

Swindon Borough Council

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

Tuesday, 7 February 2017

Committee Room 6, Civic Offices

At 6.00 p.m.

Conservative Councillors

Claire Ellis (Chair)

Alan Bishop

Mary Friend

Caryl Sydney-Smith

Steve Weisinger

Labour Councillors

Steve Allsopp

Steph Exell

Julie Wright

Robert Wright

Co-opted Representatives

Mark Edwards (Healthwatch)

Michelle Howard (Equalities Advisory Forum)

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

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

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

AGENDA

1. Apologies for Absence

2. Declarations of Interest

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

3. Minutes (Pages 5 - 10)

To receive the minutes of the meeting held on 6th December 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. **Great Western Hospitals NHS Foundation Trust Update** (Pages 11 - 20)
6. **Continuing Healthcare** (Pages 21 - 28)
7. **IVF Policy** (Pages 29 - 32)
8. **Prescription Ordering Direct Service** (Pages 33 - 36)
9. **Avon and Wiltshire Partnership NHS Trust** (Pages 37 - 40)
10. **Transitions Programme DAS** (Pages 41 - 64)
11. **Performance for Adult Social Care Commissioning DAS** (Pages 65 - 78)
12. **Work Programme DLDS** (Pages 79 - 106)

Date of Despatch: 25 January 2017

Key:

Officers:

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

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

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

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

Terms of Reference:

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

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

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

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

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

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

This page is intentionally left blank

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

TUESDAY, 6 DECEMBER 2016

PRESENT:- Councillors Claire Ellis (Chair), Steve Allsopp, Claire Ellis, Steph Exell, Mary Friend, Gemma McCracken, Caryl Sydney-Smith, Steve Weisinger and Robert Wright and Mark Edwards (Swindon Healthwatch) and Michelle Howard (Equalities Advisory Forum).

Apologies for absence were received from Councillors Alan Bishop and Julie Wright.

Also Present: Sue Wald (Director, Adult Social Services), Cherry Jones (Director of Health), Michael Ash, (Housing and Community Safety), Ursa Alad (Housing Programme Manager), Gill May (Executive Nurse at NHS Swindon Clinical Commissioning Group) and Kevin McNamara (Director of Strategy, Great Western Hospital).

22. 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.

23. Minutes

Resolved -That the minutes of the meeting held on 27th September 2016 be confirmed and signed as a correct record.

24. Public Question Time

No public questions were asked or submitted for this meeting.

25. Performance for Adult Social Care Commissioning

Mrs Sue Wald, the Director of Adult Social Services, submitted a report updating the Committee on the performance of Adult Services for Quarter 1 of 2016/17. 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.

Councillor Brian Ford, Cabinet Member for Adult Social Care, referred to the increase in demand for adult services. He explained that Swindon, as the lowest funded authority in the South West, was facing a £3.2m budget pressure and that to address this, new models were being implemented that would shift the focus to prevention and early intervention work.

The Committee was advised that the transfer of SEQOL staff to the great Western Hospital and the Council was a success. It also noted that following the establishment of the Delayed Transfer of Care Programme Board, monthly monitoring reflected that days lost due to a hospital discharge being delayed were

reduced by a third and this now put Swindon as the fourth best in the South West for days lost.

The Director, with the Cabinet Member for Adult Social Care, responded to members' questions and comments on the following issues:

- Implications for the community when introducing new models of adult social care provision.
- Collaborative work with NHS England and Avon and Wiltshire Partnership on smoking prevalence due to mental health issues.
- Financial support for delay discharge of care being given to Great Western Hospital to address out of borough cases.
- Organising employment for those with learning disabilities.
- Numbers of staff required to promote and help those in the community to manage their own resources through the personalisation programme.
- Financial implications for those carers helping relatives to live independent lives in the community.
- The difficulty of measuring the benefits of living within a family unit as opposed to independent living.
- The effects of alcohol on staff retention issues.
- The effect of savings made and to be made during the financial year on the budget position.
- Collaborative work being undertaken by the Employment and Training team with the new Disability Training Consultancy currently based in Swindon.
- Confirmation that figures for the number of hits to the "My care, my support" website were not currently being collated nationally or used for benchmarking.
- The promotion of the "My Care, my support" website to ensure access by the wider community.
- Progression planning work to raise aspiration of young people, particularly those transitioning to adulthood.
- The number of Black and Minority Ethnic (BME) young people being supported by the Learning Disability Service.
- Work undertaken by community navigators to help BME young people with disabilities enter the workplace.

Resolved – (1) That the report be noted.

(2) That the Director of Adult Social Services raise with Human Resources the issue of stress-related absences from work and report back to a future meeting.

26. NHS Swindon Clinical Commissioning Group (CCG) - Learning Disability

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), presented a report providing an update on the plans to transform care services for people with learning disabilities and / or autism who have mental health conditions or escalating and challenging behaviour. Ms May referred to the findings of the Winterbourne View Hospital and to the transformation work undertaken nationally in response to this case. She explained that Swindon was in an excellent position with no cases being referred out of borough and advised that partnership work was being undertaken with Avon and Wiltshire Mental Health Partnership and Wiltshire Clinical Commissioning Group.

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

- The support available to ensure that keeping disabled people living in the community does not come at the expense of the whole family unit.
- The success of publishing the Swindon and Wiltshire Transforming Care Partnership Service Model Plan in "Easy Read" as this enabled the community to better understand the plan.
- the effectiveness of unannounced visits by staff and councillors to care homes as a device for reviewing quality of care provision.
- Work undertaken to enable timely assessments and intervention by the NHS Swindon CCG.
- The CCG's processes for ensuring the BME community were accessing services and the recording of this information.
- Continuing health care costs and the time taken by patients to go through health care assessments.

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 health costs and the time taken for patients to go through the health care assessment process at the next meeting of this Committee.

27. 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 explained that the winter plan provided an assurance that the care system in Swindon was prepared to meet expected demand during the winter months and advised that there had been no decrease in demand during the spring and summer seasons. Ms May drew attention to work undertaken with Great Western Hospital, SEQOL, Primary Care and the Welsh Innovation Centre to develop an action plan that would help those in the community with leg ulcers to be assessed, diagnosed and treated, enabling them to go back to independent living.

Ms May, Cherry Jones, Director of Health, with Mrs Sue Wald, Director, Adult Social Services, responded to members' questions and comments on the following:

- The Sustainability and Transformation Plans' influence on the obesity agenda and how an increase in the pace of change would help overall in promoting preventative care.
- The financial and working relationship between Bath, North East Somerset, Swindon and Wiltshire with South Gloucestershire.
- Actions being taken to help those in the community who suffer from self-inflicted alcohol abuse as this has an impact on a range of services, particularly the police and ambulance services.
- Initiatives to target non communicable diseases through adopting a preventive approach. This was helped through whole family intervention where lifestyle choices could be adopted by all.

Resolved – That the report be noted.

28. Community Service Transfer

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), presented a report providing an update on the transfer of Community

Services from SEQOL to Swindon Community Services. Ms May, together with Mrs Sue Wald, Director of Adult Social Services, referred to the smooth transfer of the service and staff from SEQOL to the Local Authority and Great Western Hospital (GWH). The Director elaborated on the induction process of staff and the recruitment process being undertaken to implement the new management structure. Members noted that there had not been any detrimental effect due to the transfer of services and no complaints had been received.

Ms May, with Mr Kevin McNamara, Director of Strategy, Great Western Hospital, referred to the new Transition Board set up as part of the commissioning process to scrutinise staff skills, service provision and delivery.

Ms May, Mr McNamara and the Director, Adult Social Services, responded to members' questions and comments on the following:

- Work undertaken to minimise organisational cultural challenges following SEQOL staff integration.
- For the need to better advise the community of service delivery capabilities and providers.
- How patients records were transferred from SEQOL to the Local Authority and GWH.
- The annual review of care packages and the inclusion in this review of all those transferred over from SEQOL.

Resolved – That the report be noted.

29. Avon & Wiltshire Partnership NHS Trust

The Committee received a report by Mr 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 absence of a representative from the Avon and Wiltshire Partnership NHS Trust be noted.

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

30. Overview of Housing Demand for People in Receipt of ASC Services

Mr Michael Ash, The Head of Housing and Community Safety submitted a report updating the Committee providing an overview of housing demand for those receiving Adult Social Care services. He referred to the housing direction and focus as set out in the Housing Strategy 2015 – 2026 and to the progress made over the year.

Mr Ash explained that there was a strong evidence base of needs that reflected the current issues and to the work being undertaken to help those in the community within the limited resources available. He referred to the prioritisation of work to ensure everyone was supported. The Committee noted the increase of homelessness in Swindon due to changes within the private rental sector, the work being undertaken to identify and address multi-occupancy, housing needs for those with learning disabilities and how the Department was assisting them.

Mrs Ursa Alad, Housing and Adult Social Care Programme Manager, referred to the Adult Social Care programme and to the achievements over the past year. These included reviewing property designs to address the needs of those with learning disabilities, accommodation settings ensuring a better quality of life and a review of care packages to optimise service provision. Members noted the in-house temporary accommodation for homeless families and the bid being prepared with Wiltshire, Bath and North East Somerset for additional funding from the Department for Communities and Local Government.

Mr Ash and Mrs Alad responded to members' questions and comments on the following:

- The high demand for housing in Swindon, the affordability of available properties and how allocation was structured.
- Housing those that are discharged from prison and the multi-agency support available to help them integrate into the community.
- The Council's safeguarding role to support the rough sleepers in Swindon.
- The Department's work with other agencies to conduct "Safe and Well" checks to ensure rented properties in Swindon were habitable and not multi-occupied.
- The transitional work undertaken to help those with learning disabilities move from living with parents or carers to independent living.
- How the Home Line Plus Service was helping those in need within the community attain independent living.
- The consultation process being undertaken at present regarding housing and multi-occupancy properties.
- The Planning Application Guidance that will be published for consultation in June 2017.
- Involvement of the Housing Department within the Planning application process.
- Government guidance for landlords on multi occupancy housing.
- That multi occupancy houses had to have carbon monoxide and smoke alarms fixed in the property.
- The number of available properties for homeless people.

Resolved – (1) That the report be noted.

(2) That the Housing Manager be requested to circulate information on the number of people with learning disabilities living with parents or carers.

(3) That the Housing Manager be requested to circulate an update on areas covered in the report in the next Municipal year.

31. Great Western Hospitals NHS Foundation Trust Update

The Committee received a report by the Chief Executive of the Great Western Hospital (GWH) NHS Foundation Trust on key issues and developments at the Great Western Hospital. Mr Kevin McNamara, Director of Strategy, Great Western Hospital (GWH), presented the report and highlighted matters of significance, including the introduction of the new Discharge to Assess Service that assess patients in their own home, the increased demand for urgent and emergency care and the Sustainability and Transformational Plan that reflected partnership working between all agencies to address the challenges which come with an aging and growing population.

Mr McNamara commented on the improvements within the Emergency Department, the progressive work with community healthcare services to address challenges faced by these services, the success of the flu vaccination campaign, the success of the Radiotherapy Appeal and that groundwork has now started at Great Western Hospital and he referred to the new bereavement suit that offered private space for bereaved family who experienced stillbirth or neonatal deaths.

Following his presentation of the report, Mr McNamara responded to members' questions and comments on the following issues:

- The radiotherapy equipment on the new site would be the leading edge technology.
- Actions being undertaken to address increased birth rate in Swindon due to the rise in population.
- Prospective parents' choice to request an amenity room for the childbirth.

Resolved – That the report be noted.

32.

Work Programme 2016/17

The Director of Law and Democratic Services submitted a report on the Committee's work programme for the current Municipal year, detailing the activities that the Committee had undertaken, and would be undertaking, during the course of the year, with the aim of producing evidence based recommendations intended to provide service improvements for Cabinet and external agencies/bodies to consider.

Resolved – That the report be noted.

Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

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) Demand for urgent and emergency care and how we manage beds

Our biggest operational priority currently, is improving our Emergency Department (ED) performance and how we cope with significant demand.

We continue to experience significant demand in the Emergency Department, with November seeing 7,123 patients. When compared to the same month last

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 Foundation Trust Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

year, this equates to an increase of more than 131 additional patients, but 404 fewer than October 2016.

Of these, 71.8 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.

To help our urgent and emergency care services work together more effectively, we plan to move the ambulatory care service based within GWH, nearer to the Urgent Care Centre and the Emergency Department. This means that all urgent and emergency care services will be located closer together by the end of January.

The multidisciplinary team who provide ambulatory care, assess, diagnose, treat and then discharge patients the same day. These are mainly patients who have arrived via the Emergency Department or have been referred by their GP for urgent care.

The service, which is based around decisions being made more quickly, is a huge success in getting patients, back home on the same day, so they don't need to stay overnight on a ward.

Evidence shows that this approach helps to reduce pressure on our emergency and ward staff, as well as improve clinical outcomes and the patient experience, by reducing delays in decision making. It is hoped the new location of ambulatory care will help us to move patients out of the Emergency Department more quickly.

We have also launched a new campaign in collaboration with Swindon CCG to highlight the healthcare services which are available without an appointment. This aims to support patients when they either can't wait for a GP appointment or need urgent care.

Of the 225 people who attend our Emergency Department each day, around a third need to be admitted onto a ward, often with multiple and complex conditions.

This is our big challenge. At the moment we're not in a position to add more beds, but massive growth and new build housing in places like the New Eastern Villages will mean demand for our services will only continue to grow over the next five to ten years.

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 Foundation Trust Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

We are therefore actively pushing for additional funds from housing developers, in partnership with Swindon Borough Council, so that we can accommodate this growth.

The inevitable increase in demand will not only impact on the hospital, but on all healthcare services including GPs, as well as social care services.

The operational challenges we are facing should not be seen in isolation. They are a symptom of the increasing pressures facing the health and social care system across the town.

As well as working on services to prevent people needing admission to hospital in the first place, we must also ensure patients can leave hospital as soon as they are well enough.

Discharges can be delayed for a number of complex reasons, often to do with planning the care the patient will need after leaving hospital. Creating complex care packages often relies on the whole health and social care system working together at what is a very challenging time for all.

b) Supporting timely and well-planned discharges

Our new discharge to assess service called 'Home to Assess' is helping patients to return home as soon as they no longer need our hospital care.

Since launching in November, the community team have so far assessed 32 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.

When assessing what type of care a patient will need in their own home it makes sense a lot of the time to do that in their own home to get a clearer and more true to life assessment. An example might be a patient who needs a wheeled walking frame, which they may find easy to use on the hospital's flat and uncarpeted floors, however at home they may fall as they try to negotiate carpets, rugs or narrow doors.

When each patient arrives home they will have someone there to make sure they are all right for the night. Next morning the intensive assessment involving occupational therapists, nurses and sometimes physiotherapists begins and is complete within 72 hours of being home.

The aim is to use the scheme for five patients a day, five days a week.

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 Foundation Trust Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

We also continue to better utilise our discharge lounges so patients can wait for their transport home away from the ward, helping to free up beds.

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.

In November 2016 we experienced an 8 per cent increase in patients needing to be admitted into hospital after attending the Emergency Department, compared to the same month in 2015. This increase in admissions was compounded by an increase in delays of patients being discharged, due to delays in on-going care arrangements. In November 2016, the number of bed days lost due to delayed transfers of care was about 50 per cent more than in November 2015.

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.

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.

We have also launched a leaflet and poster campaign called 'Leaving hospital' 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.

3.3 What have you done well?

a) CQC announce routine inspection in March

The Care Quality Commission (CQC) has confirmed that they will be conducting a routine inspection of our services from 21 March.

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 Foundation Trust Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

This is an opportunity to show the improvements we've made over the last year and change our overall rating from 'Requires Improvement' to 'Good'. The rating is important as it says a lot about the quality of care people can expect. It is likely the CQC will be interested in all our services at the Great Western Hospital (GWH), as well as the community healthcare services we're now providing in Swindon.

Although it is yet to be confirmed which services will be inspected, the CQC are currently asking local people to share their experiences of our care to help form their inspection plan.

b) Trust staff benefit from 30 hours of free childcare

Caroline Dinenage, Minister for Early Years, visited the Cooperative Nursery on the GWH site on 28 November to speak with staff who are among the first in the country to benefit from 30 hours of free childcare every week.

Currently, all parents with either a three or four-year-old can receive 15 hours of free childcare from the government. However, a new Department for Education initiative being piloted in Swindon means eligible staff at GWH are entitled to double the usual entitlement.

Already over 100 staff have taken up the offer and I hope that as many staff as possible will take advantage of this scheme, ahead of the national roll out from September 2017.

c) Staff car park expansion complete

The expansion of the staff car park is now complete, giving us an extra 400 spaces for staff.

While we're under no illusion these spaces will solve our parking problems, they are helping to keep more spaces free in our public car parks. This will make it easier for patients and visitors to park and help to ease the long queues we have seen this year.

We continue to do all we can to make improvements to car parking with the money we have available.

On this subject, local residents in the Liden area of Swindon have handed a petition to the Trust to oppose staff parking near their houses and asking the Trust to offer staff free car parking.

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 Foundation Trust Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

We have met with local residents to discuss their concerns; however we have no powers of enforcement on public roads. Our staff are asked to park considerately and we recently placed notices on the windscreens of vehicles parked in the Sedgebrook area with a reminder.

Staff are asked to find alternative travel arrangements on the days they are not permitted to park in the staff car park, options include car sharing, cycling or public transport.

While we would like to allow staff to park more frequently, we need to review the impact of our recent expansion to the staff car park during the first half of 2017 to see what space is available at our very busiest times.

All staff with a parking pass are charged £1.50 for each day they park in the staff car park. The charge was increased by 50 pence last year to pay for the extra 400 spaces which are now open.

Without a charge, the cost of maintaining the car park would need to be funded directly from frontline care, diverting money away from patient services.

d) Stem Cell Service receives essential accreditation

Following an inspection by the Joint Accreditation Committee-ISCT & EBMT (JACIE), the Autologous Stem Cell Transplantation Service at GWH, has been awarded an important accreditation in the field of haematopoietic stem cell transplantation.

The internationally recognised system of accreditation provides assurance of high quality patient care and laboratory performance in haematopoietic stem cell collection.

Based against established international standards, the accreditation gives us the approval needed to provide a stem cell transplant service.

Up to 20 patients a year, with blood cancers such as lymphoma and multiple myeloma, receive stem cell transplants at GWH.

Without the accreditation patients would need to travel to Bristol or Oxford for treatment.

This is the second time the Trust has received the accreditation which must be renewed every four years, with standards getting tougher each time. We are the

Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

10th centre in the UK to be accredited under the new 6th Edition Standards which are extremely high.

e) Building work has started in the Endoscopy Unit

Building work has started to improve the privacy and dignity of patients and the facilities for staff in the Endoscopy Unit at GWH. The new design will also help to improve patient flow through the unit.

Improvements will be made to the reception area, the staff room and changing facilities and pre-operative areas.

This work was encouraged following an assessment by the Joint Advisory Group (part of the Royal College of Physicians) who assessed the unit last year, describing the care as “of the highest quality”.

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

The building work will not cause any major disruption or noise and is not expected to affect any other service. It is scheduled to be complete by the end of March.

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

f) Maternity support worker nominated for Royal College of Midwives award

Kerry Wheeler, who has worked on the Delivery Suite for the last 12 years, has been shortlisted for the Pregnacare Award for Maternity Support Worker of the Year.

The national award recognises the importance of the maternity support worker role in providing holistic care to women and their families and supporting midwives to help free up their time caring for new mums.

The awards are a fantastic opportunity for midwives and maternity support workers to showcase the wonderful, innovative work they are doing to deliver better care for women, babies and their families.

Kerry is one of 10 Maternity Support Workers employed by the Trust and was nominated for the award by Tanya Miles, a midwife on the Delivery Suite. She was nominated because she is passionate about providing personal care to each

Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

and every mum and baby.

The Delivery Suite is a very busy place, so maternity support workers like Kerry are really valuable in giving our midwives more one-to-one time with mums.

The winners will be announced at the RCM awards ceremony in London on Tuesday 7 March.

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

3.4 Supporting Information

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.

Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 None.

This page is intentionally left blank

Continuing Healthcare

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

Author: Project Manager, Swindon CCG

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 Continuing HealthCare.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.

3. Detail

Introduction

- 3.1 NHS Continuing Healthcare is defined as a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a “primary health need”. Available to individuals aged 18 or over, the care is designed to meet needs that have arisen as a result of disability, accident or illness.
- 3.2 NHS Funded Nursing Care is the funding provided by the NHS to homes providing nursing to support the provision of nursing care by a registered nurse.
- 3.3 Individuals who need ongoing care/support may require services arranged by CCGs and/or Local Authorities (LA's). CCGs and LA's therefore have a responsibility to ensure that the assessment of eligibility for care/support and its provision takes place in a timely and consistent manner.

4. Background

- 4.1 Since the latest NHS reforms in 2012, and the establishment of Clinical Commissioning Groups, local responsibility for the delivery of Continuing Health Care Assessments and management of the service has been hosted by Swindon Borough Council (SBC) through the Section 75 agreement. In 2015, SBC gave the CCG notice that they did not wish to continue to provide the service, and as a result, responsibility would transfer to the CCG.

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

Continuing Healthcare

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

- 4.2 In preparation for this transfer SCCG initiated a procurement exercise to secure the expertise required to perform this function. Care Home Selection (CHS) was awarded a one-year contract commencing on 1 April 2016.
- 4.3 Over the last 9 months, CHS have established a team of 7.7 w.t.e of Assessors and Administrative Staff sourced from a wide range of skill sets and enabling the provision of a comprehensive evidence based service that meets with the national guidance on Continuing Health Care. In addition to the Core Team in Swindon, support is provided by clinical staff from across the CHS footprint including administratively from Staffordshire and additional clinical support from Dorset, Bedford, Devon and Cheshire. This enables a consistent approach to the application of national process and the option to source clinical expertise most suited to individual case management.
- 4.4 The CHC team have established both administrative and clinical referral assessment and decision making processes that reflect compliance with the national framework for CHC and Fast Track referrals.
- 4.5 To improve record keeping and maintenance of an effective database of the patients considered and receiving CHC funding, CHS have introduced their Care Track system and the CCG's Finance Team are using this database to support their forecasting on CHC expenditure.
- 4.6 The CHC team also provides a quality assurance check on all completed checklist referrals and DSTs from the local health and care economy, ensuring that the CHC panel process only considers those cases which are robust, compliant with guidance and of a consistent standard. This is facilitating an improved timescale in which the outcome of the assessment is made known to the individual and their families, as well as reducing the number of deferred cases which had historically been an issue.
- 4.7 As a result of the introduction of these new processes and procedures, the number of cases being considered for Continuing Health Care has fallen since April 2016:

CHC (excl Fast Track)	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016
Number of new checklist referrals for consideration	31	16	16	11	4	8	7

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

Continuing Healthcare

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

- 4.8 In addition to this operational role, the CHC Team have embarked on a comprehensive training programme to a wide range of health and social care professionals across the local health economy, providing updated awareness of national guidance and the practical application of Continuing Health Care. Staff from Great Western Hospital Foundation Trust, Hospice Services, Community Services, Social Care and Care Homes have all been offered training and to date over 57 staff have been on either group sessions or 1 to 1 training. Plans are in hand to encourage attendance from Avon and Wiltshire Mental Health Trust and to embed education as a rolling feature of service delivery.
- 4.9 To ensure that the Team operates within the national framework, and that the CCG and SBC can be assured that we are compliant with all relevant regulations, the CHC Lead has reviewed existing policies and developed a suite of Continuing Health Care Policies, providing a robust foundation upon which the service is delivered. Engagement with relevant staff from SBC on the development of these policies and processes has been integral, and continued collaboration will be facilitated by the recently established CHC Programme Board where the two organisations, with representatives from the CHC Team, Finance and Quality will meet on a 6 weekly basis to discuss issues, policies and processes concerning the provision of CHC in Swindon and Shrivenham.

Activity to date

5. CHC

- 5.1 To provide some practical context, the table below summaries the new activity delivered and managed by the CHC Team to date (April 2016 – October 2016).

This table excludes the 209 cases inherited by CHS from SBC at the beginning of the financial year:

CHC Category	Number
CHC Negative Checklist	27
Undergoing Assessment	27
New Retrospective	7
Inherited Appeal	1
Responsible Commissioner Challenge	1
No outcome	29
Number of DST's presented to panel	68

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

Continuing Healthcare

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

Closed (RIP or information incomplete)	18
Total CHC cases	178

- 5.2 Of the 68 DSTs presented to the CHC Panel for consideration, 62% were found not eligible for CHC funding.
- 5.3 An assessment of the new cases reported on Care Track received since April 2016 indicates an average length of time from date of checklist being received by the CCG and a funding decision being made of 19 days. This represents a good performance against the 28-day standard. For those cases inherited from SBC, however, there is further work being undertaken including validation, and as a result there are some cases where the average length of time is up to 101 days. The CCG fully recognises the need to improve on this current performance and therefore work continues to validate the Care Track system and ensure that all members of staff involved within the CHC process (including assessment and procurement of appropriate packages of care) are trained and update the system appropriately and accurately, so that monitoring of progress on cases can be regularly reviewed and actions implemented to mitigate any issues with delays in the process.

6. **Fast Track**

- 6.1 Occasionally individuals with a rapidly deteriorating condition who are entering a terminal phase of their life will require fast tracking for the immediate provision of CHC so that they can be supported in their preferred place of care as quickly as possible, without waiting for the full CHC eligibility process to be completed. CHS ensure that this is a streamlined process where enough information to support the need for fast tracking and to agree an appropriate package of care is secured.
- 6.2 The number of Fast Track Applications received since April 2016 to end of October 2016 and approved are detailed within the table below:

Fast Track Referrals	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Subtotals
Number of new Fast Track applications	17	23	21	20	15	20	18	134

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

Continuing Healthcare

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

Number of approved Fast Track applications	17	22	20	18	15	19	18	129
--	----	----	----	----	----	----	----	------------

- 6.3 Decision making on Fast Track applications is time critical, and on average, using data on Care Track, the time taken is 2.8 days with most taking just 1 day.

7 Appeals and Complaints

- 7.1 In terms of appeals received, since April 2016 to October 2016, there were 9 appeals. Of these, one appeal case for an assessment carried out during 2015/16 has been found eligible for NHS CHC funding following a resolution meeting and taking additional evidence back to Panel. Another case considered by NHSE has had the CHC decision upheld.
- 7.2 As part of the work detailed above on processes and procedures, the Appeals process has been reviewed and an information leaflet is now available for individuals and their families.
- 7.3 Action is currently in hand to address the remaining 7 appeals involving engagement with families and arranging resolution meetings.
- 7.4 There have been seven complaints over the period, all of which have been resolved within the recommended time frame.

8. Financial Overview

- 8.1 As at October 2016, information from Care Track indicates that CHC expenditure is forecast for a year end position of £10,741,615.00. It should be noted that there is a need to recognise that this position is changing regularly due to the constant validation of the information recorded on Care Track. Action is in hand through the improved processes and procedures to ensure that each stage of the assessment and brokerage process in securing a care package for an individual is accurately recorded on this database to enable effective monitoring of progress and robust forecasting of expenditure.

9. Conclusion

- 9.1 Since April 2016, significant progress has been made in establishing a CHC Team within the CCG with an emphasis on continuing the close working relationship with SBC as a key partner in the delivery of this essential service.
- 9.2 The introduction of improved processes and procedures, coupled with the delivery of a significant training programme has enabled the CHC service to

Continuing Healthcare

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

improve its response times to individuals and ensure a consistent approach is implemented across the health and social care economy. There is further work to do in embedding these processes and ensuring that individuals requiring a continuing health care assessment are managed in a timely manner, and both the CCG and SBC are committed to improving the arrangements surrounding the assessment and brokerage phases of the service.

10. Alternative Options

10.1 None

11. Implications, Diversity Impact Assessment and Risk Management

11.1 Legal and Human Rights Implications

The CCG has a legal duty and responsibility to ensure the provision of continuing health care within Swindon and Shrivenham is delivered and discharged in accordance within relevant standing rules and guidance including the National Framework.

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

The delivery of an effective and efficient CHC service necessitates the employment of specialist trained staff to ensure that the service is delivered in compliance with the National Framework. In addition, sustainability of the service is currently ensured by the ability of CHS to secure appropriately skilled and trained staff from a wider geographical footprint for specific areas of CHC to support service delivery.

11.3 Diversity Impact Assessment

All patients within Swindon and Shrivenham who are eligible for CHC funding are included. There are no exclusions.

11.4 Risk Management

The management of risk is included within all policies and processes developed by the CHC Team.

12. Consultees

Not applicable as an update to the Health Overview and Scrutiny Committee.

13. Background Papers

13.1 None.

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

Continuing Healthcare

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 7th February 2017

14. Appendices

14.1 None.

This page is intentionally left blank

IVF Policy

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 7th February 2017

Author:	Gill May, Executive Nurse
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

- 1.1 NHS Swindon CCG is proposing changes to its current IVF policy and will be carrying out a period of public engagement from Monday 16 January through to Friday 17 February 2017.
- 1.2 CCGs are allocated an annual NHS budget which is used to commission (buy) a wide range of health services and treatments for its local population, in accordance with local health care needs.
- 1.3 Swindon CCG is responsible for funding IVF treatment for local people but this must be balanced against funding requirements for many other necessary local health services and treatment (such as emergency care services, treatment for long-term conditions, community nurses, surgical operations etc.)

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.

3. Detail

- 3.1 When people living in Swindon and Shrivenham have problems with infertility, Swindon Clinical Commissioning Group (CCG) is responsible for funding infertility treatment services (such as IVF) to help women become pregnant. We currently fund IVF treatment for approximately 127 people in Swindon each year. In the past year, the cost to the NHS for Swindon and Shrivenham residents has been approximately £383,000.

Why this is happening now

- 3.2 For a number of years Swindon CCG has aligned its fertility policy with the guidance produced by the National Institute of Health and Care Excellence (NICE). The most recent NICE update of the Clinical Guideline (CG) 'Fertility: assessment and treatment for people with fertility problems', was released in February 2013 and the current CCG policy 'Assisted conception' (October 2012) needs to be reviewed in the light of these recommendations.

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

IVF Policy

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

- 3.3 Currently, we offer more cycles compared to Wiltshire and BaNES. The policy review needs to consider the Sustainability and Transformation Plan (STP) work programme with a view in potentially agreeing the same criteria and provision of services for assisted reproduction services for infertile couples across Swindon, Wiltshire and BaNES CCGs (both CCGs reviewed and amended their policies in 2016). However, it is acknowledged that some differences presently remain in the current policies and Wiltshire and Banes and it is our intention to align our policy at this time.

The current IVF policy

- 3.4 The current IVF Access Criteria is available at <http://www.fundingrequests.cscsu.nhs.uk/wp-content/uploads/2013/10/SW-07-Fertility-Extract-Swindon-CCG-March-2013.pdf>
- 3.5 The latest NICE guideline, a non-binding recommendation, is available at www.nice.org.uk/guidance/CG156
- 3.6 The change the CCG is proposing to the current IVF policy is in relation to the availability of fresh and frozen cycles:

	2013 NICE guidance	Current Swindon CCG IVF Policy	Proposed Swindon CCG IVF Policy
Availability of fresh cycles and frozen cycles	Full fresh cycle and all subsequent frozen cycles	Three fresh cycles (and frozen cycles where available from the fresh cycle), maximum six embryo transfers	One fresh cycle with a maximum two frozen embryo transfers

- 3.7 The proposed change would bring Swindon CCG's IVF policy in-line with Wiltshire CCGs policy in relation to the availability of fresh and frozen cycles.
- 3.8 We have shared our proposed approach to engaging with the public with Healthwatch Swindon who are supportive of how we intend to carry this out.

4. Alternative Options

- 4.1 None

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

IVF Policy

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 7th February 2017

5. Implications, Diversity Impact Assessment and Risk Management

Legal and Human Rights Implications

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

Diversity Impact Assessment

We are undertaking an Equality Impact Assessment.

Risk Management

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 None.

This page is intentionally left blank

Prescription Ordering Direct Service

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

Author:	Gill May, Executive Nurse
	Paul Clarke, Pharmaceutical Adviser
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 Prescribing Ordering Direct service.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.

3. Detail

- 3.1 Swindon CCG Prescription Ordering Direct (POD) is a new method for ordering repeat prescriptions based on a call centre model first developed in Coventry and Rugby CCG. Patients from any GP practice who has signed up to use the POD can telephone a single number to request a repeat prescription.
- 3.2 The NHS POD is currently based at Swindon CCG, The Pierre Simonet Building, North Swindon Gateway, North Latham Road, Swindon, Wiltshire, SN25 4DL.
- 3.3 The POD provides an additional method for patients to order their repeat prescriptions enabling increased patient empowerment and the ability to take control of their own repeat medication requirements. The telephone lines are manned by trained prescription clerks and supported by a registered pharmacist from Swindon CCG. The service started in August 2016 covering two practices with opening hours from 10am – 2pm. Opening times have increased to 9am until 5pm. These opening hours are currently under review, and will increase according to need.
- 3.4 As of 1 January 2016 there are eleven CCG practices using the POD. These are: Abbey Meads Medical Practice, Ashington House Surgery, Great Western Surgery, Hawthorn Medical Practice, Kingswood Surgery, Lawn Medical Centre, Moredon Medical Centre, Priors Road Medical Centre, Taw Hill Medical Practice, Victoria Cross Surgery and Westrop Surgery.

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

Prescription Ordering Direct Service

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

-
- 3.5 Up take of the scheme is good with call volumes increasing from 849 calls taken in August to 7105 calls taken during December. To manage this call volume staffing levels have increased to 9 prescription clerks, and staffing levels will continue to increase as more practices join. Monday mornings are particularly busy, with the entire CCG medicines management team also taking calls.
- 3.6 The first time a patient calls, the service is explained to them and explicit consent is gained before accessing their medical records. Patients are asked about what medication is needed at that time. Patients are asked about their existing stocks of medication to ensure they are only ordering what is required.
- 3.7 The POD service uses the NHS Electronic Prescription Service. For each patient the POD issues an electronic prescription for the required medication, which needs to be signed electronically by the GP, before passing directly to a pharmacy nominated by a patient.
- 3.8 Patients are encouraged to order their medication around 7 days before it is due to run out. This allows plenty of time for the GP to sign and the pharmacist to dispense their medication.
- 3.9 In addition to issuing repeat medication the POD can, subject to agreement of the GP:
- Issue medicines from past or acute medication screens with a message informing the GP of its source.
 - Amend quantities to ensure that patients do not have excess of their medications.
 - Remove items to “past” if they have not been ordered for more than 6 months.
 - Add comments to the consultation record if deemed appropriate. An example could include a reminder to book in for a medication review.
 - Remove medication to the past screen when the patient has reported that they are no longer taking a medicine and document a reason informing the GP where appropriate.
 - Synchronise quantities of all repeat medication to the same length of treatment.
- 3.10 Experience from Coventry and Rugby shows around 1 in every 10 medicines ordered is not required, and early local figures suggest the same is true in Swindon CCG. The main advantage of the POD is therefore to reduce medicines waste and reduce the potential harm of having a build-up of medication at the patients’ home. Reducing the volume of medicines supplied by 10% will also lead to significant cost savings on the prescribing budget.
-

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

Prescription Ordering Direct Service

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

- 3.11 It is anticipated the POD will free up time in both practices and pharmacies, as well as encouraging patients to take responsibility for ordering and taking medication.

4. Alternative Options

- 4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Legal and Human Rights Implications

None

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

None

Diversity Impact Assessment

This Service is not suitable for those who are hard of hearing, cannot speak English or cannot use a telephone for any other reason

Risk Management

None

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 None.

This page is intentionally left blank

Avon and Wiltshire Partnership NHSTrust

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

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 NHSTrust

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

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. This work remains ongoing.

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.

Avon and Wiltshire Partnership NHSTrust

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

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 stakeholders. However following productive discussions and the consultation process is expected to recommence at the beginning of February 2017.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Consultation will demonstrate the financial challenges, ensuring that the proposed alternative is a safe and high quality consistent service which is financially sustainable.
- 5.2 Legal and Human Rights Implications
- 5.3 There are going to be new standards for the recommended length of stay in place of safety and changes to the Police and Crime Bill will present challenges to local health and social care services.

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

- 5.4 None

Diversity Impact Assessment

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

Risk Management

- 5.6 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>
-

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

Avon and Wiltshire Partnership NHSTrust

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 7th February 2017

8. Appendices

8.1 None.

Transitions Programme

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

Author:	Victoria Guillaume, Project Development Manager, Adult Services, with Sue Wald, Director Adult Social Services (DASS) Swindon Borough Council
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 the Swindon Borough Council Transitions Programme.
- 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 detailing progress on the Transitions Programme.
- 2.2 Identify any areas of concern or interest that require further investigation or information.

3. Detail

- 3.1 This report is in response to the Task Group investigation and report that was presented to Adult Social Care, Health and Housing Overview and Scrutiny Committee on 21st March 2016.
- 3.2 The multi agency Transitions Programme was set up in September 2016, with the aim of improving the experience of young people who transition to

Further information on the subject of this report can be obtained from insert Victoria Guillaume at vguillaume@swindon.gov.uk

Transitions Programme

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

adulthood, focusing on those young people who are likely to transfer to a service provided by Adult Social Care or Adult Mental Health. The Programme is sponsored by the Director of Children's Services and Director of Adult Services and reports to the Adult Change Programme Board.

- 3.3 The Transitions Protocol for young people with additional needs provides guidance for the workforce across Education, Health and Social Care as they support young people and their families to plan for the transition from childhood to adult life. It also acts as a step by step guide for young people and parents about the things that they can do for themselves during this time, and what they should expect in terms of guidance, advice and support. The information in the Protocol applies to young people with additional needs including (but not exclusive to) special education needs, health needs and/or disabilities, looked after children, children in need, young offenders and young carers. This includes young people placed out of borough. It is published on the Local Offer at <http://mycaremysupport.co.uk/>

Education is the common setting for all young people. This is where the conversation about transition should start. The process for preparing for adulthood will be different for every young person depending on their support needs, personal circumstances and aspirations. Therefore the Protocol should be used flexibly as a basis for developing the right approach in each case, using the elements that are relevant to the individual in question. Good person centred practice, sound professional judgement and a commitment to partnership working are crucial in making the Protocol work.

- 3.4 A young person in transition should be able to look forward to being active in their community, to being employed in a sustainable role, to having a fulfilling peer/friendship network, to living a healthy life, and to accessing universally available services to meet their support needs. What is important is early identification of young people likely to need support in adulthood, proactive multi agency engagement with the young person and family/carer, supporting the young person to plan their transition to adulthood using a progressive plan, considering the individual's ambitions, skills and support needs, to maximise the young person's independence.

- 3.5 The Transitions Programme sets out to ensure that:

3.5.1 Clear communication, information and processes and good quality support provision are in place so that young people transition confidently, in a planned way. The Programme is focused on bringing the Transitions Protocol to life, to ensure that the processes and systems enable all agencies working with the young person to work together consistently, communicate effectively, and enable and empower the young person to

Transitions Programme

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

prepare for adulthood with all the information that they need to make informed choices;

3.5.2 Clear roles and responsibilities are in place for staff across the Transitions Protocol, including Health, Education, Adult Services and Children's Social Care, Children's and Adult Mental Health Services, so that all professionals know how and when they can best support young people and their families and carers.

3.5.3 There is early engagement with the Adult Services Transitions Team (from Year 9 or age 14). We know that a transition works well when professionals know the young person, and understand their plans and aspirations, and have time to plan their transition with them, planning in a step change, targeted way.

3.5.4 Professionals focus on understanding how the young person can be as independent as possible in adulthood, and building a realistic but ambitious picture, with them on what their adult life could be like.

3.6 Data relating to the Transitions Programme:

National Indicators relating to Adults with a Learning Disability

		2014/15	2015/16	Sept 2016 Result
ASCOF 1E	Proportion of adults aged 18-64 with learning disabilities who are receiving Long Term Services from Social Care, who are in paid employment	4.1% (equates to 23 people)	3.6% (equates to 21 people)	4% (equates to 23 people)
England Average		6.0%	5.8%	

		2014/15	2015/16	Sept 2016 Result
ASCOF 1G	Proportion of adults aged 18-64 with learning disabilities who are receiving Long Term Services from Social Care, who live in their own home or with their family	70.5%	71.3%	71.0%
England Average		73.30%	75.40%	

Further information on the subject of this report can be obtained from insert Victoria Guillaume at vguillaume@swindon.gov.uk

Transitions Programme

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

3.6.1 Number of young people who participated in Planning Live

- Care – Pathway Plan with Route to Employment focus = 6
- Learning Disability – Planning for Annual Review/EHCP – Age 14+ = 17
- There are 19 Train the Facilitators now trained through Paradigm Consultancy covering SBC staff, partners and education. The majority have table facilitated at a Planning Live event and 3 SBC staff have now led events under the supervision of Paradigm to ensure quality and consistency.

3.6.2 Link Workers caseload and information on supporting young people into Employment (*Note: there are 4 Link Workers and this is a new role so no comparator data available*)

- Link workers are holding a total of 62 cases – with 5 now in paid employment and 1 in voluntary work.

3.6.3 Young people in Supported Internships:

- At UET – 7 in Preparation for Supported Internship (5 male, 2 female). If successful they will progress onto Supported Internship course next year.
- At UET - 7 on Supported Internship (5 male, 2 female).
- At Swindon College there are 5 on Supported Internship programmes (4 male, 1 female).

It is challenging for Colleges to secure meaningful and appropriate internship placements with local employers.

3.6.4 Number of young people who Transition from Children's to Adults

- At the start of the financial year, the Transitions Team starts with between 30-40 referrals and this builds so that by the end of the financial year there are approximately 80-90 young people who will turn 18 in that financial year. These are young people who we think are likely to be eligible for Adult Social Care. With support from Children's Social Care and others, these young people sometimes do not need funded support and funding may not need to be put in place until beyond their 18th Birthday.

The referrals come from a variety of sources, mostly Disabled Children's Team (DCT) and other teams in Children's Services, or from colleges, or directly from family.

Transitions Programme

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

The Transitions Team now know earlier about high cost young people and that is due to “Tracker” meeting attended by Transitions Team, Education and Children’s Services, and also the Creative Solutions Group.

3.7 The Transitions Programme has five workstreams. Progress at February 2017 is as follows:

- 3.7.1 A new Head of Transitions was appointed in November 2016. A Communications Plan for the Programme has been developed, and detailed financial analysis around Transitions presented to the Programme Board for review. Parents and professionals are invited to attend the Transitions Roadshow event on 9th March, and young people are being engaged through Planning Live, a child-led strength-based facilitated discussion about long term aspirations.
- 3.7.2 Four Link Workers are now in post in the Transitions Team, whose role includes supporting young people with preparation for employment, supported internships, work experience and volunteering. The Link Worker role was introduced to enable Adult Social Care to work with young people much earlier, to build relationships with the young person’s family / carers, and to support and guide young people to prepare for adulthood.
- 3.7.3 Data and Referral - Systems and processes for recording and sharing information relating to Transitions have been reviewed. New Transitions Involvement Form has been developed and is being analysed with front line teams. New Transitions Referral Form has been developed and tested with partners. New referral process developed and now in consultation, with referrals received and managed by the Learning Disability Duty Team. All meetings and plans that relate to children in Transition are being mapped and consolidated to make it easier for families and young people to manage.
- 3.7.4 Roles and Responsibilities workshop held 9 January, to start process of mapping out multi agency roles across the Transitions Protocol, what works, and what needs to be improved. A draft definition of Transitions has been agreed.
- 3.7.5 Workshops for Providers and Commissioners of accommodation and placements for young people in transition took place January 2017 and planned for February 2017 to work through case studies, costs and outcomes required. Market Position Statement to be developed.
- 3.7.6 Employment history and educational background of service users analysed and case studies reviewed. Employment tracking data on Swift now more accurately reflects current employment status. Relationships brokered

Transitions Programme

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

between Link Workers and new ESIF funded projects that can offer support from 16 years. Staff briefings held on 'routes to employment', including Supported Internships, for the SEND team and other teams are planned between January and March 17.

3.8 Communication and Engagement:

In addition to the Programme activity referenced above, and engagement with Special Educational Needs Coordinators (SENCOs) at schools and colleges and other key partners, the Programme is working with the Carers' Centre on a Transitions Roadshow event on 9th March 2017, to engage with professionals, parents, carers and young people regarding the Transitions Programme (referenced above).

A Communications Plan has been developed by the Programme Board. The Head of Transitions will attend and update the Learning Disability Partnership Board and the Autism Partnership Board (quarterly). The most recent update took place on 17th January. In November 2016, the Head of Transitions and other representatives of Adult Social Care attended the Learning Disability Forum to engage with service users, carers and support providers about what makes good quality support. This work is informing the Programme, and a summary of the Forum discussion is attached at **Appendix 1**.

The Transitions Task Group recommended that 'parent to parent discussion' should be offered to parents where possible, and that this should be raised with the Swindon Parent and Carers Group (PAC). The PAC group is run by volunteer parent carers, representatives actively get involved in discussions with the Local Authority, NHS, social care and education sectors in the development of services for disabled children and young adults between ages 0-25. The group hold regular meetings with parents and carers across Swindon and feed in comments to the Participation and Engagement workstream. This workstream feeds into the SEND Board, which PAC attends.

Swindon Carers' Centre will be trialling a new group for parent carers with children under school age to come and meet other parent carers while the children can enjoy supervised play/care from qualified early year's staff.

The Swindon Carers Centre offers support to Parent Carers through lunch time sessions where parents are given the opportunity to meet other parent carers for friendship and to share experiences.

Commissioners for the Voluntary and Third Sector are currently looking at widening the way we engage with parents, adults and children in Swindon and will be working with Healthwatch and providers to strengthen the Participation involvement.

Transitions Programme

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

Further 'Planning Live' events have been held with young people. Planning Live is a child-led, strengths based facilitated discussion about long term aspirations. Planning Live gives the young person a real opportunity to be heard, and enables the young person to give meaningful input into the determination of the steps which need to be taken to ensure that their aspirations are realised. There is then one 'life' plan, supported by professionals. The young person and their family /carers are better informed about education, health, social care and voluntary sector services available to them, as they have all be fully engaged in developing the plan with the young person. An evaluation of Planning Live will be available early in 2017, and options for future delivery of the programme will be considered.

The Head of Transitions is working with young people through Thought Tank, and is attending a working session with the group in February 2017.

In addition, staff in Children's and Adult Services and Housing, the voluntary sector, and schools, and elected Members are kept informed of progress on the Programme through regular communication.

- 3.9 Reporting and Governance: The Transitions Programme reports into the Adult Services Change Programme, and from that into the Council's Transformation Programme.

- 3.10 Supporting Information

4. Alternative Options

- 4.1 Supporting young people through transition into adulthood is critically important. Bringing multi agency partners together to ensure that the Transitions Protocol is followed through for each young person is key to the success of the Transitions Programme.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Financial analysis relating to Transitions has been developed. This has been discussed at the Transitions Programme Board, and informs the Programme.

Legal and Human Rights Implications

- 5.2 There are no specific Legal or Human Rights implications arising from this report.

Transitions Programme

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 7th February 2017

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

5.3 None

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None

6. Consultees

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

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix 1: Summary of Learning Disability Forum discussion, November 2016.



Swindon

Learning Disability Partnership Board

Forum



“What does good support look like?”



15th November

Pilgrim Centre - Swindon

9:30 – 12.30



Learning Disability Partnership Board

Attendees

Name	Organisation
Mary Anne	Saracen Care
Hayley Dolby	Saracen Care
Julia Everard	Saracen Care
Mariama Ibrahima	Saracen Care
Mark Edwards	Healthwatch Swindon
Pam Forde	Healthwatch Swindon
Rachel Hill	Swindon Advocacy Movement (SAM)
Paul	Open Door
Annie Baker	SAM
Rachel Grabowski	SAM
Richard Pike	SAM
Tammy Peapell	LDBP Rep (SAM)
Delyth Brown	SAM
Kelly Moss	LDPB Rep
Teresa Hardman	LDPB Rep (SAM)
Lynnette Glass	NHS Swindon Clinical Commissioning Group (CCG)
Sadie O'Reilly	Open Door Centre
David	Open Door Centre
Suzie Simpkins	LDPB Carer Rep
Jo Chandler	First City Nurses Provider Rep
Sarah Crabb	Open Door
John Reyes	Swindon Circle / Open Door
Steve Morgan	White Horse Care Trust (WHCT)
Dan Eldridge	LDPB Assistant Chair
Sheila Hale	Carer
Susanna Jones	Swindon Carers Centre
Luke Bull	Saracen Care
Stephan Frost	MENCAP
Mary Herowych	MENCAP
Lizz B	MENCAP
Francis Lewis	MENCAP
Sheila Exton	MENCAP
Lucy Beasley	WHCT
Ellen Ferguson	WHCT
Lucy Gibson	SAM
Kay Reeve	Swindon Borough Council (SBC)
Cath Johnston	SBC
Elaine Turner	SBC
Apologies	
Wendy Johnson	Great Western Hospital (GWH)
Dawn Dixon	SAM
Marty Slade	WHCT
Graeme O'Malley	NHS Swindon CCG
Ray Ballman	LDPB Chair



Learning Disability Partnership Board

Welcome

Cath welcomed everybody to the LDPB forum.

The topic of this forum was 'What does good support look like?' As well as adults with learning disabilities and carers, we invited all of the organisations and agencies who provide the range support on offer in Swindon. We also invited professionals from the SBC and Swindon CCG.

We offered separate tables for people with learning disabilities and people who support them and asked people to speak openly without inhibitions. We had advocates and volunteers facilitating the discussions and recording what was said.

Introduction

Kay Reeve (SBC) gave an introduction to the forum. The purpose of the forum was to hear from lots of people in the learning disability community, especially adults with a learning disability and those giving the support.

She spoke about the different supporters we have in our lives - social workers; carers; Personal Assistants; anybody who provides us with support.

It was very important for people to be open and honest, as this would enable us to really learn from the forum. As it was a forum, we couldn't talk about individual cases, but there was a space for table facilitators to note these down so they could be looked at after the forum.

Everybody's voice was important to get a complete picture of what good support looks like.

Ice Breaker

To help people at the forum to start talking about support Kay introduced an Ice Breaker. Everybody was given a 'one page profile' to complete with others on their table. This is a tool used to get a snap shot of someone's life and is often used in support planning.

We asked people at the forum to let us know what they thought about the exercise. The comments have been put into three groups.

1. What's important;
 - It's good to share what you like, e.g. Walking, if it's taken notice of
 - It's important that people who support me know about ME!



Learning Disability Partnership Board

- It's important to hear my dreams
2. Not so good;
- Done loads of one page profiles, no-one asks if I've done one before/who with, if they are useful, if I want to do another one
 - Thinking about dreams and goals can be hard – people may need support for this
 - It's difficult to share if you don't know the staff and they keep changing. Important to have the same support worker although this is challenging to achieve
3. Communication;
- How can we do this with people who have limited communication?
 - Must respect the knowledge of the individual and find out about them from them by all means available
 - Also the knowledge of others
 - Observe more and watch for indicators of needs, wants, desires – likes/dislikes

Activity 1 – Care and Support Planning Quiz

Each table was given a true or false quiz about care plans.

People worked in small groups to discuss the answers. The idea of the quiz was to get people thinking more about care plans. The learning disability community often talks about care plans. We wanted to give people the opportunity to think about them in more depth.

The questions in the quiz are below. Have a go and find the answers on the last page of this report.

- | | |
|---|--------------|
| 1. I know what a care plan is | TRUE / FALSE |
| 2. I must be involved in writing my own care plan if I want to be | TRUE / FALSE |
| 3. My care plan is only about the services I need | TRUE / FALSE |
| 4. I should be given choice and control over how my needs are met | TRUE / FALSE |
| 5. People don't have to take notice of my care plan | TRUE / FALSE |



Learning Disability Partnership Board

- | | |
|---|--------------|
| 6. If I need support to do my care plan I can choose who helps me | TRUE / FALSE |
| 7. I should have a copy of my care plan if I want it | TRUE / FALSE |
| 8. I need to agree about what's in my care plan before I sign it | TRUE / FALSE |
| 9. My care plan review doesn't need to include me | TRUE / FALSE |
| 10. I can't ask for a review of my care plan | TRUE / FALSE |

We asked the forum to give us some feedback about the activity. We wanted to know if there were any answers they were surprised by and how they felt about the care plan process in general. This is what people said;

1. General comments;

It is *their story*

The care plan is really important to me.

People do need to take notice of our care plans.

Not everyone wanted a copy of their care plan.

I don't like sharing it [careplan].

Time to communicate is important.

If you are able enough to make the choices you should be able to.

We all need choice in life – all the time.

Not everyone felt they had enough choice.

I don't agree that the care plan should only be about the services you are using, because I should be given more choice.

We should have a regular review. They [staff] haven't got a clue.

I should have a say - I might not want to do something or be able to do something but I'm not asked.

2. General Questions;

What is the difference between an assessment and a plan?

Is the care plan for the cared for or carer?



Learning Disability Partnership Board

Do carers have care plans?

How does the care plan get signed off?

A care plan means different things to different people – care plan, support plan, blue book, HAP etc. How do we know the links between these documents across organisations?

What happens if it's lost?

3. More Specific Comments, Questions and Potential solutions

Please see the table on the next page. The table notes comments that people made whilst discussing the quiz questions. It identifies potential solutions to the issues raised.

Please note that there are specific actions for specific people to follow.



Learning Disability Partnership Board

Topic	Comments	Who should think about this?
The care plan / reviews	Choices are often restricted or even removed due to lack of funding or allocation of social worker. If level of support is limited some needs/desires are not put in the care plan.	<p>Who: Providers Action: Discuss this at the LD Provider Forum, then feedback to LDPB.</p> <p>Who: Social Workers and Commissioners Action: Discuss at Adult Social Care (ASC) Team meeting. Feedback to LDPB.</p>
	Changes in circumstances may potentially require funding conversations for additional support needs. If this happens before an annual review is due it can be challenging to move it to an earlier date due to social work resources. However, a timescale of 3-6 months for the review to take place is not helpful.	<p>Who: Providers Action: Discuss this at the LD Provider Forum, then feedback to LDPB.</p> <p>Who: Social Workers and Commissioners Action: Discuss this as the LD Provider Forum and ASC Team Meeting. Also the LD Duty Team can be used as a resource to support a request for a review</p>
	The assessment of 'urgent' can differ from an individual, provider and adult social care. How can we work together to have a clearer understanding between each other about this?	<p>Who: Providers Action: Discuss this at the LD Provider Forum, then feedback to LDPB.</p> <p>Who: Social Workers Action: Discuss at ASC Team meeting, then feedback to LDPB.</p>
	How are plans shared and not duplicated?	<p>Who: Providers and Social Workers Action: Be in regular contact with each other to ensure there is only one plan which is owned by the service user.</p>
	Person needs a copy of the plan and be told who else has a copy and where it is kept safely.	<p>Who: Providers and Social Workers Action: Ensure that all their service users have a copy of their care plan.</p> <p>Who: Contract Managers Action: Could this be assessed at contract reviews?</p>



Learning Disability Partnership Board

Topic	Comments	Who should think about this?
The care plan / reviews	The care plan should reflect the changing lives of people. It should be a living document, current, dynamic. It must be used to show changing needs e.g. medication, needs for physical support/hoist, increased care needs etc.	<p>Who: Providers</p> <p>Action: At LD Providers Forum consider how providers can take responsibility for having regular contact with service users and use the care plan regularly to look at progress and not just looked at it once a year. For example have tenants meetings to discuss general issues about care plans and reviews.</p> <p>Who: Social Workers</p> <p>Action: At the ASC team meeting discuss how the care plan can be a living current and dynamic document.</p>
	If the person lives more independently they may need help to know how it can be updated.	<p>Who: Providers</p> <p>Action: Discuss this at the LD Provider Forum, then feedback to LDPB</p> <p>Who: Social Workers and Commissioners</p> <p>Action: Discuss at ASC Team meeting, then feedback to LDPB.</p> <p>Who: Adults with LD</p> <p>Action: Ask support worker.</p>
	If I asked for a copy of mine it would take forever.	<p>Who: Providers</p> <p>Action: Discuss this at the LD Provider Forum, then feedback to LDPB.</p> <p>Who: Social Workers and Commissioners</p> <p>Action: Discuss at ASC Team meeting, then feedback to LDPB.</p>



Learning Disability Partnership Board

Page 57

Topic	Comments	Who should think about this?
The care plan / reviews	It is important when a care plan is first drafted that people are informed that they can request a review and who might help them with this.	Who: Providers and Social Workers Action: Always tell service user and consider who might be able to help now that there is no LD advocacy anymore.
	Supporters need to understand an individual's care plan.	Who: Providers Action: Providers to consider these solutions put forward at the forum; "Have a group of 'bank staff', not agency staff, who are known to the residents and use regularly to cover other staff. This means that trust can be built with residents". "Whilst it's preferable to have consistent staff and support, if staff do need to be changed, knowing ahead of time really helps ".

Topic	Comments	Who should think about this?
Staff / Support workers	Staff shouldn't share they're issues with high caseloads and not enough time to support you.	Who: Providers Action: Discuss this at the LD Provider Forum, then feedback to LDPB. Who: Social Workers and Commissioners Action: Discuss at ASC Team meeting, then feedback to LDPB.
	Social workers / support workers say they will do something and they don't.	Who: Providers Action: Discuss this at the LD Provider Forum, then feedback to LDPB. Who: Social Workers Action: Discuss at ASC Team meeting, then Feedback to LDPB.
	It's not helpful when they keep looking at their watch – makes you feel they don't have time for you.	Who: Providers Action: Discuss this at the LD Provider Forum, then feedback to LDPB. Who: Social Workers and Commissioners Action: Discuss at ASC Team meeting, then feedback to LDPB.



Learning Disability Partnership Board

Topic	Comments	Who should think about this?
Communication	Adults with LD don't always feel confident to say when they're not happy with their support, how do we increase their confidence?	<p>Who: Providers and Social Workers</p> <p>Action: Consider the following solutions from forum; "Ask more questions to show it's ok to say things aren't ok."</p> <p>"Mutual trust is very important- don't manipulate – record exactly what is said – don't take things personally – always clear the air."</p> <p>"Develop some simple confidence building activities with adults with LD."</p> <p>"More opportunities like the LDPB Forum for adults with LD to understand their rights and build their confidence."</p>
	How do we involve adults who are unable to communicate verbally and support them to take ownership?	<p>Who: Providers and Social Workers</p> <p>Action: Consider solutions put forward at Forum; "Staff need to be able to use different communication methods – sign language, pictures, eye contact etc."</p> <p>"If appropriate, ensure whole network around the adult are involved to share their knowledge – even those who don't live near".</p> <p>"Could we share good practice between Providers – do we need some training for support workers?"</p> <p>"Don't use complicated words or jargon".</p>



Learning Disability Partnership Board

Topic	Comments	Who should think about this?
What can we do when people don't agree about their care plan?	Not everyone agrees to their care plan so don't always sign it.	Who: Providers Action: Discuss this at the LD Provider Forum, then feedback to LDPB.
	Sometimes they don't ask you they just get you to sign it.	Who: Social Workers and Commissioners Action: Discuss at ASC Team meeting, then feedback to LDPB. Who: Providers and Social Workers Action: Consider solutions from Forum; "Relationships with key workers/support workers is crucial to building trust – regular meetings can help this – reminders about how complaints can be made." "Clarify what the difference of opinion is about – level of support/type of support/activities desired/how support is delivered. This will help decide who needs to be in the conversation about resolution e.g. if funding/level of support this probably needs to go back to the social work team; if about how the support is delivered/types of activities this may be a conversation with the Provider."



Learning Disability Partnership Board

Other potential solutions

- Could we develop a Frequently Asked Questions (FAQ) leaflet based on the quiz questions and feedback? Would this be helpful?

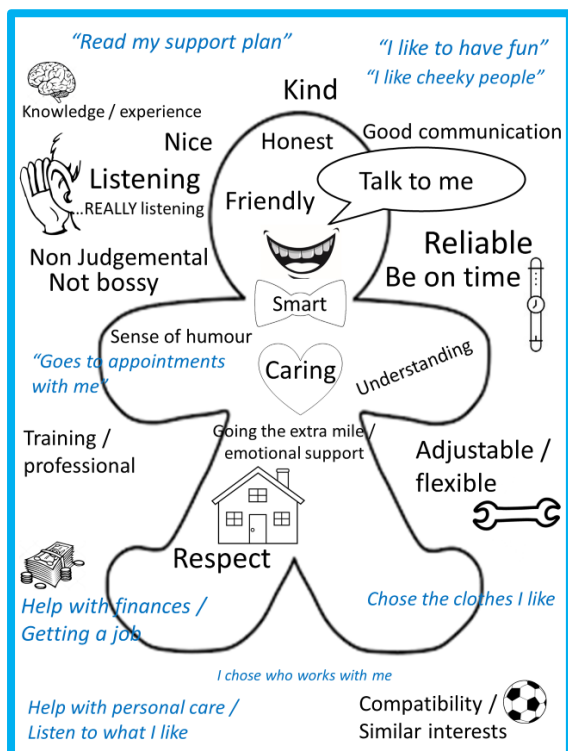
Action: Cath to take to LDPB

Activity 2 – What does a good supporter look like?

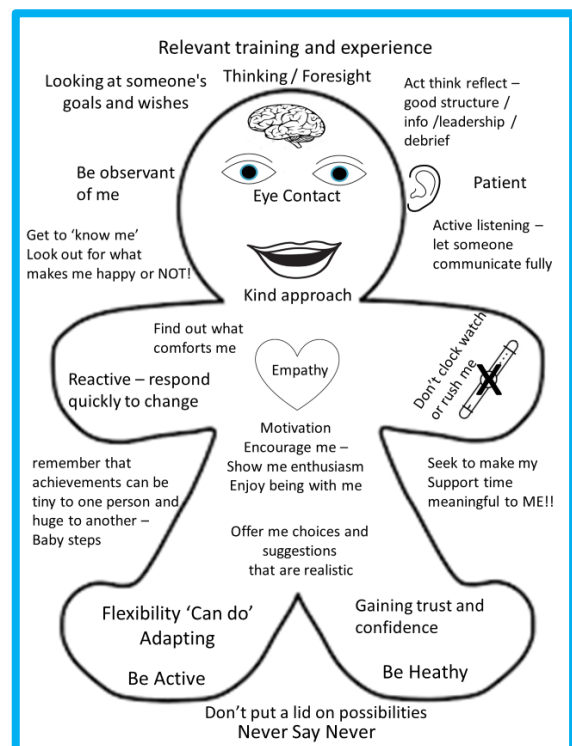
In this activity we asked each table to draw an outline of a person. We wanted people to think about the qualities of a good supporter; what makes them 'good'? People could do this in picture form or write words.

Below shows what everybody said;

This is what the adults with learning disabilities wanted from a supporter



This is what carers and support workers wanted in a supporter





Learning Disability Partnership Board

This is what another group of support workers said was important in a supporter:

Good listener **Friendly** **Approachable** **Empathise**
Caring **Flexible** **Knowledgeable**
Empowerment of person being supported **Confident**
Competent **Communication** **Team Work** **Not Judgemental**
Good sense of humour **Risk Management** **Professional**
Boundaries **Positive Outcomes** **Honest** **Trust (Build Trust)**

Action: Providers could think about this information when recruiting new staff. Commissioners could think about this information when tendering new contracts.

Activity 3 – Scenarios and solutions

Due to so much discussion and excellent feedback from the first two activities we ran out of time to complete this exercise.

This activity was going to look at different issues that can effect good support, such as support staff shift changes, taking risks and access to money.

We still feel this would be a great activity to do and think we would get some really good feedback from the groups. Cath will contact the various people who attended the forum to organise how to complete this activity.

Summary, pledges, next actions

Kay thanked everybody for coming along, and for joining in with the discussions. Without people coming to the forum and telling us about their experiences, it would be impossible to make any changes.

To keep people engaged and thinking about 'good support' we asked everybody to fill in a pledge sheet. This asked them; "To help make support more person centred I will....."



Learning Disability Partnership Board

These pledges were for everybody, support workers, carers, people receiving support, and facilitators. Lots of people took these pledges home, to make sure they remember them. Some of the pledges people made were;

“Be very clear about what I really need from my support worker.”

“I want a new care plan if allowed.”

“Continue to communicate with my service users and discuss changes that they want to put in their care plans.”

“Listen more.”

“Talk more about my needs”

“Have more meetings with the person I support when on shift.”

Next Actions

- Cath Johnston to take suggestions about FAQ leaflet to LDPB.
- Marty Slade, Jo Chandler and Cath Johnston to take actions for Providers to LD Provider Forum.
- Cath Johnston to take actions for Social Workers and Commissioners to Adult Social Care team meeting.
- Annie to create a Newsletter from the report.
- Annie to circulate report and newsletter to all networks.
- Cath to contact organisations who attended the forum to set up the ‘scenario activity’.

Evaluation

To make sure the forum is run in a way that people are able to engage in, we asked people to give us feedback. This might be to tell us they have enjoyed it, or what we could do differently to improve it.

Last time we were asked to use a microphone and to change the set-up of the room around so that the projector screen could be seen more clearly.

We asked the Pilgrim Centre to provide us with a microphone, they were able to do this but unfortunately it wasn’t a cordless one. To make sure everybody was heard, Kay repeated any questions or comments made by people over the microphone.



Learning Disability Partnership Board

We did ask that the room be set up in a way that would make it easier to see the projector which was confirmed over the phone. Unfortunately this request had been missed and the projector was still in a difficult position. This is something that we will feedback to the Pilgrim Centre.

The feedback from this forum included:

“Very good, informative and fun.”

“Really positive, very empowering for the adults with LD. Everyone wanted to participate”

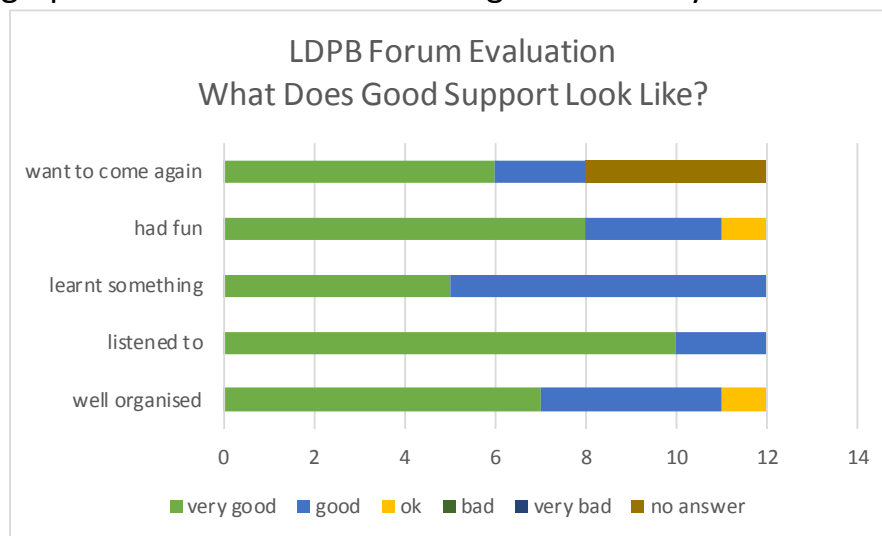
“Good workshop, enjoyed and learnt a lot.”

“Everyone had opportunity to put forward their views, everyone around the table listened”

“Very noisy tables; good energy in the room (ground rules may help?)”

“Keep track of time”

Here is a graph to show the feedback we got on the day:



Swindon LDPB Logo

The Board had decided to come up with a logo to help give the Board an identity. The LDPB Learning Disability reps came up with a shortlist of 3 designs for the logo. They visited different places including OK4U's People's Group and Open Door to get as many people to vote on their favourite logo as possible. They also asked people at the Forum to vote.

Over 40 people voted on the three shortlisted logos.



Learning Disability Partnership Board

The winning logo is



Learning Disability Partnership Board

Individual Stories

We received some personal stories about what works well when being supported:

1. An individual who wanted to move back to Swindon to be closer to family and friends.

Enabled by support workers to visit Swindon.

Included in interviewing potential new support workers.

Empowered to identify the people he wanted to support him, "I like to be treated with respect".

2. "I am lucky that I have a good care company, who **treat me with respect**. Because they are **a good company they hang on to their staff** and I have had the **same carer for 3 years** who **knows me** like the back of his hand. It is **very important to me that I understand which staff are coming in which day**.

I drive the process and my own care plan, because **I know what my needs are better than someone sat in and office** or who has never met me."

Additional resources

Please find attached with the accompanying e-mail of this forum write up:

1. An example of a 'One Page Profile'
2. 'Think Local Act Personal' support planning guidelines from the Care and Support Planning Guide.
3. "Supporting Me" A guide for Personal Assistants employed by or for someone with a learning disability.

Answers for quiz

1. - 2. True 3. False 4. True 5. True 6. True 7. True 8. True 9. False 10. False

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

7th February 2017

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

7th February 2017

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

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

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

- 3.1.2 This is an interim performance report which will be followed up by a more comprehensive analysis of performance at Adults Care, Adults Health and Housing Overview and Scrutiny Committee in April 2017. Background details on performance and activity are provided in the appendix. Despite ongoing budget pressures, we continue to strive to deliver the ambitious agenda we set ourselves at the start of the year
- 3.1.3 Collaborative work continues between local health and care organisations from Wiltshire, Bath and North East Somerset (BANES) to further shape and embed our joint Sustainability and Transformation Plan (STP). This plan is required by NHS England to respond to the increasing demand placed on local health and care services from population growth and people living longer, and often with long term conditions. The plan sets out how health and care services across our organisations will work together to improve people's health and wellbeing and support the delivery of quality services which are financially sustainable. The final plan was submitted to NHS England (NHSE) in October 2016. Initial feedback identified the need to scale up the level of redesign to be more transformative, however, NHSE were complimentary over the work on digital and estates. Over the coming months we will continue to work with health and social care colleagues across the STP footprint to further shape and implement the final plan. We will focus on ensuring SMART objectives are set for each project within the STP, and that a robust set of Key Performance Indicators (KPIs) are developed to track the benefits over time. The plan has been published by the Health and Wellbeing Board.
- 3.1.4 We continue to work with health colleagues to deliver our Better Care Fund Plan for 2016/17. The Better Care Fund (BCF) is a local single pooled budget

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

7th February 2017

between NHS and local government to support joint working. Our aim is to focus local health and care services on people's wellbeing, and shift resources into social care and community services to benefit local people, communities and our health and care systems. The Swindon Better Care Fund vision builds on success integration and joint working locally with health and the Five Year Strategic Plan for Swindon. The BCF plan is informed by our Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy. We will be refreshing our BCF Plan for 2017-19 with our partners over the coming months following the publication of the guidance by NHS England in late January 2017.

3.2 What are the challenges that your organisation is facing?

3.2.1 Managing demand and financial pressures

The forecast outturn position across Adults as at the end of November 2016 is an overspend of £4.640m. There are two main reasons for this overspend, firstly Adult Social Care agreed a challenging savings target at the start of the year of £6.163m, total savings as at November 2016 are £3.543m and are projected to rise to £4.193m by the end of the financial year. The challenges of managing the early transfer of SEQOL services has redirected management focus away from savings programme over the last four months which has led to slippage within the savings programme.

The pressure from Older People services are the other major impact on the financial position this year as we are seeing more demand through hospital discharge and more complex care needs.

3.2.2 Delayed transfers of care (DTC)

We continue to work with Swindon CCG, Great Western Hospital, SEQOL and Wiltshire Council to tackle the blockages leading to patients having their discharge from hospital delayed. Delayed discharge is a challenge nationally and regionally. The Delayed Transfers of Care Programme Board has been refreshed to implement additional support at home which was been funded by the NHS and went live in November 2016. Monthly monitoring continues. From August to October we have seen the number of delays stabilising although still above target. October 2016 position stands at 5.61 per 100k population compared 8.8 for the same period last year. The main cause of delays for Swindon in October was due to the availability and arrangement of Nursing

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

7th February 2017

Home Placements (39% compared to the national figure of 17%). However, Swindon continues to perform better than the South West average of 8.25 per 100k pop and the England average of 6.1. The DTOC days for Swindon are 1137 fewer compared to this time last year.

A new Home to Assess (HTA) Team has been established consisting of occupational therapists, physiotherapists and nurses. The Service provides care up to 72hrs following discharge facilitated through completion of therapy assessments at home rather than hospital. Patients receive a same day nursing review following discharge. Where there are any other ongoing needs, the team will refer on to the appropriate service. The Blaylock Discharge Planning Risk Assessment Screen is used to determine suitability of patients eligible for the service. In the first two weeks of the service being offered, approximately 54 bed days were saved (calculated on knowing the type of patient and the delay attached to them if they were still in the hospital setting).

Work is underway to support future development of the Frailty pathway which aims to: ensure safety and improve patient experience; support developments of the Stroke pathway; and improve patient flow across the system. Areas identified as requiring attention include examining existing model of care and patient pathway, patient flow, systems and processes and workforce. Improvements to date include medical cover 7 days, clinician to clinician agreement prior to transfer, week-end ward rounds, GP access to IT systems.

3.2.3 Learning disability Services

Work is ongoing to reduce spend on Learning Disability services. Spend per service user in Swindon remains high compared to other authorities. We continue to work with housing colleagues to commission a greater variety of supported living accommodation to reduce the need for care home provision. The percentage of people with learning disabilities in employment in Swindon is low compared to other authorities.

We have successfully established the multi- agency Transitions Programme to develop better pathways to improve access to employment and education opportunities, ensuring that those with disabilities are able to reach their maximum potential. The Programme prioritises those young people who are likely to transfer to a service provided by Adult Social Care or Adult Mental

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

7th February 2017

Health and includes young people with physical disabilities, young people with a learning disability, and some care leavers. A new Head of Transitions has been appointed. A Communications Plan for the Programme has been developed, and a detailed financial analysis around Transitions has been undertaken. A Transitions Roadshow is planned for March 2017 for parents and professionals. We are engaging young people through Planning Live, a child-led strength-based facilitated discussion around long term aspirations including skilling them to enter employment.

We continue to strive to meet our target to review the care packages of 70% of our service users with a learning disability to ensure their support is appropriate and delivers value for money (latest performance predicts 64.5% achievement). Ongoing management oversight to monitor activity and capacity to drive improvement will continue over the coming months. Managers are focussing on supporting staff working in learning disability services to enhance their skills and expertise in support planning and reviews.

3.2.4 Delivering New Models of Care

Since transferring services from SEQOL to Swindon Borough Council (SBC), we have identified a number of quality challenges. During December 2016, we undertook an assessment of our Adult Social Care Services for older people and people with physical disabilities with support from the external consultants Newton. The assessment identified the following areas for improvement opportunity which also have the potential of delivering significant savings in the longer term:

- **Front Door** – improve decision-making at the point of initial referral into the service to ensure clients are provided with the best pathway of care to maximise their wellbeing and independence and minimise their dependence on SBC domiciliary, residential and nursing care provisions.
- **Acute** - to ensure clients receive the right support when being discharged from acute hospital to maximise independence over time
- **Assessment and Review** – to design and implement new processes and practices to ensure the right social care provisions are put in place following assessments and reviews to maximise 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

7th February 2017

- **Ways of Working-** to introduce new ways of working to increase the capacity and quality of assessments and reviews completed by practitioners.
- **Reablement-** improves the effectiveness **and maximise capacity of** reablement and rehabilitation services to upskill clients so they can live quality and independent lives.

Improvement actions and benefits will be tracked over time and regularly reported to Adults Care, Adults Health and Housing Overview & Scrutiny.

3.2.5 Reducing smoking prevalence

The smoking prevalence rate in adults in Swindon is 18.7% and England's average is 16.9%. Activities to support improvement include:

- A procurement process is underway for locally provided Primary Care Services, which includes support to stop smoking. Having support to stop smoking available in our Primary Care Services, i.e. GPs and pharmacies, provides good accessibility and choice for those wishing to quit smoking.
- Swindon Central Bus Station was launched as a voluntary smokefree site from 31 October 2016 and marked the end of our campaign work for the annual Stoptober campaign. A survey of bus station users is being conducted in the New Year to assess the impact of this initiative.
- Continue to work with planning on the development of a smokefree district centre at Wichelstowe
- Ongoing awareness raising amongst young people and schools to prevent the uptake of smoking

The Swindon Smokefree Alliance (SSFA) Partnership continues to oversee the integrated tobacco control programme for Swindon. The SSFA managed the development of the new draft Swindon Tobacco Control Strategy 2017 - 2022 which will go to the Health and Wellbeing Board Chairs Advisory Group meeting on 15 February 2017. The new draft strategy sets how, over the next five years, we will work together across Swindon to reduce the number of people who smoke and the harm caused by tobacco use.

3.3 What have you done well?

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

7th February 2017

3.3.1 Prevention and Early Intervention

Prevention and early intervention are 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. The 'Front Door' is a key component of the improvement programme mentioned above (see paragraph 3.2.4). 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. 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 8,422 contacts, and compared to the previous year, a higher proportion of people are getting the information and advice they need at initial contact. 24% (2024 contacts) of people who received information and advice at initial contact did not require any additional support compared with 20% (1879 contacts) in the same period last year. Fewer clients are also progressing on to a service assessment (45.48%) compared to the same period in 2015/16 (48.54%).

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. 303 clients have completed 317 episodes of crisis domiciliary care at home, receiving on average 18 days of service. In addition, 40 adults have been admitted to crisis temporary placements with an average length of stay of 35 days. 210 clients have received domiciliary reablement services (compared to 163 last year) and 43 people have had an episode of residential reablement compared to 54 in the previous year. The outcome for clients following the completion of a reablement episode has been very positive with 79% (185) no longer requiring a state funded service. Reablement helps people regain the ability to look after themselves following illness or injury and aims to keep people as independent as possible for as long as possible

We are undertaking more timely assessments with 92.8% (3100) assessments starting within 5 days. This is above the 85% target and a significant improvement on the same period last year (74%).

3.3.2 Choice and control

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

7th February 2017

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 2989 clients having received an annual review of need by end of November 2016 (53.88%), we are under-performing for the number of clients who have a personal budget (1300 adults, 90.66% against a target of 95%) and clients receiving their personal budget through a direct payment (378 adults, 26.4%). However, we have made significant improvements in both personal budgets and direct payments compared to the previous year although we remain below the target of 100%. Commissioners continue to work closely with providers, especially Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) who have only 56.8% 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, 57.29% (872) carers have received an assessment or review. However, as at November 2016, the proportion of carers with self-directed support continues to be low at 34% (149) compared to the 15/16 England average (77.7%) and South West average (55.4%). We continue to work with the Swindon Carers Centre to address the shortfall in personal budgets.

3.3.3 Permanent admissions to Residential Care and Nursing Homes

Admissions to residential and nursing care are being effectively managed and remain below target. From April to November, 126 older people have been admitted to permanent care: 63 to a nursing home placement and 63 to residential care. Amongst these first time permanent admission to care, 17 people were admitted with mental health needs and 1 with a learning disability and 108 people with personal care/physical support needs. This is an 18.7% reduction on the same period last year where 155 older people had been permanently placed. The target for the year is to admit no more than 228 older people (a rate of 689.52 per 100k population). Current performance is

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

7th February 2017

comfortably within the monthly target and puts us on track to achieve our year-end target.

3.4 Supporting Information

None

4. **Alternative Options**

4.1 None

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

Financial and Procurement Implications

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

Legal and Human Rights Implications

5.2 None

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

5.3 None

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None

6. **Consultees**

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

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**

7th February 2017

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

Appendix 1

Activity Data - Number of service users receiving Permanent Nursing & Residential care in Swindon between 1 April and 30 November for 2015 & 2016

Primary Support Reason	18-64 Year Olds				65+ Year Olds			
	Nursing Care		Residential Care		Nursing Care		Residential Care	
	April-Nov 15	April-Nov 16	April-Nov 15	April-Nov 16	April-Nov 15	April-Nov 16	April-Nov 15	April-Nov 16
Physical Support: Access and Mobility Only	0	0	0	0	1	0	0	0
Physical Support: Personal Care Support	2	4	7	9	194	190	216	199
Sensory Support: Support for Visual Impairment	0	0	0	0	4	2	1	2
Sensory Support: Support for Hearing Impairment	0	0	0	0	1	1	1	0
Sensory Support: Support for Dual Impairment	0	0	0	0	0	1	2	2
Support with Memory and Cognition	2	1	2	0	45	44	92	70
Learning Disability Support	5	3	127	127	8	5	22	27
Mental Health Support	3	3	34	31	5	14	26	34
Totals	12	11	170	167	258	257	360	334

Appendix 1

Activity Data - Number of service users receiving Community Services in Swindon between 1 April to 30 November for 2015 & 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-Nov 15	April-Nov 16	April-Nov 15	April-Nov 16	April-Nov 15	April-Nov 16
Learning Disability Support	342	44	2	2	474	501
Mental Health Support	2	3	2	3	67	77
Physical Support - Access & Mobility only	356	411	2	1	7	8
Physical Support - Personal Care Support	121	96	47	55	265	268
Sensory Support - Support for Dual Impairment	3	0	0	0	3	3
Sensory Support - Support for Hearing Impairment	11	5	0	0	0	0
Sensory Support - Support for Visual Impairment	12	8	0	0	9	10
Support with Memory & Cognition	1	0	0	0	13	9
18 -64 Year Old Total	540	567	53	61	838	876
	April-Nov 15	April-Nov 16	April-Nov 15	April-Nov 16	April-Nov 15	April-Nov 16
	April-Nov 15	April-Nov 16	April-Nov 15	April-Nov 16	April-Nov 15	April-Nov 16
Learning Disability Support	9	10	1	2	43	45
Mental Health Support	3	9	6	4	38	39
Physical Support - Access & Mobility only	745	932	22	8	14	14
Physical Support - Personal Care Support	352	292	632	619	729	893
Sensory Support - Support for Dual Impairment	16	7	4	4	17	12
Sensory Support - Support for Hearing Impairment	27	15	12	8	7	7
Sensory Support - Support for Visual Impairment	32	26	13	12	21	16
Support with Memory and Cognition	23	21	10	8	61	66
65+ Year Old Total	1207	1312	700	665	930	1092



Adult Social Care Performance Dashboard

Summary of Results to 30th November 2016

Indicator	NA 2015/16	PYA 15/16	Annual Target	Nov 16 Target	Nov 16 Actual	Good is..
Enhancing Quality of Life						
Proportion of people who use services who report they have control over their daily life (Survey Outcome) (A)	76.6	78	NA	NA	NA	high
% of services users who reported they have as much social contact as they would like (Survey Outcome) (A)	45.4	49	NA	NA	NA	high
% of Service Users who receive self directed support (M)	86.9	82.6	100	95	90.7	high
% of Services Users who receive a direct payment (M)	28.1	24.61	30	28	26.4	high
% of Carers who receive self directed support (M)	77.7	35.6	36	31.3	34	high
% of Carers who receive a direct payment (M)	66.9	33.78	34	30	33.8	high
% of Mental Health adults in paid employment (M)	6.7	8.9	11	11	12.5	high
% of learning Disability adults living independantly in their own home or with their family (Q)	75.4	71.3	72	NA	NA	high
% of Mental Health adults living independantly with or without support (M)	58.6	58.3	84	81.5	78.1	high
Delaying and Reducing the Need for Care						
Permanent admissions to residential & nursing care for Younger Adults aged 18-64 per 100K population (M)	13.3	10.4	10.4	6.66	5.18	low
Delayed transfers of care from hospital per 100k population - All days (M)	12.1	14.8			13.68	low
% of Older people who were still at home 91 days after discharge from hospital with reablement services (A)	82.7	85.38	92.9	NA	NA	high
Ensuring People have a Positive Experience of Care and Support						
Increase % of clients receiving a service, who have an annual review (M) Local Measure	NA	72	76	50.6	53.9	
% Waiting times of Client Assessments starting within 5 days of contact (M) Local Measure	NA	83.9	85	85	92.8	high
% of Waiting times of Clients Assessments completing within 28 days (M) Local Measure	NA	86.5	85	85	88.1	high
% Waiting times of end of assessment to provision of services within 28 days (M) Local Measure	NA	79.8	89	89	85.2	high
Safeguarding adults whose Circumstances make them Vulnerable						
% of people who use services who feel safe (Survey Outcome) (A)	69.2	70	NA	NA	NA	high
% of people who use services who say that those services have made them feel safe (Survey Outcome) (A)	85.4	90.7	NA	NA	NA	high
100% of safeguarding decisions made within 2 days of date of referral (Q) Local Measure	NA	96	97	NA	NA	high

KEY

NA: National Average

PYA: Previous Year Actual

Reporting Frequency (M) Monthly

Reporting Frequency (A) Annually

Reporting Frequency (Q) Quarterly



Adult Social Care Performance Dashboard

Summary of Results to 30th November 2016

	NA 2014/15	PYA 15/16	Annual Target	Nov 16 Target	Nov 16 Actual	Good is..
Better Care Fund						
Reduction in delayed discharges bed days (Q)	351.4	374.5	572.2	NA	NA	low
Permanent admissions to residential & nursing care for Older Adults per 100K population (M)	628.2	665.3	691.79	468.76	381.06	low
Service User Quality of Life (A)	19.1	19.3	NA	NA	NA	high
Learning Disability Service Users who have received a review (M) Local Measure	NA	52.8	70	46.7	43	high

Corporate Pledges

Increase % of clients receiving a service, who have receive an annual review (M) Local Measure	NA	72	76	50.6	53.9	high
Increase % of Carers Assessed or Reviewed (M)	69.2	89.9	70	46.6	57.3	high
Delayed transfers of care attributable to social care per 100k population (M)	3.7	8.3	3.9	3.9	5.6	low
Increase % of working age adults with learning disabilities receiving services who are in employment (Q)	5.8	3.65	6	NA	NA	high
Increase % of older adults who are still at home 91 days after discharge from hospital into reablement services (A)	82.1	85.38	92.9	NA	NA	high

KEY

NA: National Average

PYA: Previous Year Actual

Reporting Frequency (M) Monthly

Reporting Frequency (A) Annually

Reporting Frequency (Q) Quarterly

Work Programme 2016/17

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 7th February 2017

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: 7th February 2017

-
- 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: 7th February 2017

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: 7th February 2017

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 20th December 2016 to 20th December 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>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

20 JANUARY 2017 - 20 JANUARY 2018 – Proposed AGENDA ITEMS and KEY DECISIONS (as at 24/01/17)

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 and Sustainability
Fionuala Foley	Cabinet Member for Children's Services
Brian Ford	Cabinet Member for Adults' Health and Social Care
Mary Martin	Cabinet Member for Communities
Garry Perkins	Cabinet Member for the Economy, Regeneration and Skills
Keith Williams	Cabinet Member for Streetsmart, Highways and Transport

Cabinet Member Decisions Proposed for January 2017

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
NONE						

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 2017/18	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 Paul Smith, Finance, Tel: 07500 884176 or Email: psmith2@swindon.gov.uk	N/A

Swindon Housing Development Company	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 30 th December 2016	Head of Finance – Economy, Regeneration & Skills Paul Smith Tel: 01793 463976 Email: psmith2@swindon.gov.uk	N/A
Swindon Pay Policy Statement 2017	Yes	Cabinet Member for Corporate, Customer and Digital Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Head of People, Performance and Engagement Sam Mowbray Tel: 07823 525337 or Email: smowbray@swindon.gov.u	N/A
Admission Arrangements	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 22 nd November 2016	Head of Education Services or Emily Heaton Tel: 01793 465769 Email: eheaton@swindon.gov.uk	N/A
Youth Engagement Worker Review	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 24 th October 2016	Karen Reeve, Director of Children's Services KReeve@swindon.gov.uk	
Thamesdown Transport	No	Cabinet Member for StreetSmart, Highways and Transport	Cabinet	N/A Date of Notice: 10 th February 2017	Stephen Taylor, Director, Law and Democratic Services Tel: 01793 463012 Email: staylor@swindon.gov.uk staylor@swindon.gov.uk	N/A

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
Libraries Strategy - Alternative Delivery Models	Yes	Cabinet Member for Communities	Cabinet	N/A Date of Notice: 17 th January 2017	Patrick Weir Tel: 07946 595852 Email: pweir@swindon.gov.uk pweir@swindon.gov.uk	N/A
References from other Council Bodies - Health and Wellbeing Board and Community Safety Partnership	No	Cabinet Member for Adults' Health and Social Care	Cabinet	N/A Date of Notice: 12 th January 2017	Stephen Taylor, Director, Law and Democratic Services or Steve Jones Tel: 01793 463602 Email:stevejones@swindon.gov.uk staylor@swindon.gov.uk	N/A
Wichelstowe	Yes	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 15 th September 2016	Corporate Director Economy, Regeneration & Skills Rob Powe Tel: 01793 463305 Email: rpowe@swindon.gov.uk	
Proposals for delivery of developments in the town centre delivery plan	Yes	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 4 th January 2017	Andy Evans, Corporate Director, Economy, Regeneration, and Skills Tel@ 07824 550395 Email: AEvans@swindon.gov.uk AEvans@swindon.gov.uk	N/A

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
Securing a sustainable future for Swindon's Cultural Assets	Yes	Cabinet Member for Communities;	Cabinet	N/A Date of Notice: 12 th February 2016	Bernie Brannan, Corporate Director Communities and Place or Rachel Watts Tel: 07823 525297 Email: RWatts2@swindon.gov.uk bbrannan@swindon.gov.uk	Cabinet Minute 58 2015/16 refers
Draft Economic Strategy	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 16 th September 2016	Corporate Director Economy, Regeneration & Skills or Trudy Godfrey Tel: 01793 466416 Email: tgodfrey@swindon.gov.uk	N/A

North Star - development update	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet		Head of Property Assets Rob richards Tel: 07740037316 Email: rrichards@swindon.gov.uk	N/A
Land at Oakfield	Yes	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 4 th May 2016	Head of Property Assets Rob Richards Tel: 01793 463521	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
School Transport	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 22 nd December 2016	Peter Nathan, Head of Education Services or Nigel Pickering Tel: 01793 465754 Email: NPickering@swindon.gov.uk	N/A
Swindon Education Challenge	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 22 nd December 2016	Peter Nathan, Head of Education Services Tel: 07467 440955 Email: pnathan@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 for Finance and Corporate Services	Cabinet	N/A Date of Notice: 27 th May 2016	Interim Corporate Director, Resources or Paul Smith, Finance, Tel: 463976 or Email: psmith2@swindon.gov.uk	N/A

Economic Strategy - Final	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 16 th September 2016	Corporate Director Economy, Regeneration & Skills or Trudy Godfrey Tel: 01793 466416 Email tgodfrey@swindon.gov.uk	N/A
------------------------------	----	--	---------	---	---	-----

Cabinet Meeting Date - 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	

Cabinet Meeting Date - 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	

Cabinet Meeting Date - 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

Cabinet Meeting Date - December 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	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 2017/18.	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
Polling District and Places Review	No	Leader of the Council	Cabinet	N/A Date of Notice: 5 th October 2016	or Sally Sprason Tel: 01793 46399 Email: ssprason@swindon.gov.uk	N/A

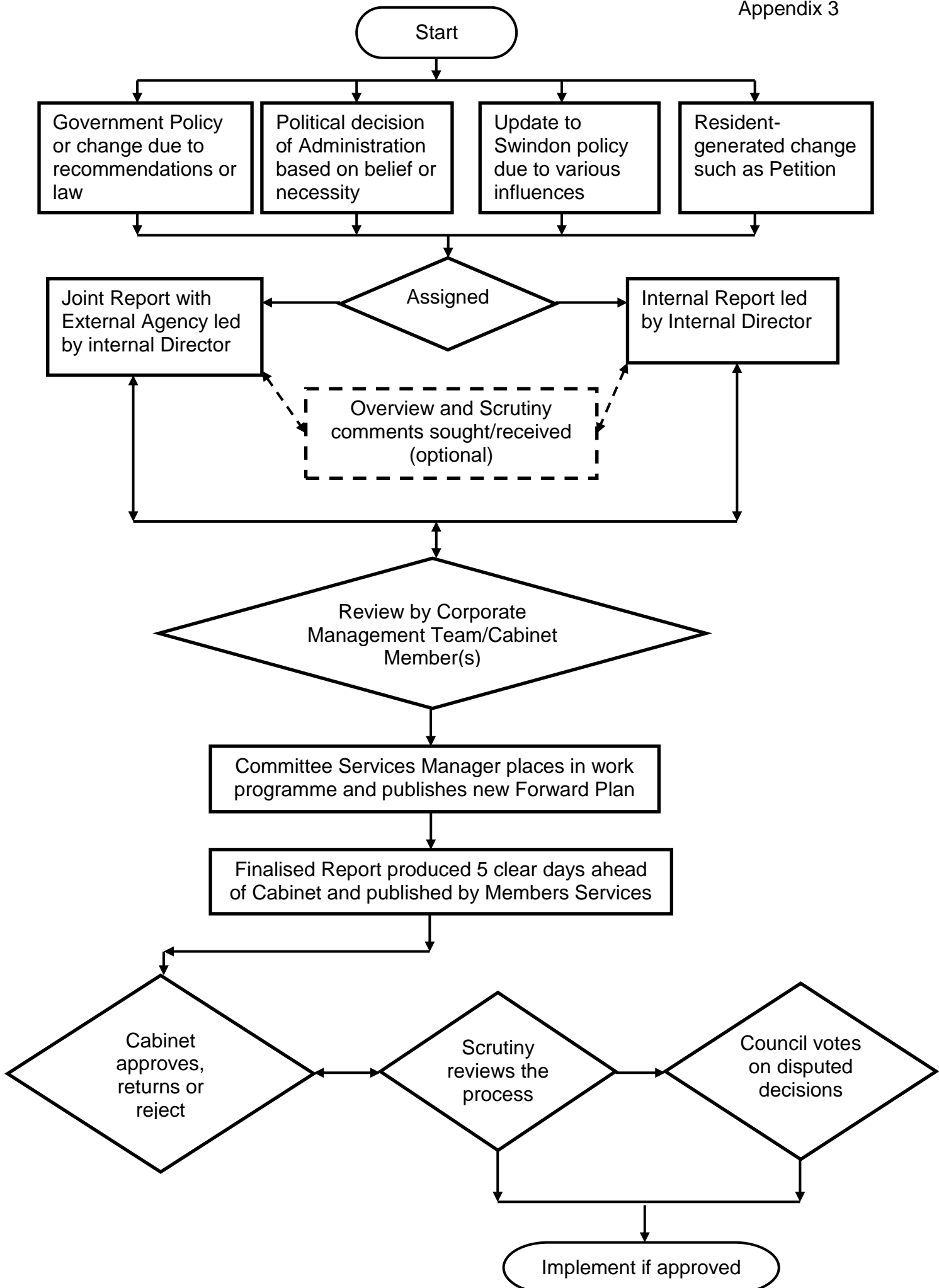
School Organisational Changes 2018/19	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 19 th September 2016	Head of Education Services or Danielle Maundrell Tel: 01793 466314 Email: DMAundrell@swindon.gov.uk	N/A
---------------------------------------	----	--	---------	--	---	-----

Cabinet Meeting Date - February 2018 (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 2018/19 and Beyond	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 20 th January 2017	Interim Corporate Director, Resources or Mick Bowden Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Capital Programme 2018/19	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 20 th January 2017	Interim Corporate Director, Resources or Ian Burbidge Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Treasury Strategy Statement 2018/19	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 20 th January 2017	Interim Corporate Director, Resources or Paul Smith Tel: 07500 884176 or Email: psmith2@swindon.gov.uk	N/A
Housing Revenue Account - Rents and Charges 2018/19	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 20 th January 2017	Interim Corporate Director, Resources or Paul Smith Tel: 07500 884176 or Email: psmith2@swindon.gov.uk	N/A

Swindon Pay Policy Statement 2018	No	Leader of the Council	Cabinet	N/A Date of Notice: 20 th January 2017	Tel: 07823 525337 or Email: smowbray@swindon.gov.uk	N/A
School Admission Arrangements	Yes	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 20 th January 2017	Head of Education Services or Emily Heaton Tel: 01793 465769 Email: eheaton@swindon.gov.uk	N/A

This page is intentionally left blank



This page is intentionally left blank