to make efficiencies, then we know there will be a gap between our patient's needs and available health and care resources of approximately £300m by 2020/21.

We have started to identify where these savings need to come from as highlighted on the diagram below. It shows, for example, how we are developing local savings plans within each of our organisations and collectively to seek to achieve the amount needed. It also shows what additional NHS funding is available to us if we achieve certain criteria.

However, these plans are at an early stage of development. We will be working with our clinicians and local people to set out the choices we need to make and the potential financial consequences of those so we can develop our plan and monitor its potential impact.

How we plan to close the gap: 2017/18 to 2020/21



Additional NHS funding	Organisational savings plans	Support services review
Clinical pathways redesign	Local government gap	Specialist services volumes

4. Our emerging priorities

Over the next five years we are planning to change services around five priority areas that will improve our population's health and wellbeing, improve the quality of care people receive and ensure our services are efficient:



Priority 1: Transforming primary care

Our GPs and practice-based staff have a critical role to play in delivering our STP, particularly in terms of their contribution to support delivery of primary, community and mental health services that are joined-up and available to patients seven days a week. However, there are a number of challenges including recruitment, premises that are not fit for purpose and limited financial resources.

B&NES, Swindon and Wiltshire all have their separate plans to respond to these challenges. This includes groups of practices working closer together to share resources and practice-based teams of health professionals with a range of skills in a specific condition e.g. diabetes, who come together to work out the best treatment for a patient. Working together across the STP footprint presents an opportunity for GPs and practice staff to explore new ways to transform primary care services.

BaNES, Swindon and Wiltshire CCGs are progressing plans to take on more responsibility for commissioning (buying) primary care services from 1 April 2017. Until now the responsibility for this has fallen to NHS England alone. The three CCGs are working together to understand the opportunities to apply together for delegation from NHS England and share some of the responsibilities that accompany the new role.



Priority 2: More focus on prevention and proactive care

There are a number of initiatives we are exploring as part of this priority and they include:

- A high impact, multi-media health awareness campaign across the footprint to promote flu and pneumococcal vaccinations. This will help protect those at risk of developing serious complications of flu such as pneumonia.
- Targeted support for older people with multiple long-term health conditions to improve their health and wellbeing.
- A new Fracture Liaison Service across B&NES, Swindon and Wiltshire based on the excellent service already being delivered in Salisbury to improve treatment for patients with osteoporosis.
- Roll out of a new Workplace Wellbeing Charter across every health and care organisation to support and improve all employees' health and wellbeing, improve productivity, decrease absenteeism and raise staff morale.
- A joined-up urgent care service across B&NES, Swindon and Wiltshire. Commissioners across the footprint are working together to develop new NHS 111 and GP out-of-hours services that will also include provision for a 'clinical hub' to provide timely, accessible and specialist advice to patients and health professionals.

- Increased capacity for ambulatory care as the alternative to A&E as this service offers a whole-system approach to treating the patient and supporting him/her to go home rather than being admitted to hospital.
- Standardisation of elective (planned) care pathways for patients to reduce variation in quality for patients. For example, there are plans for a new footprint-wide community pain management service so people in B&NES, Swindon and Wiltshire all have the same access to a high quality service closer to home.
- Improved access to psychological support for patients with mental health needs, for example through better signposting to community based services that can help people manage their own condition. This includes improved access to early, targeted and specialist mental support for children and young people including those in care and leaving care.



Priority 3: Making best use of technology and our public estates

Digital technology has the potential to transform health and care delivery in B&NES, Swindon and Wiltshire. The STP presents an opportunity to accelerate adoption of new technology and further join up each organisation's information systems so people do not have to repeat their story over and over to the different health and care professionals involved in their care.

There are also opportunities to increase our use of telehealth tools and apps to promote self-care and deliver support remotely so, for example, there is no need to travel for treatment. We would also like to explore the potential to share our analytical data across organisations so we can better plan for future demand.

Across the footprint, our combined estate costs £175 million per annum to run. We are reviewing all our buildings to establish how we can make best use of our existing space whilst also reducing costs.



Priority 4: A modern workforce

We know our collective workforce is a vital asset and that our emerging vision will not be delivered without their skills, expertise, commitment and passion.

We are exploring a number of workforce initiatives to support the STP and address some of the challenges we face, such as recruitment and retention of staff, particularly in the social care setting and domiciliary care in particular. These initiatives are being supported by funding provided by Health Education England and include:

- A joint approach to workforce modelling and planning
- A programme of activity to support staff health and wellbeing
- A joined-up approach to education and training across all our partner organisations. This will, for example, lead to more focus on helping to develop the skills of care home and domiciliary staff to build a more flexible workforce. And staff that work across more than one organisation will not have to complete two sets of mandatory training.



Priority 5: Improved collaboration across our hospital trusts

The Great Western, Royal United and Salisbury Hospitals are currently facing high demands and limited capacity in common with other trust hospitals providing acute services. They are also challenged in terms of achieving NHS constitutional targets such as patients being seen within four hours in A&E and the maximum time patients should wait between referral to a specialist by their GP and treatment for planned care.

So the three hospitals are exploring ways to reduce costs by sharing some support services and through clinical collaboration. This could include joining up clinical out-of-hours services where practical to do so such as laboratories and pharmacies, developing footprint wide-booking and referral management systems and delivering enhanced seven-day services by joining up out-of-hours provision of areas such as radiology and specialist imaging.

5. How we are working together

Across the footprint we have established ways of working and a structure of governance.

As an STP, we have twice debated whether to establish mental health as a standalone stream of work. Instead we have decided to ensure mental health is a key part of each of three clinical work streams (prevention and self-care, planned and urgent and emergency care) and will develop separate collective mental health plans that are in line with national guidance such as the NHS Forward View for Mental Health.

We have established a Clinical Board (comprising public health professionals, nursing leads, GPs, care professionals, hospital doctors and Allied Health Professionals) that will help shape and drive our plans for transformation. It will ensure that proposals for new services and ways of caring for and treating patients have a strong evidence base and have been co-produced based on the insight and expertise of clinicians as well as patients and carers.

6. Get involved to help us solve the challenges we face

The STP offers our stakeholders a great opportunity to inform our plans for local health and care services.

Across our combined area, we already have a wealth of patient insight and useful information from recent consultation and engagement activity. We will build on this and draw on the experience and clinical expertise of our workforce and those who use health and care services, as well as their carers, to redesign services and develop new models of care that are sustainable.

We have strengthened our relationship with Healthwatch in B&NES, Swindon and Wiltshire and, as the independent body representing the voice of patients and public, the three local Healthwatch organisations are now acting in an advisory capacity for our STP as our plans begin to take shape. Healthwatch sits on the STP Board and communications work stream as 'critical friend' to health and care leaders and they will play an invaluable role in our approach to patient and public participation.

The workforce is a major focus for communications and engagement activity. Staff need to be briefed and mobilised to help champion, shape and implement future changes in services. Health professionals and academics were briefed on the BSW and neighbouring STPs at the annual meeting of West of England Academic Health Science Network on 13 October. A programme of engagement has also already begun within each partner organisation.

The voluntary and charitable sector is also a key participation partner for supporting delivery of our STP and developing prevention and wellbeing approaches. On 13 September we started the conversation about our STP with this key group and independent sector partners. Over 70 people attended our 'Time for Change' event in Devizes and emerging themes included how to make better use of local communities to support domiciliary provision and the importance of mental health and wellbeing across all work streams.

How to get involved in our STP

Our programme of public engagement will commence early in 2017 and will be promoted via each partner organisation's website and other communication channels. In the meantime if you have any questions or feedback on the document, please get in touch by email to ruh-tr.STP-BSW@nhs.net or contact your local Healthwatch office.

Updates on our STP progress, emerging plans and thinking will be shared at partner Board meetings, patient forums and council meetings, so please check individual organisation websites for details of these if you would like to attend. These include:

- B&NES Health & Wellbeing Board on 7 December 2016
- Swindon Health & Wellbeing Board on 14 December 2016
- Wiltshire Health & Wellbeing Board on 15 December 2016

Each STP organisation is also organising its own schedule of engagement with staff.

7. Glossary

Acute care

Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, care for acute health conditions is the opposite from chronic care, or longer term care.

Allied health professionals

Allied health professionals include dental hygienists, diagnostic medical sonographers, dieticians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory and speech language therapists.

Ambulatory care

Ambulatory care or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. This care can include advanced medical technology and procedures even when provided outside of hospitals.

Health and (social) care services

Social care is the extra support that helps people to stay independent and get on with their daily lives. This care may be practical or emotional and includes practical support in the home, home adaptations and home-visiting services. Social care is provided by local authorities, community providers and a host of charitable and voluntary organisations.

Health care relates to the treatment, control and prevention of a disease, illness, injury or disability and the patient or individual's after-care.

Patient pathway

The patient pathway is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment.

Primary care

As many people's first point of contact with the NHS, around 90 per cent of patient interaction is with primary care services. GP practices and community pharmacies are the key primary care services that are a focus for our STP.

Secondary care

Secondary care services are usually based in a hospital or clinic as opposed to being in the community and patients are usually referred to secondary care by a primary care provider such as a GP.

STP footprint

The geographical area covered by our local Sustainability and Transformation Plan (STP). In other words, B&NES, Swindon and Wiltshire.

This page is intentionally left blank

Community Services Transfer

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 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 on the transfer of Community Services from SEQOL to Swindon Community Services.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.

3. Detail

- 3.1 GWH has been providing Community Services in a caretaker role since 1 October 2016. This decision to transfer before February 2017 was taken to provide stability to patients, service users and staff and to ensure that there was 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.
- 3.2 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.
- 3.3 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.

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

Community Services Transfer

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

- 3.4 There are a number of other services which SEQOL provided that were not part of the procurement process. A new provider has been found for those services and the CCG will need to plan a formal re-procurement process for those within the next 2 months.

SUCCESS Services

- 3.5 SWAST will manage the Home Visiting service. Children and Young People and Urgent Care Clinics will continue to operate, with support from the host surgeries and GWH. A formal review of SUCCESS with the membership will need to take place as national guidance on funding becomes available. This will enable the model to be clarified and services to be procured.

LD and Autism services and IAPT

- 3.6 These are core services for Avon and Wiltshire Partnership Trust so they have agreed to take these services from 1 October 2016.

Adult Social Care Services

- 3.7 In light of the decision by SEQOL to request an early transfer of services given the financial sustainability of the organisation, Swindon Borough Council agreed to transfer all adult social care services from 1 October 2016. This includes social work and OT services, Fessey and Whitbourne Care Homes, day services for people with a learning disability (OK4U), Enterprise Works, Building Futures, Swindon Support, Shared Lives. The staff of the reablement team will be seconded to GWH as part of an integrated team with Rapid Response. Day Services for Older People will transfer to First City. 3.8 The services outlined above transferred successfully without disruption to service users or staff. There have been no complaints to date in relation to the transfer of the services. Swindon Borough Council is now undertaking a review of all the services. We have already identified the need to additional management capacity, work on business processes and a new model for dealing with new contacts and referrals. We have also undertaken a review of Fessey and Whitbourne Care Homes. A training programme is being put in place for both homes and a manager overseeing all services which are CQC registered has been recruited.
- 3.8 It is likely that over the coming months, further resources will need to be invested in re-designing services with staff and managers as well as training

Quality and patient safety concerns and early warning signs

- 3.9 The CCG had been working closely with SEQOL to help support and address a number of issues, specifically in relation to workforce skills and capacity. The CCG closely monitors all serious incident data and analysis of complaints of all

Community Services Transfer

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

commissioned services and the CCG had identified for SEQOL a continued upward trend in relation to poor patient experience and clinical outcomes and following investigation was clearly highlighting gaps in relation to leadership, knowledge and community nursing expertise.

- 3.10 To note, these concerns were placed on the CCG risk register and reported as areas of concern to the regional Quality Surveillance Group.
- 3.11 In response to the CCGs concerns, SEQOL developed a detailed community nursing action plan.
- 3.12 During April and May 2016, members of the CCG Quality and Patient Safety Team, including the Executive Nurse, carried out a number of quality visits including shadowing staff on home visits. This covered both day and night nursing services. The outcome of these visits confirmed that whilst some improvements had been made to service delivery the workforce issues facing them, particularly with a loss of the band 6 workforce and having a greater dependency on the band 3 and 4 roles continued to have a direct impact on the quality of care being provided.
- 3.13 It is important to note that the CCG observed and witnessed staff delivering caring and compassionate care.
- 3.14 In May 2016, in response to a specific complaint, an external review was commissioned by the CCG.
- 3.15 The external review focused on the following:
 - 3.15.1 Leadership of the community teams
 - 3.15.2 Their operating model, including case load allocation and public and patient access to the service
 - 3.15.3 Workforce model and skill mix (specifically impact of the band 6 Community Nursing role)
 - 3.15.4 End of life care provision
- 3.16 The outcome of the review was shared with both the CQC and NHS England (NHSE). It provided a number of recommendations all of which have been added to the improvement plan, and supports the current due diligence process being carried out by GWHFT.
- 3.17 The external reviewer continued to work with SEQOL and, with the support of additional external professionals carried out a three-day community nurse caseload review. The outcome of this identified a high number of patients being

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

Community Services Transfer

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

over visited and a large number that should have been discharged from the caseload.

- 3.18 To support the community nursing teams the CCG has financially supported the purchase of an acuity tool so staff can see the level of complexity of all their patients on their caseloads.
- 3.19 In addition, a programme of learning and development support has been agreed as part of the case load review, targeting the band 6 and 5 staff specifically.
- 3.20 The CCG Quality Lead is working closely with SBC Safeguarding team in order to have an oversight of any safeguarding alerts specific to the community nursing service. The Safeguarding lead is a member of the CCG Serious Incident panel for review and alignment of those RCAs that are joint safeguarding investigations.
- 3.21 Dedicated meetings are in place to continue with the oversight of progress on the implementation of the improvement plan in order for the CCG to be assured of progress.
- 3.22 As part of the Due Diligence, GWH NHS FT is now undertaking, as part of its caretaker responsibilities, a review of each service to inform key priorities for stabilising and putting in place firmer foundations upon which service improvements can be made. Where more immediate quality and safety concerns are identified these are being addressed as a priority.
- 3.23 Current key priorities are SWICC, GP Out of Hours and Community Nursing. It should be recognised that challenges remain as recruitment levels, systems, governance and process are improved.
- 3.24 To help in this area, the Trust has agreed to pay NHS Terms and Conditions for new starters and NHS Pensions to all staff which will have a positive impact on recruitment and retention.

4. Alternative Options

- 4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Patient Benefits

- 5.1 The re-procurement of services followed engagement with the patients and public of Swindon. The clear indication from them was that they would want to see greater integration between health services in Swindon which reduce the

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

Community Services Transfer

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

duplication of care and reduce the time they spend giving their information to multiple staff.

- 5.2 The early transfer of services will support the sustainability and continuity of community and social care services for the population of Swindon.

Financial and Procurement Implications

- 5.3 To support a solvent closure of SEQOL has caused further financial pressures for the CCG. There is further detail to work through but it is anticipated that we will invest a further £0.7m plus circa £1.3m capital for purchase of assets. Swindon Borough Council also experienced financial costs due to the early transfer of services of £0.7m.
- 5.4 In addition, the CCG has had to provide legal assurances to GWH and AWP that any financial pressures found as part of due diligence will be underwritten by the CCG whilst the work takes place to mitigate those cost pressures and manage them out of the services this year.
- 5.5 Procurement implications: Those services not part of the original procurement will need to be reviewed over the next 3 months and then a procurement plan put in place.

Legal and Human Rights Implications

- 5.6 Legal advice has been taken on the details of any indemnities and the variation orders required for all providers. These documents have been agreed by commissioning and provider legal firms.

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

- 5.7 The early transfer of services was to support staff currently employed by SEQOL, to allow them to transfer to their new provider and have clarity about their future employment. SEQOL had reported that staff had started to leave the organisation as they were unsure about the future and this could have impacted on services sustainability.

Diversity Impact Assessment

- 5.8 Completed as part of the procurement process for community services.

Risk Management

- 5.9 A transition Board is in place between commissioners GWH and SEQOL to ensure executive level oversight of:

Community Services Transfer

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

Date: 6 December 2016

- 5.9.1 TUPE/Staff transfers
- 5.9.2 Novation of contracts
- 5.9.3 Leases/Estates
- 5.9.4 Transfer of Assets
- 5.9.5 Governance
- 5.9.6 Records (Current and historic)
- 5.9.7 Outstanding legal / insurance claims / complaints / NHSLA
- 5.9.8 CQC
- 5.9.9 Business Transfer Agreements.
- 5.10 These meetings are taking place weekly, and risks identified are on the CCG risk register.
- 6. Consultees**
 - 6.1 The Interim Corporate 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.

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

Author: Head of Housing and Community Safety

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 This report provides the Adult's Health, Social Care and Housing Overview and Scrutiny Committee with an overview of housing demand for those receiving Adult Social Care services.
- 1.2 Housing direction and focus are set out in the Housing Strategy 2015-2026, with the following key priorities:
 - 1.2.1 Responding to the changing housing market: Improving standards in private rented housing
 - 1.2.2 Affordability: Improving the offer
 - 1.2.3 Managing demand: Promoting and maintaining independence
 - 1.2.4 Supporting further economic growth: Increasing the quality and diversity of our housing stock
- 1.3 This work contributes to the corporate priorities aiming to: "Improve infrastructure and housing to support a growing, low-carbon economy," and "Help people to help themselves while always protecting the most vulnerable children and adults."

2. Recommendations

The Committee is recommended to:

- 2.1 Comment on progress made in identifying housing solutions for Adult Social Care service users (section 3.1) and proposed future plans (section 3.21), in particular to:
 - 2.1.1 Develop alternative specialist housing models for the second phase of the specialist housing development plan to expand the current housing offer for people with learning disabilities (paragraph 3.21.1).

Further information on the subject of this report can be obtained from Ursa Alad, 07341 077528, ualad@swindon.gov.uk.

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

- 2.1.2 Put in place a Supplementary Planning Document on specialist housing to ensure future specialist housing developments are of high quality and in line with best practice standards, enable efficient care, and maximise opportunities for independent living (paragraph 3.21.2).
- 2.2 Comment on the improvements to services identified in section 3.22 in particular hospital discharge procedures, the application of dementia friendly improvement works and the review of disabled facilities grant awards.
- 2.3 Identify any areas of concern or interest that require further investigation.

3. Detail

- 3.1 Housing and Adult Social Care (ASC) services have been working together to identify solutions in Housing that would enable ASC service users to be more independent. A joint programme has been developed, as part of which:
 - 3.1.1 An analysis of the current housing situation of service user groups (older people, people with physical disabilities and people with learning disabilities) in receipt of ASC services has been undertaken (see paragraphs 3.3-3.8).
 - 3.1.2 The impact of the Chantry Road bungalows, provided for people with high care needs on the individual's care costs has also been assessed; estimating a combination of savings and cost avoidance of at least £120,000 per year across three one-bed bungalows (Appendix 1).
 - 3.1.3 Similarly, a review of costs of care packages for residents at William Robins Court, established that for most residents the level of support has reduced. On average, the current care package cost is 40% lower than the cost at move-in, and the total cost of support for 15 residents has reduced by almost £85,000 per year (Appendix 2).
 - 3.1.4 A joint Housing and Adult Social Care panel met fortnightly for a year to discuss complex cases and identify appropriate housing solutions. Processes have been clarified and agreed, and a new Social Care Lettings Officer post created in the Housing Lettings

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

Team for the period of 2 years to coordinate and ensure suitable housing is secured for ASC service users in a timely manner. The expected benefits are shorter waiting times for housing for complex cases, resulting in smoother transitions from hospital or care settings, allowing individuals to maintain their independence as well as making best use of housing provided within the borough.

3.1.5 An innovative bungalow design has been developed to begin addressing the shortage of specialist housing in Swindon. The design is quick and affordable to build and can be replicated anywhere in the borough. It is suitable for people with learning disabilities as well as older people and those with physical disabilities, and will enable the Council to help people with care needs stay within their community, close to their family and friends. The first phase of developments is underway as set out in 3.8.

3.2 The following sections provide further detail on housing for people in receipt of ASC services, specialist housing need for people with learning disabilities, other services supporting independent living of people with disabilities, key challenges in the private rented sector that may have an impact on future demand for ASC and Housing services, and future plans.

Housing situation of people in receipt of ASC services

3.3 The Council has undertaken an analysis of the current service user groups in receipt of Adult Social Care services in relation to their current housing situation (see Appendix 3). The analysis has found that while over 80% of older people and over 97% of people with physical disabilities supported by ASC live in the community, only 70% of people with learning disabilities live in the community, with almost 29% living in residential care.

3.4 This means that in residential care there is an equal percentage (48%) of older people and people with learning disabilities. More than half (55.5%) of these residential care placements for people with learning disabilities are out of area. Furthermore, of all people supported by ASC who live in the community, 58% are older people, almost 23% are people with physical disabilities, and just over 19% are people with learning disabilities.

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

- 3.5 This analysis therefore confirms that the provision of suitable specialist housing options for people with learning disabilities in Swindon is limited and requires further attention.

Housing need for people with learning disabilities

- 3.6 ASC currently supports 78% (667) of all adults with learning disabilities living in Swindon. In addition to the forecasted growth in the number of people with learning disabilities (see Appendix 3), the proportion of those in receipt of ASC services is also likely to increase further, as a significant number are currently living with elderly parents and will need increased support in the near future (see Appendix 4). As a result, they may need to move from living with family or shared lives carers into more independent accommodation and therefore understanding housing demand for this group of service users is key.
- 3.7 To better understand and manage the level of demand for specialist housing for people with learning disabilities, the Council commissioned a further housing needs analysis, the outcome of which is expected in January 2017. This will inform future specialist housing development and acquisition plans.
- 3.8 In the meantime, to begin addressing the shortage of specialist housing in Swindon, the Council has already developed an innovative bungalow design and is planning to develop 3 sites in the first phase – 5 bungalows each in Bembridge Close and Linden Avenue, and a further 24 bungalows at the Hawthorns to be delivered in 2017. The Bembridge Close and Linden Avenue developments will be one bedroom bungalows, while the Hawthorns development will comprise 22 bungalows for single service users and 2 bungalows for 2 people sharing, therefore accommodating 26 service users.

Other services supporting independent living of people with disabilities

- 3.9 In addition to the above, which is targeted specifically at ASC service users, the Council supports Swindon's most vulnerable residents through a number of other services that are accessible to all residents, but which often prevent or delay the need for the provision of ASC services. These include minor and major adaptations, a move-on programme for Council tenants, and Homeline and Homeline+ services.

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

-
- 3.9.1 In 2015/16, 115 major adaptations (including level access showers, stair lifts, access ramps, and conversions) were completed through Disabled Facilities Grants of just under £680,000 in owner occupier or private rented sector tenanted properties; approximately 20% of these were given to people in receipt of ASC services. A further 290 major adaptations were completed in Council-owned properties, at a total cost of £960,000.¹ The aids and adaptations process is currently being reviewed to increase its efficiency and enhance the preventative impact of adaptations in preventing further health deterioration and improving the quality of life of vulnerable Swindon residents. In the first 7 months of the current year (2016/17); grants of £690,000 have already been given. This creates a budget pressure on this mandated provision with an overspend of almost £400,000 forecast. It is not yet clear if this is a single year aberration or whether this is a considerable steepening of the already rising demand.
- 3.9.2 Furthermore, the Council supports Council tenants who are in need of adaptations but are under-occupying or where their property cannot be suitably adapted to meet their long-term needs, to move to a more suitable Council property. Between August 2015, when this approach was built into the adaptations process, and September 2016, 40 referrals were received and 11 households successfully moved. This has avoided £226,000 in adaptation costs, freed up much needed family housing for families on the housing register list, and delivered better outcomes for tenants in need of accessible housing.
- 3.9.3 Housing also continues to provide the Homeline monitoring and response service to approximately 3,400 residents of Swindon to help them stay independent within their own home; and also cover sheltered housing schemes when sheltered housing staff are not on duty. In addition, the Homeline + service currently supports over 200 users with enhanced monitors, such as bed exit sensors and smart fall pendants.

¹ Two case studies demonstrating the impact of major adaptations on tenants' lives are available as Appendix 1 of the February 2016 report to Adults' Health, Social Care and Housing Overview and Scrutiny Committee on Tackling Health Inequalities through Housing.

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

Challenges in the private rented sector

- 3.10 According to the UK House Price Index, house prices in Swindon were 12.61% higher than the previous year in August 2016. Rents in the private sector are also rising and the differential between the Local Housing Allowance (LHA) and the market rent has risen significantly. It is important to consider the impact of these changes, as some of the people affected may be in receipt of ASC services.
- 3.11 A number of tenants have to find an additional £100 per month to make up the shortfall, which is particularly difficult for those on low incomes or solely reliant on benefits. Housing work with tenants who find themselves in this situation to ensure they are maximising their income by claiming all the benefits they are eligible for and refer them to the money management advice service.
- 3.12 The Council also operates a Discretionary Housing Payments (DHP) scheme, which tenants can apply for to meet the shortfall between the LHA and their rent. However, these are intended for short periods while tenants look for more affordable accommodation, which can be difficult to find. Total spend on DHP between April and September 2016 was £175,000.
- 3.13 As a result, the Homeless Team has seen a 30% increase in homeless applications over the past 12 months; mainly due to tenants being served notice in the private rented sector or unable to afford the rent. Eviction from the private sector now accounts for 40% of applicants placed into temporary accommodation.
- 3.14 The Council also has a limited Prevention Fund that can be used when it is more cost effective for the Council to continue paying the shortfall in the rent rather than accepting a homeless duty to accommodate in temporary accommodation. This has so far been used once in 2016 to cover a shortfall of £600 for 6 months.

Private rented sector stock and Houses in Multiple Occupancy

- 3.15 Similarly, some ASC service users may be living in poor conditions in the private rented sector and it is therefore important to consider the condition of the private rented sector stock.
- 3.16 In 2011, the Building Research Establishment (BRE) prepared an assessment of the condition of private sector housing stock in

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

Swindon², which indicated that the Swindon private sector housing stock is better than the national average.

- 3.17 The highest proportion of non-decent homes in Swindon are in the Eastcott and Central town wards, the wards with the highest density of Houses in Multiple Occupancy (HMOs). 720 HMOs in Swindon are currently known to the council, and it is estimated that perhaps a further 600 – 700 are currently unknown. Only 116 HMOs in Swindon are licenced, as licensing currently only applies to very large HMOs (i.e. 3 storeys or more and 5 or more occupants).
- 3.18 In 2016, 64 new HMO's have been identified so far, compared to 44 in 2015 and an average of 20 per year in previous years. In addition, 171 HMOs have been brought up or returned to a compliant standard in 2016.
- 3.19 Public Protection also carried out 319 non-HMO related complaint investigations and served 19 notices in year to end of August 2016. The majority of complaints are therefore dealt with without recourse to formal enforcement, but through advice or engagement with the owner or landlord. The majority of hazards identified and acted upon are excess cold, fire safety, slips and trip hazards, and crowding and space.
- 3.20 In addition, formal legal action has been taken in 2016 in relation to poor and illegal conversions of outbuildings, lofts, or annexes (so-called 'beds in sheds') and a survey of the central area completed, which suggested that although this remains an issue, Swindon fares better than many neighbouring towns & cities.

Future plans

- 3.21 To continue addressing the demand for housing for people in receipt of ASC services, the Housing and ASC programme intends to:
 - 3.21.1 Build on the outcome of housing needs analysis for specialist housing provision and develop alternative specialist housing models for the second phase of the specialist housing development plan to expand the current housing offer for people with learning disabilities.

² Swindon Borough Council: BRE Housing Stock Models and options for further developing private sector housing information. BRE April 2011

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

3.21.2 Put in place a Supplementary Planning Document on specialist housing to ensure developers who are interested in developing accommodation for older people, as well as people with physical and learning disabilities, develop properties of a high quality and inclusive design, located within communities, as this can enable independence, thus supporting more sustainable care provision, the cost of which is often met from the Council's budget for Adult Social Care. Currently, however, the Council's Planning service is limited in its ability to influence the design and location of specialist housing, but there is the opportunity to develop guidance to support delivery of inclusive design and best practice specialist housing by means of a Specialist Housing Supplementary Planning Document (SPD).

3.21.3 Develop an improved assistive technology offer for people with learning disabilities to increase independence and quality of life for people with learning disabilities, while ensuring their environment remains safe.

3.21.4 Monitor the impact of the new Social Care Lettings Officer post on waiting times for housing for complex cases and ability to secure housing within the borough. It is also anticipated that gaps in current housing offer will be identified through this post.

3.22 In addition, the following plans are in place to improve outcomes for a wider range of Swindon residents:

3.22.1 Pathways for hospital discharge for Swindon residents in need of accommodation or requiring major adaptations to their existing accommodation will be reviewed and improved.

3.22.2 Improvement actions identified through the aids and adaptations process review will be implemented, including the reduction of waiting lists for technical and financial assessments for disabled facilities grant through improved provision of information to applicants and an earlier triage to allow officers to focus on cases with a reasonable chance of success.

3.22.3 Property Maintenance Team will be briefed on the new dementia-friendly housing guidance that has been developed in-house, to ensure our sheltered housing is dementia friendly. The guidance will also be made available on My Care My Support, so

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

people can help themselves or their friends and relatives and continue to live in their homes for longer.

3.22.4 To respond to the pressures of increased homelessness, the in-house temporary accommodation offer for families will be improved and an extension of the current Night Shelter for rough sleepers from one to two or three nights is being considered. Funding bids are also being prepared in partnership with Wiltshire and Bath & North East Somerset to bid for additional prevention and rough sleepers fund being made available by the Department for Communities and Local Government.

3.22.5 Subject to securing approval to recruit to a maternity cover post, Public Protection also intend to continue introducing and integrating the Deregulation Act provisions around prohibiting retaliatory eviction of tenants complaining of poor conditions (preventing s21 eviction) into internal processes, including provision of information to tenants and landlords and integration into the enforcement process. This should reduce the number of people presenting as homeless due to eviction or because their private rented property is in poor condition.

3.22.6 The mandatory HMO licensing regime will be extended to all HMOs containing 5 or more occupants (currently applies only to 3-storey properties); notably the majority of HMOs in Swindon are 2-storey. This will allow the opportunity for better enforcement and detection of these high risk properties and have a positive effect on what are often the most vulnerable residents in Swindon.

3.22.7 The newly introduced 'Rogue Landlord' provisions of the Housing and Planning Act 2016, including Rent Repayment Orders and Banning Orders where appropriate, will be integrated and Civil Penalty powers adopted as a simpler alternative to prosecution for common housing offences, such as HMO management and licensing offences, overcrowding offences, and non-compliance with enforcement notices. Civil penalties of up to £30,000 will be authorised by the legislation from April 2017 and the plan is for these to be retained by the borough to fund housing enforcement work.

3.22.8 Introduce a requirement for all rented properties to have smoke and carbon monoxide alarms, and fixed penalty charges for non-

Further information on the subject of this report can be obtained from Ursa Alad, 07341 077528, ualad@swindon.gov.uk.

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Health, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

compliance, to increase fire and poisoning safety of private tenants.

4. Alternative Options

- 4.1 The options set out include choices around capital investment and the use of statutory powers; Members' views on how these approaches can be improved are welcomed.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Financial implications are set out in the report. Rents have reduced by 1% per annum for the 4 years from 2016/17 through to 2019/20 and annual budgets will be set within available funding.

Legal and Human Rights Implications

- 5.2 There are no legal and human rights implications resulting from this update.

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

- 5.3 None.

Diversity Impact Assessment

- 5.4 None undertaken for this report; individual Diversity Impact Assessments have been completed for the Housing Strategy and the Homelessness Strategy.

Risk Management

- 5.5 Risks to individual services are being managed as part of these services.

6. Consultees

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

Further information on the subject of this report can be obtained from Ursa Alad, 07341 077528, ualad@swindon.gov.uk.

Overview of Housing Demand for People in Receipt of Adult Social Care Services

Adults' Heath, Adults' Care and Housing

Overview and Scrutiny Committee

Date: 6 December 2016

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1: Review of Chantry Road bungalows, November 2015

8.2 Appendix 2: Review of movement in cost of packages of care for residents of William Robins Court, 2009-2015

8.3 Appendix 3: Overview of service user groups in receipt of Adult Social Care services

8.4 Appendix 4: Housing for people with learning disabilities - tables

This page is intentionally left blank

Review of Chantry Road bungalows, November 2015

Introduction

Bungalows at Chantry Road in Moredon are one-bed bungalows that have been built to accommodate people with high-level care needs.

These bungalows have been in use only since April 2015; therefore these are still early days in development of the site for social and health care needs and benefits are likely to increase in future years as residents settle in their new environment.

Overview of costs and income

Capital costs and repayment period

Budget	£419,000
Actual Cost	£454,000
Overspend	£35,000 (8%)

Under the current model, capital investments are recovered through rental income. Using this model, the anticipated payback period for the actual capital costs is 37 years. However, as a result of the provision of these bungalows, Adult Social Care, Housing general fund and Clinical Commissioning Group will achieve combined savings or avoid costs of £118,040 - £222,040 per year. If these are taken into account, then the investment would pay back in 2-4 years.

Rent and Council Tax Income

Rent and Council Tax Income				
	Bungalow 1 (a)	Bungalow 1 (b)	Bungalow 2	Bungalow 3
Maximum rent income (annual)	£5,304.48	£5,304.48	£5,304.48	£5,304.48
Council tax income - Band C (annual)	£1,233.22	£1,233.22	£1,233.22	£1,233.22

The annual rent income is the maximum income received by the Housing Revenue Account if the property is let out the whole year, and any void periods, which may occur between one tenant moving out and another tenant moving in, reduce this income. However, as these bungalows have only been let out once so far, there have been no void periods to date.

Housing benefit may be used to cover the rent in these properties in full. Whether rent is paid from housing benefit or from tenant's personal finances depends on the situation of a particular tenant; however, it does not affect the level of income received by the council's Housing Revenue Account.

Care Costs

Care costs					
		Bungalow 1 (a)	Bungalow 1 (b)	Bungalow 2	Bungalow 3
Previous care costs (weekly)		£1,067	£1,950	£2,445	£2,576
Current care costs (weekly)		£1,067	likely to be similar or slightly increased to start with	£1,913	£2,576
Costs at alternative accommodation - avoided (weekly)		£2,000 - £3,000	£4,000 - £5,000	£2,000 - £3,000	£133
Total savings / avoided costs	weekly	£933 - £1,933	£2,050 - £3,050	£87 - £1,087	£133
	annual	£48,516 - £100,516	£106,600 - £158,600	£4,524 - £56,524	£6,900
Saving achieved for		Adult Social Care	Adult Social Care	Clinical Commissioning Group	Housing general fund

Total savings or avoided costs across the three bungalows are currently therefore £1,153 - £3,153 per week (£59,956 - £163,956 per year). From December 2015, these will increase to £2,270 - £4,270 per week (£118,040 - £222,040 per year) due to a change of tenants in one of the bungalows.

We anticipate that once the new tenant has moved into one of the bungalows, there will be one provider on site managing all 3 services in order to produce some economies of scale for support and some sharing of support, particularly in any emergency situations, which will reduce costs for all packages of care and achieve further savings in the future. However, these benefits can take a while to materialise as any changes in support providers need to be carefully managed and planned, and tenants might need some time to settle into their new environment.

Case studies

Due to the short period in which these bungalows have been in use for social care, benefits can best be demonstrated through individual case studies.

Bungalow 1 – first tenant

This property is currently used as emergency housing for a family who have had a house fire and moved into the property in May 2015. As at the time Social Care was still reviewing nominations, it was agreed to temporarily accommodate this otherwise homeless family. The family have a direct payment of £1,067 per week and between all extended relatives support a family member who has very complex needs. The primary aim of this move was to provide appropriate emergency accommodation rather than to achieve a potential reduction in care package.

If the bungalow was not available at the time, the service user would have likely had to move to residential care while their property is repaired, at a cost to Adult Social Care of £2,000 - £3,000 per week (instead of £1,067). In addition, this would have separated the family, which could cause further distress to all involved.

The move to Chantry Road has therefore avoided costs to Adult Social Care of £933 - £1,933 per week for the past 6 months, a total of £24,258 - £50,258.

Bungalow 1 – second tenant

The property is due to be released back to social care use from 7 December. The new tenant is currently in an inappropriate nursing home placement out of area. His move into a single accommodation with 24 hour support is part of a court order. This move will enable him to be much closer to his family who live in Morden.

Current cost of care is £1,950 per week and it is likely that after the move the care package will be similar or slightly increased to start with. The alternative would be a private hospital (The Priory in Bristol being the nearest) at a cost of £4,000 - £5,000 per week.

The move to Chantry Road will therefore avoid costs to Adult Social Care of £2,050 - £3,050 per week (£106,600 - £158,600 per year), with potential further savings in future.

Bungalow 2

The tenant moved into this property in April 2015 on discharge from a hospital, after suffering a traumatic brain injury in April 2013. His care is currently funded by the Clinical Commissioning Group (CCG) through Continuing Health Care (CHC), although it could transfer to Adult Social Care in the future.

The primary aim of this move was to avoid delayed hospital discharge. The council has a duty to ensure people ready for hospital discharge can be accommodated and failure to do so can result in a fine to the council.

The alternative would have been to accommodate them in residential care, possibly outside Swindon, further away from his family, at a likely cost of £2,000 - £3,000 per week.

This tenant is also using Homeline+ service, at a cost of £16.22 per week, currently covered by the CCG.

Initial cost of care at move in was £2,445 per week; however, in June 2015 this reduced to £1,913 per week, creating a saving of £532 per week (£27,664 per year) to the CCG budget for CHC.

Bungalow 3

The tenant moved into this property in April 2015 and receives day and night care support. Current cost of care is £2,576 per week and the package of care is unchanged from previous accommodation (care costs increased slightly due to anxiety of the move, but have since reduced to the former level).

The primary aim of this move was to move the service user into more appropriate and fit for purpose accommodation. The previous accommodation was inappropriate, as it was a large leased property and housing benefit income only paid for approximately 40% of the rental costs. The council has consistently topped up the shortfall of £6,900 per year until a move could be agreed; this cost will now be avoided. In addition, utility costs for the previous property were too high for the individual to manage and they were therefore at risk of financial abuse by SBC and had to be moved into more appropriate accommodation.

If Chantry Road bungalow was not available, the tenant would have had to wait at their former accommodation even longer until a vacancy became available at the Shaplands supported housing; although cost of care would have been similar to the current cost.

The move to Chantry Road has therefore achieved a saving of £133 per week (£6,900 per year) for the Housing general fund.

Review of movement in cost of packages of care for residents of William Robins Court, 2009-2015

Purpose and Approach

The purpose of this analysis is to establish whether costs of packages of care have, on average, reduced following a move to WRC and what saving this might have achieved for ASC.

As at 10/11/2015, ten residents have lived at WRC for over 5 years (of which one over 6 years), five have lived at WRC between 2 and 3 years, and one has lived at WRC for under a year.

The tenant that has resided at WRC for less than a year at the time of analysis has been excluded from the analysis as their PoC has not yet been reviewed since move-in (review is due on 20/05/2016).

The analysis compared the cost of care package at three points:

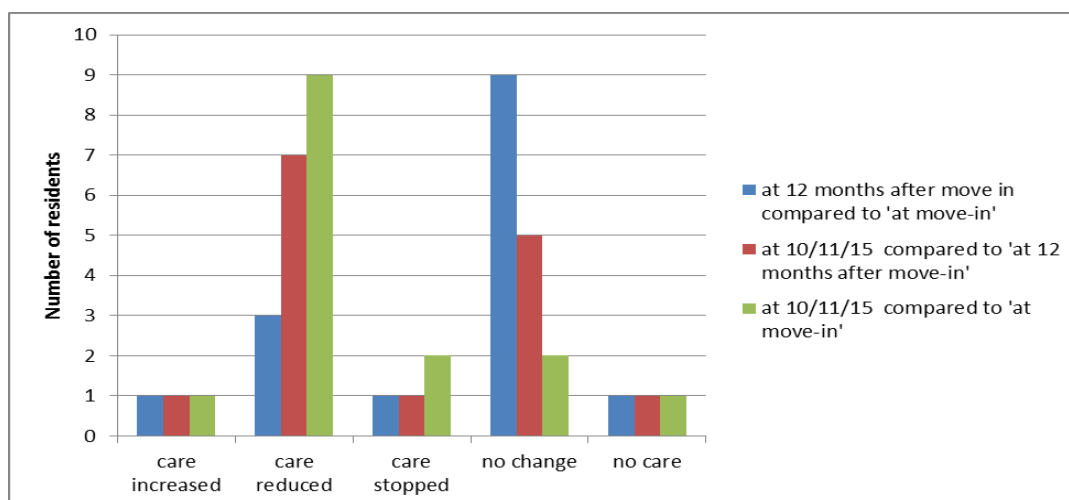
- at move-in,
- at 12 months after move-in, and
- at 10/11/2015.

To enable a comparison and address any changes in the hourly rate over the years, the size of the package i.e. number of care hours received per week were extracted for the above three points in time. All data was then multiplied by the current hourly rate for the care package, therefore the figures used in this analysis are not necessarily an entirely accurate presentation of the past cost but rather suggest what the number of care hours per week would cost at today's rate.

Care Package Costs & Savings

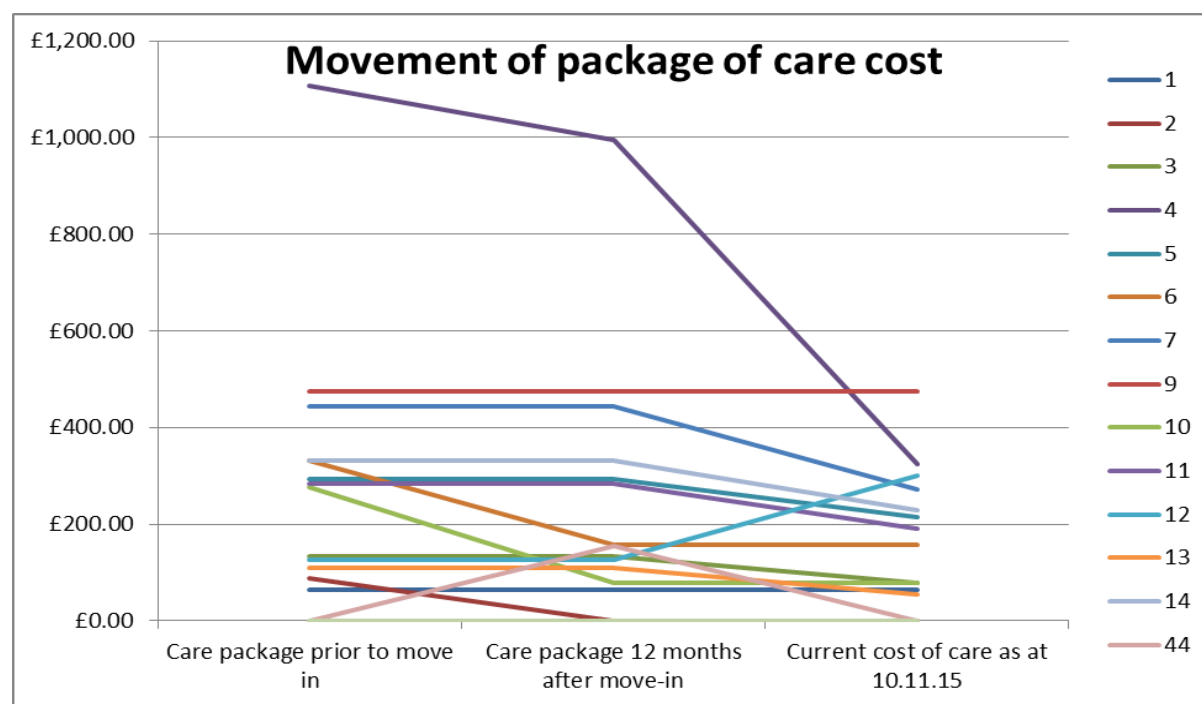
The following chart summarizes the number of residents for each type of change in the cost of care package at the following times:

- at 12 months after move-in compared to cost at move-in
- at 10/11/15 compared to at 12 months after move-in, and
- at 10/11/15 compared to at move-in

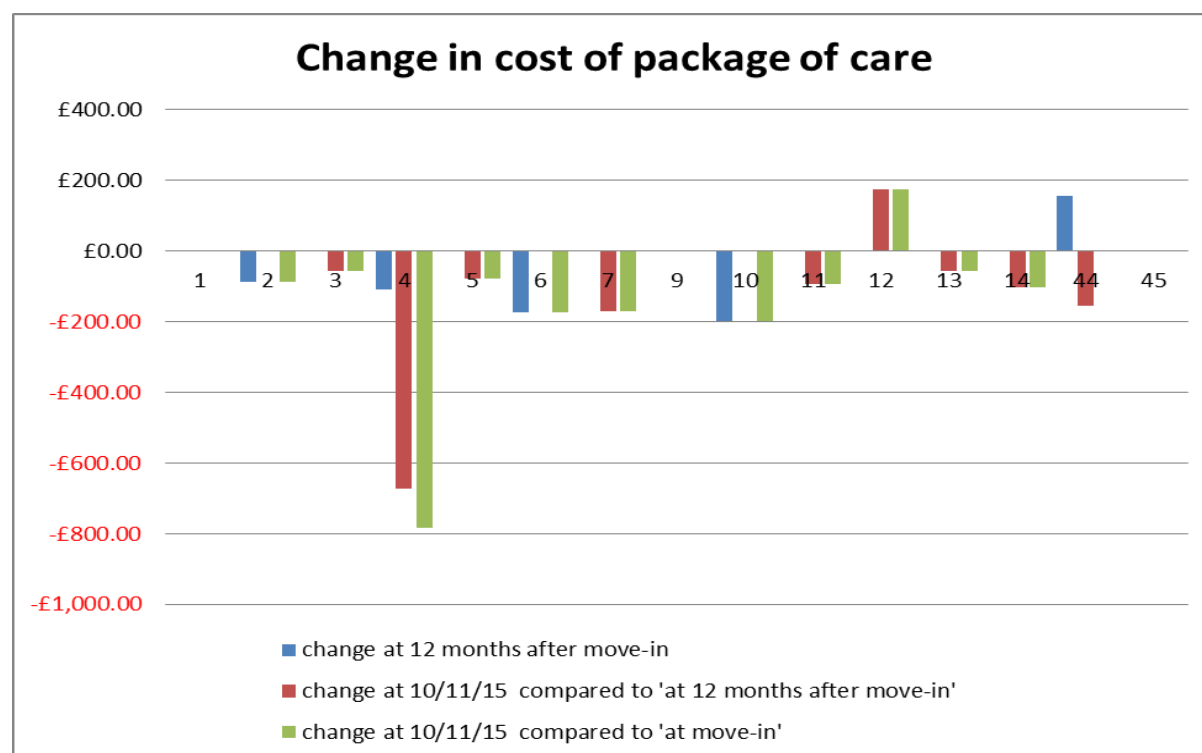


The total weekly cost of packages of care at move-in for all residents was £4,063.19; therefore the average cost per resident per week was £270.88. The total weekly cost of packages of care as at 10/11/15 is £2,438.29; therefore the average cost per resident per week is £162.55.

The following chart demonstrates the movement of cost of packages of care:



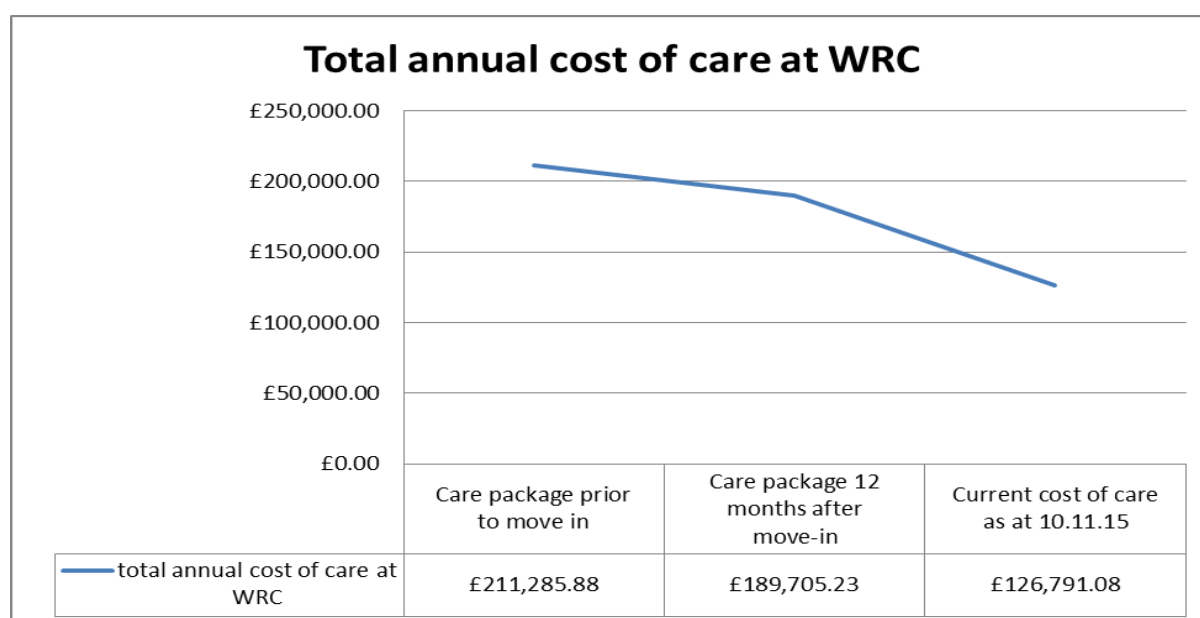
The changes in the cost of care package for each resident are measured in the following chart:



It is worth noting that the care package reduced or stopped within the first year for only four of the 15 residents, and further reduced for one of these four in future years. However, care packages reduced or stopped for another seven residents in future years. This suggests that the benefits are often not immediate and it can take several years to achieve a reduction of care package.

Interestingly, all but one of the residents whose care packages reduced within the first year have only resided at WRC between 2-3 years, and all but one of those who had their care packages reduced only after they had been at WRC for over 12 months, have been at WRC for over 5 years. Although the sample analysed is small and a more detailed analysis would be required to establish the reasons, this trend could suggest that we might have become better at helping people become more independent or that care package reviews might have improved in recent years.

Comparing the cost of packages of care on 10/11/15 to cost at move-in, an annual saving of £84,494.80 over 15 clients is achieved, i.e. an average of £5,632.99 per client per year. This equals a weekly saving of £1,624.90 over 15 clients, an average of £108.33 per client per week. In percentage terms, the average reduction in care package cost is 40%.



Other Costs

Provision of night service

In addition to individual care package costs, Adult Social Care also pay for a night service provision at WRC. The weekly cost of this service over the years has been:

- £269.46 between December 2009 and May 2014 (£14,011.92 per year)
- £275.31 between May 2014 and August 2015 (£14,316.12 per year)
- £409.50 from August 2015 to date (£21,294 per year)

Although the cost of night service provision has recently significantly increased, it has been a constant provision from the start of this scheme. Therefore, to establish how this cost affects the viability of WRC, the total annual cost of £148,085 (the sum of total care costs of £126,791 and night service provision cost of £21,294) would need to be compared to the likely annual cost if WRC

residents had been placed in alternative accommodation. This, however, is difficult to establish as different accommodation might not only have affected care package costs at move-in, but also individuals' health and independence levels over time, thereby affecting care package costs in a complex way.

Loss of rental income

The average void period (i.e. the period from the end of one tenancy to the start of a new tenancy) in sheltered housing schemes is 6 weeks. In comparison, void periods at WRC have lasted 9.5 weeks on average, with the shortest being 6 weeks and the longest 19 weeks. Therefore, on average, there has been a 3.5 week delay in letting a property at WRC.

Current rental income to Housing Revenue Account for a one bedroom apartment is £60 per week. Therefore, on average, during each void period at WRC, there has been a loss in rental income of £210 over and above what would be the expected loss in rental income in sheltered housing.

Limitations

It should be noted that the analysis has been done looking only at current residents at specific points in time, and therefore this does not mean that over the past 5 years a saving of £84,494.80 was actually achieved every year (or in any year), only that this would be achieved from 10/11/15 onwards, should all residents remain at WRC and their needs remain the same (both of which is unlikely). In addition, as mentioned above, the size of the package i.e. number of care hours received per week at the three different points in time were multiplied by the current hourly rate for the care package in order to enable a comparison and address any changes in the hourly rate over the years. Therefore, the figures used in this analysis are not necessarily an entirely accurate presentation of the past cost but rather suggest what the number of care hours per week would cost at today's rate.

This analysis also fails to capture any temporary increases/reductions in packages of care that have reduced/increased again by 10/11/15. Therefore, a much more thorough analysis would be required to establish actual savings each year since 2009, due to a variety of move-in dates and package reviews, as well as the changing cost of night service.

The analysis also does not capture what additional costs might have been incurred should the residents have continued to live in a less appropriate accommodation which might have been detrimental to their health and would have caused a deterioration of their situation i.e. what costs might have been prevented by their move to WRC.

Furthermore, this analysis does not look in detail at why the cost of packages of care has reduced and therefore cannot confirm that this was solely due to the relocation to WRC. There is a high trend of a reduction in the cost of packages of care - care package has reduced for seven of the ten residents who have been at WRC for over five years, and reduced or stopped for all who have lived at WRC between 2 and 3 years; however, to draw any conclusions, this would need to be compared to the trend in movement of the cost of package of care for all people with learning disabilities.

Next steps

A reduction of cost in package of care has been particularly significant for one of the residents, as demonstrated in the *Change in cost of package of care* and *Movement of package of care cost* charts. It would perhaps be worth exploring this case in more detail to establish whether any lessons can be learned and applied to any other high cost cases to achieve significant savings for ASC.

Furthermore, as the needs of most residents have reduced over the years, a further review could be undertaken to establish whether a different model of care provision could be adopted to achieve efficiencies or whether move-on should be considered for those whose needs have reduced and could therefore live in more independent accommodation.

Care packages could also be reviewed to ensure that those receiving direct payments are contributing to the cost of night service provision.

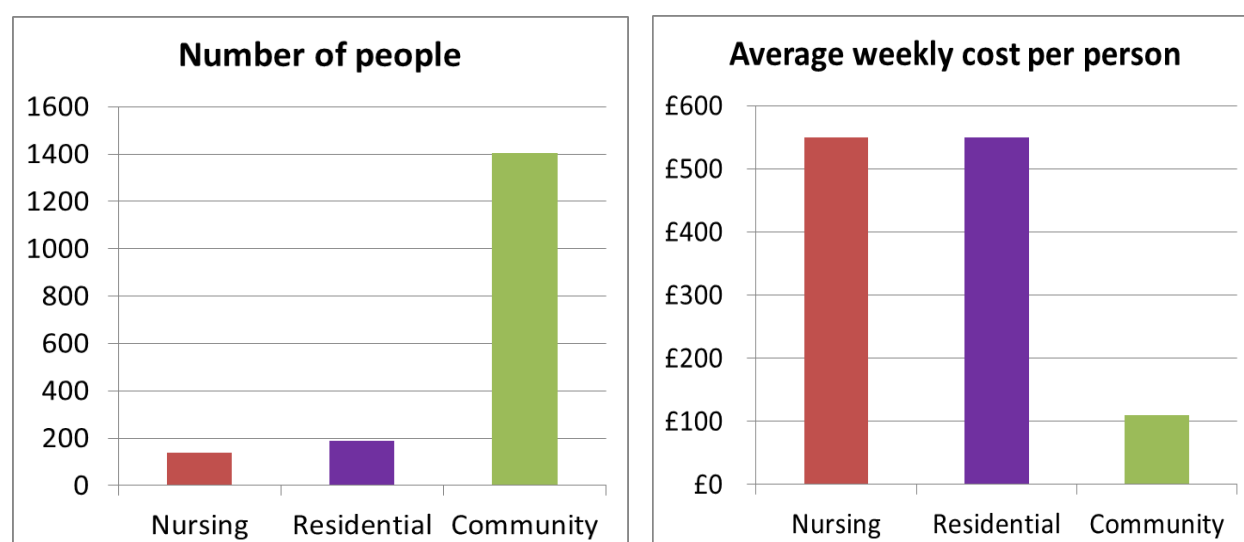
Finally, while the analysis suggests that in recent years a reduction in care package following a move to WRC was achieved faster, a further review of care provision and care reviews could inform whether there is more we can do to help people become more independent and reduce their need for care quicker.

This page is intentionally left blank

Appendix 1: Overview of service user groups in receipt of Adult Social Care services

Older people

- 1.1 Adult Social Care currently supports 1,733¹ older people, which presents 5.4% of all older people in Swindon. The majority of older people in receipt of ASC services live in the community (1,406), at a total cost to ASC of £155,000 per week. 189 older people live in residential care, at a total cost to ASC of £100,000 per week. A further 138 people live in nursing care, at a total cost to ASC of £74,000 per week (Appendix 1, Table 1). Expenditure on older people presents 40% of total weekly expenditure across all client groups.

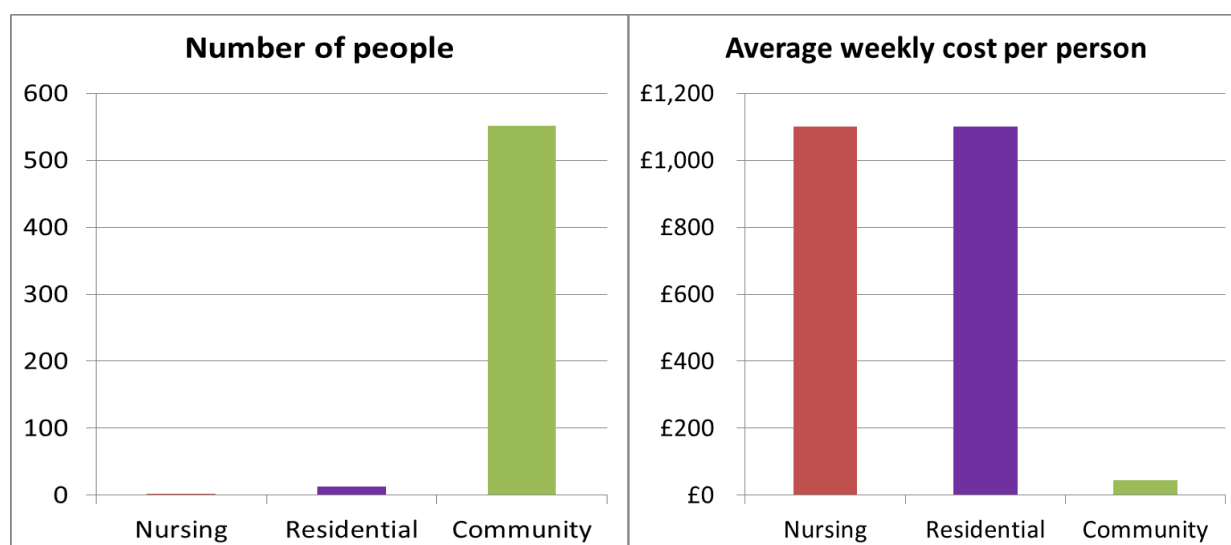


Graphs 1 & 2: Older people

People with physical disabilities

- 1.2 ASC also supports 566 adults with physical disabilities, i.e. 18.6% of the estimated number of adults with a physical disability living in Swindon. The majority of people with physical disabilities who are in receipt of ASC services live in the community (551), at a total cost to ASC of £23,800 per week. 13 people with physical disabilities live in residential care, at a total cost to ASC of £14,300 per week. A further 2 people live in nursing care, at a total cost to ASC of £2,200 per week (Appendix 1, Table 2). Expenditure on people with physical disabilities presents 5% of total weekly expenditure across all client groups.

¹ All figures reflect numbers of ASC service users with open services on 31 March 2016.



Graphs 3 & 4: People with physical disabilities

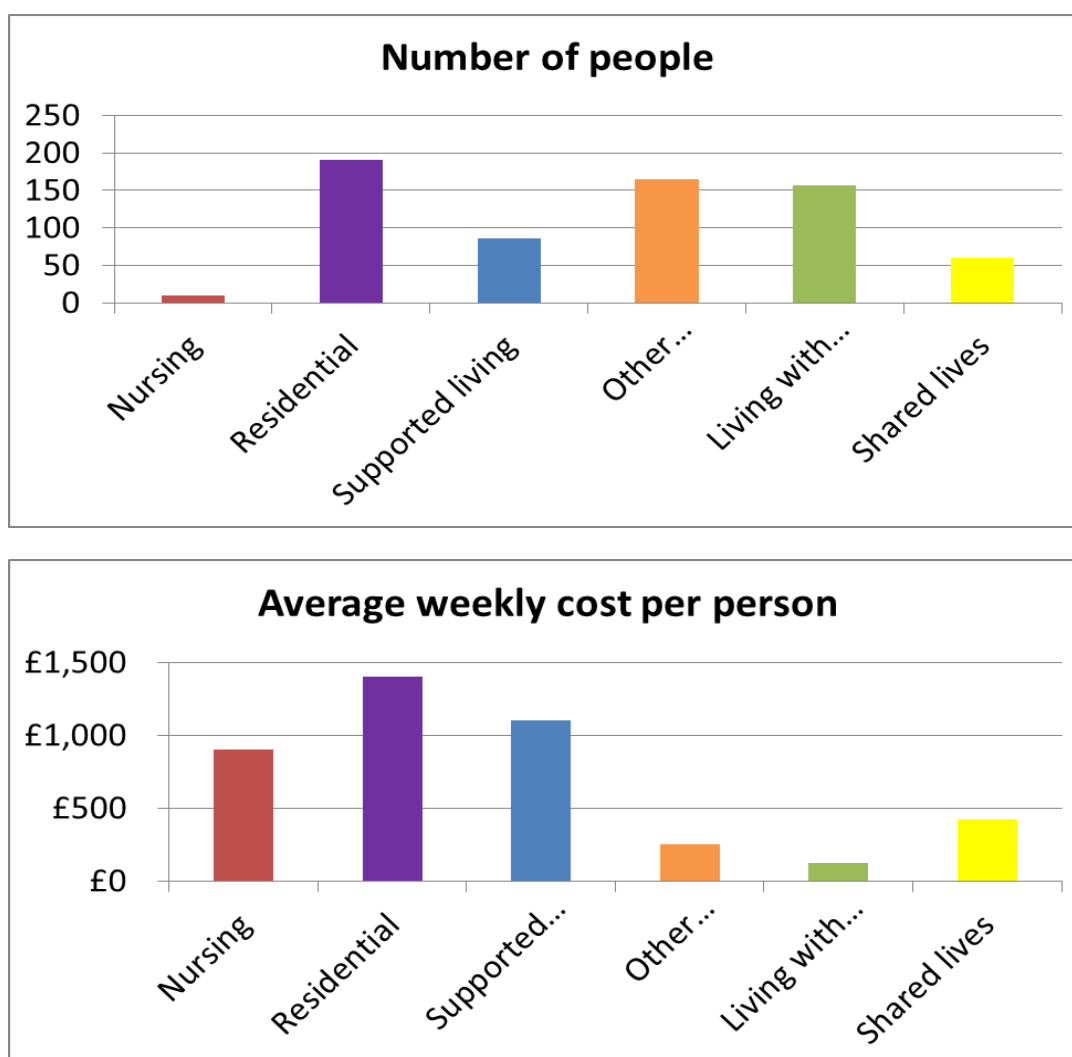
People with learning disabilities

1.3 In comparison, ASC supports the majority of adults with learning disabilities, 78.4% or 667 of estimated 851 adults with learning disabilities living in Swindon. The majority of people with learning disabilities who are in receipt of ASC services live in a variety of settings in the community (467), including:

- 1.3.1 supported living; 86 service users at a total cost to ASC of £98,000 per week,
- 1.3.2 with family, relatives or friends; 156 service users; £19,500 per week,
- 1.3.3 in 'shared lives'²; 60 service users; £25,500 per week, or
- 1.3.4 other accommodation with support; 165 service users; £42,000 per week.

The total cost of support for service users who live in the community is therefore £185,000 per week. 191 live in residential care, at a total cost to ASC of £263,500 per week. A further 9 people live in nursing care, at a total cost to ASC of £8,000 per week (Appendix 1, Table 3). Expenditure on people with learning disabilities presents 55% of total weekly expenditure across all client groups.

² Shared lives is a service that supports adults with learning disabilities to live in a family environment with approved shared lives carers.



Graphs 5 & 6: People with learning disabilities

- 1.4 If the proportion of people who are supported by ASC remains then same, then ASC will support 2,126 older people, 622 adults with physical disabilities and 702 people with learning disabilities by 2021. This will further increase to 2,960 older people (an increase of 1,227 compared to 2016), 658 adults with physical disabilities (an increase of 92) and 758 people with learning disabilities (an increase of 91) by 2031.

This page is intentionally left blank

Appendix 2: Housing for people with learning disabilities

- 1.1 An analysis of current living arrangements of service users with learning disabilities has shown that in March 2016 most 18-24 year olds lived with family, relatives or friends (43%) and a further 34% lived in other accommodation with support. In comparison, the highest proportion of 35-44 year olds lived in residential or nursing care (26%), followed by 21% living with family, relatives or friends, and a further 21% in shared lives. Amongst service users aged 45 years and older, the majority lived in residential care (Table 1).

People with LD, proportion within age group in each accommodation type (Mar 2016)						
Age	Residential & Nursing	Supported Living	Other accommodation with support	Living with family, relatives or friends	Shared Lives	Total no. of SUs
18-24	10%	8%	34%	43%	5%	149
25-34	19%	19%	25%	30%	7%	134
35-44	26%	15%	17%	21%	21%	103
45-54	41%	12%	23%	14%	10%	125
55-64	45%	11%	23%	14%	7%	87
65-74	65%	14%	18%	0%	4%	51
75-84	38%	15%	38%	0%	8%	13
85+	100%	0%	0%	0%	0%	4
Total	30%	13%	25%	23%	9%	

Table 1: Proportion of people with learning disabilities living in each type of accommodation within each age group

- 1.2 As a result, 45-54 year olds were the predominant age group in residential and nursing care; 25-34 year olds presented the majority of service users in supported living; 18-24 year olds were the predominant age group living with family, relatives or friends, or in other accommodation with support; and 35-44 year olds presented the majority of service users in shared lives (Table 2).

People with LD, proportion within each accommodation type by age group (Mar 2016)					
Age	Residential & Nursing	Supported Living	Other accommodation with support	Living with family, relatives or friends	Shared Lives
18-24	7.5%	14.0%	30.5%	41.0%	13.3%
25-34	13.0%	29.1%	20.7%	25.6%	15.0%
35-44	13.5%	17.4%	10.4%	14.1%	36.7%
45-54	25.5%	17.4%	17.7%	11.5%	20.0%
55-64	19.5%	11.6%	12.2%	7.7%	10.0%
65-74	16.5%	8.1%	5.5%	0.0%	3.3%
75-84	2.5%	2.3%	3.0%	0.0%	1.7%
85+	2.0%	0.0%	0.0%	0.0%	0.0%
Total	200	86	164	156	60

Table 2: Proportion of people with learning disabilities within each type of accommodation by age group

Avon and Wiltshire Partnership NHS Trust

Adults' Care, Adults' Health and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

Author:	Newlands Anning, Managing 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 in both; our Inpatient and Community areas.

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: 6 December 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 this include the use of an external agency to recruit staff, engaging with all new staff in the area including a strategy to target previous employees, development of new rotational posts and creating stronger links with local universities to develop a placement pathway for mental health student nurses.

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 20 months.

We are the only Locality within the Trust to achieve this.

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 and continue.

3.3.3 ED Liaison Nurse

Through a joint working arrangement and funding from GWH, AWP have been able to develop and implement a 24/7 system for Psychiatric Nurse cover within the Emergency department at GWH.

It is expected that following a review of this pilot recurrent funding will be commissioned in 2017-18.

- 3.4 136 place of safety provision was considered inadequate by the CQC during their recent inspection of AWP services. Issues regarding the environments have been immediately addressed.

4. Alternative Options

- 4.1 The Trust is commenced a consultation process with its local stakeholders, unfortunately this is currently on hold following concerns raised by local

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: 6 December 2016

stakeholders. However following productive discussions and the consultation process is expected to recommence at the beginning of December 2016.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Consultant will demonstrate the financial challenges, ensuring that the proposed alternative is a safe and high quality consistent service which is financially sustainable.

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 Interim Corporate 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.

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

This page is intentionally left blank

Great Western Hospital NHS Trust

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 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) Delayed discharges

We have introduced a new Discharge to Assess Service which involves a team in the community assessing patients in their own Swindon homes within 72 hours of leaving hospital. This means that patients don't have to wait in a hospital bed for decisions to be made about further care they might need in the community.

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.

Great Western Hospital NHS Trust

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

We are also working to better utilise our discharge lounges so patients can wait for their transport home away from the ward, helping to free up beds, so other patients can begin treatment sooner.

These are just some of the things we are doing to ensure patients can leave hospital in a timely and well planned way, when they no longer need this level of care.

This is our big challenge and of the average 225 people who attend the Emergency Department each day, around a third need to be admitted into hospital.

Our focus is planning ahead so everything is ready when the patient is well enough to leave and working with local care partners so that arrangements for further care and support can be made early on.

In October, we lost the equivalent of 805 bed days due to delays in discharging patients from the Great Western Hospital to further care in the community, such as care homes or packages of care in the patient's own home. This is 120 days less than September, although 238 days more than the same month last year (a 42 per cent increase). We are now seeking reimbursement for some of these delays.

Currently we are seeing high numbers of delays with patients coming from Wiltshire and out of area.

As we are now providing community healthcare services in Swindon we have a greater opportunity to influence the discharge process. Part of this work involves developing an Integrated Discharge Service across secondary and community care for the first time. This will help to remove organisational boundaries that can sometimes cause delays.

This winter we will also be launching a leaflet to prompt more discussions with families, friends and carers about what they can do to help. Getting loved ones involved in discussions helps to ensure that any help around the home or arrangements for further care can be made early on.

Local people can also help by being available to collect the patient and bringing clothes for them to leave hospital. Simple things like putting the heating on and stocking the home with food and medicine can also make a big difference.

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.

Great Western Hospital NHS Trust

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

Date: 6 December 2016

b) Demand for urgent and emergency care

We continue to experience significant demand in the Emergency Department, with October seeing 7,527 patients.

When compared to the same month last year, this equates to an increase of more than 615 additional patients and 328 more than last month (September 2016). Of these, 74.8 per cent were transferred, admitted or discharged within the national four hour target. The national target is 95 per cent, which does mean the Trust will lose some Sustainability and Transformation Funding for missing this target.

The efforts of staff are commendable, who work hard to ensure that, in spite of continually increasing demand, the vast majority of patients are admitted, transferred or discharged within four hours.

As the colder weather approaches, we remain focused on making the department as resilient as possible and we continue to focus on recruiting more permanent staff to the Emergency Department. A recent recruitment event was a great success and generated lots of interest from qualified nurses.

Ahead of a busy winter, we are exploring plans to move the ambulatory care service nearer to the Urgent Care Centre and the Emergency Department; this is so that all urgent and emergency care services are located closer together.

From 1 December a mental health nurse from Avon and Wiltshire Mental Health Partnership NHS Trust will be based in the Emergency Department Observation Unit. This will ensure we can meet the specific needs of patients with mental health conditions. Having this expert advice to hand also means decisions will be made more quickly.

We are also working with Swindon Clinical Commissioning Group to develop material to raise awareness of the local healthcare options available without an appointment.

Around 10 per cent of attendances to the Emergency Department could have potentially been treated elsewhere and there is a streaming nurse in place to direct these people to the Urgent Care Centre.

It is therefore important to recognise that although helpful, these messages are unlikely to make a big impact on numbers attending. However what these

Great Western Hospital NHS Trust

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

messages aim to do is encourage people to seek help earlier on through being aware of the healthcare options available to them.

c) Sustainability and Transformation Plan

The draft summary of our local Sustainability and Transformation Plan (STP) for Bath and North East Somerset, Swindon and Wiltshire, was published in November and is available to read on our website. The full publication will be published in the coming weeks.

Every health and social care system in England must produce an STP, showing how organisations will work together to address the challenges which come with an ageing and growing population.

Despite some of the media coverage you may have seen, our plan isn't about merging organisations, but a plan for how we can work together on the same issues we are all facing and reduce some of the pressure we all experience.

The standard of health and care services locally compares well to other parts of the country. However, there are still improvements that need to be made to make sure services are the best they can be and fit for the future.

The summary sets out our emerging priorities to improve health and care services for the 874,000 people living in our local communities.

It proposes new ways of working together to meet the many challenges facing the health and care system. It also sets out our strategic direction which will guide discussions with local people and organisations, who we will be working with to create more detailed proposals for how local services will develop over the next five years.

There will be opportunities for local people to be involved in developing the plan in the coming months. This is our chance to make sure services are designed in a way which will meet an increasing demand with the resources we have.

3.3 What have you done well?

a) Improvements recognised in the Emergency Department

The Care Quality Commission has announced that a warning notice, previously imposed on the Emergency Department at the Great Western Hospital, has been

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.

Great Western Hospital NHS Trust

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

lifted after inspectors saw sufficient improvements during a follow-up visit in October.

At the time of the first inspection, we acknowledged there was more we needed to do to manage the high demand for our services and we have spent the past year working hard on improvements.

Despite national shortages of nurses in particular, I am pleased that we now have more permanent staff caring for patients in ED. We've also recently invested in a team of specialist mental health nurses who are on hand 24/7 to support our emergency patients with mental health problems.

A new patient safety checklist is helping to standardise and improve the frequency of patient observations and ensure that care is provided more consistently while patients wait.

National best practice observation tools are also being used to help identify deteriorating patients sooner and new electronic display boards mean staff can view key patient information more quickly. Record keeping has also improved.

We are in a similar position to many other emergency departments and much of our improvement work is thanks to the outstanding efforts of the team in ED, who often bear the brunt of the pressure.

We know that with a growing and aging population in Swindon, this problem won't be solved quickly and managing the high demand for our services will be a priority for years to come.

b) Providing healthcare in the Swindon community

Work with Swindon community healthcare services is progressing well and staff are involved in addressing some of the challenges facing these services.

The Care Quality Commission (CQC) last month published their report following their inspection of district nursing and podiatry services provided by SEQOL back in September.

Although the CQC did not rate the service, the inspectors also reported that changes needed to be made to improve safety and some of the key themes have already been identified as part of our due diligence process. Some of the

Great Western Hospital NHS Trust

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

priorities for improvement will be incident reporting and learning, staffing, training and the safety of our staff who work alone.

We are currently acting as a caretaker for adult community healthcare services in Swindon, prior to a longer term contract being agreed next February and a joint update between CCG, SBC and GWH is provided elsewhere on the agenda.

This next chapter of healthcare in Swindon is all about creating a more joined up service for patients, regardless of where they are receiving their treatment. It also presents us with opportunities to make the improvements needed and while this won't happen overnight, the next few months are an opportunity to focus on these areas.

While it is unclear when the next CQC inspection of community healthcare services in Swindon will be, this will be our opportunity to show local people the improvements we've made and build confidence in these services.

c) Flu vaccination campaign progressing well

Over 44 per cent of staff, who have regular contact with patients, have now protected themselves with the annual flu jab. This is 4 per cent more than the number of staff who had received the vaccine at this time last year and similar to the progress of other local trusts.

This means that since the beginning of October, 1,975 staff have had the vaccine, which is considered to be the most effective form of defence against the virus and despite the myths, cannot cause flu.

Doctors, nurses, healthcare assistants, allied healthcare professionals, pharmacy staff, ward clerks and other staff who regularly come into contact with patients, are all encouraged to take up the offer of the free vaccine.

The Occupational Health Team is also offering the jab to all Wiltshire Health and Care staff, Carillion staff, students and volunteers.

This year we are making it as easy as possible for staff by visiting wards and departments and holding regular drop-in clinics.

Great Western Hospital NHS Trust

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

d) Radiotherapy Appeal total tops £1 million

Brighter Futures' Radiotherapy Appeal hit the £1 million mark in October, thanking its fundraisers, supporters and volunteers at a special event hosted by the Mayor of Swindon Eric Shaw.

All money raised for the Radiotherapy Appeal will go towards the £2.9 million needed to fund specialist equipment that will be at the heart of a new Oxford University Hospitals NHS Foundation Trust radiotherapy unit on the Great Western Hospital site.

Cancer patients in Swindon and Wiltshire currently face weeks of daily visits to and from the nearest radiotherapy centre in Oxford for treatment.

The groundwork for what will eventually be the new radiotherapy centre at GWH began last month. This initial ground work, expected to be complete by next summer, will ensure that when builders arrive on site in 2017, the project can move forward without unnecessary delay.

Due to open in 2019, the centre will offer people from Swindon and Wiltshire the kind of lifesaving cancer treatment unavailable in the local area. At the moment, people needing radiotherapy have no choice but to make daily trips to the nearest units in Oxford, Bath or Cheltenham.

This new centre, which will be managed by neighbouring Oxford University Hospitals NHS Foundation Trust, is currently the focus of the Radiotherapy Appeal by Brighter Futures. So far, more than £1.2 million has been raised towards the £2.9 million target.

e) New bereavement suite offers quiet space for families

Bereaved families who have experienced a stillbirth or neonatal death now have access to a private space away from the busy maternity ward.

The new Forget Me Not Bereavement Suite opened on 10 October with money raised by Swindon Stillborn and Neonatal Death Charity and a grant from the NHS Improvement Fund.

Great Western Hospital NHS Trust

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

The suite provides a dedicated quiet space, with a kitchen area, sofa beds and a calming and homely décor, where parents can create memories in a safe, supported and protected environment.

Around 4,500 babies are born every year at GWH and it is thought the new room will be used by around 50 families a year.

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

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.

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.

Great Western Hospital NHS Trust

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6 December 2016

6. Consultees

- 6.1** The Interim Corporate 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.

This page is intentionally left blank

Work Programme 2016/17

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 6th December 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: 6th December 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: 6th December 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 Interim Corporate Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

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: 6th December 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 21st October 2016 to 21st October 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

21 OCTOBER 2016 - 21 OCTOBER 2017 – Proposed AGENDA ITEMS and KEY DECISIONS (as at 21/11/16)

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 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
Waiving car parking charges at Lydiard and Coate for specific charity events	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet Member for the Economy, Regeneration and Skills	Councillors Matthew Courtliff, Stan Pajak, Jim Robbins, Caryl Sydney-Smith, Tim Swinyard, Fionuala Foley and Eric Shaw. Date of Notice: 18 th October 2016	Interim Corporate Director, Resources Jan Willis Tel: 07392 109911 Email: jan.willis@swindon.gov.uk	Lydiard and Coate parking
Approval for a new leisure provider to operate the Highworth Recreation Centre	No	Cabinet Member for Communities	Cabinet Member for Communities	Councillors Steve Weisinger, Alan Bishop, Maureen Penny, James Robbins, Kevin Small	Rob Richards or Adrian Arnold Tel: 01793 466217 Email: aarnold@swindon.gov.uk rrichards@swindon.gov.uk	Approval for a New Leisure Provider to Operate the Highworth Recreation Centre

				and Stan Pajak. No comments were received that the responsible officer considered adversely affected the decision. No requests for Cabinet consideration were received. Date Of Notice: 28 th October 2016		
Hodson Embankment Stabilisation	No	Cabinet Member for Sustainability, Highways and Transport	Cabinet Member for Sustainability , Highways and Transport	Councillor Fionuala Foley (Ward Member) – supportive of proposed action Councillor Eric Shaw (Ward Member) –	Head of Highways and Transport or Alan Frost Tel: 01793 466707 Email: afrost@swindon.gov.uk	Hodson Embankment Stabilisation

				<p>accepts proposals but would not want to see road permanently closed</p> <p>Chiseldon PC – Did not support proposal</p> <p>Councillor Jim Robbins (Opposition spokesperson) – No response</p> <p>Councillor Stan Pajak (Opposition spokesperson) – Supportive of proposed action</p> <p>Date of Notice: 16th November 2016</p>		
--	--	--	--	---	--	--

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
2016-17 Budget Management, 2017-18 Draft Budget and Medium Term Resourcing Plan	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services;	Cabinet	N/A Date of Notice: 24 th October 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	
Capital Programme Monitoring - Second Quarter and Treasury Management Performance 2016/17.	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Notice of Decision: 9 December 2015	Interim Corporate Director, Resources or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Treasury Strategy Statement (Minimum Revenue Provision Policy)	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 26 th October 2016	Interim Corporate Director, Resources or Paul Smith Tel: 01793 463976 Email: psmith2@swindon.gov.uk	N/A
Peer Review - Outcomes	No	Leader of the Council	Cabinet	N/A Date of	Head of People, Performance and Engagement Sam Mowbray Tel:	N/A

				Notice: 19 th September 2016	07823 525337 Email: SMowbray@swindon.gov.uk	
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	Head of Highways and Transport Jason Humm Tel: 01793 463201 Email: Jhummm@swindon.gov.uk	Cabinet Minute 14 (3) refers
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
Libraries strategy	Yes	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 12 th February 2016	Patrick Weir or Rachel Watts Tel: 07823 525297 Email: RWatts2@swindon.gov.uk pweir@swindon.gov.uk	N/A
School Organisational Changes 2017/18	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 19 th September 2016	Head of Education Services or Danielle Maundrell Tel: 01793 466314 Email: DMAundrell@swindon.gov.uk	N/A
Local Safeguarding Children Board - Annual Report	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 19 th	Director of Children's Services or Simon Ratcliff Tel: 01793 466833 Email:Sratcliff@swindon.gov.uk	N/A

				September 2016		
Thamesdown Transport - Financial Update	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 7 th November 2016	Stephen Taylor, Director, Law and Democratic Services Stephen Taylor Tel: 01793 463012 Email: staylor@swindon.gov.uk staylor@swindon.gov.uk	N/A
Polling District and Places Review	No	Leader of the Council	Cabinet	N/A Date of Notice: 5 th October 2016	Stephen Taylor, Director, Law and Democratic Services or Sally Sprason Tel: 01793 46399 Email: ssprason@swindon.gov.uk staylor@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
Household Waste Recycling Centre - Charges	Yes	Cabinet Member for Streetsmart	Cabinet	N/A Date of Notice: 7 th November 2016	Head of StreetSmart Leon Barrett Tel: 07818 510602 Email: lbarrett@swindon.gov.uk	N/A
Appointment of	No	Deputy Leader of	Cabinet	N/A	Head of Internal Audit Nick Hobbs	N/A

External Auditors		the Council and Cabinet Member for Finance and Corporate Services;		Date of Notice: 14 th October 2016	Tel: 01793 463940 Email: nhobbs@swindon.gov.uk	
Renewable Energy Investment Strategy	Yes	Cabinet Member for Sustainability, Highways and Transport	Cabinet	N/A Date of Notice: 18 th October 2016	Interim Director of Economy, Regeneration & Skills Andy Evans Tel: 01793 463201 Email: AEvans@swindon.gov.uk	N/A
Commercial Investment Strategy	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 26 th October 2016	Jan Willis, Interim Corporate Director, Resources or Paul Smith Tel: 01793 463976 Email: psmith2@swindon.gov.uk Jan.Willis@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	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Capital Programme 2017/18	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Treasury Strategy Statement 2017/18	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Paul Smith, Finance, Tel: 07500 884176 or Email: psmith2@swindon.gov.uk	N/A
Housing Revenue Account - Rents and Charges	Yes	Deputy Leader of the Council and Cabinet Member	Cabinet	N/A Date of Notice: 22 nd	Interim Corporate Director, Resources or Paul Smith, Finance, Tel: 07500 884176 or Email:	N/A

2017/18		for Finance and Corporate Services		April 2016	psmith2@swindon.gov.uk	
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 Sam Mowbray Tel: 07823 525337 or Email: smowbray@swindon.gov.u	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
Town Centre Parking Strategy	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 29 th September 2016	Head of Highways and Transport or Trudy Godfrey Tel: 01793 466416 Email: tgodfrey@swindon.gov.uk	N/A
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
Youth Engagement Worker Review	No	Cabinet Member for Children's	Cabinet	N/A Date of	Karen Reeve, Director of Children's Services	

		Services		Notice: 24 th October 2016	KReeve@swindon.gov.uk	
Strategy to Prevent Child Exploitation (including sexual exploitation)	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 17 th November 2016	Karen Reeve, Director of Children's Services or Phillipa Lamb Tel: 07818510484 Email: Plamb@swindon.gov.uk KReeve@swindon.gov.uk	N/A
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	Interim Corporate Director, Resources or Rachel Watts Tel: 07823 525297 Email: RWatts2@swindon.gov.uk	Cabinet Minute 58 2015/16 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
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
Wichelstowe	Yes	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 15 th September	Interim Director of Economy, Regeneration & Skills Rob Powe Tel: 01793 463305 Email: rpowe@swindon.gov.uk	

				2016		
--	--	--	--	------	--	--

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	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Capital Programme Monitoring 3rd Quarter 2016/17	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Draft Economic Strategy	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 16 th September 2016	Interim Director of Economy, Regeneration & Skills or Trudy Godfrey Tel: 01793 466416 Email: tgodfrey@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	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@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	Interim Corporate Director, Resources 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	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@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	Interim Corporate Director, Resources 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	Cabinet	N/A Date of Notice: 27 th	Interim Corporate Director, Resources or Paul Smith, Finance, Tel: 463976 or Email:	N/A

		for Finance and Corporate Services		May 2016	psmith2@swindon.gov.uk	
Economic Strategy - Final	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 16 th September 2016	Interim Director of Economy, Regeneration & Skills or Trudy Godfrey Tel: 01793 466416 Email tgodfrey@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	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 7 th June 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Education Transport Policy 2018-19.	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 13 th September 2016	Head of Education Services Peter Nathan Tel: 07467 440955 Email: pnathan@swindon.gov.uk	
Debt Management	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 13 th September 2016	Head of Revenues and Benefits Andy Stevens Tel: 01793 464661 Email: anstevens@swindon.gov.uk	

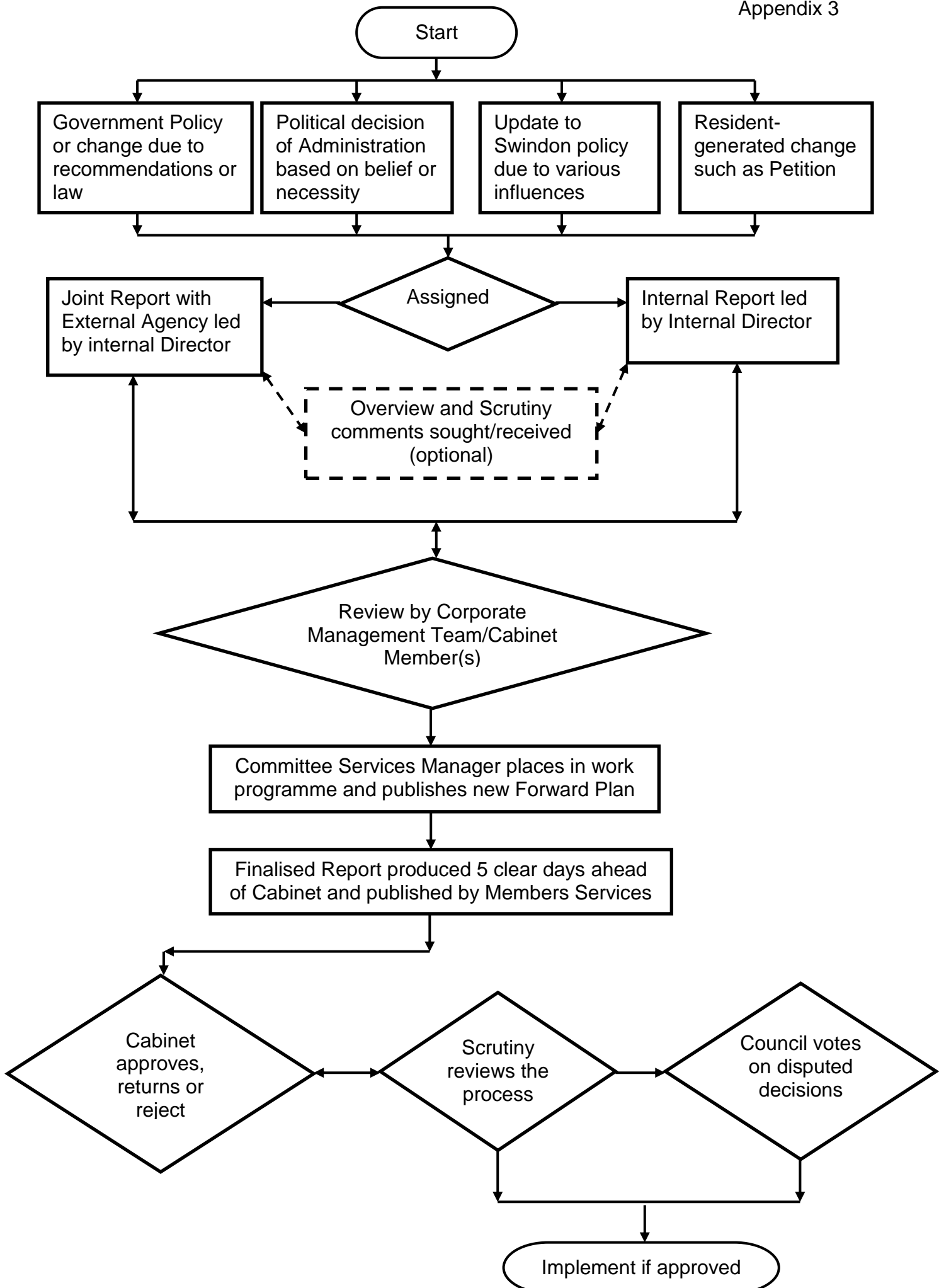
September 2017 (TBC)

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 and 2017 - 2021 Efficiency Statement	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 13 th September 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	
Annual review of Local Ombudsman Complaints	No	Leader of the Council	Cabinet	N/A Date of Notice: 13 th September 2016	Director of Law & Democratic Services (Monitoring Officer) or Erz Turner Tel; 01793 463002 Email: eturner@swindon.gov.uk	

October 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
2017-18 Budget Management, 2018-19 Draft Budget and Medium Term Resourcing Plan	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 21 st October 2106	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A

This page is intentionally left blank



This page is intentionally left blank