

# Swindon Borough Council

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

**Tuesday, 25 April 2017**

Committee Room 6, Civic Offices

At 6.00 p.m.

### **Conservative Councillors**

*Alan Bishop  
Claire Ellis  
Mary Friend  
Caryl Sydney-Smith  
Steve Weisinger*

### **Labour Councillors**

*Steve Allsopp  
Steph Exell  
Julie Wright  
Robert Wright*

### **Liberal Democrat Councillors**

**Committee Officer:** Rita Glen Gallo, 01793 463611, [rglen-gallo@swindon.gov.uk](mailto: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.

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## **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. 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.

### **4. Minutes (Pages 3 - 6)**

To receive the minutes of the meeting held on 7<sup>th</sup> February 2017.

### **5. Avon and Wiltshire Partnership NHS Trust (Pages 7 - 44)**

### **6. NHS Swindon Clinical Commissioning Group Update (Pages 45 - 48)**

7. **Great Western Hospitals NHS Foundation Trust** (Pages 49 - 60)
8. **Performance for Adult Social Care Commissioning** (Pages 61 - 76)
9. **Dementia - Report** (Pages 77 - 102)
10. **Work Programme** (Pages 103 - 130)

**Date of Despatch:** 19 April 2017

**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.

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

**TUESDAY, 7 FEBRUARY 2017**

PRESENT:- Councillors Claire Ellis (Chair), Alan Bishop, Gemma McCracken, Caryl Sydney-Smith, Steve Weisinger, Julie Wright and Robert Wright and Mark Edwards (Swindon Healthwatch) and Michelle Howard (Equalities Advisory Forum).

Apologies for absence were received from Councillors Steve Allsopp, Steph Exell and Mary Friend and Kevin McNamara (Director of Strategy, Great Western Hospital).

Also Present: Sue Wald (Director, Adult Social Services), Cherry Jones (Director of Public Health), Newland Anning (Avon and Wiltshire Partnership NHS Trust), Paul Clarke, Pharmaceutical Advisor and Gill May (Executive Nurse at NHS Swindon Clinical Commissioning Group).

**33. 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.

**34. Minutes**

Resolved -That the minutes of the meeting held on 6<sup>th</sup> December 2016 be confirmed and signed as a correct record.

**35. Public Question Time**

No public questions were asked or submitted for this meeting

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

The Chief Executive of the Great Western Hospital (GWH) NHS Foundation Trust Committee submitted a report on key issues and developments at the Great Western Hospital. Ms Gill May, The Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) responded to members' questions and comments in respect of the following matters:

- The care of alcohol dependent patients when admitted to the Accident and Emergency Department.
- Actions undertaken to address the reduction in applications received from European staff wishing to work in British hospitals.
- The number of patients transferred, admitted or discharged from hospital within the four hour target as compared to national data.
- The use of interpreters through Language Line to support those with English not as their first language.
- The expansion of Swindon and its impact on healthcare within the borough.
- Vocational courses for nurses being offered at Oxford Brookes and University of the West of England.

- The accreditation received by the Stem Cell Service in the field of haematopoietic stem cell transplantation.
- The short listing of Ms Kerry Wheeler, maternity support worker, for the College of Midwives' award.

Resolved: (1) That the report be noted.

(2) That the Director of Public Health be requested to circulate information on the care provided to alcohol dependent patients when they are discharged from the hospital.

(3) That the Chair, on behalf of the Committee, write to local Members of Parliament regarding the impact on healthcare within the borough following the expansion of Swindon.

### **37. Continuing Healthcare**

The Project Manager, Swindon Clinical Commissioning Group (CCG), submitted a report updating the Committee on Continuing Healthcare. Ms Gill May, the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), explained that Continuing Healthcare was a package of ongoing care that was provided and funded by the NHS where an individual had been found to need primary health care. She advised that the Continuing Healthcare service was designed to meet the needs that had arisen as a result of disability, accident or illness.

Following the introduction of the report, the Executive Nurse at NHS Swindon CCG and the Director of Adult Services responded to members' questions and comments in respect of the following matters:

- The work of the Care Home Selection and Swindon Hospice and how the criteria for each provision differ.
- Occasions when patients accessed out of borough services.
- Comparison of appeals and complaints with national figures.
- Patient service funding.

Resolved- That the report be noted.

### **38. IVF Policy**

Ms Gill May, the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), submitted a report updating the Committee on the consultation process being undertaken between 16<sup>th</sup> January 2017 to 17<sup>th</sup> February 2017, regarding proposed changes to its current IVF policy. Ms May, explained that Swindon CCG was responsible for funding IVF treatment and the consultation was being conducted to enable Swindon CCG to align its policy with Wiltshire and BaNES CCGs.

Following the introduction of the report, Ms May responded to members' questions and comments in respect of the following matters:

- IVF treatment guidance issued by the National Institute of Health and Care Excellence.
- The rise in health service tourism where patients opted to travel overseas for treatment.
- Consultation feedback to be utilised for Diversity Impact Assessment and both would be made available on the Swindon CCG website.

Resolved- That the report be noted.

**39.**

### **Prescription Ordering Direct Service**

Ms Gill May, the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), submitted a report updating the Committee on the Prescription Ordering Direct (POD) service. Mr Paul Clarke, t Pharmaceutical Advisor, explained that this service was based on a call centre model and it empowered patients by allowing them to order repeat prescriptions. This call centre was manned by trained prescription clerks and supported by registered pharmacist from Swindon CCG. He advised that due to the rise in demand, the POD service availability had increased. Mr Clarke also made reference to the number of surgeries using the POD service and to an increase in the volume of calls.

Following the introduction of the report, Mr Clarke responded to members' questions and comments in respect of the following matters:

- Patients were still able to request a repeat prescription through their surgery and the POD system was an additional service.
  - The role of the pharmacist in reviewing patients' prescriptions and how extend services could be offered such as blood pressure monitoring.
  - All Swindon surgeries were encouraged to adopt the Prescription Ordering Direct system.
  - Assistance given to those patients whose first language is not English.
- Resolved - That the report be noted

**40.**

### **Avon and Wiltshire Partnership NHS Trust**

Mr Newland Anning, the Managing Director, Avon and Wiltshire NHS Partnership Trust (AWP), submitted a report updating the Committee on the performance and key issues relating to the organisation. He commented on the challenges faced by mental health services in Swindon, in particular the recruitment of registered nurses for Inpatient and Community areas, currently being addressed by using bank and agency staff.

Following the introduction of the report, Mr Anning and the Director of Adult Services responded to members' questions and comments in respect of the following matters:

- The re-launch of the Section 136 consultation paper.
- Staffing challenges and what actions were being taken to address these.
- Ways to encourage staff to work and settle in Swindon.
- Dementia assessments for patients.
- The support offered to families when relatives were suffering from emotional disorders.

Resolved: (1) That the report be noted.

(2) That the Managing Director, Avon and Wiltshire NHS Partnership Trust, be requested to include information on the support offered to families when relatives were suffering from emotional disorders.

(3) That a task group be set up during the next Municipal Year to review the support offered to families of those with emotional disorders.

(4) That a task group be set up during the next Municipal Year to review ways to attract health and social care staff to Swindon.

**41.**

### **Transitions Programme**

The Director of Adult Social Services submitted a report informing the Committee on the performance and key issues relating to the Transitions Programme which was set up in September 2016 in response to Task Group investigations and a report presented to the Adult Social Care, Health and Housing Overview and Scrutiny Committee on 21<sup>st</sup> March 2016.

Following her introduction of the report, the Director of Adult Services responded to the members' questions and comments in respect of the following matters:

- Age range covered by the Transitions Programme.
- The collaborative work between the Transitions and Route of Employment Teams.
- The introduction of the Work Scheme to ensure successful work experiences for young people.
- Support provided for young people with learning disabilities.

Resolved - (1) That the report be noted.

(2) That the Director of Adult Social Services be requested to circulate the number of Black and Minority Ethnic young people being supported by the Transitions Team.

**42.**

### **Performance for Adult Social Care Commissioning**

The Director of Adult Social Services submitted a report updating the Committee on the performance of Adult Services. 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.

Following her introduction of the report, the Director and the Director of Public Health responded to the members' questions and comments in respect of the following matters:

- The Delayed Transfer of Care challenges.
- Abusive patients suffering from a range of issues including alcohol abuse and its effect on staff.
- The quality of life of those in domiciliary care.

Resolved - (1) That the report be noted.

(2) That the Director of Adult Social Services be requested to include information on actions being undertaken to address alcohol abuse.

(3) That a Task Group to address the quality of life for those in domiciliary care be set up during the next Municipal Year.

**43.**

### **Work Programme**

The Committee received a report from the Director of Law and Democratic Services detailing its updated work programme for the Municipal Year 2016/17 and noted that a preliminary report by the Dementia Task Group was submitted to the Cabinet Member for Adults' Health and Social Care for his comments.

Resolved – That the report be noted.

## Avon and Wiltshire Partnership NHS Trust

### Adults Care, Adults Health and Housing

#### Overview & Scrutiny Committee

Date: 4<sup>th</sup> April 2017

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Author:	Newlands Anning, Managing Director, AWP
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

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#### 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 This report will focus on the Place Of Safety Consultation.

Avon and Wiltshire Mental Health Partnership NHS Trust is proposing to change the way it delivers services to people who are taken to the Trust's place of safety under section 136 of the Mental Health Act 2007. The proposed change relates to Wiltshire and Swindon.

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

# Avon and Wiltshire Partnership NHS Trust

## Adults Care, Adults Health and Housing

### Overview & Scrutiny Committee

Date: 4<sup>th</sup> April 2017

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The consultation is running for six weeks from 20 March 2017 to 12 May 2017 and will include public meetings.

In the light of local elections in Wiltshire, the Trust is not able to conduct public consultation meetings during purdah and therefore the trust have extended the consultation period.

#### **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.

#### **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.

##### Diversity Impact Assessment

- 5.4 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.

#### **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.

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

# **Avon and Wiltshire Partnership NHS Trust**

## **Adults Care, Adults Health and Housing**

### **Overview & Scrutiny Committee**

**Date: 4<sup>th</sup> April 2017**

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#### **7. Background Papers**

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

#### **8. Appendices**

- 8.1 Appendix 1 - Consultation Letter.

- 8.2 Appendix 2 - Consultation Document.

- 8.3 Appendix 3 - Consultation Presentation.

Appendix 4 - Statistics for Place of Safety activity across Wiltshire and Swindon CCG's October 2016- March 2017.

- 8.4 Appendix 5 - Appendix 5- Place Of Safety activity Swindon CCG October 2016 – March 2017.

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Avon and Wiltshire Mental Health  
Partnership NHS Trust  
Jenner House  
Langley Park  
Chippenham  
SN15 1GG

21 March 2017

Tel: 01249 468000

Dear Sir/Madam

### **Consultation on changes to Place of Safety**

Avon and Wiltshire Mental Health Partnership NHS Trust is proposing to change the way it delivers services to people who are taken to the Trust's place of safety under section 136 of the Mental Health Act 2007. The proposed change relates to Wiltshire and Swindon.

The Trust is therefore consulting with stakeholders including service users, carers, families, voluntary and community groups in order to gauge their comments and feedback about the proposed changes.

The Trust currently provides place of safety suites located within the Fountain Way and Green Lane sites in Wiltshire and at Sandalwood Court in Swindon.

A review carried out by the Trust's clinical and operational executive team found that the Trust's places of safety were inadequate in terms of environment and staffing. This evaluation was supported by the Care Quality Commission's assessment.

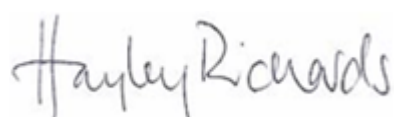
A number of options have been considered and the Trust is now consulting on a proposal to close the places of safety at Fountain Way and at Sandalwood Court and relocate them to Green Lane with four suites rather than the three currently available

I enclose a copy of the consultation paper which sets out the proposal in more detail and would be grateful for your comments.

The consultation is running for six weeks from 20 March 2017 to 30 April 2017 and will include public meetings. Feedback can also be given by [email](#) or by taking part in an [online survey](#).

More information about the events and the consultation is available on [AWP's website](#).

Yours faithfully



**Dr Hayley Richards MRCGP, MRCPsych**  
**Chief Executive**  
**Avon and Wiltshire Mental Health Partnership NHS Trust**

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## **CONSULTATION DOCUMENT**

### **Improving the Provision and Quality of Place of Safety Suites**

#### **1. What is this Consultation Document about?**

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is proposing to change the way it delivers mental health services to those people who are taken to the Trust's Place of Safety under a section 136 of the Mental Health Act 2007.

The change in service that is proposed relates to Wiltshire and Swindon.

This paper sets out:

- The reasons for making the service change
  - All options that have been considered
- The benefits associated with the proposed service changes to people who may be taken to a place of safety.

#### **2. What is a Consultation?**

Consultation in the NHS is a process of dialogue in which the objective is to influence formal decisions made by the NHS. Through consultation people who use NHS services are invited to give their views on proposed changes to those services.

The NHS has a legal duty to involve and consult with patients, the public and local organisations when developing and considering proposals for substantial variations in the provision of services. This legal duty is found in the NHS Act 2006, which was amended in the Health and Social Care Act 2012.

The outcome of public consultation is an important factor in health service decision making which will be fully taken into account. It is, however, one of a number of important factors. Others include clinical, financial and practical considerations. The results of public consultation do not represent a vote on or a veto over, any form of change.

#### **3. Why should you read this Consultation Document?**

AWP is committed to involving service users, carers, families, voluntary and community groups and other stakeholders in making changes to provide the best service possible services to children (under 18s) and adults, who may have reason to be taken to a Place of Safety.

We want to hear from all members of the community and propose to consult on the proposed changes and involve stakeholders in how we implement changes to the provision of places of safety, so that they are focussed on the experiences and needs of service users.

Consultation is intended to help us and our partners secure services of the highest quality possible that meet the needs of local patients and represent the best value for money.

Please take the time to read this consultation document and let us know what you think. Your views are important in helping us to make decisions about how we deliver our services.

#### **4. What is a Place of Safety?**

One of the sections of the Mental Health Act (Section 136) allows for someone believed by the police to have a mental disorder, and who may cause harm to themselves or another, to be detained in a public place and taken to a safe place where a mental health assessment can be carried out. The purpose of the assessment is to determine if the person is in need of any care and treatment.

In some circumstances, hospital staff authorised within the Mental Health Act can also detain a person and remove them to a place of safety.

#### **5. Who is involved in a Mental Health Act assessment?**

Approved Mental Health Professionals (AMHP's) are responsible for organising, co-ordinating and contributing to Mental Health Act assessments. The AMHP's role includes arranging for the assessment of the person concerned by two medical practitioners who must be independent of each other and at least one of whom should be a specialist in mental health – known as a Section 12 approved doctor. Preferably one of the medical assessors should have previous acquaintance with the person being assessed.

#### **What is our Current Provision in Wiltshire and Swindon?**

AWP currently provides place of safety suites located within the Fountain Way and Green Lane sites within Wiltshire, and at Sandalwood Court in Swindon, as follows:

- Green Lane Hospital, Devizes ( 1 bed)
- Sandalwood Court, Swindon (1 bed)
- Fountain Way Hospital, Salisbury (1 suite-bed)

Places of safety at Southmead Hospital in Bristol are available for people in the west side of the geographic area covered by AWP.

## 6. What is the Case for Change?

A review carried out by the Trust's clinical and operational executive team found that the physical environment of the Trust's places of safety were not of the quality we want to provide and require refurbishment.

The issues with the current provision of suites is that:

- Some are in unsuitable premises for the detention and assessment of highly distressed people, including young children who are brought into our care.
- They are difficult for staff to work effectively in and do not have consistent staff available to support people waiting for assessment.
- There are often problems with locating qualified health professionals (AMHPs and Section 12 approved doctors) in a timely way.
- There have been incidents where delays have occurred and the suites have become full. This has led to service users being detained in police custody suites, or A&E units which are not the best place for service users to be detained, especially for children and young people.
- The Trust needs to improve its infrastructure of suites to support the police effectively in balancing their duty to protect the safety and welfare of the community.
- Our service users and carers tell us that when they do not receive the most appropriate care, it can cause very distressing experiences for them which can be long lasting.

It is important to recognise that some of these problems are not unique to the Trust as many other areas of the country experience similar problems. The most up to date national data on Section 136 detentions show that in 2013/14 there were more than 23,000 such cases. Many of those detained were held in police cells, which are not suitable for those in distressed circumstances and can in some situations exacerbate the distress felt by individuals and lead to serious consequences (Mental Health Act Commission, 2007).

AWP is committed to providing person centred places of safety that provide a safe environment, and are staffed by highly trained mental health professionals. Good quality suites will provide a safe environment, and an increase in the number of suites will also minimise delays to assessment. This will help health professionals to make suitable arrangements for any care and treatment required by a service user. This can include being discharged home with the right support or finding a suitable mental health bed for further assessment and or treatment.

## 7. Who will be affected by this change?

These changes affect children (under 18 years old) and adult service users who may be detained under Section 136 or Section 135 of the Mental Health Act. They also affect service users' carers and families.

The service changes proposed by AWP will also have implications for the following organisations and the way they work:

- Police
- Ambulance trust
- Clinical Commissioning Groups
- Local Authorities
- NHS trusts
- Voluntary and community groups providing support and advice on mental health
- AWP staff

## 8. What were the options for change?

A number of options were considered including:

**Option 1** Upgrading the existing suites currently available in Fountain Way and Green Lane sites within Wiltshire, and at Sandalwood Court in Swindon; no change in location of suites.

**Option 2.** Close Fountain Way and Green Lane sites in Wiltshire and upgrade the suite at Sandalwood Court in Swindon.

**Option 3.** Close Sandalwood Court in Swindon and upgrade Fountain Way and Green Lane sites in Wiltshire.

**Option 4** Close Fountain Way site within Wiltshire and at Sandalwood Court in Swindon and relocate the places of safety to Green Lane with 4 suites rather than the 3 suites currently available.

After careful options appraisal:

**Options 1-3** were not considered feasible because:

- There is insufficient space at sites to expand the number of suites other than at Green Lane Hospital
- The cost of building
- Increased demand for qualified and specialist staff to serve suites
- Analysis of admission activity across the three suites showed that Green Lane has had the highest rate of admissions of the three units during 2016/17 (year to date).

**Option 4** was deemed the best option for the following reasons:

- Green Lane building infrastructure – there is space to expand the size of the suite to 4 beds.
- Admission activity supports this being the optimal site for development
- Reducing the Place of safety units from 3 to 1 will reduce the overall staffing requirements and be attractive to staff wanting to work in a specialist environment.

## **9. What are we consulting on?**

After careful consideration, the Trust is only consulting on one option - Option 4.

Option 4 will provide a 4 bedded unit staffed by a dedicated multi-disciplinary team. The Devizes campus has sufficient estate to expand the provision of a place of safety suite and is easily accessible by road.

We know that people will be concerned about the increased travelling time that service users will experience travelling from Swindon and Wiltshire to Devizes. Green Lane is located in Devizes is easily accessible via road and is 27 miles from Fountain Way and 27 miles from Sandalwood Court. The respective journey times via ambulance are approximately 45 minutes and 45 minutes, dependent on traffic.

We ask people to consider the extra travelling time against the benefits as described below.

## **10. Pre-Consultation Feedback**

The Trust has been working with local organisation on pre-consultation, with a range of stakeholders to gauge their comments and feedback about the proposed changes.

During a productive meeting held on the 29<sup>th</sup> July 2016, the following stakeholders all supported the proposed option of the East Place of Safety at Green Lane Hospital in Devizes:

- Oxford Health Foundation NHS Trust (Children and Adolescent Mental Health Service provider for BANES, Swindon and Wiltshire)
- Wiltshire Clinical Commissioning Group
- Wiltshire County Council
- Wiltshire Police
- Wiltshire Local Delivery Unit
- Avon and Wiltshire Partnership NHS Trust including Swindon LDU and Specialised LDU ( Learning Disability)

Concerns were raised during the meeting by Swindon Clinical Commissioning Group and Swindon Borough Council.

## 11. What are the benefits of the change?

The key benefits of the proposed change can be summarised as:

- Increased capacity (beds)
- Access to the right professionals
- Improved accessibility to other specialist staff and health services
- Supporting recruitment and retention
- Supporting cross-agency working
- Efficiency and cost benefits
- Clinical effectiveness

A description of these benefits is as follows:

### **Increased capacity (beds)**

The place of safety suite at Green Lane can be expanded to include 4 suites supporting the Government led changes that adults should no longer be detained under Section 136 in police custody, except under exceptional circumstances.

The Unit would provide increased capacity across the east of the Trust.

### **Access to the right professionals**

The provision of high quality suites at Green Lane hospital will be supported by a specialist nursing team who will establish a safe, caring environment for detainees and who will work effectively in a multi-disciplinary way with the other key professionals such as the AMHPs and the Section 12 approved doctors.

### **Access to other specialist staff and health services**

The Green Lane hospital site operates 24 hours a day and 7 days a week and has access to a wide range of specialist staff. They will continue to work collaboratively with all parts of the Wiltshire and Swindon area.

### **Supporting recruitment and retention**

We believe this proposal will help us in our recruitment and retention strategies by providing the right environment and skill mix of staff, supporting the delivery of high quality services.

### **Supporting cross-agency working**

The consolidation of the suites will enable work closely with different agencies across geographical boundaries throughout the east of the Trust. We will be able to share best practice and initiatives including positive risk taking and Multi Agency care planning with involvement from Wiltshire Police, both AMPH Services, and Intensive Teams across the areas of Wiltshire and Swindon.

## **Efficiency and cost benefits**

Option 4 makes the best use of the estate at an affordable cost.

It also offers staff efficiencies, making it easier to deploy staff to work at the unit, reducing costs and providing service continuity. This ensures we spend money for our services wisely.

The co-location of suites onto one site will reduce the Trust environmental footprint by rationalising its estate and providing sustainable services that can be delivered. This would also be a significant development within the B&NES, Swindon and Wiltshire Sustainability and Transformation Plan.

## **Clinical Benefits**

As well as sustaining safety improvements for detainees and staff, it will offer staff peer group support to develop and maintain best practice such that they can become a centre of excellence.

We also plan to establish a clinical network to ensure learning and sharing of best practice across AWP's Place of Safety suites.

## **12. How you can have your say**

Following on from the pre-consultation, we want to engage more widely and consult local communities about the proposed service changes. Specifically we want to hear from local service users, carers and their families, local community and voluntary groups as well as other stakeholders.

Our website has a page dedicated to this consultation which includes:

- consultation document
- consultation feedback form

Our consultation is running for 6 weeks from Monday 20/3/2017 to Sunday 30/4/2017. We want to hear your views and comments about the proposed changes.

**You can make your views known by:**

- By email: [awp.placesofsafetyfeedback@nhs.net](mailto:awp.placesofsafetyfeedback@nhs.net)
- By completing the feedback form available on the Trust's website.
- By telephone: Chippenham: 01249 468 261 or  
Freephone: 0800 073 1778
- By writing to:  
Places of Safety Feedback  
Avon and Wiltshire Partnership Mental Health NHS Trust  
Jenner House  
Langley Park Estate  
Chippenham  
Wiltshire  
SN15 1GG
- By attending any of the three consultation events. These will be held in Swindon, Salisbury and Devizes. Further details of the consultation events will be announced on the Trust's website.

# **Improving the Provision and Quality of Place of Safety suites Consultation Session 04/04/2017**

# Background

AWP Proposal of Change

Reasons for Service Change

Options for Consideration

Involvement with Key Stakeholders

# Urgent and Preventative Care

Street Triage

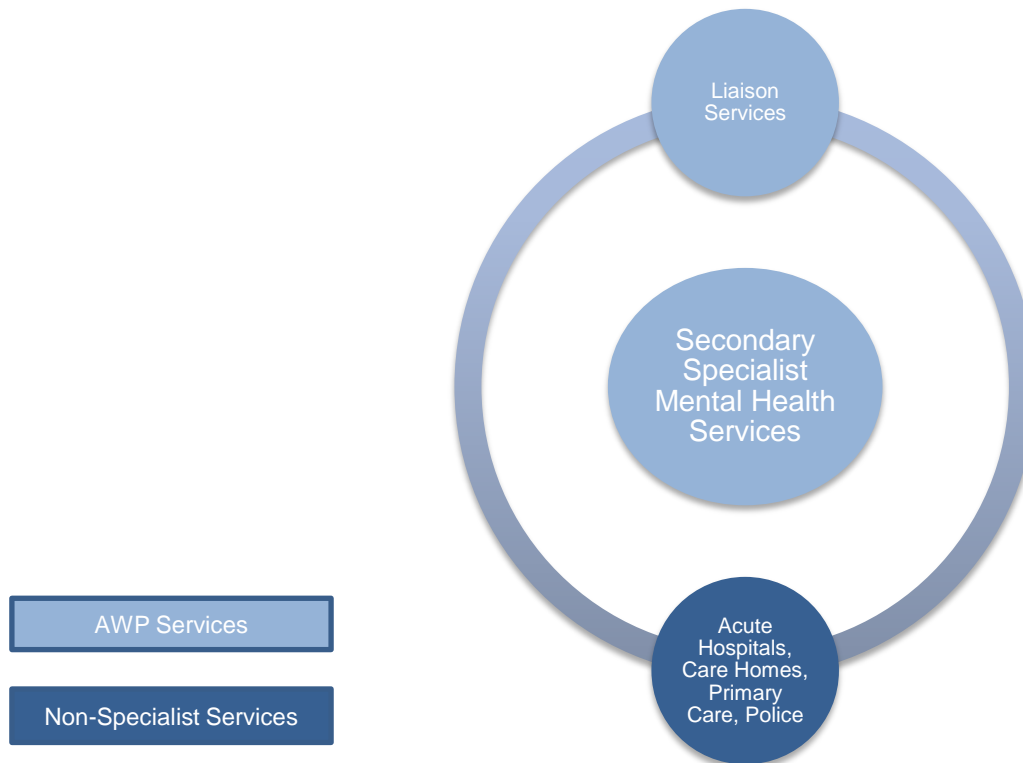
Place of Safety

ED Liaison

Intensive Service

Recovery Team

# Urgent and Preventative Care



## What is a Place of Safety?

Section 136 of the Mental Health Act (1983, amended by MHA 2007\*) allows a police officer, to remove a person from a public place

The removal of the person to a place of safety is so that the person can be assessed in a **suitable environment**

A person may be detained at a place of safety for a maximum of 72 hours to enable assessment

## Policing and Crime Bill 2017

A Police Officer must, if practically possible consult a Mental practitioner prior to use of S136

A police station must not be used as a place of safety for U18's under any circumstances.

Use of police stations for adults in exceptional circumstances only

Periods of detention will reduce from 72hrs to 24 hrs.

## Why Change?

AWP Executive Team Review

CQC Inspection June 2016

Warning Notice applied

Police and Crime Bill 2017

## Who will be Affected by this change ?

Children (under 18 years old) and adult Service Users who may be detained under a S136 Mental Health Act.  
Service Users' Carers and families

### Implications for:

Police, SWAST, CCG's, Local Authorities, NHS Trusts, Voluntary/3<sup>rd</sup> Sector organisations, AWP staff.

## What were the Options?

**Option 1:** Upgrading the existing suites

**Option 2:** Upgrade Swindon close other sites

**Option 3:** Upgrade Salisbury and Devizes, close Swindon

**Option 4:** Upgrade Devizes, close Swindon and Salisbury

## Options 1-3

Insufficient space at sites to expand the number of suites.

The cost of building

Increased demand for qualified and specialist staff

Analysis of data demonstrated that Green Lane had the highest level of activity.

## Option 4

Green Lane building infrastructure, allows expansion in capacity to 4 across the area.

Admission activity supports this being the optimal site for development.

Reduction of the Place of Safety units from 3 -1 will reduce overall staffing requirements and attract staff to a specialist environment.

## Pre- Consultation feedback

The trust has been working with local organisations on pre-consultation with a range of stakeholders.

Oxford Heath Foundation NHS Trust

Wiltshire CCG

Wiltshire County Council

AWP: Wiltshire, Swindon and Specialised Delivery Units

Concerns were raised by Swindon CCG and Swindon Borough Council

## Benefits of Change

Increased Capacity

Access to the right Professionals

Access to other Specialist staff and health services

Supporting recruitment and retention

Supporting cross- agency working

Efficiency and cost benefits

Clinical benefits

Assist compliance with proposed changes outlined by the Government (Police and Crime Bill 2017)

## Aspirations for the Future

Reduction of the use of S136 and the Place of Safety

Service users assessed and discharged/ transferred within 6hrs of detention.

A cross boundary urgent and preventative care model across Wiltshire and Swindon.

## How are we Consulting others?

**By email:** [awp.placesofsafetyfeedback@nhs.net](mailto:awp.placesofsafetyfeedback@nhs.net).

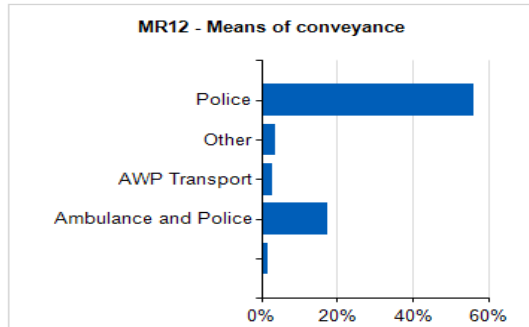
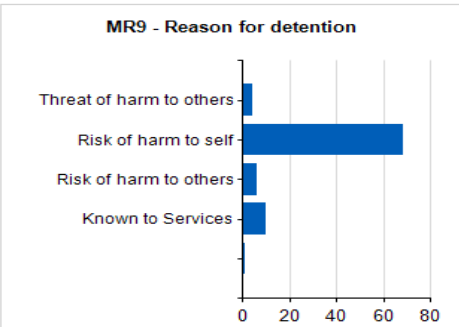
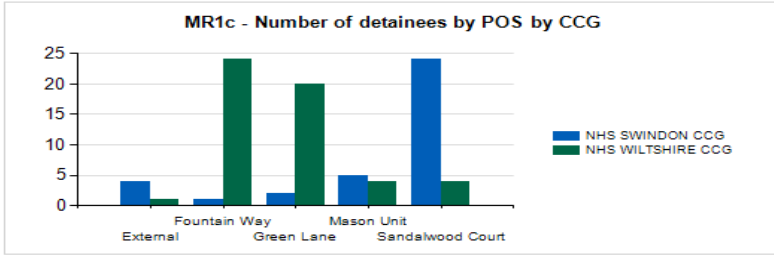
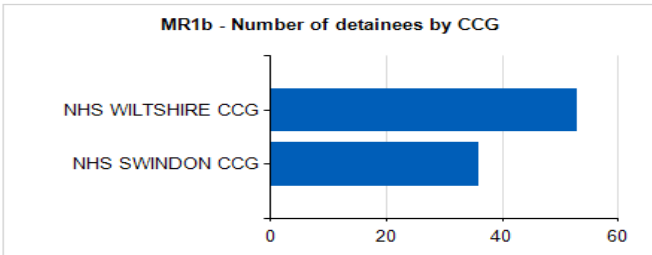
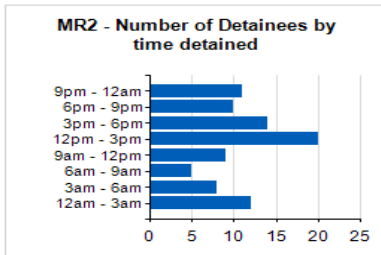
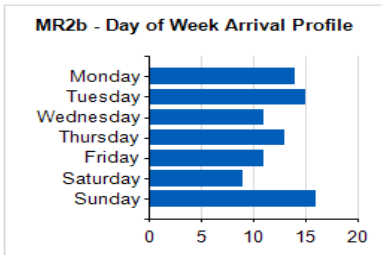
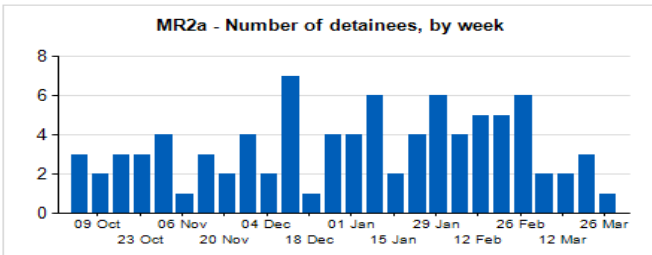
**By online survey:** available on the Trust's website

**By taking part in a public meeting:** Devizes, Salisbury

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Statistics for Place of Safety activity across Wiltshire and Swindon CCG's October 2016- March 2017

- Page:
- Admissions
  - Detentions
  - Discharges
  - Demographics



## Statistics for Place of Safety activity across Wiltshire and Swindon CCG's October 2016- March 2017

Page:

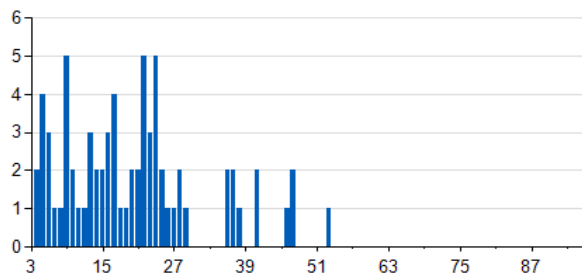
Admissions

Detentions

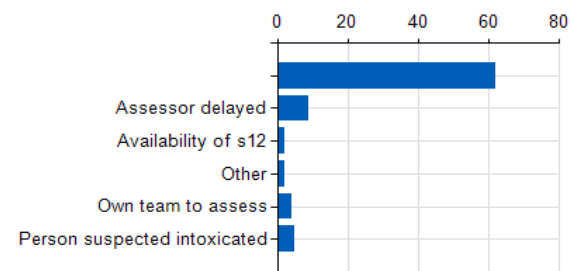
Discharges

Demographics

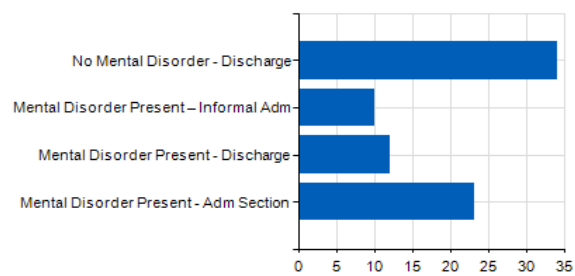
**MR3 - Length of Stay Profile (hours)**



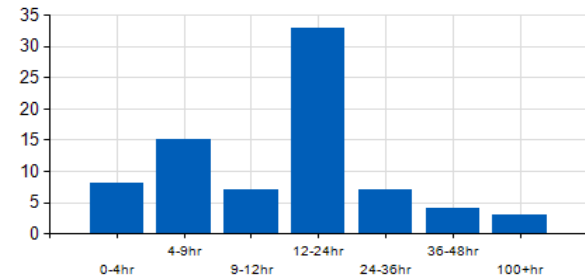
**MR4 - Delay to assessment if over 4 hours**



**MR5 - Number of Assessments by Outcome**



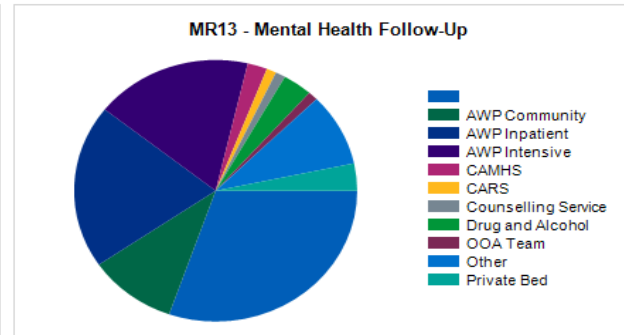
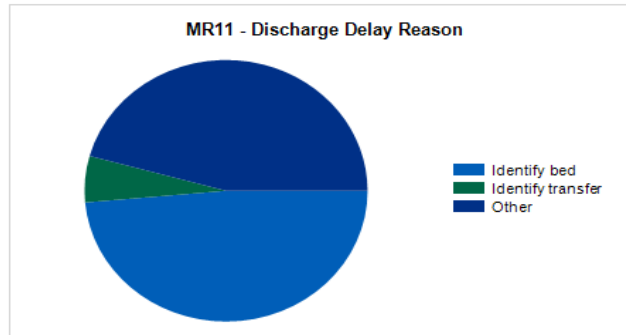
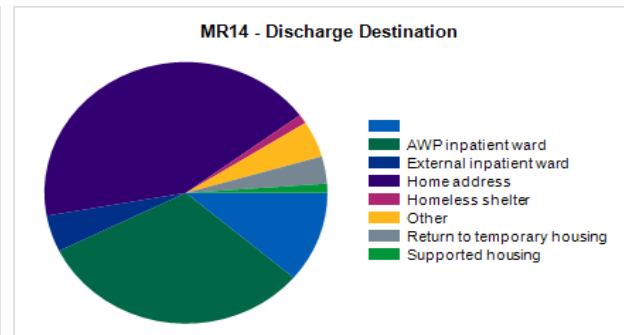
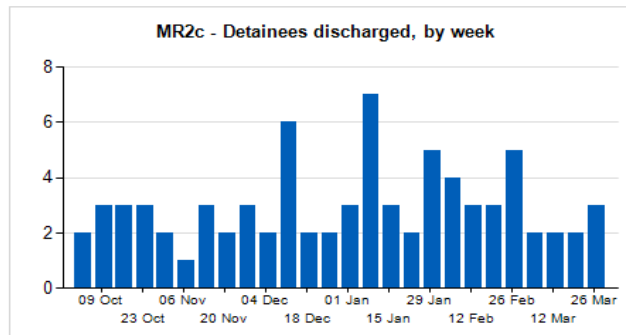
**MR10 - Time to assessment**



# Statistics for Place of Safety activity across Wiltshire and Swindon CCG's October 2016- March 2017

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## Statistics for Place of Safety activity across Wiltshire and Swindon CCG's October 2016- March 2017

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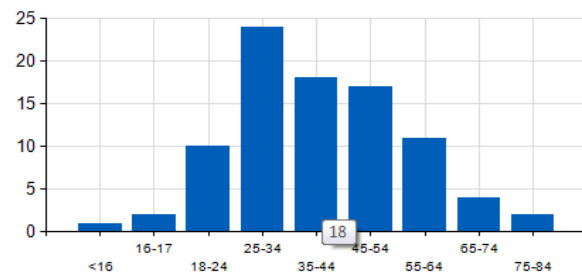
Admissions

Detentions

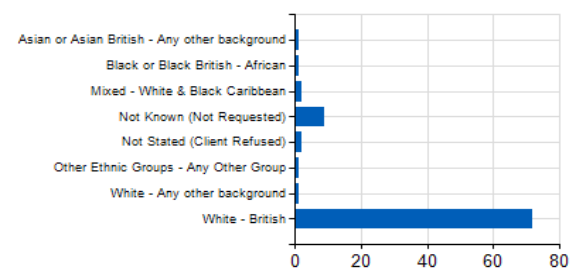
Discharges

Demographics

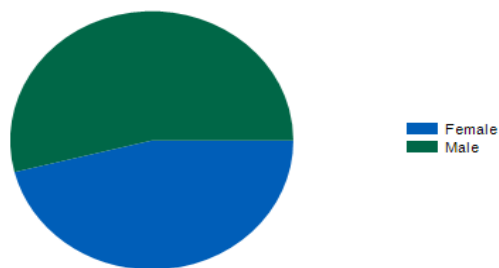
MR8a - Age profile of Detainees



MR15/16 - Ethnic profile of Detainees



MR8b - Gender Split of Detainees

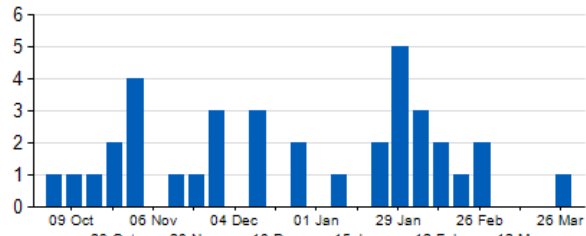


## Place Of Safety activity Swindon CCG October 2016 – March 2017

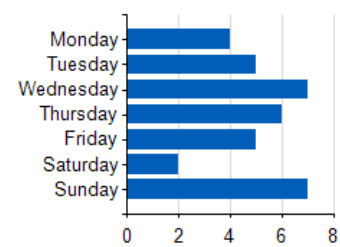
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- Detentions
- Discharges
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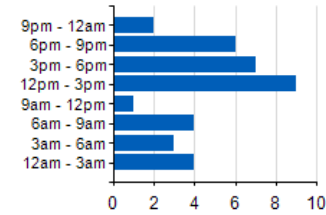
MR2a - Number of detainees, by week



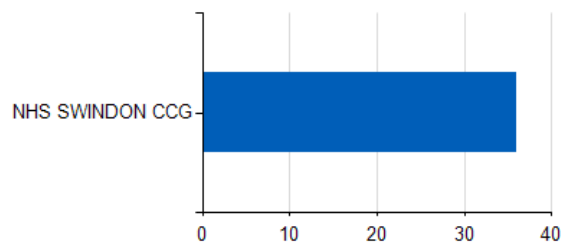
MR2b - Day of Week Arrival Profile



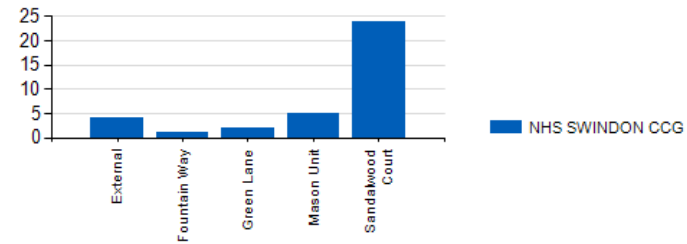
MR2 - Number of Detainees by time detained



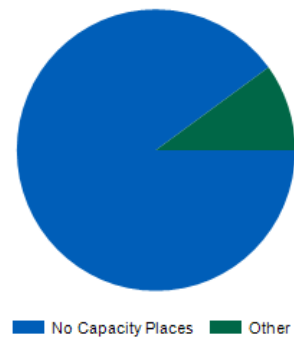
MR1b - Number of detainees by CCG



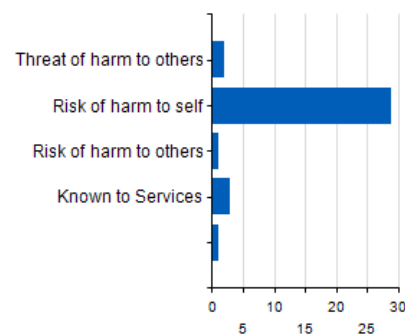
MR1c - Number of detainees by POS by CCG



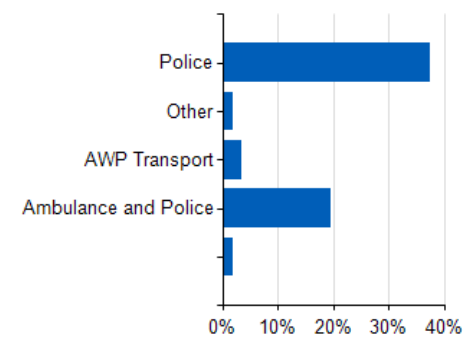
MR6 - Reason not offered a place



MR9 - Reason for detention



MR12 - Means of conveyance



## Place Of Safety activity Swindon CCG October 2016 – March 2017

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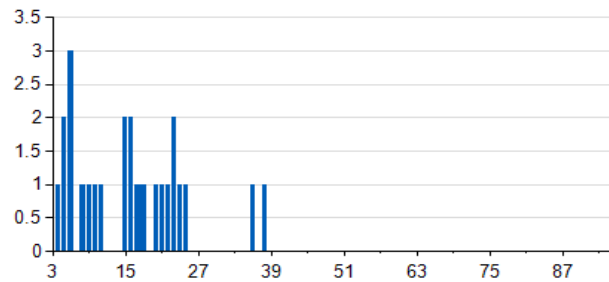
Admissions

Detentions

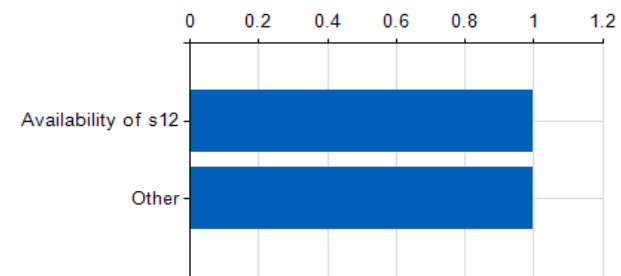
Discharges

Demographics

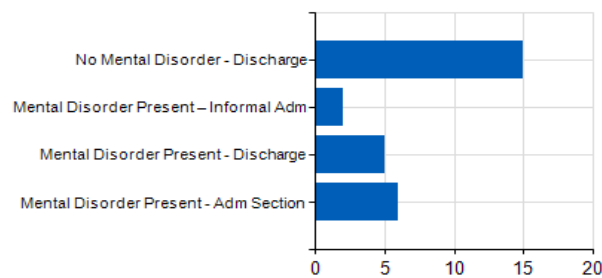
MR3 - Length of Stay Profile (hours)



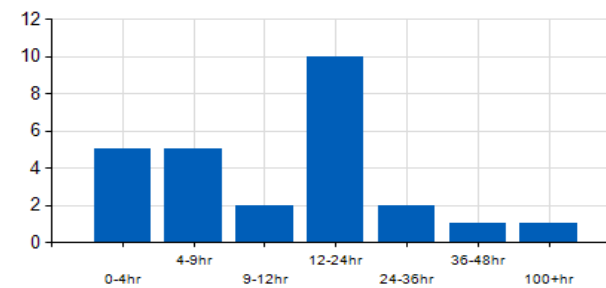
MR4 - Delay to assessment if over 4 hours



MR5 - Number of Assessments by Outcome



MR10 - Time to assessment

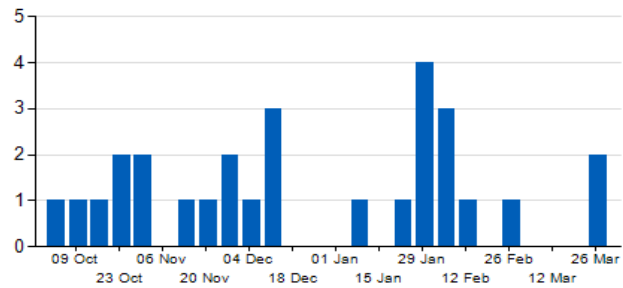


## Place Of Safety activity Swindon CCG October 2016 – March 2017

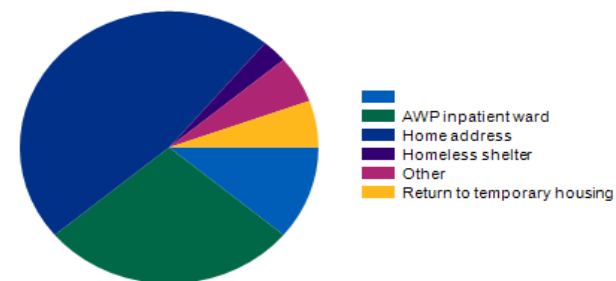
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Admissions  
Detentions  
**Discharges**  
Demographics

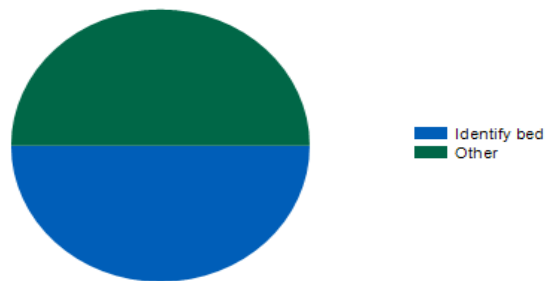
MR2c - Detainees discharged, by week



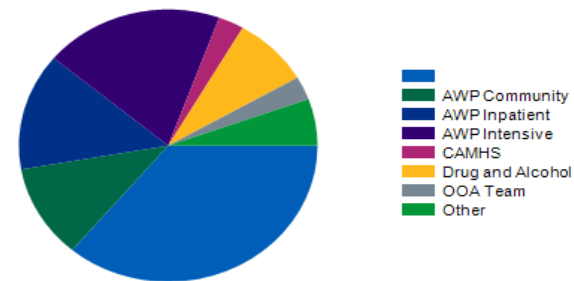
MR14 - Discharge Destination



MR11 - Discharge Delay Reason



MR13 - Mental Health Follow-Up



## Place Of Safety activity Swindon CCG October 2016 – March 2017

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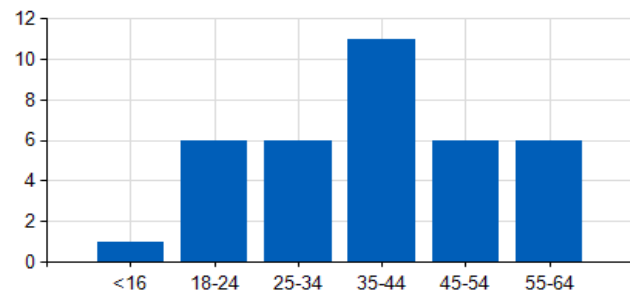
Admissions

Detentions

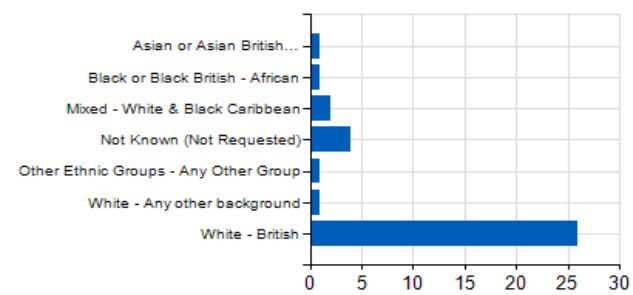
Discharges

Demographics

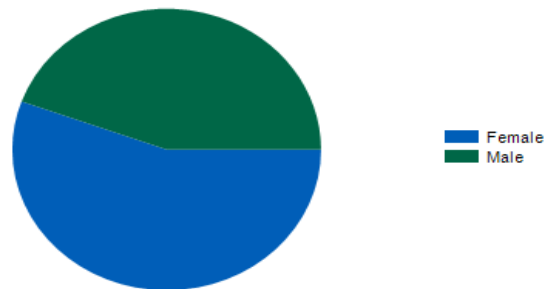
MR8a - Age profile of Detainees



MR15/16 - Ethnic profile of Detainees



MR8b - Gender Split of Detainees



## NHS Swindon Clinical Commissioning Group Update

### Adults Care, Adults Health and Housing

#### Overview & Scrutiny Committee

Date: 27 April 2017

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Author: Executive Nurse, Swindon CCG

Wards: All Wards

Locality Affected: All Locality Area

Parishes Affected: All Parish Area

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#### 1. Purpose and Reasons

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

#### 2. Recommendations

- 2.1 The Committee is recommended to:
- 2.2 Note the report.
- 2.3 Identify any areas of concern that require further investigation.

#### 3. Detail

##### Sustainability and Transformation Plan

- 3.1 Health and care organisations across Bath and North East Somerset (B&NES), Swindon and Wiltshire have begun working together in an exceptional new way to meet the many challenges facing the health and care system.
- 3.2 Overall across B&NES, Swindon and Wiltshire the standard of health and care services is very good compared to other areas of England. However, there are still improvements that need to be made to make sure that these services are the best they can be – both now and in future years.
- 3.3 Additionally, there are increasing financial pressures. In the last financial year (2015/16), our combined spend on healthcare, across all our NHS organisations (such as GPs, hospitals, Clinical Commissioning Groups and mental health

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Further information about this report can be obtained from Sally Smith, 01793 683700, [communications@swindonccg.nhs.uk](mailto:communications@swindonccg.nhs.uk)

# NHS Swindon Clinical Commissioning Group Update

## Adults Care, Adults Health and Housing

### Overview & Scrutiny Committee

Date: 27 April 2017

---

services), was approximately £1,570 per person. When we assess the additional needs that will be required from an older population – and of the growing numbers of people in our area based on national projections - then we estimate that by 2020/21 we will need to spend approximately £1,760 per person. This will exceed our expected budget of approximately £1,650 per person.

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

- 3.5 The full STP plan is available to read on our website <http://tinyurl.com/mkrg7kv>.

#### Learning Disabilities

- 3.6 The CCG have been working in partnership with Wiltshire to progress the Transforming Care Plan (TCP). The TCP identifies local actions across health and social care to improve local support and ultimately the aspiration to continue to locally avoid specialist hospital placement due to escalating challenging behaviours for people with a learning disability (LD) or autism. The TCP is monitored by a locally chaired TCP Board and NHS England (NHS E) and is deemed as on track with the identified actions and milestones.

- 3.7 A Swindon Policy has been approved which translates nationally mandated processes for the management of people displaying escalating challenging behaviours into local actions and responsibility. This has been shared with providers to articulate how they alert the CCG leads to people requiring additional assessment and support. As a result, the CCG are coordinating individual reviews when required to support quality and safety. Learning from these is being shared with the TCP Board to ensure that practical improvements can and are being made.

- 3.8 The next step is to align the roll out of the national Learning Disabilities Mortality Review (LeDeR) Programme. The programme is commissioned by The Healthcare Quality Improvement Partnership on behalf of NHS E to ensure that deaths of people with a learning disability and/or autism are reviewed. The resulting learning is being centrally held to inform health and social care gaps and the future required improvements.

#### Community Services

- 3.9 The CCG continue to meet with GWH each week to monitor the transition of community services.
- 3.10 GWH have carried out a thorough and robust due diligence process allowing both the CCG and GWH to understand the status of the organisation.

# NHS Swindon Clinical Commissioning Group Update

## Adults Care, Adults Health and Housing

### Overview & Scrutiny Committee

Date: 27 April 2017

- 3.11 The transition has gone well and through this care taking period, GWH have successfully been able to support staff and services to be resistant and sustained over the winter period.

#### IVF – Final Report

- 3.12 The Swindon CCG policy review for the provision of fertility services as part of the STP work stream 'Demand Management' took place with an aim to achieve a consistent approach across the STP to referral management and alignment of clinical commissioning policies and processes.

- 3.13 The overall aim of the review was to develop a local policy which will support the commissioning of the highest quality, most clinically and cost effective and affordable fertility services that maximise health outcomes in terms of live births and patient/baby safety.

- 3.14 As part of this review a five-week engagement process was undertaken to gather the views of patients, health professionals and the wider public to understand the potential impact of the proposal. The Engagement Report is available to view on the CCG website here:

[http://www.swindonccg.nhs.uk/images/Get%20Involved/IVF%20Engagement%20report\\_March%202017%20final%20\(ID%20666498\).pdf](http://www.swindonccg.nhs.uk/images/Get%20Involved/IVF%20Engagement%20report_March%202017%20final%20(ID%20666498).pdf)

- 3.15 The CCG has now implemented the new commissioning policy, which will bring us in line with other commissioners in the STP footprint. It will be applicable to new referrals only with effect from 1 April 2017.

## **4. Alternative Options**

- 4.1 None

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

### 11.1 Legal and Human Rights Implications

N/A

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

N/A

### 11.3 Diversity Impact Assessment

A DIA has not been completed for the purposes of this update.

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Further information about this report can be obtained from Sally Smith, 01793 683700, [communications@swindonccg.nhs.uk](mailto:communications@swindonccg.nhs.uk)

# NHS Swindon Clinical Commissioning Group Update

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

Date: 27 April 2017

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### 11.4 Risk Management

N/A

### 6. **Consultees**

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

### 7. **Background Papers**

7.1 None.

### 8. **Appendices**

8.1 None.

**Great Western Hospitals NHS Foundation Trust**  
**Adults Care, Adults Health and Housing**  
**Overview & Scrutiny Committee**

**Date: 25 April 2017**

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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** What are the challenges that your organisation is facing?

**a) Demand for urgent and emergency care**

Our biggest operational challenge, managing a significant demand for our services, remains and a large part of this is improving our Emergency Department

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

**Great Western Hospitals NHS Foundation Trust**  
**Adults Care, Adults Health and Housing**  
**Overview & Scrutiny Committee**

**Date: 25 April 2017**

(ED) performance, specifically to treat, transfer or discharge at least 95 per cent of patients within four hours of arrival.

Despite popular belief, as we move into the spring and summer months the number of patients attending ED is expected to increase slightly, as based on previous years, more patients attend with minor injuries.

Despite seeing around 700 fewer people in ED in February, compared with January, this is simply due to the shorter month. However the 6,154 attendances were fewer than seen in February 2016 by 7.9 per cent or around 520 fewer patients.

80 per cent of patients who attended either ED, the Wiltshire Health and Care minor injury units or the Urgent Care Centre were treated, transferred or discharged within four hours of arrival. Of those who attended ED in February, 65 per cent were treated, transferred or discharged within four hours of arrival.

Admissions remain our big challenge. On average of the 225 patients who attend ED each day, around a third need to be admitted onto a ward, often with multiple and complex conditions.

The number of patients attending for emergency or urgent care who then need to be admitted onto a ward for further care was 2,970 in February, which is almost the same number admitted during February 2016.

In 2015/16, 61 per cent of patients attending ED aged 60 and over, needed to be admitted into hospital. This percentage increases with age. In the same year, 74 per cent of attendances to ED aged 80 and over needed to be admitted to a ward.

Activity across all services over the last five years shows the significant increase in demand.

	2010/11	2015/16
ED Attendances	68,618	82,425
Emergency Inpatients	35,210	45,341
Elective Inpatient Activity	7,269	5,863
Day cases	27,813	33,934
New Outpatients	96,456	158,170
Follow Up Outpatients	212,887	308,468
Total	448,253	634,201

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

**Great Western Hospitals NHS Foundation Trust**  
**Adults Care, Adults Health and Housing**  
**Overview & Scrutiny Committee**

**Date: 25 April 2017**

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At the end of March we opened a Medically Expected Unit on Linnet Ward, primarily for patients referred for urgent or emergency care by their GP, the aim being to relieve pressure on ED and speed up decision making for the care and treatment of these patients.

This follows the move of our Ambulatory Care Unit to the Urgent Care Centre earlier this year, bringing it closer to ED. This is helping to bring our urgent and emergency care services together, supporting closer working and more effective care.

Both the Medically Expected Unit and Ambulatory Care are based around decisions being made more quickly by multidisciplinary teams, so patients are less likely to need to be admitted onto a ward or need to stay overnight.

We are also now looking into developing an integrated front door for emergency and urgent care to consolidate this decision making and streamline processes.

Our ED team continue to work extremely hard using the resources and space we have to provide high quality care and critical treatment to each of our patients.

We also continue to push our 'Healthcare without an appointment' campaign in collaboration with Swindon CCG, which raises awareness of the local healthcare services on offer when patients are struggling to get a GP appointment or need urgent care. Material has been distributed in ED and the Urgent Care Centre and in GP surgeries. This is all supported by a social media campaign.

## **b) Expanding capacity**

In 2015/16 we cared for around 186,000 more patients than we did five years ago. This 40 per cent increase since 2010/11 highlights the pressure facing the Trust and the need for additional capacity.

Between 2010/11 and 2031 the population of Swindon Borough is expected to have increased by 47 per cent and 22,000 new homes, in new areas such as the Eastern Villages, are expected to be built over the next five to ten years.

We're not currently in a position to add more beds, but expanding capacity is clearly something we must explore to meet this future demand.

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

Over the next few months we will be exploring potential options to expand capacity beyond traditional models of ward based care, including exploring the potential for the development of more ambulatory care style services to support patients needing urgent care.

The challenge will remain that although we will be able to demonstrate need; national capital funding constraints limit our ability to access the funding needed to support any new developments.

The Board are however committed to exploring all avenues to secure the support needed for Swindon.

As we are now providing community healthcare services in Swindon there are opportunities to look at remodelling services so they are designed with a greater focus on patient need, rather than organisational boundaries. We will also be exploring community services which could help to prevent the need for admission into hospital, including strengthening our community nursing teams.

Unprecedented growth will continue to affect all health and social care services, so operational issues around managing high demand should not be seen in isolation. The challenge stretches well beyond the hospital.

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**c) Discharging patients remains a priority**

A new Integrated Discharge Service will be launched by the end of April to help standardize discharge processes across all wards and services, regardless of where the patient lives. This follows a successful pilot on Jupiter ward where the new process has been tested and developed.

The service will be a collaborative between Swindon and Wiltshire Clinical Commissioning Groups, Wiltshire Health and Care, Wiltshire Council and Swindon Borough Council.

Having a consistent process aims to reduce delays in discharging patients and transferring patients between providers.

The service will include social workers, occupational therapists, community nursing teams, physiotherapists, the Patient Flow Team and the new Home to Assess Service.

The Home to Assess Service, which launched in November, is progressing well and by 7 March the team had assessed 130 patients in their own Swindon homes within 72 hours of leaving hospital.

This meant that these patients didn't have to wait in a hospital bed for decisions to be made about further care they might need in the community, saving 384 bed days.

Over 80 per cent of patients who experienced the service benefitted from an improved level of function and just 11 per cent of patients ended up being admitted back into hospital due to deterioration.

The team finds that assessing patients in their own homes gives a more true to life assessment of their needs.

We also continue to promote the 'Leaving hospital' campaign which prompts staff, families and carers to have often difficult discussions about leaving hospital earlier on. It also acts as a reminder for some of the practical things everyone can do to help, such as being available to collect the patient from hospital and bringing clothes for them to leave hospital.

**d) Recruitment update**

**Great Western Hospitals NHS Foundation Trust**  
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We'll be launching a new recruitment campaign this spring to raise awareness of the Trust as an attractive employer, offering a diverse range of rewarding careers in a great location.

The strong visual campaign will be used across a range of channels and features our staff as the faces of the Trust.

The campaign follows extensive research with staff based on what attracted them to the Trust and aims to put the Trust at the forefront of local people's minds when thinking of a career in healthcare.

We're in tough competition with other local trusts, especially in terms of nursing recruitment and this isn't likely to become any easier, with applications to nursing and midwifery courses falling by 23 per cent after the government abolished NHS bursaries.

Alongside our new campaign, we continue to focus on community engagement activities to attract nursing students and targeting local people with experience in healthcare looking to return to practice.

We've also introduced a unique career development opportunity giving staff nurses a chance to take on a more senior nursing position as a senior staff nurse.

The new role is designed to recognise and reward more experienced staff nurses with a special uniform and increase in pay, providing a career development opportunity between a staff nurse and the role of junior sister.

**e) New rules mean overseas visitors must pay before non-urgent treatment**

From 1 April all overseas visitors must pay for any non-urgent treatment before they receive it.

Emergency care will be unaffected by the new rules and remains exempt from up-front charges. However, patients from overseas who require further treatment outside the Emergency Department will be asked for payment at a later date.

It is a legal obligation for us to ask patients if they have lived in the UK for at least the last six months regardless of their age, sex, race or ethnicity. If the patient is not entitled to free NHS treatment, the medical team will draw up a treatment

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plan to calculate costs. The patient must then pay before any non-urgent treatment can take place.

### **3.3) What have you done well?**

#### **a) Routine Care Quality Commission inspection**

We welcomed inspectors from the Care Quality Commission (CQC) at the end of March as part of a routine inspection of our services both at the Great Western Hospital and across our community healthcare services in Swindon.

For us this was an opportunity to demonstrate the improvements that have been put in place since the CQC's last routine inspection in 2015 when the Trust was rated as requires improvement.

Although very busy, many staff had the opportunity to talk to inspectors, answering questions, explaining processes and telling them about the quality improvements and innovations in their area.

We hope that the good work and changes that have been implemented over the last 18 months will be reflected in the final report which we expect to receive this summer.

#### **b) Community healthcare services in the Swindon**

Our work as the new provider of community healthcare across Swindon is progressing well and we expect to agree the final contract with Swindon Clinical Commissioning Group over the next few weeks.

This won't mean anything changes from a practical point of view as we have been providing these services on a caretaker basis since October 2016, so patients will continue to receive care from the same familiar faces.

Over recent months we have been gathering and reviewing important information about our new services to identify areas of best practice and also areas where improvements need to be made.

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We have also been aligning processes with Trust processes to improve systems, governance and processes to support staff and protect patients.

As this work progresses we're confident that having one single provider of both acute and community care in Swindon will mean there are many more opportunities for joined up working, reducing barriers and speeding up processes for patients.

**f) Waiting times for planned procedures**

The target for treating patients within 18 weeks of their original referral was achieved during the last five months of 2016, but we've started 2017 just below the 92 per cent target.

91.1 per cent of patients who were on the list for a planned procedure in January and February waited less than four and a half months for treatment. This is a significant achievement considering the increase in admissions we have experienced. This is because an increase in urgent and emergency procedures can mean some less urgent elective procedures have to be postponed. This unavoidable increase in demand impacts on our ability to achieve the 92 per cent target.

The performance for March is likely to be similar; however we are working to reduce waiting times slightly as we head into spring and emergency demand is expected to ease.

We continue to offer extra appointments and virtual clinics which give our clinicians more treatment time. We also continue to offer some patients the choice of having their operation at local private hospitals where waiting times are likely to be shorter.

**g) Finance update**

As we approach the end of the financial year we are set to end the year in line with our control total, with a surplus of £44,000.

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Despite being less than our planned £600,000 surplus, this is still a strong position to end 2016/17, particularly given the progress made to reduce our deficit over the past two years.

Much of the recent financial pressure comes from the extreme operational challenges experienced earlier this year. Demand for urgent and emergency care and non-elective admissions remained high, leading to our subsequent decision to invest in moving the Ambulatory Care Unit to the Urgent Care Centre.

We continue to identify cost improvement plans to make savings and have currently made savings of £12 million, against a target of £14.2 million for the end of the year. Making savings without impacting on safety and quality of care will remain a priority for 2017/18.

Over the past two years, since the start of the financial enforcement undertakings we made, we have delivered £29 million of savings. Next year will be challenging with a further £14 million of savings required.

We are currently exploring potential options for getting better value for money during the remaining 13 years of our Private Finance Initiative (PFI) arrangement, which currently costs £34 million a year.

While our PFI has provided us with a state-of-the-art hospital, the high rate of repayment in this current financial climate has long been a significant issue.

This work is just one of the ways in which we are hoping to reduce costs while maintaining the quality of patient services.

**c) Cancer waiting times meet and exceed national targets**

For almost a year now we have exceeded the national cancer target for starting treatment with patients referred to us with suspected cancer.

Since April 2016 over 12,900 patients have been urgently referred by their GPs with suspected cancer and of the 718 patients found to have cancer, over 85 per cent received their first treatment within 62 days of being referred.

Of the 2,955 patients diagnosed with either a primary or in-situ cancer over the last year, over 96 per cent started treatment within 31 days of diagnosis. The majority of these patients will have been referred to the Trust without a suspicion

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of cancer, which has then been detected due to the specialist knowledge of our surgical, medical and oncology teams.

This success is down to a dedicated team of Multidisciplinary Team Coordinators in the Cancer Services Team who track and monitor each of our patients throughout their journey of care with us.

At any one time the team are managing around 1,200 patients on their system.

**d) Patients experience the lowest number of pressure ulcers in the south west**

We are leading the way in the prevention of pressure ulcers, with the number of patients experiencing this painful condition falling by 60 per cent in the last two years.

Of the 14,500 inpatients being cared for at GWH each month, around four patients may develop a pressure ulcer, compared to up to ten each month in 2014/15.

The 60 per cent reduction is thanks to our dedicated Tissue Viability Team and nursing teams who ensure that each patient has a skin assessment within two hours of being admitted into hospital.

Many pressure ulcers can be prevented through good nursing care, which is why preventing pressure ulcers is one of our [Sign up to Safety priorities](#). Making regular changes to position, a special air mattress, nutrition and good hydration and checking regularly for signs, are just some of the things done to prevent and alleviate the painful condition.

Preventing this avoidable condition with safe and high quality care will help us achieve our goal of saving an extra 500 lives by 2020.

700,000 people are affected by pressure ulcers each year and treating them costs the NHS more than £3.8 million every day.

**e) Brighter Futures' Radiotherapy Appeal reaches half way point**

We've raised £1.5 million of the £2.9 million needed to fund specialist equipment for a new radiotherapy unit at the Great Western Hospital.

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The appeal has received a wealth of support over the last year from local organisations such as the Swindon Advertiser, local Rotary Clubs, Stratton Sainsbury's and Swindon Will Writing, among many others.

The radiotherapy unit will be built at the Great Western Hospital and run by Oxford University Hospitals NHS Foundation Trust.

It will make a huge difference to local people and their families who currently face weeks of daily visits to and from the nearest radiotherapy unit in Oxford for cancer treatment.

**3.3 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.

**6. Consultees**

- 6.1** The Board Director, Resources (Section 151 Officer) and the 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.

## Performance for Adult Social Care Commissioning

### Adults Care, Adults Health and Housing

### Overview & Scrutiny Committee

25<sup>th</sup> April 2017

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Author: Director of Adult Social Services

Wards: All

Locality Affected: All

Parishes Affected: All

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#### 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:

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)

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Further information on the subject of this report can be obtained from Phillipa Lamb, Direct Dial Telephone Number: 07818510484, [plamb@swindon.gov.uk](mailto:plamb@swindon.gov.uk)

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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 year end performance at Adults Care, Adults Health and Housing Overview and Scrutiny Committee on 22 June 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. We also recognise that performance during the year has been impacted by a number of factors, some of which were beyond our control. For example, the early decommissioning of SEQOL services and the successful transfer of 400 staff, the creation of a new management structure, the diagnostic work undertaken with Newton, challenges with Continuing Healthcare Funding and the ongoing hospital pressures. However, we are confident that the time and capacity we have invested in these areas over the year will positively impact on performance in the longer term.
- 3.1.3 Collaborative work continues between local health and care organisations from Wiltshire, Bath and North East Somerset (BANES) to manage our Sustainability and Transformation Plan (STP) savings. The STP 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. An STP Finance Savings Working Group is being established to manage the savings and provide support for the following STP challenges:
- Delivery of the annual financial control targets set for the STP collectively and individually
  - Identifying savings plans that are robust and deliverable
  - Ensuring that one organisation's savings programme does not work to the detriment of another organisation in the STP
  - Ensuring that commissioners' savings plans for providers are deliverable
  - Ensuring that providers' savings plans and service re-design are consistent with commissioners' service plans
  - Identifying a complete and shared STP savings programme by the end of June 2017

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- 3.1.4 We are working with health colleagues to refresh our Better Care Fund Plan for 2017-19. The Better Care Fund (BCF) is a local single pooled budget between NHS and local government to support joint working. The aim of our BCF plan 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 plan is informed by using our Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy.
- 3.1.5 In the 2017 Spring Budget, the Chancellor announced that councils will receive an additional £2 billion over the next three years for social care, of which £1 billion will be provided in 2017-18. This additional funding is to support improved performance at the health and social care interface by reducing pressures on the NHS (including supporting more people to be discharged from hospital when they are ready) and stabilising the social care provider market. The allocation for Swindon in 2017/18 is £2.9m. We are currently awaiting formal guidance for allocating this additional money.

### 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 February 2017 is an overspend of £4.724m. There are two main reasons for the overspend, firstly Adult Social Care agreed a challenging savings target at the start of the year of £6.163m, total savings as at February 2017 are £3.931m and are projecting to achieve £4.203m by year end. As mentioned in previous reports, the challenges of managing the early transfer of SEQOL services redirected management focus away from savings programme over the last six 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 (£2.8m projected overspend) as we are seeing more demand for older people, mainly through discharge from hospital with more complex care and medical 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. In November 2016, the Delayed Transfers of Care Programme Board was refreshed to implement additional support at home which was been funded by the NHS. Monthly monitoring continues. From April 2016 to January

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2017, the hospital days lost due to DTOC for Swindon are 1327 fewer compared to this time last year. As in previous months, the main cause for delay in January 2017 was due to the availability and arrangement of Nursing Home Placements (31% compared to the national figure of 14%). From April 2016 to the end of January 2017, the delayed transfers of care attributable to social care in Swindon equates to a rate of 6.01 per 100,000 population compared with a South West average of 8.58 and an England average of 6.10 per 100,000 population.

Work continues to support expeditious and timely hospital discharge so that patients stay until their acute medical episode is finished, receive a high level assessment and then move to a more appropriate location for assessment of future needs. We are actively developing the frailty pathway with health to ensure patient flow is improved and creating a cohesive admission alternative pathway to meet the needs of local population including discharge to assess and step down and step up beds. We are also focussing our efforts on improving the effectiveness and maximising the capacity of reablement and rehabilitation services to upskill clients so they can live quality and independent lives.

### 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.

The multi- agency Transitions Programme is beginning to improve the pathways for employment and education opportunities, ensuring that those with disabilities are able to reach their maximum potential. The Programme prioritises young people who are likely to transfer to a service provided by Adult Social Care or Adult Mental Health and includes young people with physical disabilities, young people with a learning disability, and some care leavers. Better joint working between Children, Adults and Economy services is helping to identify children earlier, raise the aspirations of children and families, and support children and young people to develop life skills alongside education, training and employment opportunities in preparation for adulthood. The Transitions Roadshow event held in March was well attended with positive feedback from parents, carers, young people and professionals. The commissioning work stream of the programme is addressing how we can secure a more outcome focussed model of support and encourage new providers into the market.

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Ongoing management oversight to monitor activity and capacity to drive improvement across our services for adults with learning disabilities continues. Managers are focussing on supporting staff to enhance their skills and expertise in support planning and reviews. Staff engagement with training and development opportunities has reduced their capacity to undertake timely reviews and this is reflected in current performance. At the end of February 2017, 364 learning disability clients had received a review of their needs (52.9%). Based on current performance, we are projecting to achieve 60.7% at year- end against our annual target of 70%. The lower performance is in part due to the introduction of high quality detailed reviews which have taken more time to complete. However, we already have evidence that service users are experiencing more person centred reviews which should lead to better outcomes in the longer term as staff become more skilled in helping clients raise their aspirations and seek alternative living and support arrangements.

#### 3.2.4 Older People/Physical Disability

During December 2016, we undertook an assessment of our Adult Social Care Services for older people and people with physical disabilities with support from Newton. The assessment identified:

- Opportunities for working differently
- Lack of clarity around the front door-referral process into Adult Social Care
- Missed opportunities for conversation with families and older people as to what their needs are
- Opportunities to adopt a more strengths bases approach to assessment e.g. what can people do for themselves
- The need for stronger links between hospital social work team and the discharge team
- The need to re-dress the balance enabling staff to have more direct contact time with service users and less time on paperwork
- Inconsistencies in recording practices
- Evidence of multiple recording on different systems
- Re-enablement only available following an OT assessment in GHW

The following areas have been identified for improvement opportunities which will also potentially deliver significant savings in the longer term. Benefits will be

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tracked over time and learning, methodologies and expertise will be shared over the time of the programme.

#### Front Door Project

Work with Voluntary Sector Organisations based at Sanford house to ensure the principles of prevention and early intervention are fully embedded in working practices. We aim to maintain and prolong people's own independence through improving our first point of contact /front door. We need to divert people into community based solutions where that is the right thing to do, and for those who do need help, we need to make sure they get it quickly.

#### Acute work stream

Clarify the role and function of the Discharge, Assessment and Referral Team (DART) and the Social Work Team at Great Western Hospital (GWH). Our aim is to reduce delays particularly around assessments and make sure those who need social care are identified as early as possible and the right conversations take place at the right time to get people home as soon as possible. We want to prevent inappropriate referrals and admissions to nursing care and keep a focus on getting people home. Currently we have a high spend on nursing care with a disproportionate number of people being admitted to nursing homes.

#### New ways of Working

We aim to support staff to have more direct contact time with clients by streamlining the assessment and review process, reviewing the paperwork and shifting to outcome focussed practice. We will improve access to reablement and ensure it is effectively targeted to improve uptake. We are also re-tendering our domiciliary care contract and residential and nursing home contracts to focus on commissioning for outcomes rather than services.

### 3.2.5 Safeguarding

We continue to maintain and develop the profile of safeguarding adults. The number of alerts regarding allegations of abuse continues to increase, but this is more likely to reflect improved awareness, reporting and recording rather than an increase in the number of incidents of abuse. Since April 2016, the Safeguarding Team has received 1074 concerns, 5.6% increase compared to 2015/16. However, only 400 of these reports progressed to an enquiry stage, and so far, 86 were substantiated either partially or fully (some enquiries have not yet been completed). We are working with partners to ensure staff training is in place to

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reduce the number of concerns that do not lead to an enquiry as these tend to relate to quality rather than safeguarding issues

The Local Safeguarding Adult Board (LSAB) is reviewing the local 3 year strategic plan and has identified four main priorities to support further improvement:

- Introduce more robust governance arrangements for the Board;
- Improve the quality and performance of safeguarding practices and processes to ensure we deliver an effective and responsive service following a concern. Healthwatch will help us obtain views from service users who have experienced the safeguarding service.
- Pro-actively engage with communities across Swindon to raise awareness to safeguarding concerns and improve the quality of response when concerns become apparent.
- Focus on workforce Development to improve the consistency and standard of safeguarding reporting and training across the partnership

#### 3.2.6 Reducing smoking prevalence

Wider tobacco control work has continued across Swindon to promote the smoke free agenda and reduce the number of people who smoke. Smoking prevalence rate in adults in Swindon is 18.7% and England's average is 16.9%. The launch of Swindon Central Bus Station as a voluntary smokefree site from 31 October 2016 was evaluated in January 2017 to assess the impact of this initiative. A post implementation face to face survey was undertaken and 125 people took part in this survey at the bus station. 81% of people said that the launch of the bus station as a voluntary smokefree site had made a difference.

Smoking in pregnancy at the time of delivery (SATOD) is the measure that gives the smoking in pregnancy rate. The quarter 3 2016/17 SATOD data was published on the 10th March by NHS Digital. The percentage of women recorded in Swindon as smokers at the time of delivery for the third quarter of 2016/17 was 11.9%. This is lower than the rate recorded for quarter three last year and for 2015/16 overall (12.6%).

The Swindon Tobacco Control Strategy 2017 – 2022 was approved by the Health and Wellbeing Board on 15 March 2017. The Swindon Tobacco Control Alliance, which is a partnership of key stakeholders, will monitor and ensure effective implementation of the strategy and develop the action plan associated with the Strategy.

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The recent procurement is complete for locally provided Primary Care Services, which includes support to stop smoking. 18 General Practices (GPs) and 32 Community Pharmacies have signed up to deliver the stop smoking service in Swindon from 1 April 2017. The support from GPs and Pharmacies, coupled with that offered by the SBC Community Health and Wellbeing Team, offers good accessibility and choice for those wishing to quit smoking.

### 3.3 What have you done well?

#### 3.3.1 Prevention and Early Intervention

Prevention and early intervention are key to managing demand and cost pressures. As mentioned previously (paragraph 3.2.4) we aim to maintain and prolong people's own independence through improving our first point of contact /front door. We continue to develop the 'front door' hub for residents at Sandford and our emarketplace, My Care My Support. So far this year we have received 11,368 contacts, with a higher proportion being effectively dealt with at the front door compared to the same period last year. 24% (2768 contacts) of people received information and advice as the only outcome of that contact compared with 21.6% (2370 contacts) in the same period last year. Once assessed, 47.78% of service users are progressing to a service compared 50.6% in 2015/16.

This year we increased our intermediate care provision, step up crisis support and bridging domiciliary care services to reduce hospital admission and facilitate appropriate hospital discharge. 378 clients have completed 404 episodes of crisis domiciliary care at home, receiving on average 17 days of service. In addition, 52 adults have been admitted to crisis temporary placements with an average length of stay of 63 days. 315 clients have received 397 episodes of domiciliary reablement services (compared to 163 last year) and 97 people have received a total of 105 episodes of residential reablement with an average of 49 days of 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 90.5% (4294) assessments starting within 5 days. This is above the 85% target and a significant improvement on the same period last year (78.8%).

#### 3.3.2 Choice and control

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

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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. The national target is for 100% of clients receiving community based long term support to have a personal budget. From 1 April 2016 to February 2017, 1314 of long term community service users have been allocated a personal budget equating to 91.6%. 383 of these clients (26.7%) are receiving their personal budget through a direct payment. Although these are below target, performance has improved compared to the same reporting period last year where 1223 or 80.8% of clients had a personal budget. The 2015/16 national average was 86.9%. It is pleasing to see that 13 more clients with a learning disability are now accessing direct payments compared to last year (163 current clients compared to 150 clients in 2016). Commissioners continue to work closely with providers, especially Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) who have only 46.6% of clients with a personal budget, to improve access to self-directed support.

Latest performance shows 3652 (65.8%) of clients receiving services during the year have had a review, which is below the 69.6% target we set ourselves for the end of February 2017. We are projecting we will achieve 74.5% at year-end which is just below the annual target of 76%. As mentioned previously (paragraph 3.2.3), developing staff to undertake more outcome focussed reviews has reduced capacity in the short term.

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, 80.1% (1219) carers have received an assessment or review (February 2017 target of 64.1%). It is particularly pleasing to see improved access for learning disability carers to annual reviews which suggest long term planning and carer needs around ageing well are becoming embedding in support planning. 129 carers of clients with a learning disability have received a review of need compared with 103 at the same point last year.

In addition, we have seen improvements in the proportion of carers with self-directed support with 39% having personal budgets (171 carers) against the monthly target of 34.8%. However, Swindon continues to be an outlier compared to the 15/16 England average (77.7%) and South West average (55.4%). We are working with the Swindon Carers Centre to address the shortfall in personal budgets.

### 3.3.3 Permanent admissions to Residential Care and Nursing Homes

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# Performance for Adult Social Care Commissioning

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Admissions to residential and nursing care are being effectively managed and remain below target. From April 2016 to February 2017, 179 older people have been admitted to permanent care: 93 to a nursing home placement and 86 to residential care. Amongst these first time permanent admission to care, 20 people were admitted with mental health needs and 2 with a learning disability and 157 people with personal care/physical support needs (older people). This is a 15% reduction on the same period last year where 211 older people had been permanently placed. However, the reduction is due to 32 fewer older people being admitted to residential care, the number of new admissions to nursing care has remained constant. 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 541.34 which put us on track to achieve our year-end target.

#### 3.3.4 Dementia

Dementia is a key priority for Swindon in the context of an increasingly older population and likely demand on health and social care services. It is estimated over 2,300 people in Swindon have dementia (based on the Joint Strategic Needs Assessment) and most people wait on average 3 years before reporting symptoms to their GP. The latest published data (2015/16) records prevalence for dementia in Swindon is 0.62% for all ages and 4.04% for age 65+. This compares to 0.76% and 4.31% for England. 55.9% of people with a diagnosis in Swindon are using in-hospital services compared to 53.8% in England. The diagnosis rates in Swindon have improved over the last year and the waiting list for a formal diagnosis has reduced to 2-4 weeks. Work continues to develop a clear community pathway for dementia led by the Dementia Steering Group. Great Western Hospital launched a dementia strategy in 2017 which links to the overall strategy. We are a key member of the Swindon Dementia Action Alliance and have recently recruited a Dementia Friendly Swindon Co-ordinator (funded by One Swindon) to work with businesses and others in the community to make Swindon dementia friendly. One Swindon also funds a dementia advisor post at the Alzheimer's Society which provides information and advice to people recently diagnosed and their carers.

The Council has embraced the dementia friends initiative with over 280 staff becoming dementia friends including customer services, staff from Waterside, housing and community. The Dementia Scrutiny Task Group held a successful 'Ageing Well in a Dementia Friendly Swindon' event in March, jointly with Healthwatch which was attended by over 80 people. The Task Group has highlighted the important link between lifestyle behaviours (such as smoking, being inactivity and poor diet), and the risk of dementia, as well as recognising the important role the community and volunteers have in supporting dementia.

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Further information on the subject of this report can be obtained from Phillipa Lamb, Direct Dial Telephone Number: 07818510484, [plamb@swindon.gov.uk](mailto:plamb@swindon.gov.uk)

# Performance for Adult Social Care Commissioning

## Adults Care, Adults Health and Housing

### Overview & Scrutiny Committee

25<sup>th</sup> April 2017

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#### 3.3.5 Falls Prevention

Everyone is more at risk of a fall as they get older. Falls can cause physical injuries but also make people feel less confident and become more dependent. The Swindon Falls and Bone Health Collaborative is a multiagency group involving SBC, Swindon CCG, Great Western Hospital, Dorset and Wiltshire Fire Service, the Carers Centre, Community Health Services, Age UK, South West Ambulance Service and others. The Collaborative launched its Steady Steps to Staying Active for Life booklet at a conference in October. Over 10,000 of the booklets have been distributed across Swindon via GPs, pharmacies, Great Western clinics, libraries, housing, our Community Health and Wellbeing Team and others. The Collaborative has a falls strategy and are developing a pathway. We are training more people to deliver community balance and strength classes and are working with care homes and day centre providers to see how balance exercises can be incorporated into daily activity.

#### 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.

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Further information on the subject of this report can be obtained from Phillipa Lamb, Direct Dial Telephone Number: 07818510484, [plamb@swindon.gov.uk](mailto:plamb@swindon.gov.uk)

# Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25<sup>th</sup> April 2017

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## 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 – Performance and Activity Data

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Further information on the subject of this report can be obtained from Phillipa Lamb, Direct Dial Telephone Number: 07818510484, [plamb@swindon.gov.uk](mailto:plamb@swindon.gov.uk)

**Number of service users receiving Permanent Nursing & Residential care in Swindon between April 16 to February 2017**

Primary Support Reason	18-64 Year Olds				65+ Year Olds			
	Nursing Care		Residential Care		Nursing Care		Residential Care	
	April-Feb 16	April-Feb 17	April-Feb 16	April-Feb 17	April-Feb 16	April-Feb 17	April-Feb 16	April-Feb 17
Physical Support: Access and Mobility Only	0	0	0	0	1	1	4	0
Physical Support: Personal Care Support	2	4	13	13	229	220	260	247
Sensory Support: Support for Visual Impairment	0	0	0	0	3	2	4	3
Sensory Support: Support for Hearing Impairment	0	0	0	0	1	1	2	0
Sensory Support: Support for Dual Impairment	0	0	0	0	1	1	3	3
Support with Memory and Cognition	2	2	3	1	59	51	110	85
Learning Disability Support	6	3	164	158	9	7	36	39
Mental Health Support	2	3	34	32	8	17	34	47
<b>Totals</b>	<b>12</b>	<b>12</b>	<b>214</b>	<b>204</b>	<b>311</b>	<b>300</b>	<b>453</b>	<b>424</b>

**Number of service users receiving Community Services in Swindon between April 16 to February 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-Feb 16	April-Feb 17	April-Feb 16	April-Feb 17	April-Feb 16	April-Feb 17
Learning Disability Support	48	65	2	14	487	509
Mental Health Support	3	5	1	4	83	80
Physical Support - Access & Mobilty only	365	497	5	1	8	7
Physical Support - Personal Care Support	151	161	64	80	278	292
Sensory Support - Support for Dual Impairment	0	1	0	0	3	3
Sensory Support - Support for Hearing Impairment	3	6	1	0	0	0
Sensory Support - Support for Visual Impairment	8	10	0	2	9	11
Support with Memory & Cognition	2	2	0	0	12	12
<b>18 -64 Year Old Total</b>	<b>580</b>	<b>747</b>	<b>73</b>	<b>101</b>	<b>880</b>	<b>914</b>
	April-Feb 16	April-Feb 17	April-Feb 16	April-Feb 17	April-Feb 16	April-Feb 17
	April-Feb 16	April-Feb 17	April-Feb 16	April-Feb 17	April-Feb 16	April-Feb 17
Learning Disability Support	12	15	4	3	44	46
Mental Health Support	17	14	10	6	47	43
Physical Support - Access & Mobilty only	766	1233	33	12	24	14
Physical Support - Personal Care Support	412	446	872	963	996	990
Sensory Support - Support for Dual Impairment	7	12	7	5	17	12
Sensory Support - Support for Hearing Impairment	21	23	15	9	10	7
Sensory Support - Support for Visual Impairment	24	31	16	12	21	17
Support with Memory and Cognition	32	30	18	16	83	69
<b>65+ Year Old Total</b>	<b>1291</b>	<b>1804</b>	<b>975</b>	<b>1026</b>	<b>1242</b>	<b>1198</b>

Indicator	NA 2015/16	PYA 15/16	Annual Target	Feb 17 Target	Feb 17 Actual	Good is..
<b>Enhancing Quality of Life</b>						
% of Service Users who receive self directed support (M)	86.9	82.6	100	98.8	91.6	high
% of Services Users who receive a direct payment (M)	28.1	24.61	30	29.5	26.7	high
% of Carers who receive self directed support (M)	77.7	35.6	36	34.8	39	high
% of Carers who receive a direct payment (M)	66.9	33.78	34	33	38.6	high
% of Mental Health adults in paid employment (M)	6.7	8.9	11	11	11.9	high
% of learning Disability adults living independantly in their own home or with their family (Q)	75.4	71.3	72	NA	74 (Dec 16)	high
% of Mental Health adults living independantly with or without support (M)	58.6	58.3	84	83	78.4	high
<b>Delaying and Reducing the Need for Care</b>						
Permanent admissions to residential & nursing care for Younger Adults aged 18-64 per 100K population (M)	13.3	10.4	10.4	8.88	5.92	low
Delayed transfers of care from hospital per 100k population - All days (M)	12.1	14.8			14.33	low
<b>Ensuring People have a Positive Experience of Care and Support</b>						
% of Waiting times of Clients Assessments completing within 28 days (M) Local Measure	NA	86.5	85	85	86.7	high
% Wating times of Client Assessments starting within 5 days of contact (M) Local Measure	NA	83.9	85	85	90.5	high
% Waiting times of end of assessment to provision of services within 28 days (M) Local Measure	NA	79.8	89	89	83.2	high
<b>Safeguarding adults whose Circumstances make them Vulnerable</b>						
100% of safeguarding decsions made within 2 days of date of referral (Q) Local Measure	NA	96	97	NA	94 (Dec 16)	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 28th February 2017

Indicator	NA 2015/16	PYA 15/16	Annual Target	Feb 17 Target	Feb 17 Actual	Good is..
<b>Better Care Fund</b>						
Reduction in delayed discharges bed days (Q)	351.4	374.5	572.2	NA	352.1 (Dec 16)	low
Permanent admissions to residential & nursing care for Older Adults per 100K population (M)	628.2	665.3	691.79	650.21	541.34	low
Learning Disability Service Users who have received a review (M) Local Measure	NA	52.8	70	64.2	52.9	high

### Corporate Pledges

Increase % of clients receiving a service, who have receive an annual review (M) Local Measure	NA	72	76	69.6	65.8	high
Increase % of Carers Assessed or Reviewed (M)	69.2	89.9	70	64.1	80.1	high
Delayed transfers of care attributable to social care per 100k population (M)	3.7	8.3	3.9	3.9	6.01	low
Increase % of working age adults with learning disabilities receiving services who are in employment (Q)	5.8	3.65	6	NA	4.2 (Dec 16)	high

#### KEY

NA: National Average

PYA: Previous Year Actual

Reporting Frequency (M) Monthly

Reporting Frequency (A) Annually

Reporting Frequency (Q) Quarterly

## Dementia Taskgroup

### Adult Social Care, Health and Housing Overview and Scrutiny Committee

Date: 25<sup>th</sup> April 2017

Author:	Consultant in Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

#### 1. Purpose and Reasons

- 1.1 The Adult Social Care, Health and Housing Overview and Scrutiny Committee agreed in their 2015/16 to undertake a review of Dementia. A Task Group of five Overview and Scrutiny Committee members was established, with support from the Consultant in Public Health who leads on dementia and the Public Health Programme Support Officer.
- 1.2 At its meeting on the 18th June 2015, the Committee agreed that the group would look at the partnership arrangements and whether the health journey was working for the patient. Councillors Bob and Julie Wright, Alan Bishop and Steph Excell, Caryl Sydney- Smith and Carol Burns (Healthwatch) agreed to volunteer for this task group. In March 2016, it was agreed that the group would continue for a second year with a further focus on developing Swindon as a dementia friendly town and prevention.
- 1.3 Attached is a report produced by Councillor Wright as Chair providing an overview of the work of the taskgroup in year 2 and the final recommendations.
- 1.4 Swindon has a Dementia Strategy which contributes to delivering the Council's Vision and in particular priority four: help people to help themselves while always protecting our most vulnerable children and adults.

#### 2. Recommendations

The Committee is recommended to:

- 2.1 Discuss the attached report and the recommendations of the taskgroup.

#### 3. Detail

- 3.1 It is estimated that around 2300 people in Swindon are living with dementia. Age is one of the greatest risk factors and as more people live into their 80's and 90's, the number of people with dementia is likely to increase. Dementia is an umbrella term covering different types including Alzheimer's disease and Vascular Dementia. Dementias cause damage to the brain resulting in a progressive decline in more than one area of function, including memory, reasoning, communication skills and the skills needed to carry out daily activities.

Further information on the subject of this report can be obtained from Rita Glen-Gallo, 01793 463411, [rglen-gallo@swindon.gov.uk](mailto:rglen-gallo@swindon.gov.uk)

# Dementia Taskgroup

## Adult Social Care, Health and Housing Overview and Scrutiny Committee

Date: 25<sup>th</sup> April 2017

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It affects people differently depending on the type of dementia, stage of illness and the individual affected.

- 3.2 There is no current cure but some evidence that a healthy lifestyle (being active, a good diet, not / stopping smoking) can reduce the risk of dementia. For people living with dementia, an environment that supports maintaining independence, understanding of the disease in the community, and prompt clinical intervention can all enhance quality of life.
- 3.3 In Swindon, the Swindon Dementia Steering Group (DSG) was established to oversee the implementation of the Swindon Dementia JSNA and Dementia Strategy 2014-2019 (<http://www.swindonjsna.co.uk/dna/dementia-needs-assessment>). It is a multi-agency group which meets quarterly with current membership including Swindon Borough Council (Public Health, Housing and Social Care), NHS Swindon Clinical Commissioning Group, Swindon Carers Association, Great Western Hospital, Alzheimer's Society, Avon & Wiltshire Mental Health Partnership, Swindon Dementia Action Alliance, and Wiltshire Police Service.
- 3.4 The Swindon Dementia Strategy reflects priorities ranging from prevention, workforce training, prompt diagnosis, support and care, and end of life. Some examples of recent work include over 350 Council staff trained as dementia friends, improvements in diagnosis waiting times, dementia advisor service and side by side project established by the Alzheimer's Society, and work to update information on dementia on My Care My Support.
- 3.5 The role of the Scrutiny Taskgroup this year was to look at how Swindon Borough Council could contribute to Swindon becoming a Dementia Friendly Town and what Lifestyle decisions or types of environments contribute to Dementia and what changes could be of benefit.
- 3.6 Recommendations are:
  - 3.6.1 Produce a simple do/don'ts list for the public based on NICE guidelines for dementia prevention with useful contacts
  - 3.6.2 Produce a public health leaflet on non-communicable diseases which show the connection between lifestyle and the likelihood of developing Dementia
  - 3.6.3 Promote a holistic approach by addressing whole body health and non-communicable diseases together assisted by a 'healthy body healthy mind' campaign.
  - 3.6.4 Promote the clean Air Acts and Healthy Environment enforcement

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Further information on the subject of this report can be obtained from Rita Glen-Gallo, 01793 463411, [rglen-gallo@swindon.gov.uk](mailto:rglen-gallo@swindon.gov.uk)

# Dementia Taskgroup

## Adult Social Care, Health and Housing Overview and Scrutiny Committee

Date: 25<sup>th</sup> April 2017

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- 3.6.5 Rollout non-communicable diseases training for all members and council staff.
- 3.6.6 Review and scrutinise the services and support which is available for people caring for those with dementia
- 3.6.7 Raise awareness of Dementia for young people via schools and other groups.
- 3.6.8 Extend the Homeline Services to cover public areas.
- 3.6.9 Progress the outcomes of the 2017 Healthwatch Ageing Well in a Dementia Friendly Swindon conference.
- 3.6.10 Produce a set of agreed goals with the Dementia Alliance to help develop a Dementia Friendly Swindon
- 3.6.11 Produce a Dementia Friendly Swindon Dashboard and Scrutinise
- 3.6.12 Request a report for Scrutiny of the benefits of early Lifestyle intervention.
- 3.6.13 Use the Council Scrutiny role with Equalities/Dementia representatives to verify the course of actions taken by the council helps deliver a Dementia Friendly Place and what can be improved upon.
- 3.7 Detail outlining the objectives, work and recommendations from the group is provided in the attached report by Councillor Wright as Chair of the group.

## 4. Alternative Options

- 4.1 To not agree the report.

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

### Financial and Procurement Implications

There may be some financial or procurement implications arising as a direct result of this report which will need to be discussed further.

### Legal and Human Rights Implications

- 5.1 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.

# Dementia Taskgroup

## Adult Social Care, Health and Housing Overview and Scrutiny Committee

Date: 25<sup>th</sup> April 2017

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

- 5.2 The recommendations in this report should have a positive impact on the health of people in Swindon.

### Impact Assessment

- 5.3 None. However work in this area is likely to have a positive impact on the quality of life of people with dementia and address health inequalities.

### Risk Management

- 5.4 None

## **6. Consultees**

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) have not yet been consulted. If the report is agreed at Scrutiny Committee, any resulting report to take forward the recommendations will be reviewed by the Consultees listed.

## **7. Background Papers**

## **8. Appendices**

- 8.1 Appendix 1 - Dementia Task Group Report.
- 8.2 Appendix 2 – Points from Swindon Dementia Strategy 2014- 19.

TASK GROUP REPORT  
Dementia

Adult Social Care, Health and Housing Overview and Scrutiny  
Committee

REPORT 2017 V4

## **Foreword**

The Adult Social Care, Health and Housing Overview and Scrutiny Committee agreed in 2015/16 to undertake a review of Dementia. The first years report had a recommendation to continue into a second year, this was supported by the Scrutiny committee. This report contains the conclusion of two years of the Dementia task group work covering 2015/2016/2017. The report is not intended to repeat last year's interim in-depth details.

The second years work has explored the council's actions when considering Dementia and the wider work of the Community.

There have been two areas of focus for 2017:

1. How can Swindon Borough Council (SBC) contribute to Swindon becoming a Dementia Friendly Town?
2. What Lifestyle decisions or types of environments contribute to Dementia and what changes could be of benefit?

Dementia is a key priority for the Council in the context of an increasingly older population and likely demand on health and social care services. In the absence of a cure for Dementia the emphasis remains on prevention and support of people.

To enable someone to live successfully with Dementia there are a range of actions the council, together with other partners where appropriate, can undertake. These fall within the terms of diagnosis, lifestyle, environment, co-morbidities and palliative care, together with promoting the evidence which can help to prevent or delay dementia.

The Task Group wishes to thank all parties involved for their co-operation in preparing this report.

Members of the task group and those who have been members are:

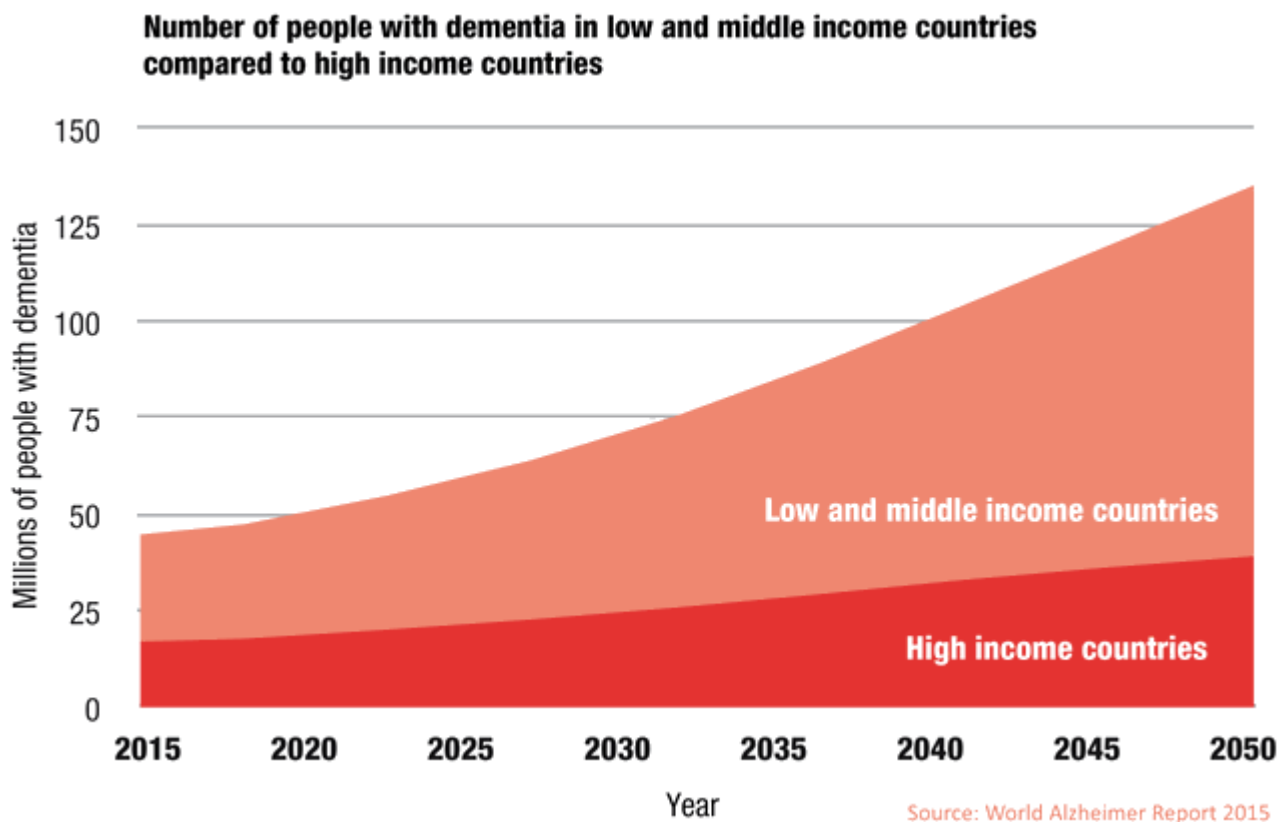
Councillor Bob Wright (Chair of the Task Group) Councillor Alan Bishop, Councillor Julie Wright, Councillor Steph Excell, Councillor Carol Sydney-Smith, Steve Henderson - Equalities (GWH), Mark Edwards (Healthwatch), Moira Pinson (Volunteer – Healthwatch) and other Healthwatch Representatives.

## **1. Introduction and Background Information**

- 1.1 This report has been difficult to produce because of the frustrating differences in how Dementia is viewed and approached across the world and by Health professionals and other practioners. There is inconsistency worldwide in the number of Dementia occurrences per members of population and there is inconsistency in the number of occurrences based on income, diet, environment and lifestyle. There are some countries with virtually no occurrences and other countries such as the UK with substantial increasing numbers of people affected.
- 1.2 The disparity in the number of deaths also relates to wealth which provides lifestyle differences. Whilst there are substantial difference between the low numbers in African/Arab States and high in Europe/USA there are localised difference for instance in Bulgaria which is a relatively poor European Country the Death rate caused by Dementia is 0.84 the UK is 24.35 per 100,000. (Published by WHO 2014). This may be at least partly due to differences in recording systems for dementia.
- 1.3 The cause of Dementia has led to conflicting postulations with at least 20 non-genetic risk factors. In spite of this there are no definitive causes or cures. This does not mean no difference cannot be made or progression be delayed. The controversy extends to some of the Medical profession challenging established views by suggesting alternative ways of assessing a person's health can lead to early intervention and reversal. This view is not prevalent in Western Establishment Medical Organisations but can be found in other societies and with alternative practioners.

- 1.4 India is the home of Ayurvedic Medicine and the Death rate is 0.46 in comparison to the UK's 24.35. Ayurvedic Medicine has four pillars: 1) Diet/digestion, 2) Exercise, 3) Sleep/rest, 4) mental/emotional well-being. These are the specific strategies for prevention and health maintenance.
- 1.5 Elevated blood concentrations of total homocysteine and low-normal concentrations of B vitamins (folate, vitamin B<sub>12</sub>, and vitamin B<sub>6</sub>) are candidate risk factors for both Alzheimer's disease and vascular dementia. Seventy-seven cross-sectional studies on more than 34,000 subjects and 33 prospective studies on more than 12,000 subjects have shown associations between cognitive deficit or dementia and homocysteine and/or B vitamins. A definite causal pathway has yet to be shown. Raised plasma total homocysteine is a strong prognostic marker of future cognitive decline, and is common in world populations.
- 1.6 In the UK Medical professionals are led by guidelines such as those produced by NICE. These support healthy behaviour but are not compulsory and do not provide certainty in preventing Dementia. For the best Health Benefits the behaviour probably needs to start early in life. This is because it is possible to have a relatively early onset of Dementia.
- 1.7 There was an estimated 46.8 million people worldwide living with dementia in 2015. This number will almost double every 20 years unless something changes. As wealth increase in previously poor Nations and Western Lifestyles become established Dementia becomes the fastest growing cause of death in the elderly population. There are over 9.9

million new cases of dementia each year worldwide, implying one new case every 3.2 seconds.



1.8

The economic impact of Dementia is profound and is conditioning the response. In one direction large corporation and governments are looking for cures and in other directions it is limiting freedom and support for alternative treatments. If you do not confine yourself to the guidelines you will not get the funding from those who are charged with dispensing public money. This is particularly important when trying to influence changes for prevention. Public Health money in the UK has been decimated and makes it difficult for local councils and Health Organisations to provide early intervention services.

1.9

Direct medical costs are roughly 20% of global Dementia Costs. Direct social sector costs and informal care costs each account for roughly 40%. The relative contribution of informal care is greatest in the African regions and lowest in North America, Western Europe and some South American regions, while the reverse is true for social sector costs. The economic cost makes it the 18<sup>th</sup> largest economy in the world. Source [World Alzheimer Report 2015](#).

### 1.10

Many people live with Dementia without having a formal diagnosis; it was previously put down to senility. In countries with high income up to 50% of Dementia cases are recognised and documented in primary care. This 'treatment gap' is certainly much greater in low and middle income countries, with one study in India suggesting 90% remain undiagnosed. If these statistics are extrapolated to other countries worldwide, it suggests that approximately three quarters of people with dementia have not received a diagnosis, and therefore do not have access to treatment, care and organised support that getting a formal diagnosis can provide. The World Alzheimer Report 2011 shows that earlier diagnosis and early intervention are important mechanisms by which the treatment gap can be closed.

### 1.11

There is evidence that Alzheimer's is related to Lifestyle rather than genetics. Alzheimer's rates of Japanese-Americans living in the U.S. are closer to that of Americans than to Japanese. When people move from their homeland to the United States, Alzheimer's rates can increase dramatically. Therefore, when Africans or Asians live in the United States and adopt a Western diet, their increase in Alzheimer's risk suggests it's not genetics.

### 1.12

Dementia is the general umbrella name used to cover a range of disorders of the brain in which there is a progressive deterioration of brain function. Cognitive impairment is regarded as a natural part of ageing however Dementia can lead to memory loss, and major changes in thinking, language, mobility and personality. The average life expectancy for someone with progressive Dementia is 7 to 10 years. Alzheimer's is the most well-known form of Dementia covering two thirds of cases.

### 1.13

The notion of cognitive impairment being a natural part of aging is being challenged by the example of those who not suffer such age related impairment. Also whilst the average age of the population is increasing there still remains a natural lifespan with normal functioning associated with ageing.

### 1.14

There are plenty of elderly people with good cognition and it has to be questioned whether more people could benefit from good cognition if their lifestyle and environment change. Better diagnosis at a younger age provides a better chance to intervene and change. Earlier intervention could lower costly expenditure for an ageing population. There is hope a 25% reduction of Diabetes type 2 locally (nationally 24%) has been achieved through frontline Primary Care and Lifestyle changes. These could also lead to a reduction in Dementia referred to as Diabetes type 3 (still to be evidenced).

### 1.15

Dementia support services are very reliant on volunteers and volunteering has been impacted by Council decisions and cuts to budgets. Volunteers are at a premium and cuts to grants are having a direct impact on supply.

### 1.16

People with Dementia across the world have anecdotally identified improvements to their condition through the process of Ketosis. This process affects the glucose supply to the brain and is an alternative to insulin supply. Coconut oil which has other health benefits and has no known side effects is the main produce recommended by users.

### 1.17

Even in the short time the Task group has been looking at Dementia there has been a change in the way many Health Professionals are now viewing Dementia. There has been a move away from treating the symptoms of Dementia to understanding Dementia at source. This has helped Prevention by adopting more holistic approaches which are achieving encouraging results. Treatments are still being researched and tested however a more holistic view is being taken on potential alternative explanations and interventions.

### 1.18

Inflammation is associated with some causes of brain damage. Inflammation is a response to the cause of something doing harm to the body and brain. A similar response can be found throughout the body but because of its location the specific harm has sidelined clues to the potential problem found elsewhere in the body. It is what is causing the inflammation that requires understanding and changing.

### 1.19

The Brain is not a disembodied part of the body and it is wholly dependent on the food we eat and the environment we live in. Lack of exercise, Smoking and Stress can also contribute to associated health issues.

The form of Dementia being referred to as Diabetes type 3 has strong causal links to Obesity, Heart damage, Diabetes type 2 and some forms of Cancer (Non-Communicable Diseases).

If you treat the whole body right you will be treating the brain right. By adopting an approach that keeps the whole body healthy a person also helps the brain.

1.20

The Scrutiny Task group has sought to identify outcomes that could benefit Swindon residents through the existing Council roles. The Council is in a powerful position to aid and deliver changes. The prevention or delay of the early onset of dementia by 5 years will have a significant effect on Swindon resident's health, care and costs. This report seeks to aid the Council decisions by making a difference in service support, improving attitudes and assisting Cultural change.

### **3. Aims and Objectives**

- The size of the subject matter means the task group feel further work is needed to do justice to the subject.
- The overall goal is for Swindon to become dementia friendly and somewhere that people can live well with dementia.
- The task group will review the 12 point Swindon Dementia Strategy document which is based on national strategy to see if working effectively.
- The task group will review the effects of a healthy diet on reducing Dementia risk, reflecting recent NICE guidelines.
- The task group will look at what practical outcomes could aid the council with its Public Health role with Dementia.
- The task group will deliver an output of a guideline for councillors.

#### 4. Methodology

The Dementia Task Group has met on a number of occasions (year 2) with a number of people. These meetings are detailed below:

- 08.09.2016 Meeting of Dementia Task Group members to review the Terms of Reference for the group following Scrutiny Committee. Membership was extended to include Moya Pinson, a volunteer representative from Healthwatch. John Kirk attended the meeting as Chair of the Swindon Dementia Action Alliance (DAA) and discussed the work of the DAA and opportunities to make Swindon a dementia friendly community.
- 13.10.16 Meeting of Dementia Task Group included more detailed discussion on making Swindon Dementia Friendly and the initiatives and training available on dementia awareness. Links to loneliness and isolation were also discussed.
- 24.11.16 Meeting of Dementia Task Group attended by Patrick Weir, Head of Localities, Richard Bell, Head of Planning and Cindy-Ann Carter, lead planner for inclusive design. The group discussed the role of the community in supporting people with dementia and work of the Planning Department. Funding for a dementia friendly co-ordinator for Swindon had been agreed by the One Swindon Partnership.

- 19.01.17 Meeting of Dementia Task Group focused on delivery of a conference in March entitled 'Ageing Well in a Dementia Friendly Swindon' with Healthwatch. This followed on from the Dementia Summit organised by the Alzheimer's Society in November.
- 16.02.17 Meeting of Dementia Task Group with further discussion about the conference. Also attended by Karen McMahon, Head of Customer Services, who update group on customer service training and plans for future changes which should assist customers with a range of issues including dementia.
- 17.03.17 Dementia Conference held at Council Chamber. Attended by over 70 people including the Mayor, MPs, Dr Roger Bullock, John Kirk and many community representatives and local organisations. Feedback suggested everyone found it useful, people had time to spend with other organisations, everyone learnt something new and people found it interesting and inspiring.
- 05.04.17 Meeting of Dementia Task Group discussed the success and learning from the conference, the dementia strategy and update on the 12 priorities, and the draft report for Scrutiny Committee.

## **5. Context and Existing work**

- There does not seem to be a day that goes by without a news headline stating a Dementia breakthrough has been made or reporting a failure of previously headlined breakthroughs. Whilst Dementia is not fully understood there has been progress in tackling possible contributing factors. These fall into two main categories – Food and Exercise which fall within the umbrella term of “Lifestyle” plus Environmental causes.
- Lifestyle changes are being advocated for a range of other health conditions. These are being promoted to reduce the risk of obesity, heart conditions and diabetes. Such Lifestyle approaches should, if the understanding is correct, help to prevent future numbers of cases of Dementia.
- The previous focus of medical professions on the symptoms of Dementia rather than the causes has led to conflicting studies and understanding. This conflicting information poses a problem for Councillors when trying to understand and advocate the best course of action in support of Council and Community services.
- The Council has a role through Public Health to promote prevention. The Council also provides Social Services ranging from Community Buildings to actual Health Care. The Council has in place a Management plan to address its role with Dementia which the Task Group has used as part of its work.

### Healthy Eating

Healthy Food not only supplies the energy we need it also supplies essential minerals, vitamins and micro organisms which assist body health. Healthy Eating guidance is provided by NICE

### Mental Exercise

This treats the brain as a muscle that needs to be exercised. This helps to reinforce brain connections or develop new connections

### Physical Exercise

Physical Exercise can strengthen the body and develop the body including the Hippocampus which has a major memory role.

Gym work improves glucose regulation, improves blood flow to the brain, reduces stress levels and builds up resilience to stress, improves insulin sensitivity, lowers body fat and can help with sleep.

### Stress Reduction

The Stress response which is not used as nature intended does harm. Brain Cells are killed off by some of the liquid responses generated. The Stress response also informs the brain to be better prepared for repeat experiences.

Stress is damaging no matter what the cause. There are different forms of stress which can be addressed through mental training such as yoga, learning from experience, removing your self from an environment, seeking assistance, changing environment and food intake.

### Recuperation

The body needs rest and sleep. Sleep deprivation can lead to an elevated level of health risks such as obesity and diabetes type 2

### Staying Independent

SBC uses its Health and locality Role to support Independent Living. Homeline assist independent living by responding to difficulties that do not have to escalate to Medical intervention.

### Involvement

The council has attended Dementia Action Alliance meetings and contributes within its role remit. The council uses its 'One Swindon Role' to promote and assist Dementia Awareness via delivery of dementia friends sessions and partnership working. It has a Care and Health role as part of its statutory duties. It has recently appointed a Dementia Friendly Swindon Co-ordinator, funded by the One Swindon Partnership.

### Being Active

The Council promotes physical activity and has a Get Swindon Active Strategy. Within Budget limits it provides assets directly or through Parish Councils to support Social and Community Activity.

### Design

The Council has trained staff to assist customer services, planning and development of services suitable for Dementia users. It has some way to go however progress has been made as can be evidenced by the design of Havelock Square. It would be of benefit if the services could be reviewed by service users.

### Information

Inform disseminated by SBC should be suitable for those with Dementia. The council has been updating its formats and it would be of benefit if the services could be reviewed by service users.

### Safe Place

There is a Safe Places scheme in Swindon Town and Highworth. The Swindon scheme needs promoting further and could be used by Dementia sufferers.

### Volunteers

Swindon has a volunteer centre and volunteers as well as family and friends are relied upon to provide help. Cuts to the Volunteer Centre is affecting their ability to help further. Further funding is needed to get things back on track. It is known the value realised by a small investment has real and tangible impact.

### Working with others

There exists a Swindon Dementia Alliance comprising of a range of community, charities and volunteer organisations as well as Health and Council professionals. People with dementia should be at the heart of the Alliance work and the changes needed to move Swindon into a Dementia Friendly Place needs the widest involvement.

### Healthwatch Conference on Ageing Well

Healthwatch provided a conference at the Council Offices on March 17<sup>th</sup>. This was very successful with three excellent speakers as well a range of local expertise. The will and momentum to deliver a network of organisations and services to help make Swindon Dementia Friendly was backed. The clear problem identified was threats to volunteers and there work.

The event helped to identify existing bodies and will help identify duplication of services and missing services. Through joint working and partnership the council can reduce resources by working with existing providers.

Swindon Borough Council (SBC) needs to be committed to advancing Swindon as a Dementia Friendly Place and can take a lead using its resources. SBC can contribute positively as part of an Alliance supporting the Dementia Friendly Place Goal. It has already demonstrated leadership by facilitating the conference.

## **RECOMMENDATIONS**

- 1 Produce a simple do/don'ts list with useful contacts**
- 2 Produce a public health leaflet on non-communicable diseases**
- 3 Promote a holistic approach by addressing whole body health and non-communicable diseases together assisted by a 'healthy body healthy mind' campaign.**
- 4 Promote the clean Air acts and Healthy Environment enforcement**
- 5 Rollout non-communicable diseases training for all members and council staff.**
- 6 Review and Scrutinise the services and support which is available for people caring for those with dementia**
- 7 Raise awareness of Dementia for the young and youths.**
- 8 Extend the Homeline Services to cover public areas.**
- 9 Progress the outcomes of the 2017 Healthwatch conference.**

- 10 Produce a set of agreed goals with the Dementia Alliance to help develop a Dementia Friendly Swindon**
- 11 Produce a Dementia Friendly Swindon Dashboard and Scrutinise**
- 12 Request a report for Scrutiny of the benefits of early Lifestyle intervention.**
- 13 Use the Council Scrutiny role with Equalities/Dementia representatives to verify the course of actions taken by the council helps deliver a Dementia Friendly Place and what can be improved upon.**

(See Appendix 1 for more information about the recommendations)

#### 14 Appendix 1

1. **Produce simple A4 list** do's and don'ts to help guide those with a low attention span. This should promote and encourage healthy lifestyle choices in line with NICE guidance promoting the use of diet and exercise (this can be existing lifestyle material). Including Walking clubs and Gyms, Meditation and Lowering stress technique opportunities, sleep advice clinics and professional support.
2. **Produce a public health leaflet** on non-communicable diseases which show the connection between lifestyle and the likelihood of developing Dementia. Illustrate how Healthy eating can help to reverse the early stages of Diabetes type 2 (25% reduction achieved locally). Insulin resistance can produce a 200% likelihood of getting a form of Dementia (source Dr Ewan McNay University of Albany). Slower eaters tend to eat less, are less hungry and are slimmer than fast eaters. Inflammation-creating infections are the key cause of Alzheimer's disease and dementia. The best control inflammation is healthy diet and regular exercise (Professor Goldacre).

3. **Promote a holistic approach** by addressing whole body health and non-communicable diseases together. Use the Health Ambassadors and Navigators and resources for addressing obesity, diabetes type 2 and other health issues such as low folic acid, malnutrition and some forms of cancer. Promote as **‘healthy body healthy mind’**. This will have wider benefits and reduce resources and costs.
4. **Promote the clean Air acts and Healthy Environment enforcement** to help address environmental causes of Dementia. Use Scrutiny to address this Recommendation.
5. **Rollout non-communicable diseases training for all members and council staff. Continue to support** the rollout of dementia friend’s awareness sessions to all frontline SBC staff. Provide the training for all new starters.
6. **Review and Scrutinise the services and support which is available for people caring for those with dementia** including supporting work at GWH to promote dignity in hospital. This includes assisting with the recruiting, development and support of volunteers.
7. **Raise awareness of Dementia for the young and youths.** Use the councils Public Health role and a specific guide suitable for children.
8. **Extend the Homeline Services** to cover public areas and the main population areas of the Borough (this technology is available and was ready for delivery by SEQOL)
9. **Progress the outcomes of the 2017 Healthwatch conference** including a further conference involving people with Dementia. Including the gap analysis of the existing organisational support and assisting the networking of support services. Set of agreed

goals with the Alliance to help develop a Dementia Friendly Swindon.

10. **Produce a set of agreed goals with the Alliance to help develop a Dementia Friendly Swindon.** Meet with Alliance members and also arrange two follow up meetings for those with Dementia and to review after a year.
11. **Produce a Dementia Friendly Swindon Dashboard** to help measure progress. Goals should be demonstrable through measurable Objectives that aid progress. Outcomes need to be agreed and identified against organisation or individual responsibility. SBC has existing responsibilities and needs to commit to supporting the Alliance agreed outcomes. Include the Scrutiny of the Dementia Friendly Swindon Dashboard as part of the Health Scrutiny work
12. **Request through Scrutiny a report on the benefits of early Lifestyle intervention** expenditure that aids prevention against the actual rising health costs. Consider if no changes are made what is the cost of further escalation.
13. **Use the Council Scrutiny role with Equalities/Dementia representatives to verify the course of actions taken by the council helps deliver a Dementia Friendly Place and what can be improved upon.**

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## **From Swindon Dementia Strategy 2014-2019**

The 12 priorities are:

Priority 1: Improve public and professional awareness of dementia and reduce stigma

Priority 2: Improve timely diagnosis and treatment of dementia

Priority 3: Increase access to a range of flexible day, home based and residential respite options

Priority 4: Develop services that support people to maximise their independence

Priority 5: To increase community clinical support for patients experiencing dementia

Priority 6: Improve the skills and competencies of the workforce

Priority 7: Improve access to support and advice following diagnosis for people with dementia and their carers

Priority 8: To reduce avoidable hospital and care home admissions and decrease hospital length of stay

Priority 9: To ensure that the needs of younger people with dementia are addressed

Priority 10: To improve the quality of dementia care in care homes and hospitals

Priority 11: To improve end of life care for people with dementia

Priority 12: Safeguarding people living with dementia

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## Work Programme 2016/17

### Adults' Health, Adults' Care and Housing

#### Overview & Scrutiny Committee

Date: 25<sup>th</sup> April 2017

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

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#### 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.

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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: 25<sup>th</sup> April 2017

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- 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.

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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: 25<sup>th</sup> April 2017

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### 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.

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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: 25<sup>th</sup> April 2017**

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### **7. Background Papers**

7.1 None.

### **8. Appendices**

8.1 Appendix 1 – Work Programme for 2016/17.

8.2 Appendix 2 – Cabinet work Programme and Forward Plan from 16th March 2017 to 16th March 2018.

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](mailto:rglen-gallo@swindon.gov.uk)  
Tel: 01793 463611

<b>21<sup>st</sup> June 2016</b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
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 &amp; Wiltshire Mental Health Partnership (AWP)</p> <p>NHS Swindon Clinical Commissioning Group</p> <p>Adult Social Care Commissioning (ASCC)</p> <p>SEQOL</p>

<b>27<sup>th</sup> September 2016</b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
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 &amp; 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

<b><u>6<sup>th</sup> December 2016</u></b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
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 &amp; 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"> <li>• How the Housing Department supported independent living for people with disabilities.</li> <li>• The development of Council owned properties and how these met the future needs of the community.</li> <li>• The quality of properties being rented out in Swindon.</li> <li>• How the Council could ensure tenants' rights were protected when dealing with landlords, particularly regarding rent increases.</li> </ul>	Housing

<b><u>7<sup>th</sup> February 2017</u></b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
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 &amp; 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)

<b><u>25<sup>th</sup> April 2017</u></b>		
<b>Item</b>	<b>Objectives</b>	<b>Witnesses</b>
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 &amp; 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**

<b>Item</b>	<b>Objectives</b>
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

16 MARCH 2017 - 16 MARCH 2018 – Proposed AGENDA ITEMS and KEY DECISIONS (as at 05/04/17)

**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.

<b>Councillor:</b>	<b>Portfolio:</b>
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 March 2017**

<b>Subject</b>	<b>Key Decision Yes/No?</b>	<b>Portfolio Holder / Cabinet Member</b>	<b>Decision Maker</b>	<b>Consultation Responses/Date of Notice</b>	<b>Contact Officer</b>	<b>Available Background Papers</b>
<b>NONE</b>						

**Cabinet Meeting Date - 26th April 2017**

<b>Subject</b>	<b>Key Decision Yes/No?</b>	<b>Portfolio Holder / Cabinet Member</b>	<b>Decision Maker</b>	<b>Consultation Responses/Date of Notice</b>	<b>Contact Officer</b>	<b>Available Background Papers</b>
Budget Management Update	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 1 <sup>st</sup> February 2016	Head of Finance (s151) Officer Mick Bowden Tel 07392 109917 Email:mbowden@swindon.gov.uk	N/A
School Transport	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 22 <sup>nd</sup> December 2016	Director of Children's Services or Gareth Cheal Tel: 01793 46 5802 Email:gcheal@swindon.gov.uk	N/A
Swindon Education Challenge	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 22 <sup>nd</sup> December 2016	Peter Nathan, Head of Education Tel: 07467 440955 Email: pnathan@swindon.gov.uk	N/A
Draft Economic Strategy	No	Cabinet Member for the Economy, Regeneration	Cabinet	N/A Date of Notice: 16 <sup>th</sup> September 2016	Corporate Director Economy, Regeneration & Skills or Trudy	N/A

		and Skills			Godfrey Tel: 01793 466416 Email: tgodfrey@swindon.gov.uk	
Affordable Housing Purchase Programme	No	Cabinet Member for Housing and Homelessness	Cabinet	N/A Date of Notice: 14 <sup>th</sup> March 2017	Head of Housing Management & Community Safety Mike Ash Tel: 01793 464377 Email: mash@swindon.gov.uk	N/A
Draft Airports National Policy Statement consultation	No	Cabinet Member for StreetSmart, Highways and Transport	Cabinet	N/A Date of Notice: 6 <sup>th</sup> February 2017	Corporate Director Economy, Regeneration & Skills or John Seddon Tel: 01793 465279 Email: jseddon@swindon.gov.uk	N/A
Libraries Strategy - Alternative Delivery Models	No	Cabinet Member for Communities	Cabinet	N/A Date of Notice: 13 <sup>th</sup> February 2017	Head of Localities and Volunteering Patrick Weir Tel: 07946 595852 Email: pweir@swindon.gov.uk	Cabinet Minute 94 2016/17 refers
Motion at Council - Children's	No	Cabinet Member for Communities	Cabinet	N/A Date of Notice: 13 <sup>th</sup> February 2017	Head of Localities and Volunteering or Allyson Jordan	Council Minute 78 2016/17

Library Registration Scheme					Tel 01793 46 6035 Email: ajordan@swindon.gov.uk	refers
Swindon Local Transport Plan - Implementation Plan 2017/18	Yes	Cabinet Member for StreetSmart, Highways and Transport	Cabinet	N/A Date of Notice: 6 <sup>th</sup> February 2017	Jason Humm, Head of Highways & Transport Tel: 01793 463201 Email: jhummm@swindon.gov.uk	N/A
Wichelstowe - Parcels 2 and 3	No	Cabinet Member for Strategic Planning and Sustainability	Cabinet	N/A Date of Notice: 14 <sup>th</sup> February 2017	Andy Evans, Corporate Director, Economy, Regeneration, and Skills or Rob Powe Tel: 01793 463305 Email: rpowe@swindon.gov.uk AEvans@swindon.gov.uk	Cabinet Minute 98(4) refers

### Cabinet Meeting Date - June 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	Contact Officer	Available Background Papers
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 <sup>th</sup> May 2016	Head of Finance (s151) Officer Mick Bowden Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
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 <sup>th</sup> May 2016	Head of Finance (s151) Officer or Paul Smith Tel: 07500 884176 or Email: psmith@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 <sup>th</sup> May 2016	Head of Finance (s151) Officer or Ian Burbidge, Finance, Tel: 464384 or Email: <a href="mailto:iburbidge@swindon.gov.uk">iburbidge@swindon.gov.uk</a>	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 <sup>th</sup> May 2016	Head of Finance (s151) Officer or Paul Smith, Finance, Tel: 463976 or Email: psmith2@swindon.gov.uk	N/A
Motion At Council - Dial-A-Ride	No	Cabinet Member for StreetSmart, Highways and Transport	Cabinet	N/A Date of Notice: 26 <sup>th</sup> January 2017	Jason Humm, Head of Highways & Transport or Nigel Hale Tel: 01793 466211 Email: nhale@swindon.gov.uk	N/A
Skills and Employment Strategy	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 6 <sup>th</sup> February 2017	Corporate Director Economy, Regeneration & Skills or Philippa Venables Tel: 07824 550469 Email: pvenables@swindon.gov.uk	N/A
Economic Strategy - Final	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 16 <sup>th</sup> September 2016	Corporate Director Economy, Regeneration & Skills or Trudy Godfrey Tel: 01793 466416 Email	N/A

					tgodfrey@swindon.gov.uk	
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### Cabinet Meeting Date - July 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	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 <sup>th</sup> June 2016	Head of Finance (s151) Officer Mick Bowden 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 <sup>th</sup> September 2016	Head of Education 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 <sup>th</sup> September 2016	Head of Revenues and Benefits Andy Stevens Tel: 01793 464661 Email: anstevens@swindon.gov.uk	

**Cabinet Meeting Date - September 2017 (TBC)**

<b>Subject</b>	<b>Key Decision Yes/No?</b>	<b>Portfolio Holder / Cabinet Member</b>	<b>Decision Maker</b>	<b>Consultation Responses/Date of Notice</b>	<b>Contact Officer</b>	<b>Available Background Papers</b>
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 <sup>th</sup> September 2016	Head of Finance (s151) Officer Mick Bowden 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 <sup>th</sup> September 2016	Director of Law & Democratic Services (Monitoring Officer) or Erz Turner Tel; 01793 463002 Email: eturner@swindon.gov.uk	
2020 Renewables target, the achievement of "subsidy free solar projects and the reduction of Council	Yes	Cabinet Member for Strategic Planning and Sustainability	Cabinet	N/A Date of Notice: 21 <sup>st</sup> March 2017	Andy Evans, Corporate Director, Economy, Regeneration, and Skills AEvans@swindon.gov.uk	Cabinet Minute 60(9) 2016/17 refers

energy costs by at least 20%						
Lydiard House and Park - Business Transfer Agreement and Lease	Yes	Cabinet Member for Communities	Cabinet	N/A Date of Notice: 21 <sup>st</sup> March 2017	Bernie Brannan, Corporate Director Communities and Place bbrannan@swindon.gov.uk	Cabinet Minute 107 (2016/17) refers

### Cabinet Meeting Date - October 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	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 <sup>st</sup> October 2106	Head of Finance (s151) Officer Mick Bowden Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Forward Swindon Ltd - review of role and remit	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 21 <sup>st</sup> March 2017	Andy Evans, Corporate Director, Economy, Regeneration, and Skills AEvans@swindon.gov.uk	N/A

**Cabinet Meeting Date - December 2017 (TBC)**

<b>Subject</b>	<b>Key Decision Yes/No?</b>	<b>Portfolio Holder / Cabinet Member</b>	<b>Decision Maker</b>	<b>Consultation Responses/Date of Notice</b>	<b>Contact Officer</b>	<b>Available Background Papers</b>
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 <sup>th</sup> October 2016	Head of Finance (s151) Officer Mick Bowden 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	Head of Finance (s151) Officer 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 <sup>th</sup> October 2016	Head of Finance (s151) Officer 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 <sup>th</sup> October 2016	Director of Law & Democratic Services (Monitoring Officer) 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 <sup>th</sup> September 2016	Head of Education or Danielle Maundrell Tel: 01793 466314 Email: DMAundrell@swindon.gov.uk	N/A

**Cabinet Meeting Date - February 2018 (TBC)**

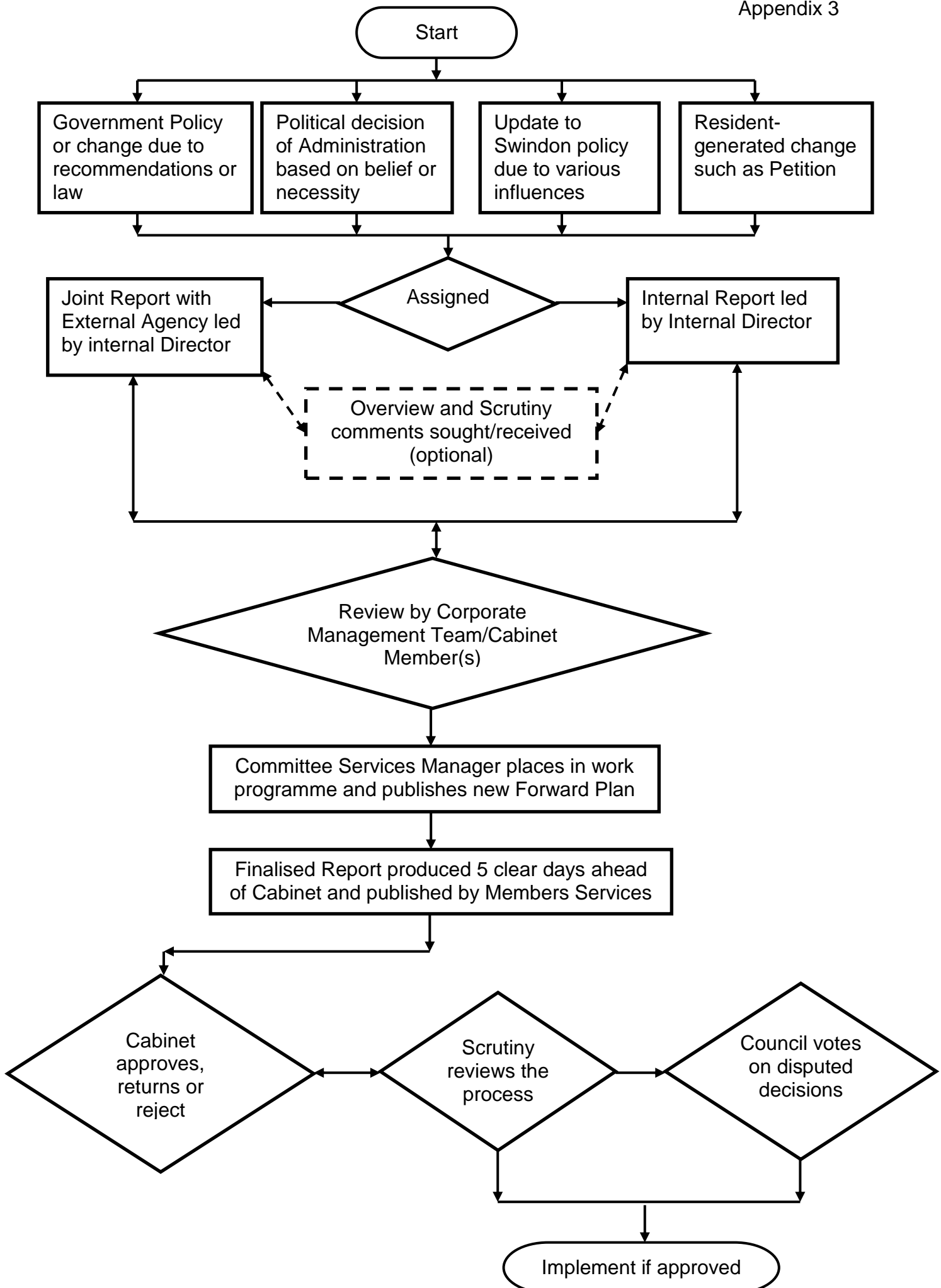
<b>Subject</b>	<b>Key Decision Yes/No?</b>	<b>Portfolio Holder / Cabinet Member</b>	<b>Decision Maker</b>	<b>Consultation Responses/Date of Notice</b>	<b>Contact Officer</b>	<b>Available Background Papers</b>
Budget 2018/19 and Beyond	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 20 <sup>th</sup> January 2017	Head of Finance (s151) Officer 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 <sup>th</sup> January 2017	Head of Finance (s151) Officer 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 <sup>th</sup> January 2017	Head of Finance (s151) Officer 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 <sup>th</sup> January 2017	Head of Finance (s151) Officer 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 <sup>th</sup> January 2017	Sam Mowbray 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 <sup>th</sup> January 2017	Head of Education or Emily Heaton Tel: 01793 465769 Email: eheaton@swindon.gov.uk	N/A

**Cabinet Meeting Date - March 2018 (TBC)**

<b>Subject</b>	<b>Key Decision Yes/No?</b>	<b>Portfolio Holder / Cabinet Member</b>	<b>Decision Maker</b>	<b>Consultation Responses/Date of Notice</b>	<b>Contact Officer</b>	<b>Available Background Papers</b>
Budget Management 2017/18	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 <sup>nd</sup> April 2016	Head of Finance (s151) Officer Mick Bowden Tel: 07392 109917 Email: mbowden@swindon.gov.uk	N/A
Capital Programme Monitoring 3rd Quarter 2017/18	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 <sup>nd</sup> April 2016	Head of Finance (s151) Officer or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A

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