

Swindon Borough Council

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

Tuesday, 19 September 2017

Committee Room 6, Civic Offices

At 6.00 p.m.

Conservative Councillors

Claire Ellis (Chair)

Alan Bishop

Mary Friend

Eric Shaw

Caryl Sydney-Smith

Labour Councillors

Emma Bushell

Steph Exell

Julie Wright

Robert Wright

Co-opted Representatives

Michelle Howard (Equalities Advisory Forum)

Kate Moore (Tenant Scrutiny Panel)

Tori Jones (Healthwatch)

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

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

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

AGENDA

1. Apologies for Absence

2. Declarations of Interest

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

3. Minutes (Pages 3 - 6)

To receive the minutes of the meeting held on 22nd June 2017.

4. Public Question Time

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

5. **Clinical Commissioning Group Update** (Pages 7 - 14)
6. **Avon & Wiltshire Partnership NHS Trust** (Pages 15 - 32)
7. **Great Western Hospitals NHS Foundation Trust Update** (Pages 33 - 38)
8. **Performance for Adult Social Care Commissioning DAS** (Pages 39 - 52)
9. **Housing Performance Report HHCS** (Pages 53 - 58)
10. **Update on Fire Safety to Residential Blocks of Flats HHCS** (Pages 59 - 72)
11. **Work Programme 2017/18 DLDS** (Pages 73 - 104)

Date of Despatch: 05 September 2017

Key:

DAS - Director of Adult Services
 DLDS - Director of Law and Democratic Services (Monitoring Officer)
 HHCS - Head of Housing and Community Safety

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

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

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

Terms of Reference:

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

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

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

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

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

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

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

THURSDAY, 22 JUNE 2017

PRESENT:- Councillors Claire Ellis (Chair), Alan Bishop, Emma Bushell, Steph Exell, Brian Ford, Mary Friend, Eric Shaw, Caryl Sydney-Smith, Julie Wright and Robert Wright.

Kate Moore (Tenant Scrutiny Panel).

Apologies for absence were received from Morgan Daly (Healthwatch) and Michelle Howard (Equalities Advisory Forum).

1. Appointment of Vice Chair

Resolved – That Councillor Caryl Sydney-Smith be Vice-Chair of this Committee for the Municipal Year 2017/18.

2. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

3. Minutes

Resolved -That the minutes of the meeting held on 25th April 2017 be confirmed and signed as a correct record.

4. Public Question Time

No public questions were asked or submitted for this meeting.

5. Appointment of Co-optees

The Committee considered a report by the Director Law and Democratic Services regarding the appointment of co-optees to the Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee for the Municipal Year 2017/18.

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

- Michelle Howard (Equalities Advisory Forum).
- Kate Moore (Tenant Scrutiny Panel)

(2) That it be noted that a single nomination of a co-opted representative was awaited from Healthwatch.

6. Performance for Adults Health, Social Care and Housing

The Director, Adult Social Services, submitted a report updating the Committee on the performance of Adult Services to end of March 2017. The report had been structured to highlight the strengths and challenges of the work

undertaken, making specific reference to the collaborative work between the Clinical Commissioning Group, GP surgeries community groups and multidisciplinary teams to effectively help people with long term health and social care needs. The report included the work being undertaken to deliver 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.

Councillor Bob Wright asked a question regarding communicable diseases to which the Director of Adult Social Services responded at the meeting.

Resolved- (1) That the report be noted.

(2) That the Director of Adult Services and the Director of Public Health be asked to include information regarding the prevention work programme in the Performance update report to the meeting of the Committee on 7th November 2017.

7. NHS Swindon Clinical Commissioning Group

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), presented a report providing an update on performance and key issues relating to the service. She outlined the CCG's requirement to implement Accountable Care Systems across health and social care and advised this included a review of systems across the range of providers with the aim to have a continuous provision of high quality service for patients. Ms May referred to the range of issues to be considered including differing service delivery and several work streams to support these new models. She explained there would be a focus to reduce the number of delayed transfers of care during 2017/18 and to ensure the Accident and Emergency 4 hour standard target of 95% was met. Ms May advised that the Community-Led Diabetes Transformation Programme had been set up and that work was being undertaken with patients and a range of partners. She also referred to the opening of the Swindon NHS Health Centre on Fleming Way and to the community contract undertaken with Great Western Hospital.

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

- Actions undertaken to signpost the new medical centre on Fleming Way and to services provided there.
- The background work undertaken to design the Accountable Care System.
- How the success in raising diabetes awareness was being applied in other areas and influenced the work being conducted there.
- The location of the sexual health clinic and children's visiting area within the new Health Centre.
- The location of the urgent and emergency care centres in rural and urban areas to ensure the community was able to utilise transport to access services.
- Reasons for the low number of diabetes patients attending diabetes reviews.

Resolved- (1) That the report be noted.

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group circulate information regarding signage for the new medical centre.

(3) That the Executive Nurse at NHS Swindon Clinical Commissioning Group circulate an update on the implementation of recommendations submitted to the new medical centre regarding the siting of the sexual health clinic.

8. Annual Quality Accounts 2016-2017 - Great Western Hospital

The Committee received a report by the Director of Strategy of the Great Western Hospital (GWH) NHS Foundation Trust on the Great Western Hospitals NHS Foundation Trust's Annual Quality Account for 2016/17. Dr Guy Rooney, Medical Director, Great Western Hospital (GWH), presented the report and advised that GWH were instructed to undertake this review which was then externally audited by KPMG. He elaborated on the structure of the review and explained the national key priorities, national mandated indicators, governor mandated indicator, and GWH's key priorities. Dr Rooney advised that the Annual Account relates to the work undertaken over the past year and to the priorities for 2017/18 to meet the changing needs of the local population. He explained that the account included information on the quality of services offered by both NHS and non-NHS healthcare providers.

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

- The difference in wage structure between Carillion and GWH staff.
- Confidence in available data where not supported by anecdotal information.
- Mortality rates criteria included automatic investigation of any relatives' complaint.
- Population growth in Swindon and its effect on budgets.
- The recruitment of overseas nurses and that workforce recruitment in the various employment groups at GWH has seen a downturn.
- An explanation of the Picker survey of patient experience questionnaire that this was generated nationally by the Care Quality Commission.
- The recruitment of agency staff and subsequent cost to the Trust.
- The benefits of having a university at Swindon.

Resolved: (1) That the report be noted.

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group be requested to include information regarding the number of patient falls and actions undertaken at the next meeting of the Committee.

(3) That arrangements be made for the Committee visit Sandeewood House.

9. Avon & Wiltshire Partnership NHS Trust

Mr Newlands Anning, the Managing Director, Avon and Wiltshire NHS Partnership Trust (AWP), submitted a report outlining the achievements of the organisation and the challenges it was facing, including the projected efficiency savings to be made during the 2017/18 financial year, the imminent Care Quality Commission inspection and to the recruitment and retention in the service. Mr Anning referred to the public consultation being undertaken on "Place of Safety" which saw the current three premises used for those detained under Section 136 within Swindon and Wiltshire being consolidated into one suite located in Devises.

Mr Anning advised that following the success of the 'Street Triage' pilot, a tripartite funding agreement was reached to provide 24/7 service to the community for 2017/18. Members noted that a psychiatric nurse was present 24/7 in the Emergency Department at Great Western Hospital and that review to admission

times were under 4 hours.

Following the introduction of the report, Mr Anning and Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), responded to members' questions and comments in respect of the following matters:

- The savings AWP were expected to make whilst still meeting the increased demand.
- Recruitment, retention and relocation of nurses in Swindon.
- Current training structures for nurses.
- The discussions undertaken regarding key worker housing in Swindon and Wiltshire as part of the Place of Safety consultation process.
- The difference between apprenticeships and National Vocational Qualification 3 for nurses.

Resolved: That the report be noted.

10. Work Programme 2017-18

The Committee considered a report by the Director of Law and Democratic Services on the results of the work programme consultation and the suggested priorities for the work for the Municipal Year, 2017/18.

Resolved – (1) That the Committee thanks all the contributors who had suggested topics for inclusion in the Committee's Work Programme for the Municipal Year, 2017/18.

(2) That the Head of Housing report to the meeting in November 2017 regarding key worker housing and homelessness in Swindon..

(3) That further to (2) above, Councillor Toby Elliott, in his capacity as Cabinet Member for Strategic Planning and Sustainability, and representative of Forward Swindon be invited to the meeting.

(4) That in response to the Cabinet Member for Adults' Health and Social Care's suggestion, a Cabinet Member Advisory Group (CMAG) on Dementia be established and Councillors Alan Bishop, Eric Shaw, Caryl Sydney-Smith, Bob Wright and Julie Wright be the nominated representatives on that CMAG.

(5) That further to (4) above, Councillor Ray Ballman be invited to sit on the Cabinet Member Advisory Group on Dementia meetings.

11. Standards and Safety of Tower Blocks in Swindon

The Chair referred to a discussion at Scrutiny Committee regarding the tragedy of the Grenfell Tower fire. She advised the meeting of a request by that Committee that a report be made to this Overview and Scrutiny Committee on the fire safety of council-owned high rise buildings and the funding available should additional appropriate fire safety measures be required. Councillor Ellis advised that Robert Buckland, MP, Councillor Martyn and the Fire Safety Officer were visiting tower blocks within south Swindon.

Resolved - (1) That arrangements be made for Councillors Ellis, Caryl Sydney-Smith and Alan Bishop and Kate Moore visit the tower block in south Swindon before the next meeting of the Committee.

(2) That the Head of Housing Services submit a report at the next Committee meeting on changes that are to be implemented.

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 19 September 2017

Author:	Executive Nurse, Swindon CCG
Wards:	All Wards
Locality Affected:	All Locality Areas
Parishes Affected:	All Parish Areas

1. Purpose and Reasons

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

2. Recommendations

The Committee is recommended to:

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

3. Detail

3.1 Walk-in centre

From 7 August 2017, Great Western Hospital is the interim provider for the Swindon Walk-in Centre service, which offers local people same-day care and treatment for minor illnesses and injuries. The change in provider comes after Carfax Health Enterprise, who ran the service, served notice to the CCG.

The change in provider will not make any difference to the way patients access the service, with the walk-in centre continuing to open between 8am and 6pm, seven days a week.

NHS England has developed and published a set of standards on Urgent Treatment Centres as part of the commitment set out in the "Next Steps on the

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 19 September 2017

NHS Five Year Forward View” on the “Roll out of standardised new “Urgent Care Centres”.

The guidance sets out the principles and standards for establishing Urgent Treatment Centres as part of a wider network of care, including clinical advisory services for NHS 111 and general practice.

Swindon CCG alongside the Sustainability and Transformational Partnerships (STP) partners are now considering how these standards and principles will be implemented within and alongside current urgent care services in Swindon.

3.2 Primary Care

The CCG is in the process of evaluating bids from practices to assist with transformation and improving primary care sustainability, following a GP Forward View event held on 6 July 2017. There are still some vulnerable GP practices in Swindon and both Swindon CCG and NHS England are working closely with them to implement changes to improve quality and sustainability.

3.3 Cancer services

The CCG is required to ensure all commissioned providers of cancer services meet the targets as set out in the NHS Constitutional standards. The Breast 2 week wait pathway has been under pressure and the CCG alongside clinicians and managers at GWH have worked hard to recover this performance with additional clinics being provided across several services throughout GWH. The target for urgent cancer referrals is 93% within 2 weeks and early indications are that for July, this will be achieved. GWH do have workforce challenges particularly around gastroenterology, which both Swindon CCG, Wiltshire CCG and GWH NHS Foundation Trust are working through to improve the access times for this service.

3.4 Accountable Care System

In previous reports the committee has received information detailing how an Accountable Care System could work in Swindon. A newly established Accountable Care Alliance Board is working to create a more joined up health and social care system for people living in Swindon and Shrivenham, working towards a common goal of helping the local population to live healthy, independent lives in which the right health and social care is available when needed.

It is recognised that projections estimate that Swindon’s population could increase by 14% from 2011 to 2021, and a further 10% from 2021 to 2031. This will have an impact on the following:

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 19 September 2017

- Housing growth
- Population density by age, older people, areas of deprivation and black and ethnic minority
- Services - practices, providers, pharmacies and care homes
Hospital activity – A&E, non-elective, elective and outpatient.

In respect of the age profile it was recognised that the health needs of all patient cohorts would be different across the footprint, in particular in areas of new housing development which would be skewed towards the younger age range. In terms of deprivation, Swindon contains some of the most deprived areas in the country in Penhill, Parks and Pinehurst.

3.4.1 Swindon Operating Model

The Swindon Operating Model is centred on the Swindon and Shrivenham population:

- Single point of access and signposting to appropriate services
- Committed to prevention and population health management
- Community services to support more people at home working alongside Primary Care
- Improving discharge to the right place
- Management of chronic disease and high intensive care in a proactive way using risk stratification
- Integrated IT across systems

3.4.2 Although it is still early days, a timeline for the development of accountable care in Swindon has now been produced. The Alliance Board agreed that it was realistic to suggest that accountable care could be operational in Swindon by April 2019, with a shadow system in place 12 months earlier in April 2018. Having a shadow system in place will give organisations the chance to assess and review any potential risks and test out new models before the official launch in 2019.

Proposals for this shadow version of Swindon's accountable care model are expected to be presented to the Alliance Board in December 2017. These plans will then be shared with the various governing bodies of the GWH, the CCG and Swindon Borough Council for final review and official sign off in December.

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 19 September 2017

3.5 Swindon NHS Health Centre

At the Committee's last meeting, the Executive Nurse was asked to update on signage and the location of clinics at the new Health Centre.

We can confirm that the location of services within the Health Centre are still under review and thus, no changes to signage have yet been made. We will update the committee further once we have further details.

3.6 Section 136 update

Following an extensive consultation on improving the provision and quality of Places of Safety suites, Avon and Wiltshire Mental Health Partnership Trust (AWP) recently published a paper on the consultation outcome.

Since then the Trust has noted several concerns raised and decided to review further comments from stakeholders. The AWP Board will formally consider the consultation outcome and Trust decision at its next meeting on the 27 September and announce its conclusions shortly afterwards.

Pending that announcement, the Places of Safety suites in Swindon, Devizes and Salisbury will continue to operate.

3.7 Swindon Falls and Bones Health Collaborative

Reducing the risk of falling and effective support for people who do fall is a priority for Swindon and requires a multi-agency approach. A Falls and Bone Health Strategy for Swindon has been developed and is owned by the Swindon Falls and Bone Health Collaborative; a partnership of key organisations in Swindon who have come together to deliver the recommendations of the Swindon Falls and Bone Health Joint Strategic Needs Assessment and improve quality of life for people living in Swindon. This strategy aims to promote mobility and independence for people by reducing the number and the impact of harmful falls in Swindon. However, it also recognises that falls will happen and that preventative work should not be at the expense of limiting mobility and reducing independence.

3.7.1 Data on patient falls across Swindon is collated from a number of sources and the graphs can be viewed at Appendix 1. We cannot collate data on all falls across Swindon as falls in patient homes and within the community are not easily collected.

- Inpatient falls – 1105 reported between June 2016 and May 2017

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 19 September 2017

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- Admissions as a result of a fall – 2,121 reported between June 2016 and May 2017
 - Number of hip fractures following a fall – 120 reported between June 2016 and May 2017
 - Homeline responses to falls – 3,164 reported between June 2016 and May 2017
 - Ambulance calls to falls – 227 reported between October 2016 and March 2017

3.7.2 A mapping exercise undertaken by the Swindon Falls and Bone Health Collaborative identified that there is a wide range of existing provision in Swindon but more could be done to raise public and organisational awareness of what is available and a clearer pathway is needed to look at the flow between these services. As result, the following have been completed or are underway:

- Steady Steps public event in October 2016 – planning a falls prevention campaign for the Autumn 2017.
- Steady Steps to Staying Active for Life booklets have been developed by the collaborative. 12,000 copies have been distributed and are available across Swindon from GPs, pharmacies, GWH, Ambulance Service, Homeline, Fire and Rescue Service, libraries, housing, and the Community Health and Wellbeing Team.
- A number of people have also been trained to deliver community balance and strength classes and are working with care homes, sheltered housing and community groups.
- Inpatient falls quality improvement work stream
- Collaborative working with the fire services to utilise Safe and Warm Visits to inform/identify risks of falls
- Review of referral routes for patients to ensure they are simplified
- Review of training provision for staff across Swindon

4. Alternative Options

4.1 None.

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 19 September 2017

5. Implications, Diversity Impact Assessment and Risk Management

5.1 Legal and Human Rights Implications

N/A

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

N/A

5.3 Diversity Impact Assessment

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

5.4 Risk Management

N/A

6. Consultees

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

7. Background Papers

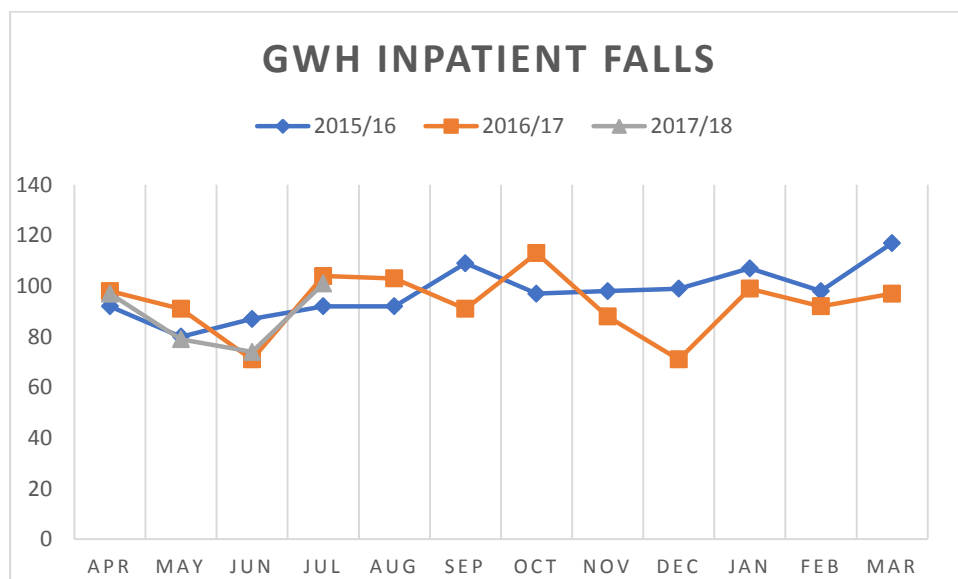
7.1 None.

8. Appendices

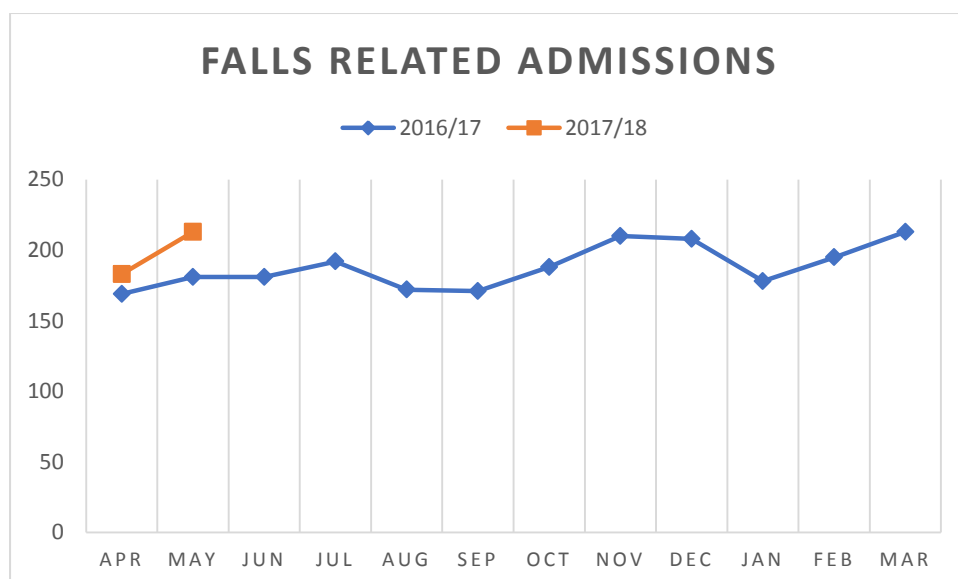
8.1 Appendix 1 – Swindon Falls and Bone Health Collaborative update.

Swindon Falls and Bone Health Collaborative

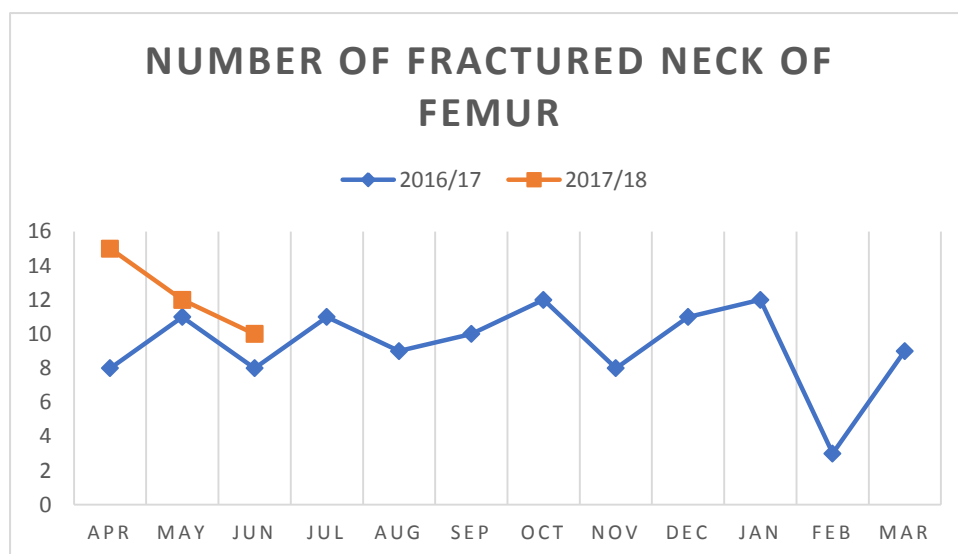
Inpatient falls



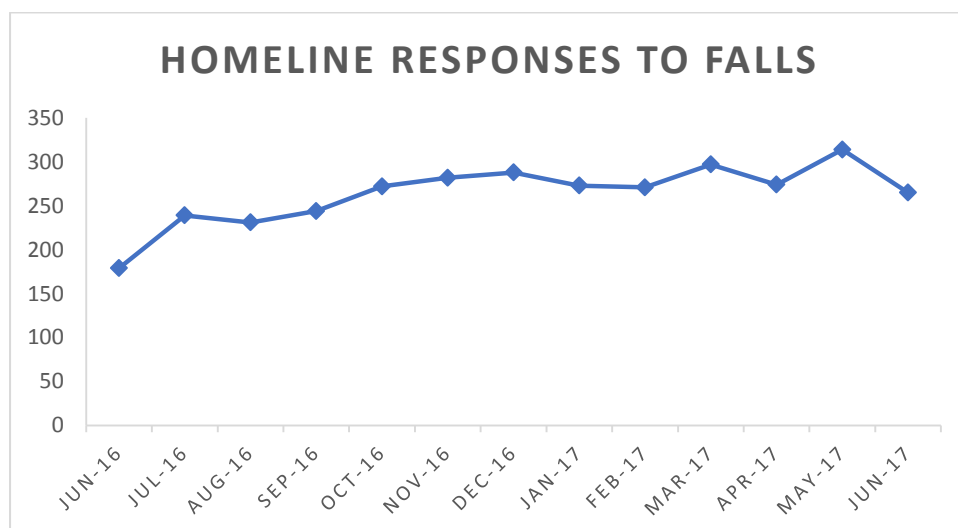
Hospital admissions for falls



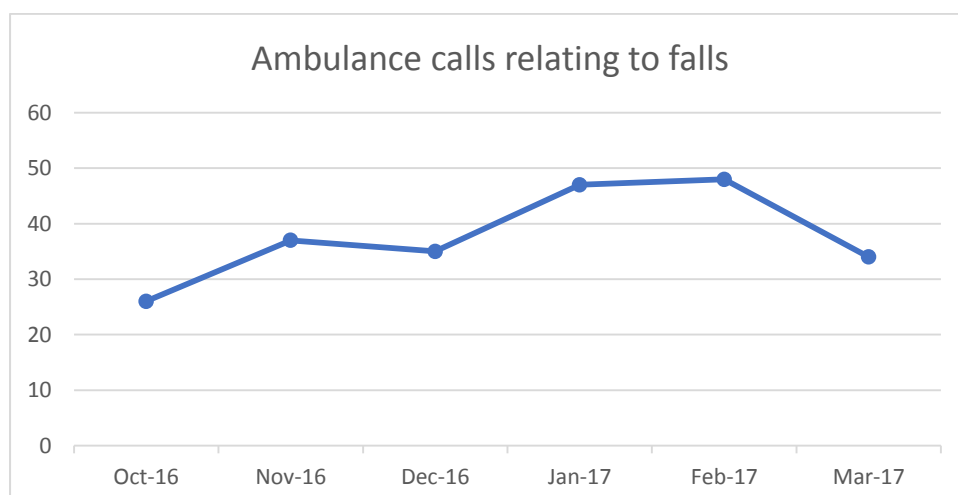
Number of fractured neck of femurs following a fall



Homeline response to falls



Ambulance call relating to falls



Avon & Wiltshire Partnership NHS Trust

Adults Health and Housing

Date: 19th September 2017

Overview and Scrutiny Committee

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

1. Purpose and Reasons

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

2. Recommendations

The Committee is recommended to:

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

3. Detail

- 3.1 The NHS has undergone significant change over the past 10 years, and mental health services are no different. More recently, we have experienced a significant increase in demand of our services, perhaps in part due to the increased public awareness around mental health. We, like other mental health trusts across the country, now need to look at different models of working to ensure that our services remain safe, high quality but are financially sustainable and make the best and most efficient use of public monies.

Along with a move to Sustainable and Transformational Partnerships (STPs) and in accordance with the '*Five Year Forward for Mental Health*', the Trust has revised our clinical strategy to strengthen the provision of community services to reduce reliance on inpatient provision. (Attached in appendices section of report.)

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

Avon & Wiltshire Partnership NHS Trust

Adults Health and Housing

Date: 19th September 2017

Overview and Scrutiny Committee

Developing community services will enable the Trust to make better use of inpatient beds and to develop a highly specialist inpatient resource to provide care to people with the most complex mental health needs.

3.1.1 Top Five Priorities

Top Five Priorities	Process	Outcomes
Financial austerity	Swindon Locality is expected to make efficiency savings in financial year 2017-2018	A cost improvement plan has been developed and is progressed.
Recruitment and retention	Developing through the Accountable Care System (STP) workforce plan with GWH, SBC and Public Health.	Improvement in substantive staffing levels and reduction of agency usage.
Bed pressures (AOWA & older adults)	Further development of community services, to support the robust acute care pathway in Swindon.	Reduction in admission rates and length of stay.
Place of Safety	Public consultation completed. Board review.	Decision regarding East Place of Safety
CQC inspection	2 week CQC inspection across the Trust completed.	Awaiting inspection report

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no financial and procurement implications contained within this report. Any emerging financial and procurement implications will be detailed if the committee wishes to investigate the issue further or to make recommendations for improvement.

Legal and Human Rights Implications

5.2 There are no legal and human rights implications contained within this report. Any emerging legal and human rights implications will be detailed if the

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

Avon & Wiltshire Partnership NHS Trust

Adults Health and Housing Overview and Scrutiny Committee

Date: 19th September 2017

committee wishes to investigate the issue further or to make recommendations for improvement.

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

5.3 None.

Diversity Impact Assessment

5.4 A DIA has not been done for the purposes of this report.

Risk Management

5.5 None.

6. Consultees

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

7. Appendices

7.1 Appendix 1 - AWP Clinical Strategy.



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





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2016-2021

Clinical Strategy



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Introduction

This is a strategy not a plan.

It is a statement of our intent and provides a direction of travel for the coming years.

The clinical strategy is our primary strategy and both drives and is supported by our enabling strategies, annual plans and specific business cases.

These will describe the detail with clearly set out milestones for achieving specific aims.

This strategy is for:

- service users, carers
- staff
- our PCT and Clinical Commissioning Groups (CCGs)
- NHS England
- our local authority and other partners
- and all communities we serve.



About our Trust

Avon and Wiltshire Mental Health Partnership NHS Trust (the Trust) is a significant provider of mental health services across a core catchment area covering Bath and North East Somerset (BaNES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire.

The Trust also provides specialist services for a wider catchment area extending throughout the South West.

Delivering services across this wide geography requires us to meet differing health needs across diverse communities.

This geography includes densely populated urban areas, with a large ethnic diversification, and more sparsely populated rural areas with growing ageing populations.

All these elements combine to make a unique population group accessing the services we provide.

In response to this, the Trust offers a locally focused service in each area, with local business plans aligned to commissioner intentions and strategic development opportunities within the local area.

As a partnership trust, we have important responsibilities to work at a local level with other public bodies, such as local authorities; the police and the criminal justice system including prisons; and also with the voluntary sector. This ensures we provide a joined up service for the people we serve.

Our purpose

'to provide the highest quality mental healthcare to support recovery and hope.'

Our values

We have defined our core values as **PRIDE**
These values underpin everything we do.

- P**assion Doing our best all of the time
- R**espect Listening and understanding what you tell us
- I**ntegrity Being honest, open, straightforward and reliable
- D**iversity Relating to everyone as an individual
- E**xcellence Striving to provide the highest quality support

Our values: Passion Respect Integrity Diversity Excellence

Our services

Our Trust provides services for people with a range of mental health needs including those relating to drug or alcohol dependency. We also provide Child and Adolescent Mental Health Services (CAMHS), mental health services for people with learning disabilities, and secure services working closely with the criminal justice system. Our services are explained under three headings as presented below.

Increasingly, we provide treatment and care in people's own homes and other community settings, reflecting the preferences of service users. Our community services are supported by high quality inpatient services providing short term assessment, treatment and care.

Our services are explained under three headings as presented below.

Local (services provided specifically to and within the local area)

- Specialist community-based assessment and treatment services for drugs and alcohol including specialist prescribing and community detoxification
- Rehabilitation inpatient service
- Recovery services
- Psychological therapies in primary and secondary care
- Psychiatric intensive care
- Primary care liaison
- Place of Safety service (Bristol)
- Mental health liaison, based in acute hospitals
- Memory assessment services
- Later life therapies teams
- IAPT
- Intensive services
- Inpatient assessment and treatment services for functional and organic illnesses, aged 18 upwards
- Early intervention in psychosis
- Day services – day hospitals, supported day care (inreach), therapy centres, specialist centres for younger people with dementia
- Complex interventions teams
- Community drug and alcohol services
- CAMHS Community Services
- Care home liaison
- Ageless adult CMHTs
- Acute hospital liaison

STP (services provided across several localities but within the Trust footprint)

- Electro-convulsive therapy (ECT)

Regional (services provided within the region and which could be outside of the Trust boundary)

- Attention deficit hyperactivity disorder (ADHD) service
- Autism spectrum services
- CAMHS In-patient services
- Community and forensic learning disability services
- Inpatient drug and alcohol services
- Community and in-patient eating disorder services
- Court assessment and referral service (in courts and police custody suites)
- Deaf mental health service
- Forensic consultancy, discharge and aftercare services
- Forensic intellectual developmental disorder services
- Forensic Pathfinder personality disorder service
- Inpatient stabilisation and detoxification service with therapeutic programme
- In-patient perinatal mental health services for mothers and babies
- Medium and low secure inpatient services
- Mental health and substance misuse services in prisons
- Mother and baby service
- Prison mental health services
- Specialist eating disorder services, inpatient, community and primary care
- Specialist input to secure children's homes
- Specialist mental health learning disability community services
- Pathfinder (specialist personality disorder services)
- Treatment programmes in prisons (12-step prison partnership programme and alcohol-related violence programme)
- Veterans mental health services

Our structure

The Trust has placed the clinical voice at the centre of its decision making through a devolved, locality focused and clinically led structure designed to bring decision making closer to the communities we serve.

From July 2017, the Trust will have established a divisional management structure, working to the Chief Operating Officer.

This structure will consist of three Clinical Directors, one assigned to each STP footprint (BSW and BNSSG) and one to head up the Specialised, Secure and CAMHS services grouping. Each Clinical Director will be supported by an Associate Directors of Operations.

Below this structure are six Local Delivery Units (LDUs), organised to correspond to local authority and CCG areas (shown below) and three Service Delivery Units (SDUs), which operate across local authority and CCG areas. These units are led by an Operations Manager, each supported by a Clinical Lead.

Our Trust's central support functions add value to our locality management teams, making sure that Clinical Directors and Clinical Leads have the support required to be accountable and responsible for our services in each locality.

Clinical Director - BNSSG Associate Director of Operations – BNSSG			Clinical Director – BSW Associate Director of Operations - BSW			Clinical Director – Specialised Associate Director of Operations - Specialised		
Operations Manager – Bristol Clinical Lead - Bristol	Operations Manager – N.Som Clinical Lead - N.Som	Operations Manager – S.Glocs Clinical Lead – S.Glocs	Operations Manager – BaNES Clinical Lead - BANES	Operations Manager – Swindon Clinical Lead - Swindon	Operations Manager – Wilts Clinical Lead - Wilts	Operations Manager – Specialised Clinical Lead - Specialised	Operations Manager – Secure Clinical Lead - Secure	Operations Manager – CAMHS Clinical Lead – CAMHS

Divisional management structure from July 2017

Principles for delivery

We have six overarching principles which drive the implementation of our clinical strategy. These also guide the implementation of all AWP strategies and our approach for delivery of care.

1. Flexibility, adaptability and innovation
2. Service users and staff as partners
3. Setting the clinical direction for all strategies to follow
4. Collaboration and system integration
5. Extending our reach
6. Recovery focused



1. Flexibility, adaption and innovation

The clinical strategy is intended as a framework for service delivery initiatives and operational priorities, not a tool for creating more meetings and committee driven papers.

The clinical strategy underpins the quality of the service we deliver and results in tangible outcomes which will be experienced by those who use our services, their carers and families, partners and staff.

In response to local and national challenges and the ever changing healthcare landscape, we will adapt and evolve our services to deliver the best possible care to our service users.

This will mean a continuous pursuit of innovation and new ideas; it will mean working with new partners; it will mean doing things differently.

2. Service users and staff as partners

Our patients and staff are our priority. We will:

- encourage a culture of co-production, both internally and externally to the Trust.
- develop our people; collaborate with partners and strive for continuous learning to make sure our services are the best they can be and that our patients, staff and other stakeholders have the best possible outcomes and experience of care.
- configure our services so that we provide care that is 'closer to home' for patients.
- invest in community services to make better use of our inpatient beds.
- instill clinical leadership at all levels of the organisation and strike a balance between central and local approaches to service delivery.

3. Clinical direction

We will:

- focus on more community based care, making the most of every opportunity for prevention and to promote recovery.
- aim to empower those who use our services to manage their own care, reducing the need for acute health interventions and inpatient care.
- focus relentlessly on improving quality and efficiency at the same time by working on integration between physical and mental health, between primary and secondary care, between acute providers and mental/community providers, and social care and third sector providers.
- increase use of innovative approaches and technology to allow our staff to be mobile and flexible in their response.

4. Collaboration and system integration

With a network of partners and a significant track record of multi-agency working, AWP is well placed to engage in the local and regional health and social care agenda and to play a leading role in shaping the future service delivery across the geographical boundaries.

We will expand the range and scope of services we provide to create 'whole system healthcare' integrated around the service user ensuring that care maximises service user pathways, outcomes and experience.

5. Extending our reach

With our experience and expertise in delivering healthcare and system leadership, we aim to take our services and abilities into new areas of growth.

This will include broadening our portfolio beyond core services to support sustainable system integration and expanding our existing services into new geographical areas where there is a clear benefit to the Trust and patients.

6. Recovery focus

We are committed to recovery based approaches across our services. We believe recovery is about a person taking control and staying in control of their life despite having a health problem. We believe in supporting and building the resilience of people with mental health conditions.

We accept that recovery does not always lead to a lack of ill health. It is not the same as a 'cure', and may mean a person taking control of their symptoms and it is for the person to choose whether to enter recovery.

There are three constituents which make up a recovery based approach;

Hope

The person will need to develop hope in them being able to take control and stay in control of their life. In the initial stages of recovery, this comes from staff instilling hope through their communication, approach and support. At a later stage, the person will internalise this hope, further strengthening their recovery.

Control

Giving the control of their life back to the individual is essential, while supporting the individual to make the right choices by providing information and continuing to be a source of support.

Opportunity

The person will also need to have the opportunity to have social relationships, education / training, as well as work experience, to gain the skills needed to function as a valuable member of society.

We will deliver a focus on recovery based approaches by:

- working in partnership with people who use our services enabling them to take the lead in their own recovery and management of their illness, and involving carers in shared decision making.
- promoting independence, choice and control through self-directed support as part of ensuring that those who use our services attain the most fulfilling lives possible.
- helping people to achieve their own aims, to manage their condition and be sufficiently recovered to receive their care in a primary care setting.
- understanding that a person will recover more quickly when:
 - hope is encouraged, enhanced and/or maintained;
 - life roles with respect to work and meaningful activities are defined;
 - spirituality is considered;
 - culture is understood;
 - educational needs as well as those of families/significant others are identified;
 - they are supported to achieve their goals.

Recovery

Our clinical priorities

We will remain a specialist mental health service provider

We are experts in developing and providing mental health services and this will remain our purpose as we move forward.

We want to extend the services we provide both in terms of broadening the range of core and specialist mental health services we offer, and by expanding our service footprint.

We will deliver mental health care for people of all stages of life

We will develop and provide mental health services for children and adults of all ages including women during pregnancy and after birth.

Specialist services may be provided to patient groups with certain personal characteristics to achieve equality in outcome.

We will provide community services locally

We will deliver services as close to the point of need as possible. Most mental health services including assessment, recovery, early intervention and crisis services will be provided locally.

We will rationalise the use of estates to make sure we make best use of our resources whilst providing easily accessible care in a range of community settings. Some specialist services will be provided regionally to ensure the highest quality of service.

We will provide regional specialist inpatient care

As the range of services in the community has developed, more people can be treated at home without the need for hospital admission. However, some people with the most complex mental health needs will require highly specialist inpatient assessment and care.

This will be supported by the development of regional inpatient units which can deliver cutting edge treatments on a short term basis.

We will play key roles in regional network developments

We will take part in regional service development and provision as network leads and expert advisers. We will continue to be active partners with the wider health community developing and delivering Sustainable Transformation Plans for our population.

We are committed to services being developed and delivered in partnership with the service users and carers

We will promote and support co-production at all levels from strategic service design to joint care planning with individuals.

We will promote mental health and wellbeing

We will support and enable the healthcare system to promote mental health and wellbeing, and initiatives aimed at preventing mental ill-health.

We will enable and support improved physical health for people with mental health problems

We will promote good physical health working within the wider healthcare system.

We will support health promotion initiatives and work in partnership with primary and secondary healthcare providers to achieve improved outcomes for people with physical and mental health problems. We will champion the principles of Parity of Esteem.

We will foster integrated working

We will work with partners in social care and physical healthcare to enable the delivery of integrated services to our communities. Where possible, we will co-locate with our partners to facilitate co-ordinated service delivery, team working and intelligent use of resources.

We will be at the forefront of research and development

We will drive forward our intention to become a University teaching organisation. We will support and encourage staff to engage in research initiatives, and increase opportunities for patients to take part.

The future

What will be different by 2021?

Whilst we cannot be exact about the configuration of our services, we can be clear on some changes and outcomes that will occur as a result of the clinical priorities set out in this strategy and what difference these will mean.

The following list is not exhaustive or immune to change, as we know the next five years will present challenges and opportunities unknown at this time. However, it gives a view on what our services are likely to look like if our clinical strategy is fully realised.

Care pathway change

There will be a shift in when services are initiated, allowing support and interventions to be delivered earlier in the care pathway.

The care pathway will have moved away from inpatient first to a community focus of outpatient/ community/ primary care/ self-management crisis management first and inpatient as a final resort.

Use of estate

Community services will co-locate with partners as larger integrated teams enabling our estate to be used efficiently on a reduced footprint.

Our inpatient sites will have a much reduced spread across the geography and will be fit for purpose and future focused.

There will be no stand alone units. All inpatient services will have optimum bed bases and are likely to be based on as few as two sites, with all services concentrated to serve the whole of AWP geography.

Inpatient services

Our inpatient services will be configured differently, given the focus on significant community redesign. Inpatient services will admit fewer people and only those with the most complex needs.

This will reduce if not remove, the distinction between 'acute' versus 'PICU' care.

Our inpatient units will be single sex in configuration. Our average length of stay will be between 19 to 21 days in total in recognition of the pathway change of caring for and keeping people in the community.

Community services

Our community services will have undergone a significant redesign. This will include:

- 24/7 crisis services working in the community
- alternatives to admission such as overnight stays, crisis houses, resource centres
- teams focused on parts of particular care pathways
- open access to specialist housing and accommodation
- integrated working with primary care
- working with communities on prevention
- training local community group leaders to become mental health practitioners
- community services that take no longer than five working days to respond to referrals/ requests for assistance.

Equal partnerships

Service users and carers will be equal partners and service models will be co-designed with them and their families and sense-checked against patient experience.

As equal partners, service users and carers will be central in developing and delivering their own plan of care. Through this approach we will maximise opportunities for prevention and early intervention.

Training and evidence base

All health professionals will be up-to date with training and knowledge to deliver the care they are expected to. All direct care employees will have a certificate of competence to practice in their specialist areas.

Care will be designed on the basis of evidence based pathways and care bundles, and there will be equitable access to best practice, with no inappropriate variation in care.

Efficiency

Unit costs will have been relentlessly reduced through waste reduction and lean processes (whilst maintaining health outcomes).

Care pathways will be designed to reduce wasteful activities for those using our services, carers and staff; such as unnecessary duplication of tests appointments, recording of information.

Care will be further enabled by technology. Information about patient history and treatment plans will be shared electronically and accessible to professionals involved and the service user/carer to ensure the best possible decisions are jointly reached.

Staff



Staff will be:

- treated with respect, and supported to develop their skills and ability to deliver excellent services.
- enabled to take part in improving services, for and along with those who use our services, their carers and families.
- Innovative ideas from individual staff on improving how we work will be encouraged, welcomed and applied.

Working as part of an integrated team will be the norm whichever service staff work in.

Where, when and how staff work will increasingly be designed around the needs of patients.

Integration

As system leaders or expert advisors, AWP will have a greater co-ordination and enable integration of care across all care settings.

We will be at the forefront of working with partners, as the norm, to develop integrated service provision to improve the health and wellbeing of the communities we serve.

Overall

There will be:

- measurable assurance that every personal episode of care will be safe effective and person centred.
- increased care at home and in community settings
- safe, timely admission and focused discharge for those who do require inpatient care
- increased focus on maintaining existing health
- increased actions to anticipate health problems and prevent or minimise them
- the opportunity to be involved in research affecting service improvements
- increased focus on mobile and IT technology to support service users at home for longer and help them to manage their own health conditions.
- a business focus in our approach to organisational advancement at the same time as being professionally focused on the populations we serve.

How will we know we have achieved our goals?

Our success will be quantifiable by clearly articulated clinical outcome measures; by our Board through regular performance management information, including: reports required by regulators such as the Care Quality Commission, NHS Improvement and feedback through our Patient and Staff Survey results; and our financial rating.

Our Board will continue to scrutinise the performance of the organisation every month and to hold the Executive to account for service quality.

In the Annual Quality Account we will publish data which enables the public to hold us to account too.

We will provide our staff with the information they need to monitor and improve their performance in delivering high quality services.



Further information

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Great Western Hospital NHS Foundation Trust

Adults Care, Adults Health and Housing

Overview and Scrutiny Committee

Date: 19 September 2017

Author:	Kevin McNamara, Director of Strategy
Wards:	Swindon
Locality Affected:	Swindon
Parishes Affected:	Swindon

1. Purpose and Reasons

- 1.1** This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of 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 providers of healthcare services to account. As a provider of healthcare in Swindon, Great Western Hospitals NHS Foundation Trust is required to provide information on the planning and provision of healthcare services within the Borough and consult with the Committee on any planned substantial changes or developments.

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** This is a general update from Great Western Hospitals NHS Foundation Trust.
- 3.2 Latest rating by the Care Quality Commission (CQC)**

In August, the CQC published their most recent review of Trust services following a routine inspection in March.

While awarded the same requires improvement rating that followed the 2015 inspection, the Trust has been commended for "significant action" over the last two years.

Nearly two thirds of services are now rated as either good or outstanding and Emergency Department staff were rated as outstanding for their caring approach to patients.

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

Great Western Hospital NHS Foundation Trust

Adults Care, Adults Health and Housing

Overview and Scrutiny Committee

Date: 19 September 2017

The table below gives a detailed breakdown of how the Trust performed in this most recent inspection.

Our ratings for Great Western Hospital						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Outstanding	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	N/A	N/A	N/A	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

There was praise for the Trust's culture of innovation, with the Cardiology Department highlighted as leading the way in their field after the team implanted the country's first four-lead pacemaker.

A good rating was also received for being an effective healthcare provider, with the Trust making great strides in getting some of its most essential services, such as mental health support and X-ray, operating across seven days.

There remain improvements to be made. In particular, how we respond and provide safe care during our busiest periods. This will be a growing challenge as the local population continues to grow due to significant house building in and around Swindon and, while recognising there are significant constraints on national monies, we are in the process of developing a case to look at what hospital capacity will be needed to accommodate this growth over the next ten years and beyond.

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

Great Western Hospital NHS Foundation Trust

Adults Care, Adults Health and Housing

Overview and Scrutiny Committee

Date: 19 September 2017

The Trust is now in a stronger position to implement change and address some of our operational challenges since becoming the provider of community healthcare in Swindon. This creates more opportunities to provide a more seamless experience for patients moving between hospital, the community and home.

3.3. New provider of Swindon Walk-In Centre

Since the beginning of August the Trust has been the provider of the Swindon Walk-In Centre in the centre of town on a caretaker basis at the request of Swindon CCG.

This provides the Trust with an opportunity to improve internal processes between local same day, urgent and emergency services. For the first time in the town, Emergency Department, Urgent Care Centre and Walk in Centre Services will all be provided by the same organisation under the same clinical management teams.

The Walk-In Centre service, operating out of the new Muse building, provides local people with a treatment option for minor illnesses and injuries, without needing an appointment, between 8am and 6pm, seven days a week, including bank holidays.

3.4. Progress in community nursing

Since the Trust took responsibility for adult community services in Swindon in October 2016, a major focus has been on bringing in more permanent nurses.

The Community Nursing team provides in-home support to patients unable to attend a local GP practice or who require some on-going nursing support following discharge from hospital.

They provide care to around 1,400 patients each month and play an essential role in keeping people well and out of hospital.

Historic problems with recruitment, training, systems, processes and governance have meant the service did not always perform at a standard being seen elsewhere.

However, in the last 12 months, significant improvement work has taken place and the service is now in a much stronger position, especially since more permanent staff are being recruited.

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

Great Western Hospital NHS Foundation Trust

Adults Care, Adults Health and Housing

Overview and Scrutiny Committee

Date: 19 September 2017

The coming months will see further changes introduced, many of which will result in patients and primary care practices being better served by the community teams.

These changes include a named nurse being placed in each practice and the Single Point of Access (telephone triage) moving from SwICC at GWH to the Community Nursing Team base in North Swindon.

As improvements become embedded, more and more staff are showing an interest in joining the community teams.

With more staff now applying for these roles, we are looking at ways in which this increase in headcount can benefit other areas experiencing continuing recruitment challenges.

3.5 Emergency Department update

The most pressing operational challenges at present continues to be the Emergency Department's performance against the national target of admitting, transferring or discharging 95 per cent of patients within four hours of arrival.

Traditionally, this has been a target that is either met or missed depending on the time of year, with performance often struggling during winter but picking up again during the warmer months.

However, in recent years, patient demand has been consistently high all year which makes performance a constant challenge.

At the time of writing this report, the last full month's performance (July) shows that the Trust treated, admitted or discharged 87.4 per cent of patients in four hours or less, which is broadly the same as the previous month.

We continue to see an increase in people needing hospital admission, with the number of admissions increasing by six and seven per cent respectively when compared with June and July last year.

Delayed transfers of care continue to be a source of significant pressure for the Emergency Department and will be a key focus for the Trust and wider health and social care system as we get closer to winter.

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

Great Western Hospital NHS Foundation Trust

Adults Care, Adults Health and Housing

Overview and Scrutiny Committee

Date: 19 September 2017

An improvement plan, which has the aim of improving operational performance together with safety at the most busy times, is now in place alongside work looking at wider hospital capacity.

With nearly twice as many people now attending the Emergency Department than in 2002, the Trust is looking at how much extra space is needed to safely meet the additional demand.

3.6 Revolutionary genomic project

The Trust has been named as the first in the region to join Oxford's NHS Genomic Medicine Centre, which is part of the national 100,000 Genomes Project.

The innovative project is working to establish a world class genomic medicine service in the NHS, which will give scientists and doctors a better understanding of the complete genetic coding of an individual - their genome - and the way it works. This will help the NHS to better understand the DNA which cause rare diseases and certain cancers, develop more personalised treatment options and prevent and treat diseases that are passed from one generation to another.

As an official partner, the Trust is inviting patients with certain rare diseases and their family members to take part in whole genome sequencing.

3.7 Celebrating staff

The Trust's eighth Staff Excellence Awards were held in June celebrating staff working within the Great Western Hospital and within the Trust's community healthcare services across Swindon.

Nine awards were handed out at the event, celebrating everything from introducing innovative ways of working, making a difference behind the scenes and changing the lives of local people.

One event cannot possibly do justice to all of the Trust's 4,500 staff, who go above and beyond every day often in challenging circumstances, but it goes some way to show how truly appreciated every single one of the team is.

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

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

None.

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

5.2 None.

Diversity Impact Assessment

5.3 None.

Risk Management

5.4 None.

6. Consultees

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

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

19th September 2017

Author:	Director of Adult Social Services
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

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

2. Recommendations

The Committee is recommended to:

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

3. Detail

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

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)

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

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

19th September 2017

Overview & Scrutiny Committee

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

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

3.1.2 This report provides an overview of performance at the end of Quarter one (June 2017). Background details on performance and activity are provided in the appendix.

3.1.3 Integrated commissioning and provision with health underwent significant changes in 2016/17 as the SEQOL contract came to an end, the local Sustainable Transformation Plan (STP) was published, and we began the process of developing an Accountable Care System. These changes are reflected in the refreshed Better Care Fund (BCF) Plan 2017-19. The BCF provides a mechanism for the local authority and health colleagues to jointly plan and commission provision. The areas we have agreed for integrated spending across health and SBC over the next two years include:

3.1.3.1 Prevention of Hospital admission including rapid response - Crisis support to prevent admission to hospital and support those who leave hospital to reduce admissions to residential and nursing care

3.1.3.2 Reablement Service and Telecare, Telehealth - People will regain skills as quickly as possible without the need for on-going long term support

3.1.3.3 Enhanced voluntary sector capacity - Commission voluntary and community based support linked to localities and GP practices

3.1.3.4 Discharge to Assess – residential rehabilitation to facilitate discharge but also prevent admission by linking to rapid response team

3.1.3.5 Effective discharge - Continue to fund seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible

3.1.3.6 Carers' Support - advice and information, welfare benefits advice as well as support groups

3.1.3.7 Capital Grant adult social care - Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.

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

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

19th September 2017

Overview & Scrutiny Committee

- 3.1.3.8 Out of Hospital care aimed at reducing emergency admissions (Community health services and Enhanced Health in Care Home, trusted assessor)
- 3.1.3.9 Managing increase in demand for adult social care due to demographic pressures
- 3.1.3.10 Implementation of new responsibilities under the Care Act 2014 - funding to contribute towards the cost of implementing the requirements of the Care Act
- 3.1.3.11 IBCF funding - managing demand in older people care packages including stabilisation the market (£2m)

The refreshed BCF Plan 2017-19 will be submitted to NHS England for scrutiny by Regional Assurers in September 2017.

3.2 What are the challenges that your organisation is facing?

3.2.1 **Managing demand and financial pressures**

The forecast outturn position across Adult Social care as at the end of June 2017 is a net budget pressure of £71k. This is an improvement of £80k on £151k reported in May 17. However, this is only the third month of the 2017-18 financial year and the forecast includes many assumptions in relation to savings plans, billing arrears and demand. We recognise these assumptions may need refining as the year progresses.

The main social care budget pressures are around demand for Physical Support, 65+ services and in managing Older People and Learning Disability provider services. Demand for equipment and wheelchairs remain high particularly around supporting hospital discharge. Demand for nursing placements has also been strong and cost pressures are expected to rise over the next few months with the completion and processing of Funded Nursing Care (FNC) determinations.

3.2.2 **Delayed transfers of care (DTC)**

We continue to work with Swindon CCG, Great Western Hospital, and Wiltshire Council to tackle the blockages leading to patients having their discharge from hospital delayed. DTC is reported as total delayed days in the month, and split

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

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

19th September 2017

by the type of care that the patient was receiving, the responsible organisation (NHS, social care or joint), and the reason for delay. From this, the number of people delayed in hospital on an average day can be calculated.

We have seen an increase in our delayed transfers of care across social care in May and June 2017. This has been due to higher demand, the re-shaping of the social work team, and changes in data validation. Delays have been particularly high due to waiting for social work assessments, but there have also been delays due to awaiting nursing care in the community beds. Mental health delays have also increased. Across health and social care, we have committed to reducing the number of delays in hospital to an average of 17 beds per day by end of September 2017 (9 attributable to the NHS and 8 attributable to social care), 13 beds per day by the end of March 2018 (7 attributable to NHS and 8 attributable to Social Care).

Our DTOC data is monitored weekly in social care and monthly through the DTOC Programme. Newton Europe is supporting adult social care to reshape services to improve performance. Our Improved Better Care Fund Plan (IBCF) sets out our plans to use the additional funding from Central Government to reduce delays. We have a review of our DTOC plans with NHS and LGA through the national improvement team on 12th September 2017. Our work in social care focuses on: increasing capacity in re-ablement; better use of discharge to assess beds; reshaping the hospital social work team and to have full seven day working enshrined in staff contracts; reduction in permanent admission to residential and nursing homes; and to fully embed the health in care homes initiative.

3.2.3 Learning disability Services

- 3.2 Work is ongoing to reduce spend on Learning Disability services. Spend per service user in Swindon remains high compared to other authorities. Progress against our savings plan is good, and to date we have achieved £865k. Work continues to raise the aspirations of young people and adults with a learning disability to live more independent and inclusive lives. It is encouraging that the take up of paid employment has improved to 5.5% compared to 3.4% at this point last year. Access to employment and training is a corporate priority and the multi- agency Transitions Programme will continue to drive improvement over the coming year. We are also reviewing our supported employment service to ensure it aligns to the Government's Work and Health Programme which will be launched in autumn 2017. Supported employment involves understanding each individual's strengths, developing a job plan, engaging with an employer, matching the person to the job and then supporting them in the early stages of work. The aim is to help the individual with needs to secure a mainstream job at

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

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the going rate of pay, and to provide appropriate support for the individual and employer to sustain the job. This may involve job carving (adapting roles to meet a person's disability) or systematic instruction and in-work support for a limited time.

Although progressive support planning leads to better outcomes in the longer term, it is more time consuming and this continues to impact on our performance in providing service users with timely assessments and reviews. However, plans are in place to increase capacity through the recruitment of additional staff to join the Learning Disability Team. Our managers maintain oversight to drive improvement through better recording and ensure the learning from the Alder project (to complete more complex and detailed assessments to deliver progressive outcomes) is embedded in service delivery. The LD team continues to work closely with commissioners to make sure supported living placements are cost effective and add value.

3.3 What have you done well?

3.3.1 **Prevention and Wellbeing**

Prevention and wellbeing are key to managing demand and cost pressures across social care and health. Working with external partners and services across the council, we continue to identify opportunities to improve resilience and prevent long term conditions such as diabetes and heart disease through healthy lifestyles and other initiatives that promote health and wellbeing amongst Swindon residents.

Our aim is to support independence, and promote choice and control, for people facing difficulties due to disability, mental health issues, effects of age and other circumstances. A range of services are available to help adults with longer term needs /vulnerabilities to remain independent and live in the community. These include day time opportunities to reduce social isolation, as well as short term breaks for those family's caring for people at home. In addition, Supported Living and supported Housing services are available for people who need additional help to live independently in the community.

Community Navigators

The Community Navigators Scheme provides community based coaching to help residents who have long-term health conditions to manage their care. The navigators encourage self- care and help increase the resident's confidence in living with their condition. This scheme has not only improved people's quality of life but also reduced the number of unnecessary visits to GP surgeries and

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hospital. Since April 2016, 230 people have been referred to a Community Navigator.

Swindon Circles

Swindon Circles is a scheme available for older and vulnerable people living in the community who are isolated or lonely. Adults can be referred to the scheme by a professional or anyone in the community, and a volunteer will visit the individual on a regular basis. Feedback from people using the scheme is positive. Since April 2017, Swindon Circles has held a number of Volunteer Recruitment Fares and successfully recruited additional volunteers bringing the total befriending workforce to 110. Volunteers are carefully matched with individuals who have been identified as lonely and isolated. We currently have over 80 'active' befriending relationships with more in the pipeline as we complete the matching process for our 40 new recruits.

Promoting physical health and activity

There are a range of initiatives to promote health and activity in recognition of the clear links between being physically active, diet and dementia ('good for the heart is good for the brain'). These include walking for health, parkrun, steps for health, football fans in training, dietbusters, and links to Greenwich Leisure Limited (GLL) 'Generation Gains'. Generation Gains is aimed at supporting older people to access gentle exercise and social activities. 770 people have been referred to the Live Well Swindon Hub since April 2017 for a lifestyle intervention which may include stop smoking, physical activity, exercise on prescription, weight management, health ambassadors, and pulmonary rehabilitation. 246 people have had Healthchecks since April 2017 which also provides the opportunity to receive information and advice regarding dementia risk, encourage physical activity and healthy eating where appropriate; and encourage the take up of bowel, cervical, and breast cancer screening.

Making Every Contact Count (MECC)

Swindon have introduced the MECC initiative supporting organisations and their staff, across the health and care system, to maximise on the opportunity they have with the public in promoting health and enabling them to make changes to improve their health and wellbeing. To date, 75 front facing staff have attended training and gained additional skills in motivational interviewing.

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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. We are working collaboratively to promote falls awareness amongst partners and stress the importance of maintaining balance and strength. 12,000 Steady Steps to Staying Active for Life booklets have been distributed and are available across Swindon from GPs, pharmacies, Great Western Clinics, Ambulance Service, Homeline, Fire and Rescue Service (FRS), libraries, housing, and the Community Health and Wellbeing Team. A number of people have also been trained to deliver community balance and strength classes and are working with care homes, sheltered housing and community groups to see how balance exercises can be incorporated into daily activity.

Dementia

We are a key member of the Swindon Dementia Action Alliance. A Dementia Friendly Swindon Co-ordinator (funded by One Swindon) has been appointed and is working with businesses and others in the community to make Swindon dementia friendly. We are applying for the Dementia Friendly accreditation in October 2017. A Cabinet Member Advisory Group for Dementia has recently been established to support the local Dementia Offer.

Mental Health Champion

We recognise we have a crucial role to play in improving the mental health of everyone in our community. One in four people will experience a mental health problem in any given year and the World Health Organisation predicts that depression will be the second most common health condition worldwide by 2020. People with a severe mental illness die up to 20 years younger than their peers in the UK. The Cabinet Member for Adult Health and Social Care has become the Mental Health Champion for Swindon Borough Council to raise awareness and challenge the stigma associated with mental health. The Cabinet Member will be an advocate for mental health issues in council meetings and policy development, and seek and listen to the views of people with lived experience of mental ill-health to get their perspective on local needs and priorities.

Health Impact Assessments

Public health colleagues undertake health impact assessments to review the potential health risks and benefits entailed in any new developments and planning applications for properties above a certain size (e.g. Wichelstowe,

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NEV). The intention is to support the creation of healthy communities and ensures that the effect of the development on both health and health inequalities are considered and responded to during the planning process. The health impact assessment considers a range of issues such as physical activity, smokefree centres, and intergenerational communities.

Trading Standards

Evidence shows being a victim of a trading offense can affect mental wellbeing and ability of older people to maintain independence. We work collaboratively with Trading Standards colleagues to promote safety through raising awareness of scams and supporting the 'buy with confidence' scheme so vulnerable and older people can get good advice and guidance.

3.3.2 Older People/Physical Disability Transformation Programme

Front Door

We continue to focus on helping people to maintain and prolong their 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. So far this year we have received 2779 contacts, and it is pleasing to see that a higher proportion of these are now being dealt with more effectively at the front door compared to the same period last year. Only 41.95% of these contacts (1166) progressed to an assessment of need, compared with 52.06% (1788) last year. Following an assessment, 42.6% of these people then progressed to a service compared with 41.3% last year. As the front door becomes more effective in dealing with people with lower level needs by providing good information & advice and signposting, we should see the right people (i.e. those with higher levels of need) progressing to assessment and service.

Re-ablement

There has been significant improvement in the reablement service with greater throughput, reduced length of stay and better outcomes. From April to June, 84 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 27 to 21 days, and a greater proportion of people (88%) are gaining independence following the service and therefore no longer require ongoing support. We have also improved the number of people receiving reablement at any one time from an average of 16 to 27 people. This has been achieved through changing staff rostering and working more efficiently.

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3.3.3 Permanent admissions to Residential Care and Nursing Homes

Admissions to residential and nursing care are being effectively managed and remain below target for both younger adults (aged 18-64) and older adults (aged 65 and over). From April to June 2017, 21 older people have been admitted to permanent care: 11 to a nursing home placement and 10 to residential care. Amongst these first time permanent admission to care, 5 people were admitted with mental health needs and 16 people were admitted with personal care/physical support needs (older people). From April to June 2017, only one younger adult was admitted to permanent residential care with mental health needs. Where possible, we will place people in Care Homes and Extra Care Housing that are owned by Swindon Borough Council to reduce budget pressures.

3.3.4 Carers

Carers provide regular and substantial support for service users so 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, 23.6% (384) carers have received an assessment or review (June target 17.5%). The preparation for re-procuring the carers contract is progressing well and we have recently completed a needs analysis of our carers to inform our specification. There is still more work to do to address the shortfall in personal budgets for carers and progress will be monitored and regularly reported to Health and Overview Scrutiny over the coming year.

3.3.4 Smoking

Smoking is the biggest preventable cause of ill health and early death as well as the leading cause of health inequality. We have now delivered on our pledge 30 with the latest figures showing smoking prevalence in adults in Swindon for 2016 is 14.9%, which is below the England average of 15.5%. Further work is underway to reduce smoking amongst workers in routine and manual jobs and pregnant women.

3.4 Supporting Information

None

4. Alternative Options

4.1 None

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Performance for Adult Social Care Commissioning

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5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

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

Legal and Human Rights Implications

- 5.2 None

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

- 5.3 None

Diversity Impact Assessment

- 5.4 None

Risk Management

- 5.5 None

6. Consultees

- 6.1 The Director of Finance (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

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

Appendix One: Background activity and performance Data

Number of service users receiving Permanent Nursing & Residential care in Swindon between April 17 to June 2017

Primary Support Reason	18-64 Year Olds				65+ Year Olds			
	Nursing Care		Residential Care		Nursing Care		Residential Care	
	April-June 16	April-June 17	April-June 16	April-June17	April-June16	April-June17	April-June16	April-June 17
Physical Support: Access and Mobility Only	0	0	0	0	0	0	0	0
Physical Support: Personal Care Support	2	5	13	12	153	186	191	203
Sensory Support: Support for Visual Impairment	0	0	0	0	3	1	3	3
Sensory Support: Support for Hearing Impairment	0	0	0	0	0	2	3	0
Sensory Support: Support for Dual Impairment	0	0	0	0	1	1	3	0
Support with Memory and Cognition	2	0	2	1	46	46	88	71
Learning Disability Support	3	2	157	158	6	3	38	36
Mental Health Support	3	3	31	32	8	8	32	29
Totals	10	10	203	203	217	247	358	342

Number of service users receiving Community Services in Swindon between April 17 to June 2017

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-June 16	April-June 17	April-June 16	April-June 17	April-June 16	April-June 17
Learning Disability Support	47	50	11	10	455	498
Mental Health Support	1	5	2	1	69	60
Physical Support - Access & Mobility only	328	339	26	29	8	15
Physical Support - Personal Care Support	117	106	6	18	256	253
Sensory Support - Support for Dual Impairment	0	2	0	0	3	3
Sensory Support - Support for Hearing Impairment	3	3	0	0	0	9
Sensory Support - Support for Visual Impairment	8	4	1	1	8	2
Support with Memory & Cognition	2	2	0	1	12	10
18 -64 Year Old Total	505	511	46	60	817	850
	April-June 16	April-June 17	April-June 16	April-June 17	April-June 16	April-June 17
	April-June 16	April-June 17	April-June 16	April-June 17	April-June 16	April-June 17
Learning Disability Support	9	11	3	2	40	48
Mental Health Support	15	13	2	8	34	36
Physical Support - Access & Mobilty only	728	668	7	21	85	99
Physical Support - Personal Care Support	318	407	370	404	700	674
Sensory Support - Support for Dual Impairment	9	6	3	0	12	13
Sensory Support - Support for Hearing Impairment	19	9	10	3	10	5
Sensory Support - Support for Visual Impairment	17	13	6	2	15	17
Support with Memory and Cognition	22	25	5	1	54	49
65+ Year Old Total	1137	1152	406	441	950	941

Adult Social Care Performance

Dashboard Summary of Results 30th June 2017

Indicator	NA 2015/16	PYA 16/17	Annual Target	June 17 Actual	Good is..
Enhancing Quality of Life					
% of Service Users who receive self directed support (M)	86.9	91.5	100	85.4	high
% of Services Users who receive a direct payment (M)	28.1	26.2	30	24.6	high
% of Carers who receive self directed support (M)	77.7	21.7	36	17.1	high
% of Carers who receive a direct payment (M)	66.9	20.8	34	17.1	high
% of Mental Health adults in paid employment (M)	6.7	11.3	11	11.8	high
% of learning Disability adults living independantly in their own home or with their family (Q)	75.4	70.8	72	74.7	high
% of Mental Health adults living independantly with or without support (M)	58.6	81.1	84	75	high
% of learning Disability adults living independantly in their own home or with their family (Q)	75.4	70.8	72	74.7	high
Delaying and Reducing the Need for Care					
Permanent admissions to residential & nursing care for Younger Adults aged 18-64 per 100K population (M)	13.3	1.48	10.4	0.74	low
Ensuring People have a Positive Experience of Care and Support					
% of Waiting times of Clients Assessments completing within 28 days (M) Local Measure	NA	90.5	85	84	high
% Wating times of Client Assessments starting within 5 days of contact (M) Local Measure	NA	94.9	85	77.7	high
% Waiting times of end of assessment to provision of services within 28 days (M) Local Measure	NA	91.4	89	98.3	high
Safeguarding adults whose Circumstances make them Vulnerable					
% of people who use services who say that those services have made them feel safe (Survey Outcome) (A)	85.4	96	NA	94	high
Better Care Fund					
Permanent admissions to residential & nursing care for Older Adults per 100K population (M)	628.2	86.86	689.53	63.5	low
Leaning Disability Service Users who have received a review (M) Local Measure	NA	12.5	70	12.7	high
Average Delayed bed days per 100k population attributable to Social Care or Both (M)	433	238.1		137	low
Corporate Pledges					
Increase % of working age adults with learning disabilities receiving services who are in employment (Q)	5.8	3.4	6	5.5	high
Increase % of clients receiving a service, who have receive an annual review (M) Local Measure	NA	23.4	75	17.9	high
Delayed bed days attributable to NHS or Social Care or Both- All days (M)	40.9	16.1		32.03	low
Increase % of Carers Assessed or Reviewed (M)	69.2	30.5	70	23.6	high

KEY

NA: National Average

Reporting Frequency (M) Monthly

Reporting Frequency (Q) Quarterly

PYA: Previous Year Actual

Reporting Frequency (A) Annually

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Housing Performance Report

Adults, Health and Housing Overview and Scrutiny Committee

Date: 19th Sept 2017

Author: Head of Housing and Community Safety

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The report sets out the key current challenges and successes in the Housing Service.
- 1.2 The report enables members of the Committee to have a wider appreciation of the work undertaken by the Housing Service to enable the Committee to discuss priorities and challenges in the service area.
- 1.3 The links to the Swindon Vision in particular, Priority One: Improve infrastructure and housing to support a growing, low carbon economy and Priority Four: help people to help themselves while always protecting our most vulnerable adults and children.

2. Recommendations

The Committee is recommended to:

- 2.1 Review the content and structure of the report to assist future reporting requirements to this Committee.
- 2.2 Comments on the challenges and successes identified in section 3.0 of this report are welcomed.

3. Detail

- 3.1 **Housing and Adult Social Care joint work programme.** Housing Officers increasingly work with some of the most vulnerable individuals within our neighbourhoods. This traditionally has been seen through the work on homelessness, sheltered and supported housing as well as the growth of Homeline (Community Alarm system). To build on this a cross service area work programme has recently been completed on a number of activities to make best use of Council resources and add to the savings already achieved in Adult Social Care. This included:

- Developing and refurbishing new affordable homes to meet complex needs, including 24 assisted living bungalows at the Hawthorns, due to complete in December 2017

Further information on the subject of this report can be obtained from Michael Ash, Direct Dial 01793 464377, mash@swindon.gov.uk.

Housing Performance Report

Adults, Health and Housing Overview and Scrutiny Committee

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- The increased use of Assistive Technology within the home, speeding up hospital discharges, the latter has been assisted by amending shift patterns to cover weekend hospital discharges
- To enable the more timely and appropriate housing allocations of more complex cases a Housing and Adult Social Care Panel was established, this now meets only on an ad hoc basis following the appointment of a specialist Social Care Lettings Officer who works with all interested parties
- A recent **Department of Health Grant Award of £340,000** to apply some of the most advanced technology to the new development under construction at the Hawthorns in Gorse Hill, Bembridge Close in Park North and at Linden Avenue in Pinehurst
- Adopting a Design Guide for Dementia Friendly Housing. This is currently being used to inform the Housing Capital Refurbishment programme but ultimately will also be used for new build schemes. The Guide was circulated to Committee members last year, further copies are available on request
- Scoping a Supplementary Planning Guidance Note for new build assisted living and care homes. This will be drafted for approval by Planning Committee, preparation includes developing an evidence base and a consultation and so this is likely to be presented to Committee in 2018.

3.2 **Homelessness.** The Council continues to manage its homelessness services well. During 2017/18 based on recent challenging trends it is expected that an estimated 60 households will be accepted each quarter. However due to a high number of successful prevention cases, in the first quarter of 17/18 only 31 were accepted. The Homelessness team are also on target to deliver 90 preventions a quarter. Further details on preventions can be reported on request. However a budget pressure is emerging due to a new “Flexible Homelessness Grant” being approximately £400k less than allowances previously paid through housing benefit towards temporary accommodation costs. Representations have been made to central government to try and help mitigate this budget pressure, the outcome of this will, if available, be reported at your meeting.

3.3 **Greenlight to Housing.** As a responsible Social Landlord, the Council introduced a new process to create lasting and sustainable tenancies, by in particular preventing the early onset of debt. Prospective tenants are helped to be ‘tenancy ready’ by providing advice on maximising benefits, training, volunteering and offered help into employment as well as budgeting advice. Changes to welfare benefits encourage individuals to start or return to work as well as finding the most affordable housing options. Officers will report back

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Housing Performance Report

Adults, Health and Housing Overview and Scrutiny Committee

Date: 19th Sept 2017

finding on this new programme to the Housing Management CMAG once it has been in operation for 12 months.

- 3.4 This will be particularly important for claimants under 35 means from 1st April 2019, all tenants under the age of 35 in receipt of housing benefit/Universal Credit will only be eligible to claim the shared housing accommodation rate. This will leave a shortfall of approximately £29 per week in their rent. In the Summer Budget 2015, the Chancellor announced removal of entitlement to the housing element of Universal Credit (currently Housing Benefit) from young people aged 18-21, with some exceptions, from April 2017. The benefit cap limits the total amount of benefits to be claimed. From November 2016, the amount reduced from £500 to £385 per week for a single parent or for a couple with or without dependent children and £258 for a single person. Individuals or families who are affected will have to pay the shortfall in their housing benefit.
- 3.5 The 'Greenlight to Housing' programme provides applicants with an opportunity to engage in the programme with the aim of helping them secure social housing in the future. As the changes relates to those of working age, it not necessary for those of pensionable age. To ensure applicants who are placed into temporary accommodation are moved as soon as possible into social housing which is more affordable; those people accepted as homeless and in temporary accommodation will also be able to access the 'Greenlight to Housing' programme.
- 3.6 **Repairs and Improvements.** The Council continues to meet the *Decent Homes Standard* for all of its tenanted property. The Standard is designed to enable households to live as comfortably as possible in warm, dry homes with modern facilities. During 2017/18 works include 300 new central heating systems, over 500 new kitchens, 150 properties receiving new doors and windows, over 200 new bathrooms with over 2000 of its properties benefiting from major improvement works in 2014/15. Gas Safety checks remain a priority and the service is on target to once again complete this on every property in 2017/18. Fire Risk Assessments to high rise blocks are also a particular priority, this is detailed in another report on your agenda. The ongoing challenge of improving non-traditionally built stock presents a number of risks over the next 5-10 years. The Council will continue to improve these on a worst first basis. Urgent Repairs targets (within 1 day) are challenging given the nature of these callouts however the work force are exceeding their target of 80% completion on first response by achieving 89.5%. Void repair times (time to turn around an empty property, complete repairs and let it) are also on track, returning properties back into use on average within 28 days (target 35 days).
- 3.7 Demand for **disabled adaptations** is increasing and this reflects demographic changes and health improvements enabling more households with disabilities to

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Housing Performance Report

Adults, Health and Housing Overview and Scrutiny Committee

Date: 19th Sept 2017

remain living independently at home. Corresponding demand for Disabled Facilities Grant (DFG) in the private sector has only been able to be met through effective assessment and targeting of funds in conjunction with Adult Social Care. Properties and households benefiting from disabled facility grants has increased as follows:

2012/13	95
2013/14	105
2014/15	108
2015/16	137
2016/17	156
2017/18 (Qtr 1)	37

- 3.8 In addition disabled facility improvements to Council housing amounted to 203 properties in 2016/17, to date for 2017/18 129 properties have either been improved or have been approved for adaptations.
- 3.9 As part of the changes in the private rented sector, Government has resolved to extend Mandatory **House in Multiple Occupation (HMO) Licensing** to a greater proportion of the HMO stock. It is likely that this will now take in all HMOs with 5 or more person regardless of the number of stories in the property. In Swindon this will increase the number of HMOs that must be Licensed from the current 120 to around 600 – 800. Much work is being done to ensure that we are as ready as we can be for this very significant change. Although this became law earlier in the year regulations on how this is to be implemented are awaited, recent advice is that this will be sometime in Autumn 2017.
- 3.10 The Council's preparations for this change in law include focused activity in the Broadgreen area. The Council successfully bid for just under **£280,000 from the Home Office under the national *Migration Fund***. Due to the nature of Swindon's housing stock and market; the great majority of HMOs in Swindon will fall under a Licensing scheme following these changes, and this will allow for much more effective regulation of the sector.

4. Alternative Options

- 4.1 The Committee can choose how to operate performance reports from the Housing Service. Feedback on this initial report is welcomed

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Housing Performance Report

Adults, Health and Housing Overview and Scrutiny Committee

Date: 19th Sept 2017

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising from this report.

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 from this report. Any further implications will be identified when a topic is reviewed by the Overview & Scrutiny Committee and in any recommendations made by it.

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.

Risk Management

- 5.5 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 Overview Scrutiny Committee and if it makes any recommendations.

6. Consultees

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

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 None

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Update on Fire Safety to Residential Blocks of Flats

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

19th September 2017

Author: Head of Property Maintenance
Wards: All
Parishes Affected: All

1. Purpose and Reasons

- 1.1 To give an update on the existing fire safety measures to the Council's residential blocks of flats and proposed improvements following the Grenfell Tower fire.
- 1.2 To allow the Members of the Overview and Scrutiny Committee to:
 - 1.2.1 Review existing fire safety measures in place; and
 - 1.2.2 Examine the proposed improvements and make recommendations, prior to any formal decisions being made, to improve fire safety.
- 1.3 This report is to be considered as a "Green Paper" supporting policy development, in line with the recommendation from the Corporate Governance Review Working Group 27th April 2017
- 1.4 Fire safety work is directly linked to the Council's Priority 1: "Improve infrastructure and housing to support a growing, low-carbon economy."

2. Recommendations

The Committee is recommended to:

- 2.1 Note the existing fire safety measures and make comment and recommendations on the proposed future actions to improve fire safety to the Council's residential blocks of flats.

3. Detail

- 3.1 The Council owns and manages just under 4,200 flats, which have been purpose-built and categorised as follows:
 - 3.1.1 David Murray John (DMJ) Tower, a 21-storey mixed commercial and residential use within the top part of the building (72 flats);
 - 3.1.2 Six 10-storey general-purpose blocks; Milverton Court, Torrington Court and Hatherleigh Court located in the Parks and Upavon Court, Cleverton Court and Seagry Court located in Penhill. (246 flats);
 - 3.1.3 Thirty two sheltered schemes, which includes George Hall Court, an 8-storey building located in Park South; (1,425 flats);

Further information on the subject of this report can be obtained from Gerry O'Connor, tel. 01793 463452 or go'connor@swindon.gov.uk.

Update on Fire Safety to Residential Blocks of Flats

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- 3.1.4 Approximately ninety medium-rise blocks of flats, which are generally 3 or 4 storeys high; (812 flats); and
- 3.1.5 Just over five hundred low-rise 2 storey blocks of flats (1,630 flats).
- 3.2 All blocks of flats are held within the Housing Revenue Account (HRA), apart from the DMJ which is a General Fund (GF) asset. The Council is also the landlord for approximately 496 leaseholders located within council-owned blocks of flats and has a duty of care to ensure that these flats are compliant with fire safety measures for the integrity and safety of all residents.
- 3.3 The Grenfell Tower fire in North Kensington, London on 14th June 2017 raised national concern about renovation works to high-rise blocks of flats and general fire safety measures in place for all high-rise buildings. It is understood that the external cladding used on the Grenfell Tower created a risk to fire safety.
- 3.4 The Council have notified the Department for Communities and Local Government that none of its high-rise blocks have been refurbished with the same Aluminium Composite Material (ACM) panels or cladding that may have been a contributory factor for the rapid spread of fire at Grenfell Tower.
- 3.5 A report was submitted to the Council's Housing Advisory Forum Cabinet Member Advisory Group (CMAG) on 19th July 2017, which gave an update on the activities, events and advice given to tenants and leaseholders following the Grenfell Tower fire (full details on intranet site). Members of CMAG requested that further consideration be given to install a sprinkler system to all high-rise blocks of flats and in particular George Hall Court (sheltered housing) due to residents' special needs. The current Building Regulations require a sprinkler system for all new and fully refurbished residential buildings over 30 metres high. As George Hall Court was fully refurbished in the 1990's along with further improvements in 2010 it will not be considered for further works for some time. It also has residents with increased vulnerabilities. Therefore, it is proposed to install a fire suppression system (sprinkler or misting system) to George Hall Court.
- 3.6 A recent options appraisal of two of the six 10-storey block of flats identified that full refurbishment is the most viable option for these blocks of flats. The installation of a fire suppression system (sprinkler or mist system) will therefore be a priority as part of any future refurbishment works to all six 10-storey blocks. At present, this type of accommodation is increasingly being used for temporary accommodation due to under occupation rules arising from changes to Housing Benefit Entitlement, which means that more families are now living in high-rise blocks of flats. There will be a slight increase in the service charge costs for the on-going maintenance of a fire suppression system.
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Update on Fire Safety to Residential Blocks of Flats

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- 3.7 The DMJ tower currently has a mixed residential and commercial use to the lower part of the building and is in need of extensive refurbishment works. The commercial lower part of the building is no longer occupied. An options appraisal is being carried out to determine the most suitable use and investment need for the DMJ tower. It will be a priority to include costs and options for the installation of a fire suppression systems as part of the options appraisal work. The installation of a fire suppression system will be a high priority for any future improvement or refurbishment works to the DMJ tower.
- 3.8 Building regulations do not apply to buildings constructed prior to the enforcement date of any new or amended regulations. In some instances it is not practical or feasible to impose the current guidance for new blocks of flats retrospectively. The Local Government Association published Fire safety in purpose-built flats in 2011, which sets out the benchmark standard for blocks of flats. The existing fire safety measures in place and proposed improvements, in line with the benchmark standards, for fire safety to the different categories of blocks of flats are shown at Appendix 1. It is essential that works are not delayed to achieve the benchmark standard whilst we await future guidance or good practice arising from the Public Inquiry into the fire at Grenfell Tower.

Passive fire protection

- 3.9 This relates to the fire protection incorporated into the design and fabric of buildings and is the fundamental basis for reducing the spread of fire and loss of life. It primarily covers the construction of walls to maintain compartments to prevent the spread of flame. The Council's blocks of flats have been constructed to prevent the spread of flame between compartments (from one flat to another), in the event of a fire.
- 3.10 It is essential to ensure that front entrance doors to individual flats are fire resistant to maintain the fire compartment between flats and communal areas. The high-rise blocks of flats are constructed to provide 60 minute fire protection between the neighbouring flats and communal areas with a 30 minute fire rated front entrance door. In most instances this will be for a longer period as floors, ceilings and party walls are built with a solid construction, hence the emphasis on the programme of works for the flat entrance doors. There has been a programme to fit new front entrance fire doors to individual flats to enhance fire safety. All high-rise blocks have fire-resistant front doors, however, some leaseholders have fitted some non-standard front entrance doors to their medium and low-rise leasehold flats. Officers will continue to work with leaseholders to get these replaced and take enforcement action in line with protocols with the Fire Service, where needed.
- 3.11 The current building regulations require internal fire doors (without a door closer or smoke seals) to be fitted to all habitable rooms (all rooms apart from the

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Update on Fire Safety to Residential Blocks of Flats

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bathroom). Internal fire doors are fitted to the DMJ tower and George Hall Ct, but not the six 10-storey high-rise blocks of flats, as these were designed and built when the code of practice at the time was being implemented, which set out that a fire-resistant door was required for both the kitchen and lounge. Therefore, it is proposed to fit internal fire doors (without a door closer or smoke seals) to these blocks to bring them up to current building regulations standard. This would allow residents to close an internal door (especially at night) and prevent the internal spread of fire within their flat.

Active fire protection

- 3.12 Active fire protection measures provide early detection and warning in the event of a fire and allow those at immediate risk to safely leave their flat. It is not a requirement to install a communal fire alarm to high-rise blocks, but the Council installed this extra safety measure several years ago to provide early detection of a fire. Emergency escape lighting has also been fitted to common escape routes to all high-rise blocks and sheltered housing schemes. A programme has been in place to install emergency lighting to medium-rise blocks as part of upgrade works to improve security and replace the communal front entrance door and door entry check system. Approximately 50% of medium-rise blocks of flats have emergency lighting to bring them up to the benchmark standard. The current building regulations require escape lighting for medium-rise blocks of flats. It is proposed to extend the escape lighting programme to the medium-rise blocks as quickly as possible. It is not a requirement for escape lighting to be fitted to low-rise blocks of flats.

Fire- fighting facilities

- 3.13 The fire-fighting facilities such as dry and wet risers are all in place and maintained to the high-rise blocks of flats. The Council works very closely with Dorset and Wiltshire Fire & Rescue Service (DWFRS) and have arrangements in place for regular training sessions so that they are familiar with buildings and able to practice their operational arrangements for tackling a fire in the residential high-rise blocks of flats.

Fire risk assessments

- 3.14 The purpose of a fire risk assessment is to evaluate the risk to people from fire, taking into account existing fire safety measures, and to determine whether additional measures are necessary. The Council's fire risk assessments have been undertaken in accordance with Regulatory Reform (Fire Safety) Order 2005 which assesses the common parts of blocks of flats and is referred to as a type 1 survey. These have been updated to the high-rise blocks of flats following the Grenfell Tower fire and are reviewed on an annual basis. The benchmark standard for fire risk assessments are shown as follows:

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Update on Fire Safety to Residential Blocks of Flats

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- 3.14.1 Type 1 – Common parts only (non-destructive), which complies with the Fire Safety Order 2005. It includes an examination of at least a sample of flat entrance doors, but does not include a fire risk assessment inside flats
- 3.14.2 Type 2 – Common parts only (destructive), which is similar to a type 1 survey, but requires opening up the structure and reinstatement works
- 3.14.3 Type 3 – Common parts and flats (non-destructive), which is similar to a type 1, but includes a fire risk assessment for means of escape and fire detection within at least a sample of flats
- 3.14.4 Type 4 – Common parts and flats (destructive), which is the same as a type 3 fire risk assessment, but requires a degree of opening up the structure in both common parts and flats
- 3.15 The current fire risk assessments don't assess the structure, internal fire doors, smoke or heat detection inside the flats. It is proposed that all future fire risk assessment surveys are to be carried out to common parts and sample flats, which is referred to as a type 3 survey to provide a more comprehensive assessment. It is also proposed to appoint a specialist consultant to undertake type 4 surveys to a sample of all the different types of flats. This survey will assess and check the integrity of the compartmentation, means of escape and fire detection to communal areas and inside individual flats. This will assist with developing a programme for fire stopping works, fitting new internal fire doors to provide a protected means of escape and smoke detectors to enhance early detection, particularly where we have inner rooms within blocks of flats.

Managing fire risk – preventing fires

- 3.16 Regular monitoring is undertaken of common parts to blocks of flats to ensure that extensions leads are not being used, mobility scooters are stored safely and the areas are kept sterile. It is recognised that the reporting of defects and rectifying defects need to be dealt with much more quickly to maintain the integrity of fire safety works. A formal site safety inspection (survey of passive fire protection) is to be carried out to all high-rise blocks and sheltered schemes by our Fire Risk Assessors on a six-monthly basis and quarterly defects report by our Neighbourhood Warden to ensure that safety standards are being maintained.

Managing fire risk – ongoing control

- 3.17 Any future refurbishment and minor repair work may have a detrimental impact to fire safety. Therefore, advice is to be sought from our Building Control (BC) team or Fire Risk Assessor to scrutinise the impact of any proposed works. In addition, Building Regulation approval and certification is only to be undertaken through

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Update on Fire Safety to Residential Blocks of Flats

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the Council's BC team. Tenancy agreements restrict alterations that tenants may make whilst lease agreements control work activities. Records are to be maintained from an annual inspection to the high-rise blocks of flats and investigation works, where needed.

- 3.18 Following advice from DWFRS a 'stay put' and prepare to evacuate policy is in place for all our high-rise blocks of flats. This policy does not prevent people from leaving the building in the event of a fire. The fire action plan notice is being reviewed for the DMJ tower. Currently it is compliant but the recent inspection identified a better layout for the sign. The review of the sign will also be in accordance with fire safety signs regulations.
- 3.19 Smoking is not allowed in common parts to blocks of flats (in line with national legislation) and a handbook has been put together to inform residents on the basic fire safety messages. It reinforces the message on the fire action notice, which is posted on all communal landings. We currently maintain records on site at George Hall Court for residents with special needs, but benchmark standards set out that this is not appropriate as they are difficult to maintain and keep up to date. Good housekeeping is in place for all blocks of flats to prevent rubbish, recycling and furniture etc. from being stored in the communal areas. All high-rise blocks of flats have a door entry check system to prevent unauthorised access and CCTV is installed to lifts and lower communal areas to the six 10-storey blocks and the DMJ tower.
- 3.20 A fire safety policy is in place for contractors which sets out that it is essential to make sure they don't compromise the compartmentation and make alternative arrangements for any escape lighting or fire detection system if any construction work is likely to affect these. They are also required to undertake a specific risk assessment for any hot works etc.
- 3.21 The main inspection and testing regimes are in place for electrical wiring, wet and dry risers, fire detection and alarm systems, lifts and lightning conductors. A programme is in place to undertake a visual inspection of the compartmentation and check the operation of front entrance doors to flats following the Grenfell Tower fire. The emphasis is on checking that front entrance door closers have not been removed and doors shut correctly.
- 3.22 It is essential to make sure that the 'responsible person' understand what they need to do and persons in daily charge of the buildings report any fire safety defects and get these rectified as quickly as possible. In addition, housing officers and repairs surveyors need to monitor fire safety as part of their routine visits and inspections etc. Therefore, specialist refresher awareness training is to be arranged as quickly as possible to make sure that staff understand their role and responsibilities for fire safety.

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Update on Fire Safety to Residential Blocks of Flats

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

19th September 2017

4. Alternative Options

- 4.1 The Council has a duty of care and is unable to delegate its responsibilities for fire safety to its residents living and visiting its blocks of flats. It has the option to appoint a consultant to manage fire safety, but this is likely to increase costs and fire safety arrangements should form an integral part of the existing service.
- 4.2 There is an option to wait for the finding from the Public Inquiry from the Grenfell Tower as this is likely to provide new recommendations in relation to fire safety for high-rise blocks of flats, but this will delay works and prevent improvements already identified with the current benchmark standards.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The initial fire safety improvements with estimated costs for works are shown at Appendix 1. The total estimated cost for works is £1,066,380 which includes £150,480 for the DMJ General Fund asset.
- 5.2 The fire safety work is to be funded from the existing HRA and GF capital programmes of work. It is proposed to use a part of the HRA budget that was allocated for improvements to high-rise blocks of flats for fire safety works. The schemes on the GF capital programme are to be re-prioritised to enable fire safety to be carried out to the DMJ tower.
- 5.3 Based on the costs of a recent Stock Condition Survey, it is proposed to allocate a budget of £50k to appoint a consultant to undertake a sample of intrusive type 4 surveys to a range of the different types of flats. A budget revenue budget has already been allocated for this work.
- 5.4 It is also proposed that all future fire risk assessments are carried out to type 3 level to ensure that the communal areas (common parts) and a sample of flats are included within the fire risk assessment for each block of flats. Additional resources will be required to project manage fire safety works for the next 12 to 24 months and an ongoing requirement for type 3 surveys. It is estimated that £40k is required for a temporary post to manage fire safety activities, which are going to be a one-off costs and ongoing cost of £20k to supplement an additional half a post for type 3 surveys.
- 5.5 It is proposed that the future fire safety work arising from more in-depth fire risk assessments be included as a priority for inclusion, as part of the annual budget setting process for future capital programmes of work.

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Update on Fire Safety to Residential Blocks of Flats

Adults' Health, Adults' Care and Housing

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Overview and Scrutiny

- 5.6 The procurement of a consultant for specialist fire risk assessments and delivery of fire safety work is to be undertaken in accordance with Standing Orders and the Council's Financial Regulations.

Legal and Human Rights Implications

- 5.7 The Homes and Community Agency sets out a regulatory framework for local authorities and registered providers that own and manage social housing for rent in England, which places a duty on the Council to comply with all relevant legislation.
- 5.8 There is a specific duty under the Home Standard to meet all applicable statutory requirements that provide for the health and safety of occupants in our homes, which includes fire safety.
- 5.9 There is also a duty under The Regulatory Reform (Fire Safety) Order 2005 to ensure that general fire safety precautions and suitable and sufficient assessment of the risks with identified action plan to improve fire safety.
- 5.10 There is also a further requirement under the Housing Act 2004 to assess the risk from fire under the Decent Homes Standard for category 1 hazards identified through the Housing Health & Safety Rating System (HHSRS).

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

- 5.11 The Council has invested time to develop a good partnership arrangement with DWFRS, which has led to joint approach to reassure tenants and leaseholders about the fire safety arrangements in place for tenants and leaseholders living in the Council's high-rise blocks of flats.
- 5.12 Extra capacity is required to manage the surveying and delivery of fire safety works. Therefore, it is proposed to appoint a temporary project manager for 12 to 24 months to specifically deal with fire safety works.
- 5.13 There is also a requirement to increase capacity with the corporate health & safety team to undertake the type 3 fire risk assessments.
- 5.14 There are no other direct implications.

Diversity Impact Assessment

- 5.15 As this is not a decision-making body a Diversity Impact Assessment (DIA) is not required. However, work has already started to assess the equalities risk with initial issues listed as follows:

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Update on Fire Safety to Residential Blocks of Flats

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

19th September 2017

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- 5.15.1 How we identify the age and number of residents with known disabilities or people that don't have good English living in high-rise blocks of flats – core data captured at start of tenancy
 - 5.15.2 How we assess what has been done with disabilities information to ensure that residents are not put at risk
 - 5.15.3 How we work with agencies that have already commissioned to support vulnerable adults – opportunity to gain direct support
 - 5.15.4 Identifying the opportunities to raise awareness and update residents on fire safety procedures
 - 5.15.5 Good practice that has already been implemented such as strobe lighting to fire alarm detectors
 - 5.15.6 Frequency of issuing fire safety information
 - 5.15.7 Acceptance that we will not know residents with temporary mobility issues, pregnant mothers or special needs of any visitors to high-rise blocks of flats
- 5.16 A DIA is to be carried out prior to a report to Cabinet in October, on fire safety improvements, based on recommendations from this Overview and Scrutiny Committee.

Risk Management

- 5.17 It is essential that fire safety works are considered in line with the current benchmark standards and not delayed whilst awaiting the findings from the initial report from the Grenfell Tower fire. Extensive risks are identified through the management of fire safety works and it is proposed that these are managed through the Housing Service Risk Register.

6. Consultees

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

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 Existing fire safety measures and proposed fire safety improvements, Appendix 1.

Further information on the subject of this report can be obtained from Gerry O'Connor, tel. 01793 463452 or go'connor@swindon.gov.uk.

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Existing fire safety measures and proposed fire safety improvements

David Murray John (DMJ) Tower – existing fire safety measures

Passive protection

Fire separating construction between flats with central duct for services and extract fan to bathroom

Fire resistant front entrance doors, but no intumescent strips, or letter plate or smoke seals and integral chain type door closer

Existing fire doors to intermediate or landing lobby – no smoke seals due to positive ventilation to stairwell

Internal fire doors with integral chain type door closer

Refuse chute within protected area – it is too small for modern bin bags and residents leave their rubbish in the communal area (protected area for means of escape) to be collected on a daily basis. Alternative arrangements are to be considered for the management of domestic refuse.

Two protected shafts or stairways with positive pressure ventilation for means of escape

Non-combustible materials to walls and ceilings in communal areas

Door entry check system to provide security with fail safe device

Active protection

Escape or emergency lighting

Fire detection and alarm system to communal area and inside flats

Fire-fighting equipment

Pressurised wet riser with new booster pumps

Fire-fighting lift

Proposed fire safety improvement works listed as follows:

- Replacement high quality flat front entrance fire doors with integral door closer (FD30S fire door) - £1,440 per flat
- Additional hard-wired independent smoke detector to lounge and bedroom - £500 per flat
- New intumescent grills to internal bathrooms – provisional sum of £150 per flat

Total estimated cost £150,480

Existing fire safety measures and proposed fire safety improvements
Six 10-storey general-purpose blocks of flats

Passive protection

Fire separating construction between flats with central duct for services and extract fan to bathroom

Fire resistant front entrance doors with intumescent strips and letter plate, smoke seals and overhead door closer (FD30S fire door)

Existing fire doors to intermediate lobby fitted with intumescent strips and smoke seals

No internal fire doors (constructed during the early 1960's without internal fire doors)

Ventilated intermediate lobby with fire-resisting doors

Single protected shaft with stairs for the means of escape

Georgian-wired glazed area between protected shaft and lift lobby area

Non-combustible materials to walls and ceilings in communal areas

Door entry check system to provide security with fail safe device

Active protection

Escape or emergency lighting

Fire detection and alarm system to communal area and single detector inside front entrance hallway to flats

Hard-wired smoke detector located outside the kitchen, for early detection and prevention of unwanted calls to the Fire Service

Fire-fighting equipment

Dry riser located within the intermediate lobby

Vent at 10th floor within protected shaft or stairs which the Fire Service pressurise to keep the area free from smoke, in the event of a fire

Proposed fire safety work to the six blocks listed as follows:

- New internal fire resistant doors to all rooms without intumescent strips and smoke seals or door closers (FD20 fire doors) - £1,500 per flat
- Upgrading glazed area to half-landings in protected shaft – provisional sum of £2,000 per floor
- Replacement intumescent grills bathrooms – provisional sum of £150 per flat

Total estimated cost of £525,900 for all six blocks

Existing fire safety measures and proposed fire safety improvements

George Hall Court

Passive protection

Fire separating construction between flats with central duct for services

Fire resistant front entrance doors with intumescent strips and letter plate, smoke seals and overhead door closer (FD30S fire door)

Internal fire doors with integral chain type door closer

Existing fire doors to intermediate lobby fitted with intumescent strips and smoke seals (with hold-open devices to allow easy access around the building, which release to close the doors when the fire alarm is activated)

Ventilated intermediate lobby with fire-resisting doors

Single protected shaft with stairs for the means of escape

Non-combustible materials to walls and ceilings in communal areas

Door entry check system to provide security with fail safe device

Active protection

Escape or emergency lighting

Fire detection and alarm system to communal area with detectors inside flats

Fire-fighting equipment

Dry riser located within the intermediate lobby

Automatic ventilation linked to balcony windows and staircase sky light which operates to vent the protected shaft or stairs, in the event of a fire

Proposed fire safety work to George Hall Court shown as follows:

- Installation of fire suppressive system to all flats, communal lounge and kitchen and entrance lobby due to hazard from scooters tumescent strips

Total estimated cost of £255,000

Medium-rise blocks of flats (3 or 4 storeys)

Passive protection

Fire separating construction between flats with central duct for services etc.

Generally, fire resistant front entrance doors with intumescent strips and letter plate, smoke seals and overhead door closer (FD30S fire door)

No details on internal fire doors

Single protected shaft with front entrance doors opening directly onto stairs

Non-combustible materials to walls and ceilings in communal areas

Generally, door entry check systems fitted to provide security with fail safe device

Active protection

Escape or emergency lighting fitted to approximately 50% of medium-rise blocks, as part of refurbishment works

Individual smoke detectors fitted to all flats

Existing fire safety measures and proposed fire safety improvements

Proposed fire safety work to each block as follows:

- Installation of escape or emergency lighting to communal areas - £3,000 per block

Total estimated cost of £135,000

Low-rise blocks of flats (2 storeys)

Passive protection

Fire separating construction between flats with ducts for services etc.

Generally, fire resistant front entrance doors with intumescent strips and letter plate, smoke seals and overhead door closer (FD30S fire door)

No details on internal fire doors

Single protected shaft with front entrance doors opening directly onto stairs

Non-combustible materials to walls and ceilings in communal areas

Generally, door entry check systems fitted to provide security with fail safe device

Active protection

Individual smoke detectors fitted to all flats

No initial works planned to be carried out until consultant has undertaken sample of intrusive type 4 surveys

Work Programme 2017/18

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 19th September 2017

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

1. Purpose and Reasons

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

The work programme is developed taking into account:

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

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

Work Programme 2017/18

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 19th September 2017

- 1.7 The Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee is encouraged to be mindful of its role and remit when considering a work programme for the 2017/18 Municipal Year.

2. Recommendations

The Committee is recommended to:

- Consider and discuss the Chair's proposal for the 2017/18 work programme.
- Approve the proposed Work Programme for the 2017/18 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 2017/18 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.

Work Programme 2017/18

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 19th September 2017

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)

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

- 5.3 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

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

6. Consultees

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

Work Programme 2017/18

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

Date: 19th September 2017

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Work Programme for 2017/18.

8.2 Appendix 2 – Cabinet work Programme and Forward Plan from 21st August 2017 to 21st August 2018.

8.3 Appendix 3 – Scrutiny Process Flowchart.

Adults' Health, Adults' Care and Housing Work Programme 2017 - 2018

Terms of Reference of the Committee

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

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

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

- Adult Social Care
- Community and Neighbourhoods
- Housing

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

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

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

Reports for noting

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

Review of the Work Programme

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

Contact details

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

22 nd June 2017			
Item	Objectives	Scope	Witnesses
Co-optees Appointment	To agree membership	To confirm the appointment of Co-optees to the Committee.	Chair
Performance update reports	Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.	To receive regular performance reports from Commissioners and Providers.	<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership (AWP) • NHS Swindon Clinical Commissioning Group • Adult Social Care Commissioning (ASCC)
Work Programme discussion	Consider and discuss the Chair's proposal for the 2017/18 work programme.	To set the work programme for the forthcoming municipal year and agree Task and Finish Groups and Membership on to those group	Chair

19 th September 2017			
Item	Objectives	Scope	Witnesses
Performance update reports	<p>Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.</p> <p>Receive an update of the CCG prescribing project to understand success and impact of the project</p>	<p>To receive regular performance reports from Commissioners and Providers.</p> <p>Receive an update report from Clinical Commissioning Group</p>	<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership (AWP) • NHS Swindon Clinical Commissioning Group • Adult Social Care Commissioning (ASCC) • Housing
Standards and Safety of Tower Blocks in Swindon	Update the Committee	Review of changes that are to be implemented	<ul style="list-style-type: none"> • Head of Housing & Community Safety

<u>7th November 2017</u>			
Item	Objectives	Scope	Witnesses
Performance update reports	Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.	To receive regular performance reports from Commissioners and Providers. AWP report to reflect support offered to families of those with emotional disorders	<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership (AWP) • NHS Swindon Clinical Commissioning Group • Adult Social Care Commissioning (ASCC) • Housing
Dementia	To present an update on work being undertaken through dementia Steering Group		Public Health
Key worker housing and homelessness in Swindon.	To present an update.		<ul style="list-style-type: none"> • Head of Housing & Community Safety

<u>30th January 2018</u>			
Item	Objectives	Scope	Witnesses
Performance update reports	Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.	To receive regular performance reports from Commissioners and Providers.	<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership (AWP) • NHS Swindon Clinical Commissioning Group • Adult Social Care Commissioning (ASCC) • Housing

30th January 2018

Address the quality of life for those in domiciliary care.	To review quality of life for those in domiciliary care		<ul style="list-style-type: none"> Healthwatch

28th March 2018

Item	Objectives	Scope	Witnesses
Performance update reports	Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.	To receive regular performance reports from Commissioners and Providers.	<ul style="list-style-type: none"> Great Western Hospital (GWH) Avon & Wiltshire Mental Health Partnership (AWP) NHS Swindon Clinical Commissioning Group Adult Social Care Commissioning (ASCC) Housing
Recruitment of social care staff	Review ways to attract health and social care staff to Swindon	To liaise with Direct of Public Health and submit findings.	Cherry Jones

ADVISORY GROUP

Item	Objectives
Cabinet Member Advisory Group - Dementia	Further to Minute 51 – A Cabinet Member Advisory Group be set up to review the recommendations of the Dementia Task Group submitted at the Adult's Health, Adults' Care and Housing meeting held on 25 th April 2017.

Swindon Borough Council

CABINET WORK PROGRAMME AND FORWARD PLAN

11 August 2017 - 21 August 2018 – Proposed AGENDA ITEMS and KEY DECISIONS (as at 01/09/17)

Key Decisions are defined as:

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

decisions that are likely to have a significant impact on two or more Council wards.

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

Councillor:	Portfolio:
David Renard	Leader of the Council and Chair of Cabinet
Russell Holland	Deputy Leader of the Council, Vice Chair of Cabinet, and Cabinet Member for Finance and Commercialisation
Oliver Donachie	Cabinet Member for the Economy and Skills
Toby Elliott	Cabinet Member for Strategic Planning and Sustainability
Fionuala Foley	Cabinet Member for Children's Services and School Attainment
Brian Ford	Cabinet Member for Adults' Health and Social Care
Mary Martin	Cabinet Member for Communities and Place
Cathy Martyn	Cabinet Member for Housing and Public Safety
Garry Perkins	Cabinet Member for Regeneration
Keith Williams	Cabinet Member for Corporate Services and Digitalisation

Cabinet Member Decisions Proposed for July/August 2017

Subject	Key Decision Yes/No	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	Contact Officer	Available Background Papers
Property in Walcot - Acquisition	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	<p>Councillor Kevin Small .. happy for purchase to go ahead .. good opportunity to purchase a property (to) benefit the local community ..</p> <p>Councillor Stan Pajak .. not against proposal .. proposal for the site after acquisition?</p> <p>Councillor Steve Allsopp – happy with the detail .. future options (to) look at site as whole including car park .. and land adjacent.</p> <p>Councillor Abdul Amin .. fully support(s) the proposed action.</p> <p>Councillor Emma Bushell .. supportive of these proposals.</p>	Corporate Director of Resources and Growth Head of Property Assets	Property in Walcot Swindon Acquisition NOT FOR PUBLICATION

				<p>Officers advise that comments on future uses will be taken into account in the options appraisal to be carried out after acquisition.</p> <p>Date of Notice:</p> <p>16th August 2017</p>		
On Street Pay Places	No	Cabinet Member for Economy and Skills	Cabinet Member for Economy and Skills	<p>Councillors Junab Ali, Stan Pajak, Paul Dixon and Julie Wright – No comments received.</p> <p>Councillor Dave Wood – confirmed that ward members for Eastcott and Central were in agreement, in relation to the recommendations for Commercial Road.</p> <p>Councillor Bob Wright commented On Commercial Road parking issues and the need for a wider conversation on Parking (to be arranged). He supported thins moving</p>	<p>Corporate Director of Communities and Housing</p> <p>Jason Humm, Head of Highways & Transport</p>	On Street Pay Places

				<p>forward. Councillor Wright also commented on Harding Street. Officers confirm that it will be at least 12 months or more before there is anything permanent on that site.</p> <p>Date of Notice: 21st August 2017</p>		
Response to the Consultation on Changing the Number of Councillor Members on the Dorset and Wiltshire Fire Authority	No	Leader of the Council	Leader of the Council	<p>The Leaders of the Opposition Political Party Groups, Councillors Jim Grant and Stan Pajak, were consulted and both supported the recommendations.</p> <p>Date of Notice: 24th August 2017</p>	Corporate Director of Resources and Growth Director of Law & Democratic Services (Monitoring Officer)	Response to DWFRA consultation

Cabinet Meeting Date - 6th September 2017

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 Commercialisation	Cabinet	N/A	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Social Enterprise & Inclusion	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 13 th July 2017	Corporate Director of Resources and Growth Head of Revenues and Benefits	N/A
Skills and Employment Strategy	No	Cabinet Member for Economy and Skills	Cabinet	N/A Date of Notice: 6 th February 2017	Corporate Director of Resources and Growth Sally Burnett sburnett@swindon.gov.uk	N/A
Draft Economic Strategy	No	Cabinet Member for Economy and Skills	Cabinet	N/A Date of Notice: 16 th September 2016	Corporate Director of Resources and Growth Trudy Godfrey	Cabinet Minute 124 2016/17 refers
References from the Health and	No	Cabinet Member for Adult's Health and	Cabinet	N/A Date of Notice: 13 th July	Corporate Director of Resources and Growth	

Wellbeing Board		Social Care		2017	Director of Law & Democratic Services (Monitoring Officer)	
Swindon Borough Local Development Scheme Review 2017	Yes	Cabinet Member for Strategic Planning and Sustainability	Cabinet	N/A Date of Notice: 13 th April 2017	Corporate Director of Resources and Growth Phil Smith psmith@swindon.gov.uk	N/A
Annual Review of Local Ombudsman Complaints	No	Leader of the Council	Cabinet	N/A Date of Notice: 13 th September 2016	Corporate Director of Resources and Growth Director of Law & Democratic Services (Monitoring Officer)	
Kimmerfields Strategic Programme (to include motion referred from Council on 13th July 2017)	Yes	Cabinet Member for Regeneration	Cabinet	N/A Date of Notice: 18 th May 2017	Corporate Director of Resources and Growth Deborah Heenan	Council Minute 20 2017/18 refers
Final Draft Swindon & Wiltshire Strategic Housing Market	No	Cabinet Member for Strategic Planning and Sustainability, Cabinet Member for Economy and Skills	Cabinet	N/A Date of Notice: 17 th July 2017	Corporate Director of Resources and Growth Head of Planning, Regulatory Services & Heritage	N/A Tracker SHMA 2017

Assessment and Functional Economic Area Assessment						
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Cabinet Meeting Date - 18th October 2017

Subject	Key Decision Yes/No	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	Contact Officer	Available Background Papers
Dorset and Wiltshire Fire and Rescue Service - A Review of the Merged Service	No	Cabinet Member for Housing and Public Safety	Cabinet	N/A Date of Notice: 23 rd August 2017	Chief Executive	N/A
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 Commercialisation	Cabinet	N/A Date of Notice: 21 st October 2016	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Forward Swindon Ltd - review of role and remit	No	Cabinet Member for Economy and Skills	Cabinet	N/A Date of Notice: 21 st March 2017	Corporate Director of Resources and Growth Corporate Director of Resources and Growth	N/A
2020 Renewables target, the achievement of	Yes	Cabinet Member for Strategic Planning and Sustainability	Cabinet	N/A Date of Notice: 21 st March 2017	Corporate Director of Resources and Growth Corporate Director of Resources and Growth	Cabinet Minute 60(9) 2016/17 refers

"subsidy free solar projects and the reduction of Council energy costs by at least 20%						
Lydiard House and Park - Business Transfer Agreement and Lease	Yes	Cabinet Member for Communities and Place	Cabinet	N/A Date of Notice: 21 st March 2017	Corporate Director of Communities and Housing	Cabinet Minute 107 (2016/17) refers
Swindon Museum and Art Gallery - Revenue Support	Yes	Cabinet Member for Regeneration	Cabinet	N/A Date of Notice: 2 nd August 2017	Corporate Director of Resources and Growth Head of Planning, Regulatory Services & Heritage	N/A
County Ground Recreation Improvements and Asset Transfer'	No	Cabinet Member for Communities and Place	Cabinet	N/A Date of Notice: 9 th August 2017	Corporate Director of Resources and Growth Kathy Sherratt ksherratt@swindon.gov.uk	N/A
Swindon - A Learning Town	No	Cabinet Member for Children's Services and School	Cabinet	N/A Date of Notice: 15 th May 2017	Director, Children Services Head of Education	Cabinet Minute 120(3) refers

		Attainment				
Council Tax Care Leavers Discounts	No	Cabinet Member for Children's Services and School Attainment, Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 24 th August 2017	Corporate Director of Resources and Growth Head of Revenues and Benefits	Cabinet Report tracker (to follow)
Reference from the Equalities Advisory Forum - Swindon Equality & Inclusion Charter	No	Cabinet Member for Corporate Services and Digitalisation	Cabinet	N/A Date of Notice: 21st August 2017	Corporate Director of Resources and Growth Nick Stephenson nstephenson@swindon.gov.uk	Minute 17 (2016/17 of the Equalities Advisory Forum refers)
Fire Safety in High Rise Council accommodation	No	Cabinet Member for Housing and Public Safety	Cabinet	Date of Notice: 24 th July 2017	Corporate Director of Communities and Housing Head of Housing Management & Community Safety	Cabinet Forward Plan Report Tracker Fire Safety
Swindon Borough Local Plan Review -	No	Cabinet Member for Strategic Planning and Sustainability	Cabinet	N/A Date of Notice; 16 th August 2017	Corporate Director of Communities and Housing	Local Plan Reg 18 Oct 2017 Tracker

Regulation 18 (Issues & Options) Consultation					Head of Planning, Regulatory Services & Heritage	
Kimmerfields	Yes	Cabinet Member for Regeneration	Cabinet	N/A Date of Notice: 16 th August 2017	Corporate Director of Resources and Growth Deborah Heenan	N/A

Cabinet Meeting Date - 6th December 2017

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	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 24 th October 2016	Corporate Director of Resources and Growth Director of Finance (s151) Officer	
Capital Programme Monitoring - Second Quarter and Treasury Management Performance 2017/18.	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Notice of Decision: 9 December 2016	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Treasury Strategy Statement (Minimum Revenue Provision Policy)	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 26 th October 2016	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Polling District	No	Leader of the	Cabinet	N/A	Director of Law &	N/A

and Places Review		Council		Date of Notice: 5 th October 2016	Democratic Services (Monitoring Officer) Sally Sprason ssprason@swindon.gov.uk	
Libraries Strategy - Alternative Delivery Models	No	Cabinet Member for Communities and Place	Cabinet	N/A Date of Notice: 13 th February 2017	Corporate Director of Communities and Housing Head of StreetSmart	Cabinet Minute 125 2016/17 refers
School Organisational Changes 2018/19	No	Cabinet Member for Children's Services and School Attainment	Cabinet	N/A Date of Notice: 19 th September 2016	Director, Children Services Head of Education	N/A
Children and Adult Social Care - Emergency Duty Service	No	Cabinet Member for Children's Services and School Attainment	Cabinet	N/A Date of Notice: 19 th June 2017	Director, Children Services	N/A

Cabinet Meeting Date - 7th February 2018

Subject	Key Decision Yes/No	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	Contact Officer	Available Background Papers
Budget 2018/19 and Beyond	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 20 th January 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Capital Programme 2018/19	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 20 th January 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Treasury Strategy Statement 2018/19	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 20 th January 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Housing Revenue Account - Rents and Charges 2018/19	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 20 th January 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A

Swindon Pay Policy Statement 2018	No	Leader of the Council	Cabinet	N/A Date of Notice: 20 th January 2017	Corporate Director of Resources and Growth	N/A
School Admission Arrangements	Yes	Cabinet Member for Children's Services and School Attainment	Cabinet	N/A Date of Notice: 20 th January 2017	Director, Children Services Head of Education	N/A

Cabinet Meeting Date - 14th March 2018

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 Commercialisation	Cabinet	N/A Date of Notice: 22 nd April 2016	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Capital Programme Monitoring 3rd Quarter 2017/18	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 22 nd April 2016	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A

Cabinet Meeting Date - 18th April 2018

Subject	Key Decision Yes/No	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	Contact Officer	Available Background Papers
Budget Management Update	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 1 st February 2016	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
School Transport	No	Cabinet Member for Children's Services and School Attainment	Cabinet	N/A Date of Notice: 22 nd December 2016	Director, Children Services Gareth Cheal gcheal@swindon.gov.uk	N/A
Swindon Local Transport Plan - Implementation Plan 2017/18	Yes	Cabinet Member for Communities and Place	Cabinet	N/A Date of Notice: 6 th February 2017	Corporate Director of Communities and Housing Head of Highways and Transport	N/A

Cabinet Meeting Date - June 2018 (TBC)

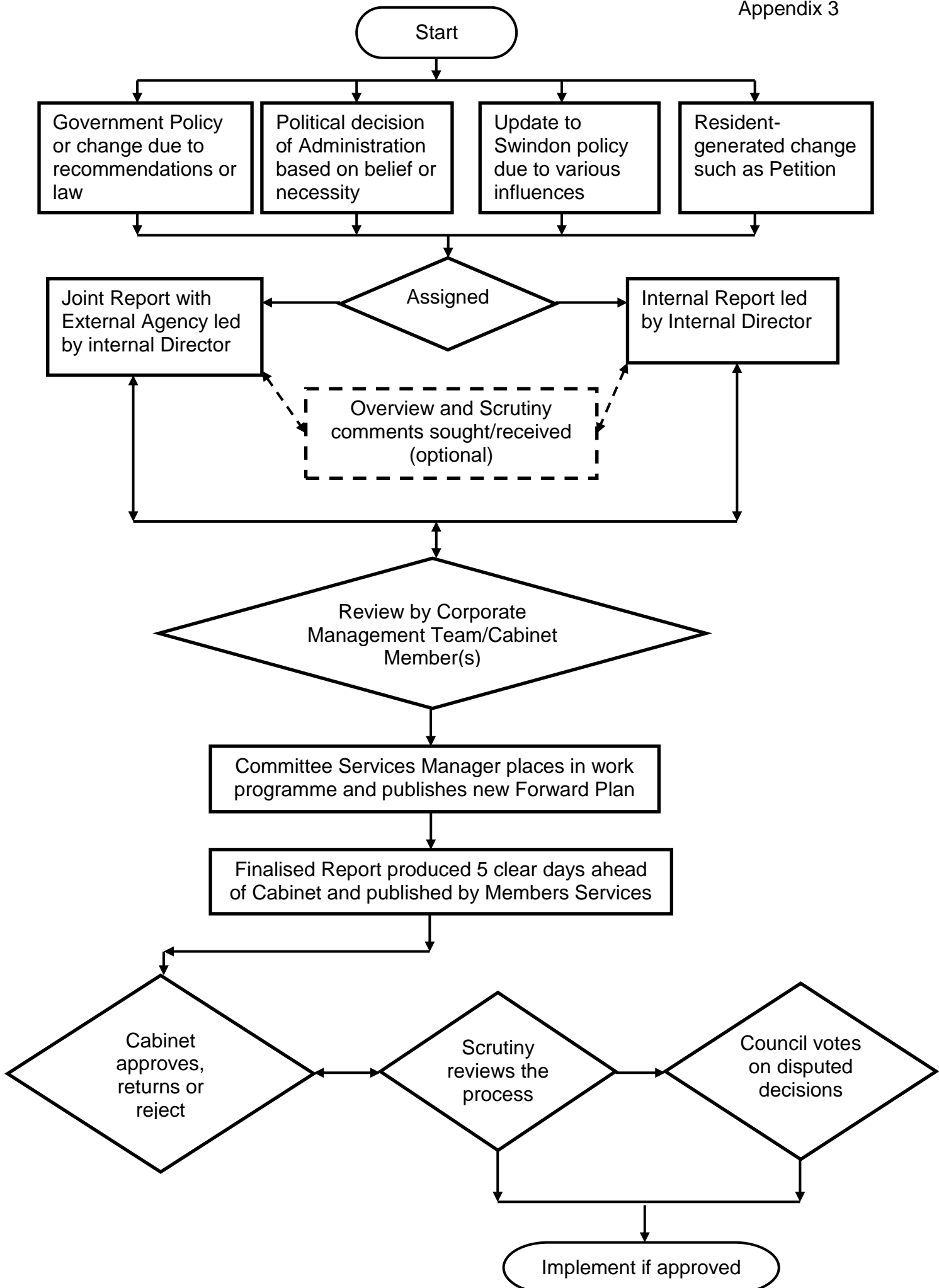
Subject	Key Decision Yes/No	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	Contact Officer	Available Background Papers
Budget Management 2017/18.	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 20 th June 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Housing Revenue Account - Medium Term Financial Plan	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 20th June 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Capital Programme Monitoring Out-Turn 2017/18	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 20th June 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Treasury Performance Management 2017/18	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 20th June 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A

School Place Planning	Yes	Cabinet Member for Children's Services and School Attainment	Cabinet	N/A Date of Notice: 20th June 2017	Director, Children Services Head of Education	N/A
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Cabinet Meeting Date - July 2018 (TBC)

Subject	Key Decision Yes/No	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	Contact Officer	Available Background Papers
Budget Management 2018-19	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 7th June 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	
Education Transport Policy 2019-20	No	Cabinet Member for Children's Services and School Attainment	Cabinet	N/A Date of Notice: 7th June 2017	Director, Children Services Head of Education	
Debt Management	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 7th June 2017	Corporate Director of Resources and Growth Head of Revenues and Benefits	

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