

Swindon Borough Council

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

Tuesday, 7 November 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. Public Question Time

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

4. Minutes (Pages 3 - 8)

To receive the minutes of the meeting held on 19th September 2017.

5. **Update on Work of Dementia Steering Group** DPH (Pages 9 - 24)
6. **Housing Performance Report** HHCS (Pages 25 - 40)
7. **Repairs & Improvements to the Council's Housing Stock** HHCS (Pages 41 - 82)
8. **Great Western Hospitals NHS Foundation Trust Update** (Pages 83 - 88)
9. **Avon and Wiltshire Partnership NHS Trust Update** (Pages 89 - 92)
10. **Performance for Adult Social Care Commissioning** DAS (Pages 93 - 110)
11. **NHS Swindon Clinical Commissioning Group Update** (Pages 111 - 122)
12. **Work Programme** DLDS (Pages 123 - 148)

Date of Despatch: 24 October 2017

Key:

DAS - Director of Adult Services

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

DPH – Director of Public Health

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

TUESDAY, 19 SEPTEMBER 2017

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

Kate Moore (Tenant Scrutiny Panel), Tori Jones (Healthwatch) and Steve Henderson (Equalities Advisory Forum).

Apologies for absence were received from Councillor Alan Bishop and Michelle Howard (Equalities Advisory Forum).

Also present: Councillor Brian Ford, the Cabinet Member for Adult Social Care and Councillor Cathy Martyn, the Cabinet Member for Housing and Public Safety.

12. Declarations of Interest

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

13. Minutes

Resolved -That the minutes of the meeting held on 22nd June 2017 be confirmed and signed as a correct record.

14. Public Question Time

In accordance with Standing Order 28, Miss Patricia Strange of Rodbourne Cheney, Swindon, submitted a written question regarding the Care Quality Commission's visit to the Ophthalmology Department at Great Western Hospital.

The Chair thanked Miss Strange for her question and advised that a written response would be provided.

15. Clinical Commissioning Group Update

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.

Following her introduction of the report, Ms May responded to members' questions and comments on the following issues:

- The review of signage undertaken at the Health Centre on Fleming Way.
- How the Accountable Alliance Board, as commissioners and providers, set up and ran the Accountable Care System model in Swindon.
- The work streams of the Swindon Falls and Bone Health Collaborative and the mapping exercise by which patients were assessed in order to prevent falls during their stay in hospital.

Resolved - That the report be noted.

16.

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. He advised that a review of the Places of Safety consultation process had been undertaken and that a response regarding the proposals and addressing concerns would be circulated to partner agencies by Haley Richards, Chief Executive of the Trust in October 2017. The Committee was informed that a public protest regarding the high number of suicides in the South West and NHS funding for mental health was being undertaken by a local pressure group.

Resolved - That the report be noted.

17.

Great Western Hospitals NHS Foundation Trust Update

The Committee received a report by the Chief Executive of the Great Western Hospital (GWH) NHS Foundation Trust on key issues and developments at the Great Western Hospital. Following his introduction of the report, Mr Kevin McNamara, Director of Strategy, Great Western Hospital (GWH) responded to members' questions and comments on the following issues:

- The hospitals' infrastructure and how the GWH Trust would address service provision following the increase in Swindon's population.
- Quality and safety of patients at GWH and assurance that these would not be compromised as a result of the increase in Swindon's population.
- The range of social factors contributing to an increase in people needing hospitalisation.
- Swindon's walk-in Health Centre and how its work complements local surgeries, particularly when seeing patients unable to be seen by their local doctors.

Resolved - That the report be noted.

18.

Performance for Adult Social Care Commissioning

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

Councillor Brian Ford, the Cabinet Member for Adult Social Care, explained that a Cabinet Member Advisory Group on dementia had been set up and its work would be guided by the findings in the report of the Dementia Task Group submitted to the Committee at its meeting on 25th April 2017.

Following her introduction of the report, the Director, Adult Social Services responded to members' questions and comments on the following issues:

- The positive work being undertaken resulting in an increase of people with disabilities in employment.
- Tackling health inequality through prevention and wellbeing programmes undertaken by the local community navigators, housing department and the public health teams.

- The support available to local community navigators when dealing with members of the community where English is not their first language.

Resolved – (1) That the report be noted.

(2) That the Director, Adult Social Services, be requested to circulate information on the costs of translation services.

(3) That the Director, Adult Social Services and the Director of Health, be requested to submit an update on the work of the Cabinet Member Advisory Group review into dementia at the Committee's meeting on 7th November 2017.

19. Housing Performance Report

The Head of Housing and Community Safety submitted a report updating the Committee on the performance of Housing Services. He explained that the report had been structured to highlight key statistics and headlines reflecting successes of the work undertaken.

Following his introduction of the report, the Head of Housing and Community Safety, responded to members' questions and comments on the following issues:

- The Allocation Policy and how the service area ensures it was inclusive of those in the community needing housing.
- Support available for those unable to pay their housing rent.
- The review of the Green Light to Housing programme after one year in operation
- Changes to funding, specifically the Flexible Homelessness Grant and the impact on the continued use of temporary accommodation in the private rented sector.
- Design of the eligibility banding system and the changes to the Allocations policy in accordance with national guidance to ensure it targets those in the community most in need.
- A review of properties run by private landlords to ensure high standards were maintained.
- The Council Housing Business Plan reflected long term proposals and the Medium Term Financial Plan reflected medium to short term expenditure needed to undertake repairs and improvements of Council housing stock.
- How the Council's deposit guarantee scheme helped tenants with the deposit to secure accommodation
- Homelessness and the work being undertaken by various services, including the Outreach Service, Housing Options and the Community Safety teams, to address the increase of homelessness in Swindon.
 - Actions undertaken by the Voluntary Community to help the homeless in Swindon.
 - Schemes undertaken by other Local Authorities to help the homelessness.

Resolved - (1) That the report be noted.

(2) That the Head of Housing and Community Safety be requested to present information on repairs and improvements being undertaken on housing stock to the next meeting of the Committee.

(3) That, as part of the Overview and Scrutiny Committee Work Programme for 2018/19, the Committee reviews if there were links between poor living arrangements and health issues.

(4) The review of the Green Light to Housing Programme be submitted to the Committee meeting on the 28th March 2018.

20. Update on Fire Safety to Residential Blocks of Flats

The Head of Housing and Community Safety submitted a report updating the Committee on the existing fire safety measures at the Council's residential blocks of flats and on proposed improvements following the Grenfell Tower fire. He referred to the existing fire safety measures in place and advised that the report was 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. He explained that the emerging recommendations related to both high and low rise buildings in Swindon.

Following his introduction of the report, the Head of Housing and Community Safety, with the Head of Property, responded to members' questions and comments on the following issues:

- The planned work to review the curtain wall panels at David Murray John (DMJ) building.
- The feasibility of the single room suppression system.
- Action undertaken to keep fire safety exits clear at DMJ by contractors due to the Brunel Centre refurbishment.
- Fire safety training for building staff management and neighbourhood housing officers.
- Local tenants' reaction to the work undertaken by the Council following the Grenfell Tower fire.

Resolved - That the report be noted.

21. Work Programme 2017/18

The Committee received a report from the Director of Law and Democratic Services detailing its updated work programme for the Municipal Year 2017/18.

Resolved – That the report be noted.

Minute Item 14

In accordance with Standing Order 28, Miss Patricia Strange of Rodbourne Cheney, Swindon, submitted a written question regarding the Care Quality Commission's visit to the Ophthalmology Department at Great Western Hospital.

Question:

Prior to the Care Quality Commissioning visit to the Great Western Hospital in March, I responded to a request in the Swindon Advertiser to contact them to raise any issues one might have. This I duly did. Were any issues regarding the Ophthalmology Department raised by them?

Response:

The latest CQC inspection report for Great Western Hospital NHS Foundation Trust is dated 4 August 2017. The inspection team inspected the following six core services at Great Western Hospital:

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Services for children and young people
- Outpatients and diagnostic imaging

Although no inspection was carried out within the Ophthalmology Department, the following issues were raised within the report:

- There were a high number of patients waiting for non-cancer outpatient appointments, with the most in ophthalmology. There were also delays in sending out of letters to patients after their appointment.
- Improvements required on the backlog in typing time times in outpatients and the delay in letters being sent to GPs.

Swindon CCG facilitates a Swindon Eye Health Patient Reference Group (PRG). The purpose of the PRG is to contribute to improving the quality and patient experiences of Swindon Eye Health Services across hospital care, primary care and community services and this is achieved by drawing on the experiences of PRG members themselves. The next meeting is being held on Monday 6 November at 12 pm in The Academy, Great Western Hospital. If the writer wishes to attend and share their experiences, please ask them to contact communications@swindonccg.nhs.uk. Ophthalmology staff attend these meetings and any feedback is provided to them directly.

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Update on Work of Dementia Steering Group

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

7th November 2017

Author: Director of Public Health

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 the work of Cabinet Member's Advisory Group (CMAG) on Dementia and a summary of the Swindon Dementia Steering Group over the last 18 months.
- 1.2 Dementia is an important issue for Swindon, affecting around 2300 people locally. Swindon has a dementia strategy which the Dementia Steering Group oversees the delivery of. The strategy is underpinned by a dementia JSNA which is currently being refreshed and will be presented at the December Health & Wellbeing Board. The CMAG was established following a two year Dementia Scrutiny taskgroup and is chaired by the elected member for Health and Adult Social Care, Cllr Ford.

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 on the Dementia CMAG

3.1.1 Following a scrutiny task group last year the Cabinet Member for Public Health including Dementia (Councillor Brian Ford) felt that it would be helpful to continue to examine and explore our local activity to both reduce peoples risk of dementia and to empower and support those with dementia and their carers to live their lives to be the best that they can be. The objectives of the Dementia CMAG are to:

- gain further insight and understanding of evidence based interventions to reduce the risk of dementia

Further information on the subject of this report can be obtained from Penny Marno, pmarno@swindon.gov.uk

Update on Work of Dementia Steering Group

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

7th November 2017

- gain further insight and understanding to support people affected by dementia live fulfilling lives
- raise the profile of being dementia friendly across the council, partner agencies and more widely

3.1.2 Membership includes Cllr Brian Ford, Cllr Alan Bishop, Cllr Caryl Sydney-Smith, Cllr Eric Shaw, Cllr Ray Ballman, Cllr Julie Wright and Cllr Bob Wright.

3.1.3 Two meetings have been held to date. The first reviewed the actions from the Scrutiny task group, explored what was available for people living with dementia in Swindon and shared examples of local best practice. The second had an update on the work around progressing towards a dementia friendly Swindon.

3.2 Update on the Work of the Dementia Steering Group

3.2.1 The attached report provides an update of work around dementia in Swindon over the last year. This is overseen by the Swindon Dementia Steering Group, a multi-agency group which meets quarterly with current membership including Swindon Borough Council (Public Health, Housing and Social Care), NHS Swindon Clinical Commissioning Group, Swindon Carers Association, Great Western Hospital, Alzheimer's Society, Avon & Wiltshire Mental Health Partnership, Swindon Dementia Action Alliance, and Wiltshire Police Service. The Steering Group was established to oversee the implementation of the Swindon Dementia JSNA and Dementia Strategy 2014-2019.

3.2.2 Progress has been made in areas including support for people post diagnosis, raising awareness of dementia via dementia friends, working towards a dementia friendly Swindon, initiatives at Great Western Hospital to improve people's hospital stay and continuing to ensure that understanding of dementia is increased for professionals and others that support people living with dementia and their carers.

3.4 Supporting Information

None

4. **Alternative Options**

4.1 None

Further information on the subject of this report can be obtained from Penny Marno, pmarno@swindon.gov.uk

Update on Work of Dementia Steering Group

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

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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.

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 – Dementia Steering Group Summary of Progress 2017.

Further information on the subject of this report can be obtained from Penny Marno,
pmarno@swindon.gov.uk

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Dementia Steering Group Summary of Progress 2017

1. Introduction

- 1.1. The Swindon Dementia Steering Group (DSG) was established to oversee the implementation of the Swindon Dementia JSNA and Dementia Strategy 2014-2019 (<http://www.swindonjsna.co.uk/dna/dementia-needs-assessment>). It is a multi-agency group which meets quarterly with current membership including Swindon Borough Council (Public Health, Housing and Social Care), NHS Swindon Clinical Commissioning Group, Swindon Carers Association, Great Western Hospital, Alzheimer's Society, Avon & Wiltshire Mental Health Partnership, Swindon Dementia Action Alliance, and Wiltshire Police Service.
- 1.2. Governance for the DSG is via the Joint Commissioning Group to the Health and Wellbeing Board as approval for the Dementia Strategy, adopted by Swindon Borough Council and NHS Swindon Clinical Commissioning Group, was given at this level. The terms of reference state that the DSG aims to ensure that all Dementia services, which are commissioned and delivered in Swindon, meet the needs of the local population, anticipate future demand where possible, and are accessible to all, and that Group members are active participants, sharing good practice, working in partnership and championing dementia in their organisations.
- 1.3. The aim of this report is to:
- a. Provide a summary of achievements of the DSG to date.
 - b. Inform future work planning

2. Background

- 2.1 The 2014-2019 Dementia Strategy sets out 6 principles and 12 priorities for dementia work in Swindon as listed below.
- a. Principles – relate to the essence of safeguarding
 - Dementia is a very individual disease – experience depends on the type, severity and support available
 - A diagnosis is the start of a different life experience not the end
 - Understanding and respect are central to any contact
 - People do not want to be defined by dementia but acknowledged as a valuable and respected members of the community
 - People with dementia want to do normal things in an age friendly environment and have fun
 - Carers have a crucial role and need support too

b. Priorities

1. Improve public and professional awareness of dementia and reduce stigma
 2. Improve timely diagnosis and treatment of dementia
 3. Increase access to a range of flexible day, home based and residential respite options
 4. Develop services that support people to maximise their independence
 5. To increase community clinical support for patients experiencing dementia
 6. Improve the skills and competencies of the workforce
 7. Improve access to support and advice following diagnosis for people with dementia and their carers
 8. To reduce avoidable hospital and care home admissions and decrease hospital length of stay
 9. To ensure that the needs of younger people with dementia are addressed
 10. To improve the quality of dementia care in care homes and hospitals
 11. To improve end of life care for people with dementia
 12. Safeguarding people living with dementia
- 2.2 These are delivered primarily with a lead organisation delivering on each priority with partners where relevant, and the DSG facilitating an exchange of progress updates, ideas, information and gap analysis.
- 2.3 The development of the strategy was based on a Joint Strategic Needs Assessment (JSNA) on dementia. This was completed in 2013 and is being updated in 2017 to reflect enhanced understanding of dementia incidence and prevalence both nationally and locally and the current situation of dementia care in Swindon. The revised JSNA is going to the Health & Wellbeing Board in December 2017.

3. Future direction

- 3.1 The principles behind the strategy are still relevant and a key focus of all dementia work in Swindon is to put people living with dementia and their carers at the heart of the services and approach developed. We are ambitious to make Swindon dementia friendly and promoting awareness and understanding of the disease whilst also recognising that dementia in all its forms is progressive and people will need support post diagnosis, good and accessible care, and quality end of life provision. Partners also have a role in promoting what is known about reducing the risk of dementia: being physically active, a healthy diet, not smoking and the importance of strong social networks.
- 3.2 Over the last two years,
- the work of the Swindon Dementia Action Alliance has developed,
 - we now have in place a Dementia Friendly Swindon Co-ordinator,
 - a Dementia Taskgroup was established by the Council's Overview and Scrutiny Committee which produced recommendations for the future and set up an on-going Cabinet Member Advisors Group on dementia,

- Great Western Hospital NHS Trust now run both acute and community services in Swindon,
- more is known about how to reduce the risk of dementia and that 35% of risk factors for dementia are modifiable,
- there has been increasing recognition of the importance of design and environment in both supporting and stimulating people living with dementia, and
- we have gained 'working towards dementia friendly' accreditation for Swindon from the Alzheimer's Society.

Our priorities for the next two years will be shaped by the JSNA but are likely to include:

- awareness raising of behaviour change to reduce the risk of dementia
- continued promotion of the dementia friends initiative for all frontline staff
- a review of the pathway of dementia care from prevention, diagnosis to end of life care.
- ensuring that carers have access to appropriate support and care
- promoting advice on good dementia design and influencing future housing developments
- ensuring the steering group provide impact which is greater than the sum of its parts by supporting individual organisational dementia work and continually looking for synergies and partnership opportunities.
- working with Care Homes and Domiciliary care providers to promote good dementia care.

4. Partnership Achievements

- 4.1 This section reflects the work of all partners on the steering group, working within their individual agencies and in partnership to improve the lives of people with dementia and their carers. Safeguarding runs through all our dementia activity.

Improve public and professional awareness of dementia and reduce stigma

- Over 350 people had awareness sessions to become dementia friends at Swindon Borough Council. This includes customer service staff, Highways, staff delivering meals on wheels and community engagement staff.
- There have been awareness sessions on dementia friends run for the housing team. An awareness session was held for staff who provide support to sheltered housing and the decorating/improvements team. The session included a bolt on around design and décor with the use of University of Stirling and Kings Fund information.
- Dementia Friends Sessions have also been organised for walking for health leaders and walkers; Swindon Town Football Club including Rocking Robin the mascot; PHSE school co-ordinators; staff, trustees and volunteers at TWIGS; and the ex-Railway Workers Group.
- Over 3500 people had awareness sessions to become dementia friends Swindon wide.

- Swindon was chosen by the Alzheimer's Society to be one of 10 areas in the country to be an accelerator town for dementia friendly status
- Funding for a 2 year part time Dementia Friendly Swindon Co-ordinator post was secured from One Swindon and successfully recruited to. The postholder began in April 2017. The role includes engagement with people living with dementia and carers, promotion of dementia friendly with businesses, leisure and other service providers in Swindon, and looking for opportunities to increase activities which are dementia friendly.
- The Alzheimer's Society worked with Robert Buckland MP to host a dementia summit in November 2016. The summit highlighted the Swindon Dementia Friendly town ambition and requested support from businesses.
- The Alzheimer's Society's Dementia Community Roadshow came to Swindon in September 2017 to help raise awareness about dementia in Swindon and answer any questions about dementia.
- Successful 'Ageing Well in a Dementia Friendly Swindon' conference was held in March 2017 jointly with Healthwatch and involved over 50 organisations and community groups
- Libraries in Swindon continue their successful dementia books on prescription scheme, have trained all staff as dementia friends and have supported the development of a book of memories with old photos of Swindon.
- Great Western Hospital and Avon & Wiltshire Mental Health Partnership have both held successful events at the football ground and Steam to raise awareness of dementia and caring for those living with the disease.
- Ferndale School had dementia friends sessions for all form years involving 387 pupils and staff. At the end of the session each child was asked to reflect on how they might support people with dementia, and to write a pledge.
- Swindon achieved 'working towards dementia friendly' status from the Alzheimer's Society.

Improve timely diagnosis and treatment of dementia

- NHS Swindon CCG and Avon & Wiltshire Mental Health Partnership have worked together to reduce the assessment and diagnosis waiting list from 9 months to 6 weeks
- Diagnosis rates in Swindon are currently 64%; a significant improvement from two years ago but slightly under the national target of 66%
- NHS Swindon CCG commissions a Mental Health Liaison service at GWH with dedicated nurses for elderly and/or dementia presentations

Develop services that support people to maximise their independence

- The Alzheimer's Society provides two weekly singing for the brain sessions, a memory café and meet and eat session every month, carer's information and support programme, and a dementia support service.
- The Alzheimer's Society Side by Side service identifies volunteers to provide support to enable people with dementia to go out and about in their community and keep doing the things they enjoy or to try out new activities.
- Swindon Carers Centre offer a peer support group, an Open Minds activity group, Saturday socials and day trips, information and advice for carers of people with dementia and general support. They also co-ordinate the Emergency Card

scheme which means care is in place for the person cared for if a carer is taken ill or has an emergency.

- The dementia pages on the MyCareMySupport website are being updated and restructured to be more user friendly for people with dementia.
- A You Only Live Once group was established which involves people living with dementia meeting to discuss initiatives and review services. Examples includes linking with Great Western Hospital around the 'playlists for life' initiative and putting together a good language guide around dementia.
- As part of the dementia friendly Swindon work, the Wyvern Theatre and Arts Centre are looking at funding opportunities for setting up a dementia friendly film programme, and discussions have taken place with GLL to discuss dementia friendly swim sessions.

To increase community clinical support for patients experiencing dementia

- Shared care planning is in place which delivers high-quality, personalised care and ensures timely access to secondary care/specialised Mental Health services;
- The Wiltshire & Swindon Care Skills Partnership is developing a training offer for care home and domiciliary care staff.
- Two care homes for people living with dementia, Fessey House and Whitbourne House, came back under Swindon Borough Council management following the closure of SEQOL.

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

- Swindon Borough Council Public Health team working with and planning to integrate good dementia design into building design and planning policy e.g. lighting and interior design and access to outdoor space.
- The Alzheimer's Society have dementia advisors and dementia support workers which provide advice, information and support for people living with dementia and carers post diagnosis. The dementia advisor service (funded by One Swindon) has supported 244 people between July 2016 and July 2017 (105 people with dementia and 139 carers) with 1027 support activities recorded. The Dementia Support workers has supported 93 people in the same period. Both services support people throughout their dementia, with follow up calls every 6 months.

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

- Great Western Hospital launched a dementia strategy in 2017 and held a successful event in Steam on 18th May to coincide with National Dementia Awareness Week which Swindon Borough Council were involved with.
- A meaningful activity project is taking place on Teal Ward.
- Work is taking place with Carillion, who provide maintenance services at Great Western Hospital around dementia awareness.
- There are musicians on Jupiter ward twice a week.
- John's Campaign, which focuses on medical staff doing all within their power to make access easy for family carers and utilise their expert knowledge and their

love, has been supported by Great Western Hospital. Chairs are available for carers to stay overnight in dementia wards.

- A Carers passport has been developed for Great Western Hospital which includes concessions for parking and meals at the hospital.
- The 'This is Me' booklet, developed by the Alzheimer's Society is used in Swindon to reflect the wishes and interests of people with dementia and provide a single source of information for health professionals.
- The specialist dementia team is in place providing support to care homes to prevent hospital admissions.
- The OWLs (Outpatient Welcome Liaison Service) project which provides patients and carers with support from a hospital volunteer for outpatient appointments has been expanded to all people and carers attending hospital appointments.
- Digital reminiscence has been purchased for Teal ward at Great Western hospital. It can be used by individuals or in a group setting and includes games, exercises, music, film and photos.
- Great Western Hospital have are exploring funding opportunities for Admiral Nurses, an initiative similar to the role of Macmillian nurses for people living with cancer.

Housing Performance Report

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

Date: 7th November 2017

Author: Head of Housing
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 Members of this Committee at the last meeting requested information on accommodation for Keyworkers and Homelessness and these are detailed in 3.3 and 3.4 of this report.
- 1.3 The report assists 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.
- 1.4 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 Comment on the challenges and successes identified in section 3 of this report.

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).

Within the last performance report to this Overview and Scrutiny Committee there were a number of joint initiatives detailed which make best use of Council resources and add to the savings already achieved in Adult Social Care, an update on these projects are detailed below:-

- Developing and refurbishing new affordable homes to meet complex needs, including 24 assisted living bungalows at the Hawthorns. This

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, Adult's Care and Housing

Overview and Scrutiny Committee

Date: 7th November 2017

development has slipped from Dec 17 to Feb 18 due to ground conditions delaying supplying utilities to the site.

- The new post of Social Care Lettings Officer continues to work on individual complex housing and Adult Social care cases whilst also developing protocols to improve partnership working, for example, training and information sessions held between housing officers and Great Western Hospital discharge team.
- 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
- A new Pathway flat is now up and running within one of Swindon's sheltered housing schemes. This flat can be used by someone struggling in their current accommodation who may be awaiting an assessment or adaptation or for someone unable to return home from hospital pending assessment or longer term accommodation. (see Appendix 1 for leaflet on Pathway Flat).

The flat was ready to let in August 17 and is currently occupied by a hospital discharge client awaiting long term accommodation.

3.2. Keyworkers

- 3.2.1 The role that keyworkers contribute to the community in terms of health and wellbeing and the local economy is recognised within Swindon's Housing Allocation Policy and the housing development projects. By prioritising keyworkers for affordable housing and developing housing solely for this group then this helps to meet the wider priorities of the Swindon Vision.

There are several housing projects within Swindon that provide around 80 rented homes for keyworkers. The majority are flats and are managed by Registered Social Landlords (Housing Associations) and another 15 flats are managed by Swindon Borough Council. These homes are in and around the town centre to allow easy access to public transport and employers.

- 3.2.2 The most recent keyworker development is the Swindon Council development of 15 flats at Townsend House, Old Town. This is a lifted block with 5 flats per floor over 3 floors, with 9 2-bed flats and 6 1-bed flats, it was completed in November 2016 and is tenanted by keyworkers, including teaching assistants, nurses, care workers and drug workers. They are accommodated on the same tenancy as other Council tenants and flats are let at Affordable Rents on Flexible Tenancies.

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

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- 3.2.3 When vacancies arise at any of these schemes then keyworkers who have applied and registered on Swindon's Housing Register will be considered as per the criteria set out in the Allocations Policy.

They must be working within the Swindon Borough area and in employment in one of the following: Education, Health, Emergency Services, Swindon Borough Council employees who are engaged with the community, Community Service workers, Armed Forces and Probation Officers.

Priority is awarded using the criteria below:-

Priority 1: In permanent employment and are in housing need in line with Swindon's Allocations policy.

Priority 2: On a fixed term contract and are in housing need in line with Swindon's Allocations policy.

Priority 3: Those in the groups above who are in permanent employment and although do not fall within the housing need criteria may be eligible based on their low household income and would benefit from affordable housing. This does not include homeowners.

Priority 4: Those in the groups above who hold a fixed term contract and although do not fall within the housing need criteria may be eligible based on their low household income and would benefit from affordable housing. This does not include homeowners.

Priority 3 & 4 groups are approved by a Housing Panel and assessed on affordability and will only be considered where there is a low demand for keyworker accommodation.

- 3.2.4 In addition to rented accommodation keyworkers can also access affordable home ownership including shared ownership and Help to Buy. Information is available at Help to Buy South's website: www.helptobuysouth.co.uk
- 3.2.5 In future a proportion of Swindon Borough Council new builds will be offered to key workers in line with the Allocations Policy. The 2011 Strategic Housing Market Assessment identified the issue of low demand for key worker housing, which was partially caused by the high numbers of flats offered to keyworkers. Identifying suitable properties, namely larger houses, in our new developments allows a more flexible and responsive supply of house types.

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3.3 Homelessness

Introduction

- 3.3.1 The Housing (Homeless Persons) Act 1977, Housing Act 1996, and the Homelessness Act 2002, place statutory duties on local housing authorities to ensure that advice and assistance to households who are homeless or threatened with homelessness is available. This can be in the form of advice and help to prevent applicants from becoming homeless, or arranging emergency, temporary and long-term accommodation.
- 3.3.2 There is a set of criteria to determine whether a 'main homelessness duty' is owed to a person presenting as homeless, which is that they must be homeless or likely to become homeless within 28 days, or unintentionally homeless and fall within a specified priority need group. Where a 'main homelessness duty' is owed, the authority must ensure that suitable accommodation is available for the applicant and his or her household. The duty continues until a settled housing solution becomes available for them, or another circumstance brings the duty to an end.

Performance overview

- 3.3.3. The Council's Housing Options Team is responsible for managing applicants that present to the Council as being homeless, as well as carrying out work to prevent homelessness in the borough. The Team recently had a diagnostic peer review conducted by the National Practitioner Support Service (NPSS). This service is funded by the Department for Communities and Local Government (DCLG) and is used to facilitate the Gold Standard Challenge.
- 3.3.4. The Gold Standard Challenge was launched in 2013 as a way for Local Authorities to demonstrate that they are achieving the 10 challenges that were set out in the DCLG report on homelessness 'Making Every Contact Count'. In order to apply for the Gold Standard the Local Authority must have undertaken a diagnostic Peer Review and achieved a score of 60% or more.
- 3.3.5. The peer review in April 2017 gave the Council's Housing Options Team a rating of 53%. This was mainly due to a low score (22%) in the 'Strategy' section of the review.
- 3.3.6. The Council's Homelessness Strategy was developed and approved in 2008. It is a requirement under the Homelessness Act 2012 that homelessness strategies should be renewed within five years. The Council's Strategy was reviewed and a draft strategy for 2016-2021 was created in 2015. However, work to finalise the strategy was put on hold following the announcement, in June 2016, that a

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Homelessness Reduction Bill was taken to parliament for consideration. This Bill was enacted in April 2017 and includes new responsibilities for councils.

3.3.7 In addition, the Homelessness Code of Guidance is being reviewed and a new version is due to be published in spring 2018. The Council's Homelessness Strategy will be completed once a new Code of Guidance and details of the funding arrangements for the new responsibilities under the Homelessness Reduction Act have been published.

3.3.8 Other areas of the peer review were found to be very positive, achieving good ratings. These include the Council's homelessness website accessibility, navigation, information and advice, the preparation for, efficiency and engagement at customer interviews, and the timeliness, efficiency and appropriateness of outcomes from housing options reviews. A summary of the scores are as below:-

Strategy Overview	22%	Poor
Website Review	58%	Good
Reception/Interview Room Facilities	60%	Good
Customer Interview Observation	65%	Good
Housing Options File Review	57%	Good
Homelessness File Review	60%	Good
Staff	52%	Fair
Total Score 53%		

Context and Challenges

3.3.9 A summary has been included below to give context and set out the challenges for homelessness services nationally and within Swindon.

Homelessness Statistics

Whilst there was very little difference in the number of homelessness applications made in Swindon during 2016 compared to 2015, there was an increase in the number of acceptances. The change in the level of acceptances was higher than was found nationally, as demonstrated in Table 1 below.

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

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Table 1

	Swindon			England		
	2015/16	2016/17	Increase	2015/16	2016/17	Increase
Applications	534	529	-1%	81,690	85,300	4%
Acceptances	154	185	20%	37,870	40,320	6%

3.3.10. Causes of homelessness

- The top reason for all homelessness acceptances in 2015/16 and 2016/17 was the termination of assured shorthold tenancies (mainly used in the private sector). This accounted for 38% of all homelessness acceptances in Swindon and 29% in England.
- The second highest was parents, other family or friends are no longer willing to accommodate. This was the reason for 15% of all homelessness acceptances in Swindon and 26% in England during 2015/16 and 2016/17.
- The third highest reason was the breakdown of a relationship either non-violent or violent. Violent relationship breakdowns were more frequent than non-violent breakdowns. Relationship breakdowns accounted for 6% of all homelessness acceptances in Swindon and 18% in England during 2015/16 and 2016/17.

3.3.11. Households

- Single female parents made up the highest proportion of homeless acceptances in Swindon (53%) and nationally (47%) in both 2015/16 and 2016/17.
- 24% of all homelessness acceptances in Swindon and 22% in England were couples with children.
- Single females were the third highest homeless acceptances accounting for 16% of all homelessness acceptances in Swindon. However nationally single males made up the third highest proportion (13%) of homelessness acceptances.
- 84% of homelessness acceptances in Swindon during 2015/16 and 2016/17 were a priority need due to them having dependent children, 10% were pregnant women and 6% were due to a vulnerability. This differed from the national statistics where 67% had dependent children, 22% had vulnerabilities and 7% were pregnant women.

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- The majority of all homelessness acceptances in Swindon in the last two years were aged 25 to 44 (58%), 30% were aged 16 to 24 and 12% were over 45. This pattern was found to be the same for the whole of England.

3.3.12 These findings are to be expected as the priority need for a homelessness duty applies to those that have children who live with them or are pregnant. Single people are only found to have a priority need if they are either 16 to 17 years old and not eligible for social care housing or 18 to 21 years old and homeless due to fire, flood or other emergency or have a vulnerability.

Housing Market

3.3.13. Nationally, home ownership levels in March 2017 were at their lowest since 1985. As a result the number of households renting in the private sector has increased. The demand for private sector rental properties has increased rent levels making them unaffordable for many households. The top reason for homelessness acceptances for the last two years in Swindon and also nationally was the termination of assured shorthold tenancy agreements which are mainly used in the private sector.

3.3.14. There is a shortage in the availability of affordable housing in Swindon. The number of applicants on the housing register waiting and transfer list in June 2017 was 2,928. The highest demand was for one bedroom properties (36%) followed by one or two bedroom accommodation for people over 60 (25%) and two bedroom properties (24%).

Availability of suitable and affordable temporary accommodation

3.3.15. As at June 2017 (latest published data by DCLG) there were 354 homeless households in temporary accommodation in Swindon, of which:

- 98 were in local authority or housing association properties.
- 249 were in private leased properties.
- 6 were in bed and breakfasts.

3.3.16 The Council spent over £2.5 million on rent for private leased properties during 2016/17 and leases approximately 400 properties in Swindon that can be used to temporarily house the homeless. Historically the Council has always received enough funding to cover the cost of managing the properties and the gap between local housing allowance rates (used to determine the housing benefit payable) and the rent charged. This is because funding from the Department for Work and Pension (DWP) included a £60 temporary accommodation management fee per week for each private leased property in addition to housing benefit received to cover the rent.

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3.3.17 However, from April 2017 a new Flexible Homeless Support Grant has replaced the temporary accommodation management fee. As a result the Council received £400,000 less funding for 2016/17. In order to alleviate homelessness budget pressures, in April 2017, Cabinet approved an allocation of £17 million from the housing revenue account which is to be used to purchase 80-100 properties during 2017/18 that can house homeless families and reduce the number of private sector lease properties in use by 150 units.

Since April 2017 24 homes have been purchased from this fund, generally family sized accommodation with another 6 properties currently under offer. Properties are purchased predominantly on council estates as these provide an affordable option from the housing market.

Welfare Reform Act 2012

3.3.18 The Welfare Reform Act 2012 introduced the removal of the 'spare room subsidy'. This affected working age benefits whose benefits were cut if they had a spare room in their house. The intention was to reduce the housing benefit bill and to free up larger properties by under-occupying households moving to smaller properties.

3.3.19 From April 2013 the Welfare Reform Act introduced a cap on the amount of benefit payments that a person in receipt of housing benefit can receive. From November 2016 this was reduced further from £26,000 a year to £20,000 for couples or single parents and from £15,600 to £13,400 for single people.

3.3.20 Under the Act the Government also abolished Council Tax Benefits where a person with low income could receive benefit payment to cover their full Council Tax bill. This was replaced by Council Tax Reduction Schemes that were determined by individual local authorities. In Swindon all households with the exception of pensioners, households in receipt of disability living allowance or premium, war widowers or those in receipt of war disablement pension will have to pay at least 20% of their council tax bill.

3.3.21 Universal Credit went live in Swindon from the 30th November 2016. Universal Credit claimants receive all their individual benefit payments as one lump sum and this is paid monthly in arrears. Therefore claimants who have not previously had to budget their expenditure will have to manage their finances to ensure that they can pay their rent. It is anticipated that the change from housing benefit to universal credit will increase the rate of rent arrears and therefore the resulting evictions. In addition, it is expected that the number of private sector landlords that will accept tenants who are on benefits will reduce, further limiting the availability of suitable housing for those facing homelessness.

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

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Homelessness Reduction Act 2017

3.3.22 The Homelessness Reduction Bill Received royal assent in May 2017 and will be enacted in April 2018. This Act introduces a new duty on local authorities to carry out an assessment in all cases where an eligible applicant is homeless, or threatened with homelessness regardless of whether there is any priority need or possible intentional homelessness. During 2016/17 there was 115 homelessness applications that were found to be either intentionally homeless or not in priority need, which this new duty would apply to.

3.3.23 In addition, the Act has extended the period for when the local authority should treat someone as threatened with homelessness from 28 to 56 days. This is intended to ensure that interventions take place earlier to avoid homelessness applicants from reaching crisis point. Of the 545 homelessness decisions made in 2016/17, 234 (43%) were found not to be homeless. This is likely due to them being outside of the 28 day criteria. The change in legislation could therefore result in a significant increase in the number of homeless acceptances.

3.3.24 Additional funding of £61 million to help local English councils finance the new burdens was announced March 2017. This has been followed up by an announcement on 16th October 2017 with an additional £11.7 million being made available which takes the total amount to £72.7.million.

Additionally, Government will be providing local authorities with an equally distributed share of £3 million to support the upgrade of data systems to monitor the impact of the Homelessness Reduction Act.

Swindon's Homelessness Reduction Act - allocation of new burdens funding:

2017/18 - £69,940

2018/19 - £64,065

2019/20 - £71,565

Total - £205,570

It is anticipated that Swindon's homelessness team will use this new burdens funding for additional staff posts and improved IT systems to better manage caseload and the statutory timescales.

The consultation on the draft Homelessness Code of Guidance was also launched on 16th October and will run for 8 weeks before it is finalised for publication in spring 2018. Details

<https://www.gov.uk/government/consultations/homelessness-code-of-guidance-for-local-authorities>

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3.3.25 Overall, 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 only 31 were accepted as homeless in the first quarter.

The households whose homelessness was prevented in the first quarter numbered 77. With the assistance and proactive support of the housing options officers the majority of these households secured accommodation in the private rented sector using incentives such as rent in advance or deposit guarantees. Other households were helped into supported housing schemes.

4. Alternative Options

- 4.1 The Committee can choose the information to review on performance from the Housing Service. Feedback on this report is welcomed.

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.

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

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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

Appendix 1 - Leaflet on Pathway Flat at Les Gowing House, Penhill

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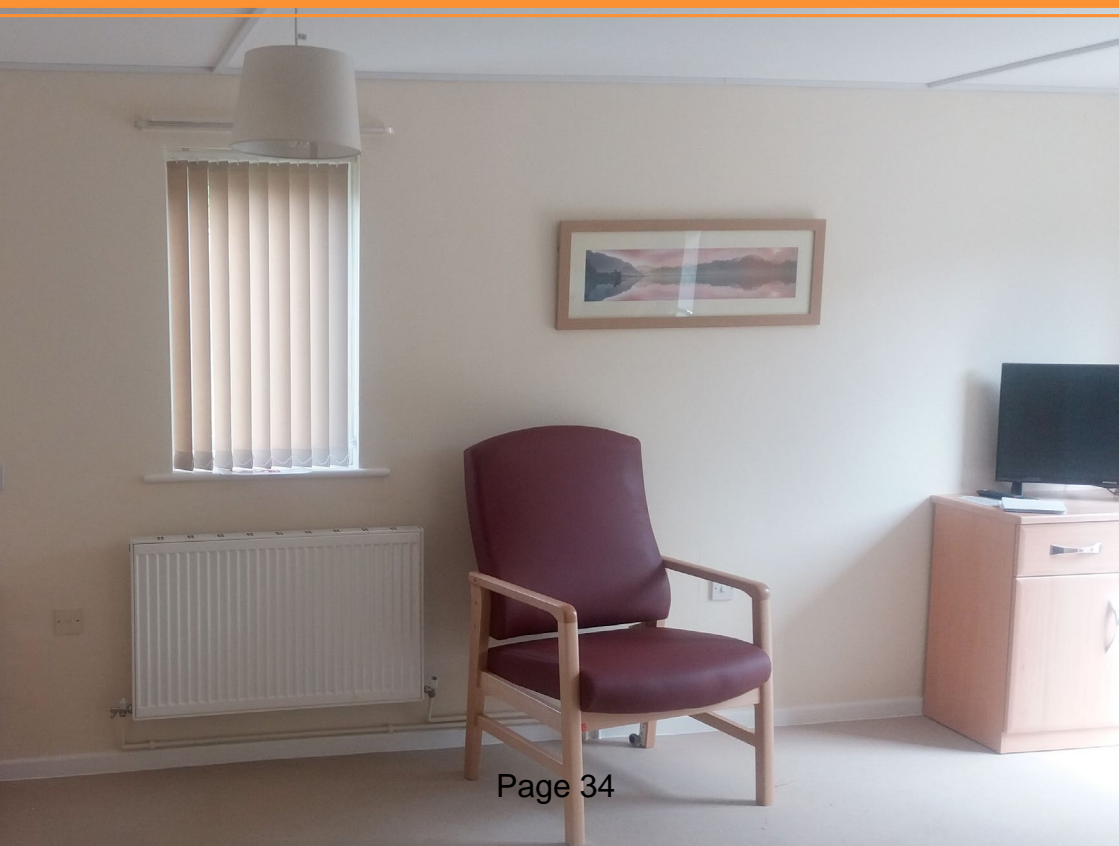
Welcome to the Pathway flat, Les Gowing House



A temporary housing solution to enable a safe return home or move to suitable accommodation.

The flat is provided as a partnership between Swindon Borough Council's Adult Social Care and Housing Services, for someone who is struggling in their current accommodation or if someone is unable to return home from hospital because their accommodation is no longer suitable. The pathway flat has level access and suitable for service users with mobility issues including those with bariatric needs.

There is a communal laundry at Les Gowing House which is available to you or your carers, but must only be used for your own personal laundry whilst you stay at the building and between the hours of 8am and 8pm.





The flat is offered initially for a period of 6 weeks during which time your needs will be reassessed by a care manager/ occupational therapist.

The goal is always to get you back to your own home or if that is not possible look at all alternatives available.

The pathway flat is connected to the communal fire alarm. The warden call system at Les Gowing House also offers telecare to support service users, should they need it. There is 24 hour support in an emergency via the Sheltered Housing Officer service or Homeline. Please note Housing Staff do not provide care related activities.

The pathway flat is offered to you on the understanding that:

- No Pets are allowed.
- Any damage to the flat or its contents through neglect or vandalism will be recharged to the service user.
- Access to council officers, contractors or their agents to carry out repairs must be allowed.
- That you comply with the care and support offered to you.

Occupants of the pathway flat are responsible for their own **behaviour** and that of anyone visiting the property. You, your friends, and relatives must not act in a way that causes nuisance, annoyance, alarm or distress to anyone living at Les Gowing House or in the neighbourhood.

There is limited **parking** at the building and this is clearly signposted adjacent to the building.

Any **repairs** needed can be reported independently by phoning **01793 445503** or via the Sheltered Housing Officer onsite.

Emergency Repairs out of hours can be reported by pulling the cord on the wall box in the flat or phoning **01793 466453**. Emergency repairs include making the property safe, flooding, blocked drains or toilets, electric faults and failures.

We hope your stay is enjoyable and provides you with the care and support you require.



To make enquiries about the
Pathway flat, please
Tel: 01793 464430.

Repairs & Improvements to the Council's Housing Stock

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

Date: 7th November 2017

Author: Head of Housing and Community Safety

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 This report is a response to a resolution at the Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee on 19th September 2017, which requested a report on repairs and improvements to be undertaken on the Council's housing stock (Minute 19, 2017/18 refers).
- 1.2 The report allows Members of the Overview and Scrutiny Committee to review the strategy for repairs and improvements to the Council's housing stock.
- 1.3 Repairs and improvements to the Council's housing stock 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 strategy and make comment and give advice on proposed changes to improve the delivery of repairs and improvements to the Council's housing stock.

3. Detail

- 3.1 The Council owns and manages a housing stock of approximately 10,200 properties located in a relatively small geographical area. A high proportion of the housing stock was built between the periods 1945 to 1966, which led to approximately 42% of it being built using non-traditional construction methods. Sheltered housing accommodation accounts for around 15% of the housing stock. Approximately 40% of the housing stock has been constructed as purpose-built blocks of flats.
- 3.2 The Council has an integrated team with its own in-house workforce, which mainly delivers day to day repairs, minor adaptations, the annual gas servicing/safety check programme, electrical repairs and asbestos removal works. External contractors currently deliver vacant property repairs, capital and planned maintenance works, statutory compliance works including electrical testing, major adaptations and asbestos survey work to enable improvement work to be carried out safely.

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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- 3.3 An independent 10% sample Stock Condition Survey (SCS) was undertaken by Pennington Choices Ltd, which reported in April 2016 that 98.6% of homes complied with the Decent Homes Standard (DHS). Good progress has been made to eradicate non-decent homes with 99.7% of the stock meeting decency standards by April 2017. The twenty-four remaining properties that fail the standard are to be surveyed and programmed for replacement or renewal work during this financial year, 2017/18.

Repairs

- 3.4 The Council has an agreed standard for repairs which are defined as being an emergency, urgent, and routine and has set timescales for each. Approximately 40,000 repairs are carried out each year. Customer satisfaction results remain high with over 94% of tenants that returned a survey consistently stating that they were satisfied with the repairs service for the last 2 years.
- 3.5 It is good practice to undertake periodic surveys to be able to measure customer satisfaction levels, benchmark performance and assess trends over time. Independent surveys using the same set of core questions were carried out in 2006, 2008 and 2013, which show an upward trend in tenant satisfaction with the repairs service, as follows:
- 3.5.1 79% of tenants were satisfied with the overall repairs service,
- 3.5.2 Tenants were most satisfied with "the attitude of the workers" (93%),
- 3.5.3 Tenants were "least" satisfied with "time taken before work started" (83%), and
- 3.5.4 Improvements from previous surveys.

	2013	2008	2006
Satisfaction in dealing with repairs	79%	70%	71%

- 3.6 An independent survey is planned to be carried out during this financial year, 2017/18, which will give an update on tenant satisfaction with the repairs service.
- 3.7 There has been a continuous drive to reduce reliance on external contractors to support the delivery of routine repairs. Not enough time has been given to support and supervise our trade operatives, therefore, the repairs team is being re-structured to increase capacity to supervise and improve coordination of works. This will also help with the review of processes and procedures to re-schedule repairs that are not completed at the first visit.

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

Repairs & Improvements to the Council's Housing Stock

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- 3.8 Virtually all repairs are given an appointment and trade operatives use hand-held devices to receive their work and schedule completed work to keep property maintenance records up to date for all properties. It is proposed to implement digitalisation of services so that tenants are able to log and make their own appointments for repairs. It is a priority to enhance customer access for the repairs service, which is linked to the housing IT system is being updated during the next 12 months.

Improvements

- 3.9 A report was submitted to the Council's Housing Cabinet Member Advisory Group (CMAG) on 11th October 2017 to get feedback on the proposed Housing Revenue Account (HRA) Asset Management Strategy 2017. This strategy sets out the investment requirement for the housing stock, involvement of tenants in setting priorities, strategic priorities for service standards and detailed approach for replacing components, which is shown at Appendix 1.
- 3.10 The Asset Management Strategy (AMS) was developed with the support of tenants from Housing Property Forum. It has also been consulted with Leaseholder Link and representatives of Swindon Tenants Voice (STV), Tenants Association for Sheltered Housing (TASH) and Tenant Scrutiny Panel (TSP). The TSP were supportive of the strategy and reported that it was a good base position.
- 3.11 The SCS results from April 2016 identified an investment need of £168 million over the next 5 years (both revenue and capital), which included just under £37 million for structural repairs and thermal improvements to the non-traditional housing stock. It is anticipated that there will be a budget of £127 million available over the same period, therefore, investment programmes have been developed with the priority to ensure that homes continue to meet the DHS. The programme is currently focused on replacing components, which means that the majority of structural repairs and thermal improvements work will need to be carried out over a longer period of time. An ongoing assessment will need to be made of the structural condition of the non-traditional housing stock to make sure that its long-term viability is not put at risk.
- 3.12 Pennington Choices Ltd compiled a 5-year investment programme for replacement and renewal work and a rolling programme of structural repairs and thermal improvement works to the non-traditional housing stock. The current refurbishment programme completes work to the steel framed (BISF) properties in Pinehurst and starts an extensive programme for the next priority to refurbish the 'Reema' concrete framed properties in Meadowcroft.
- 3.13 At present, a detailed programme of work is developed within the available resources with the support of tenants and agreed with the Housing Advisory
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Repairs & Improvements to the Council's Housing Stock

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Forum CMAG on an annual basis. A recent options appraisal of two of the six 10-storey block of flats identified refurbishment is the most viable option for these blocks of flats, which will make these a priority to be included on future programmes of work.

- 3.14 In addition, although the Council, in consultation with tenants and the Dorset and Wiltshire Fire and Rescue Service, already has a thorough programme to ensure tenants' safety, further fire safety work is likely to be a higher priority following the Grenfell Tower fire on 14th June 2017. A report on the initial additional work to augment fire safety is scheduled to be considered at Cabinet on 18th October 2017. It recommendations, if approved, would cost £1,066,380, which would be funded from existing capital reserves.
- 3.15 An extensive number of contracts have been let to external contractors to deliver replacement and renewal works and vacant property repairs, but contractors have had difficulty in resourcing trade resources in the Swindon area to deliver programmes of work and repairs, as necessary. Officers are working with contractors to help resolve this issue, but wider options may be needed to deliver future programmes of work.
- 3.16 Performance with delivery of the repairs service and programmes of work are reported to a Local Performance Action Review (LPAR) meeting on a monthly and quarterly basis.

4. Alternative Options

- 4.1 There is an option to consider external arrangements for the management of repairs and improvements, but this is an integral part of the overall housing service. It is also likely to be more expensive and benchmarking shows that most housing providers are reverting back to setting up an in-house service for repairs.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Approval for the budget for repairs and improvements is currently set on annual basis, as part of the rent setting process. It includes details on the costs for the repairs service and a high level 4-year capital programme of work.

Legal and Human Rights Implications

- 5.2 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.

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5.3 There is a specific duty under the Home Standard to meet all applicable statutory requirements that includes:

5.3.1 Ensuring that all homes meet the Decent Homes Standard

5.3.2 Providing a cost-effective repairs and maintenance service to homes and communal areas that responds to the needs of, and offers choices to, tenants, and has an objective of completing repairs and improvements right first time

5.3.3 Meeting all applicable statutory requirements that provide for the health and safety of occupants in their home

5.3.4 A prudent and planned approach to repairs and maintenance of homes and communal areas, which demonstrates an appropriate balance of planned and responsive repairs, and value for money.

5.3.5 An adaptations service that meets tenants' needs

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

5.4 There are no staffing implications within this report.

Diversity Impact Assessment

5.5 As this is not a decision-making body a Diversity Impact Assessment (DIA) is not required.

Risk Management

5.6 Extensive risks are identified with repairs and improvements works and currently managed through the Property Maintenance 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 Appendix 1 - Housing Revenue Account Asset Management Strategy 2017.

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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Swindon Borough Council

Housing Revenue Account Asset Management Strategy 2017

Executive Summary

Effective asset management is fundamental to the successful delivery of an excellent service that meets the organization's objectives within the context of the Housing Revenue Account (HRA) Business Plan.

This document records and represents Swindon Borough Council's (SBC) Housing Asset Management Strategy and defines a number of key actions that will further improve service and operational delivery.

SBC's key objective is to improve the quality and condition of stock and is currently delivering Decent Homes at more than 99%. SBC aims to improve the stock above and beyond the Decent Homes Standard.

SBC has embraced the principles of effective asset management by:

- Recognizing the importance of maintaining effective stock condition and attribute information;
- Assessing the sustainability of and future options for poorly performing stock;
- Ensuring effective procurement and the effective delivery of the works programme to make sure the stock is maintained in good condition.

This document establishes the framework within which asset management operations will be provided. It highlights the component parts of the asset management function and their inter-relationship. It has been designed to ensure a more 'joined up' approach to the way we plan and deliver capital investment, cyclical/planned maintenance, repairs to empty property, and responsive repairs.

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Introduction & Vision

Swindon Borough Council's (SBC) Housing Asset Management Strategy (Housing AMS) has been developed to inform the strategic medium and long-term approach to maintaining, improving and developing SBC's housing assets.

It sets out the priorities for the physical care and improvement of the housing stock and surrounding environment as well as explaining how, through sound planning, SBC can provide a stock of housing accommodation that continues to meet the needs of local people in the Borough. The Housing AMS has been specifically designed to meet SBC's strategic planning needs under the 'self financing' arrangements of Housing Revenue Account (HRA) reform.

Together, SBC's housing properties comprise its highest value assets and their repair and maintenance costs form its largest liability.

Therefore, it is vital SBC understands how its housing stock performs against a range of financial and non-financial performance measures. This knowledge can then be used to shape and inform plans which ensure an evolving stock of homes that is well maintained, provides value for money, continues to meet tenants' needs and is sustainable for the future.

What is Asset Management?

Within the context of its Council housing stock, asset management covers the range of activities SBC needs to undertake to ensure it optimises the use of its housing and other land and property assets to maximise their contribution to the HRA Business Plan and meet the current and future needs and expectations of tenants. SBC's HRA assets comprise homes, gardens and amenity spaces.

Why is a Housing Asset Management Strategy needed?

A pro-active Asset Management Strategy ensures that decisions about the future maintenance, refurbishment or replacement of our housing properties are made through effective business planning processes and are responsive to wider policy decisions about delivery, procedures and standards. The Housing Asset Management Strategy cuts across all housing teams and is one of the key tools that will be used to meet and respond to future housing need and demand.

Our Housing Vision

Through effective asset management we will have a well maintained, sustainable housing stock that meets the needs of local residents, provides the type of accommodation that our tenants value, in the environments in which people would like to live.

Throughout the past 15 years or more, SBC's focus has been on bringing the stock up to, and maintaining it at, the government's Decent Homes Standard (See Appendix 2). This is the minimum standard for social housing set down by government and provides for properties to:

- meet the current statutory minimum standard for housing
- be in a reasonable state of repair
- have reasonably modern facilities and services (kitchens & bathrooms)
- provide a reasonable degree of thermal comfort

SBC achieved the Decent Homes target in 2008, significantly before the deadline, and has continued to maintain very high levels of decency. Our recent stock condition survey indicated that more than 98% of our homes met the Decent Homes Standard. For the tiny proportion that did not, many were due to tenants having refused to have relevant works (particularly heating upgrades) carried out.

The Stock Condition Survey carried out at the end of 2015 looked in detail at a representative 10% sample of our stock, and provides a sound knowledge base on which to plan for future investment in the HRA stock.

SBC has a housing stock of more than 10,200 homes. The relatively small geographical size of the Council means that the majority of its stock is concentrated within 5 miles from the town centre, and mostly within a few well-defined estates.

SBC's HRA stock is also relatively modern, reflecting the expansion of the town immediately before and following the Second World War. A consequence of this is that more than 40% of the stock was built using non-traditional construction methods, using steel frames, and steel-reinforced concrete. These types of properties have their particular characteristics which require a different maintenance regime from traditional bricks and mortar homes, which has a strong influence on our plans and programmes.

Tables illustrating the stock profile are shown in Appendix 1.

The Housing AMS has been prepared in consultation with involved tenants, to support the Housing Vision, and the broader strategic objectives of the Council.

Local Drivers

The Housing AMS takes account of, and responds to, a number of key local factors.

Local Drivers

SBC Corporate Plan

The Council has set out its Vision for Swindon, established its Priorities, and made a number of Pledges to deliver specific measures. The Council's first priority is to improve infrastructure and housing to support a growing local economy. The pledges to support this Priority include the following, which are relevant to the Asset Management Strategy:

- Improve the quality of the Council's existing housing stock and ensure that it is well maintained
- Deliver a structural repairs service and thermal improvements to non-brick built Council housing stock.
- Make sure that the Council's empty properties are re-let quickly.

Many of the actions required to deliver the HRA Asset Management Strategy are included in the Departmental Business Plan with demonstrable links to the Council's Priorities.

SBC District Profile

Swindon is a large town in Wiltshire, with excellent transport links to the rest of the country. Historically, its growth is associated with the expansion of the railways in the 19th Century, which led to the establishment of strong engineering and technology base. The 2011 census gave a district population of 209,000 people.

In 1952, Swindon was designated as an Expanded Town which led to a major increase in house building and population. It is a Unitary Authority, independent from Wiltshire County Council since 1997.

Although an urban authority, two-thirds of the district is rural in character.

The population of Swindon is continuing to grow year by year. People in Swindon are having longer lives, which means an increasing number of older people. However, not all of the extra years are spent in good health, and the number of people needing support is also rising.

The population of Swindon is becoming more ethnically diverse. The proportion of BME persons almost doubled between the last two censuses.

18 of the 119 census areas in Swindon are amongst the 20% most deprived in the UK, and these areas are generally those with the highest proportions of council housing; Penhill, Upper Stratton, Walcot, Park North, Liden, Eldene, Park South, Gorse Hill, and Pinehurst.

Housing Strategy

The Housing Strategy seeks to provide 300 new council homes between 2013 and 2020. The strategy identified that affordable housing is in short supply, and its principal actions are focused on improving the quality and amount of private sector housing.

Swindon's HRA Housing Stock

Summary

SBC owns and manages a total of 10,240 rented properties (as at May 2017), about one-eighth of the total housing in Swindon. In addition, there are 495 leasehold flats within buildings that we manage.

The majority (55%) of the stock was built in the 20 years after the end of World War 2, and a little less than a third was built between 1966 and 1990. 10% of the stock is pre-1939, including 306 historic homes in Swindon's Railway Village built in the 1840s. Very few (3%) were constructed after 1990. [Appendix 1]

A result of the age profile is that a significant proportion (42%) of the stock is built using non-traditional methods of construction, which presents its own challenges.

Sheltered accommodation accounts for 15% of the total HRA stock, principally as flats in schemes. A small number are considered no longer suitable for use, generally due to restricted access for people with impaired mobility.

Traditional and Non-Traditional Housing

Traditional Housing encompasses those using standard techniques and materials, principally brick or blockwork walls (usually with a cavity wall construction), supporting a timber roof structure with a pitched roof covered in slates or tiles, or a flat roof with a sheet cover.

Non-traditional housing encompasses a number of construction methods used principally after WW2 to build homes to modern standards to quickly replace those lost during the war. They are built with reinforced concrete or steel girder structural elements, contrasted with traditional brick cavity walls and timber beams and floors. Metal components may be subject to chemical corrosion, weakening the structures, and therefore require a regime of regular inspection and maintenance

The Non-traditional housing and Sheltered accommodation are identified as strategic priorities in the following section.

The HRA stock is generally concentrated in a number of large estates, mostly within 5 miles of the town centre.

We will need to consider further how best to reinvest in the stock in a way that will best fit anticipated future demands.

The presence of freehold semi-detached or terraced properties, and leasehold flats within council-owned blocks can complicate certain types of works, particularly where extensive renovations to the fabric are planned.

Vacant Properties

The Housing AMS is complemented by our approach to voids. The aim is to provide properties to incoming tenants which are of a good standard, meet their needs and offer excellent value for money.

We also aim to ensure that homes are re-let quickly after the end of a tenancy, both to meet demand and reduce losses of rent. We have a Re-let standard which has been reviewed and agreed with tenants' representatives.

Stock Condition and Investment Requirements

Major Works

Our independent consultants, Pennington Choices Ltd, undertook a condition survey of a representative 10% sample of the council's properties in 2015. The survey found that Swindon's stock is in relatively good condition, with a 30-year projected average cost of major works of £27,000 per property, compared to a national average cost of £30,000 per property.

Non-Traditional Housing (NTH)

However, the council faces significant additional costs, principally related to the Non-traditional stock. The council commissioned Michael Dyson Associates to investigate the condition of a sample of NTH in 2014. Although the survey found no significant structural issues, the report recommended upgrading the insulation and overcladding of the vast majority of the properties, to maintain the protection of the structural elements and to ensure they will remain free of serious defects for the next 30 years, at an estimated cost of almost £70,000,000. All of the costs are projected to fall within the next 10 years.

The Council owns six 11 storey blocks built using the Truscan method. Issues have been identified regarding the permeability of the building envelopes, and a detailed option appraisal of one of the blocks has been commissioned. Remedial works are estimated to cost in the region of £750,000 per block.

Decent Homes

A summary of the Decent Homes Standard (DHS) is set out in Appendix 2

The Stock Condition Survey found that 98.6% of Swindon's stock complied with the DHS. The principal reasons for failure were issues related to repair of heating systems and electrical systems, and the adequacy of heating systems and insulation. All gas heating systems are subject to annual inspection and service, and any unreported repairs will be picked up under this regime. Our heating upgrade programme prioritises the renewal of older, less efficient heating systems, and it has been found that failure of the heating criterion is generally due to the refusal of the tenant to have works undertaken. All homes have electrical safety inspections every 10 years in line with standard practice, and we operate a concurrent electrical upgrade program to ensure that electrical systems meet the needs of modern households.

The cost of works to remedy failure of the DHS is relatively low, at less than £300,000, and almost all of this work was completed by the end of March 2017.

Looking forward, it is estimated that 420 homes will become non-decent over the next 5 years, with an associated remedy cost of £930,000. Costs are mainly incurred for roofing and heating systems.

A table, setting out the 30-year costs of maintaining and improving the HRA housing stock is set out in Appendix 4.

Energy Efficiency

The Council's HRA housing stock is relatively energy efficient, largely because it is comparatively modern. Appendix 6 shows the energy profile of the Council's HRA stock compared to all other tenures in Swindon.

a) Wall Insulation

Cavity wall insulation (CWI) has been applied to all suitable properties, with few exceptions.

Many of the non-traditionally built homes are not suitable for CWI. We have therefore commenced an extensive programme to upgrade or provide external wall insulation (EWI) to these properties over the next 10 years. This will protect the steel beams and reinforcements used in their construction, in addition to improving their fuel efficiency and so reducing the running cost for tenants.

306 homes in the Railway Village are not suitable for CWI due to their construction, and their Conservation Area and Listed status means that we could not install EWI even if it were practical and acceptable. We will consult with residents and investigate funding for alternative measures, particularly Internal Wall Insulation.

b) Loft Insulation

Loft insulation has been installed wherever practical, and, where necessary, has been topped up to ensure a minimum insulation thickness of 270mm. Where properties are found which require additional CWI or loft insulation, these works are put in hand under a contract with an insulation company.

c) Double Glazing

All general let properties have received upgrades to double glazed windows in uPVC frames. In the Railway Village, where heritage considerations preclude the use of uPVC double glazing, we will consider the installation of secondary glazing in conjunction with Internal Wall Insulation.

d) Heating Systems

Almost 100% of General let properties and all but 2 of the Sheltered schemes are heated by gas central heating systems. Non-condensing gas boilers are upgraded to energy-efficient condensing boilers.

Fewer than 300 General let homes have electric heating (usually night storage heaters or warm air systems). Electrically heated homes are generally in locations where it is not economical or feasible to install a gas supply, or where residents have declined to have gas heating installed. In these circumstances and where

appropriate, we will upgrade the systems to more economical Quantum storage heaters or Air Source Heat Pumps, depending on the residents' wishes and financial considerations.

We continue to upgrade gas heating boilers to higher efficiency condensing boilers, taking account of age, performance and obsolescence of the existing appliance.

e) Other energy measures

A small number of homes have received solar thermal water heating, and these are currently being evaluated to determine whether they provide sufficient benefit for the capital and running costs to extend this to other suitable properties.

We will continue to evaluate the options for installation of Solar Photovoltaic systems to our properties, particularly sheltered schemes.

Responsive Repairs

Poorly maintained homes generate higher numbers of repair requests which cost more to deal with. Housing providers aim to minimise the number and cost of responsive repairs by renewing or upgrading building components just before they fail.

A service standard has been developed with residents, which sets targets for response times and completion of works depending on the urgency assessed against agreed criteria. We aim to complete repairs 'right first time', and actively seek to measure customer satisfaction with our services. We analyse our performance and report monthly to the Tenants' Scrutiny Panel, and use performance data to drive improvements to delivering our services. We compare our performance to other similar housing organisations, to help us identify good practice and learn from others.

Involving Customers and Delivering our Priorities

SBC engages with its housing customers through a number of semi-independent groups, who nominate representatives to Council bodies.

The particular groups with whom the Council engages are:

- Tenants Association for Sheltered Housing (TASH)
- Swindon Tenants' Voice
- Leaseholder Link

These groups are represented on the Housing Property Forum and Housing Cabinet Member's Advisory Group (CMAG), which regularly consider issues relating to SBC's housing stock, and make recommendations to Cabinet.

The Council supports the Tenants' Scrutiny Panel, who receive reports on performance and undertake detailed reviews of particular topics related to the social housing stock.

SBC also encourages tenants to take part in a variety of initiatives aimed at improving communities and housing service delivery, including:

- Street Representatives
- Housing Sounding Board
- Procurement working group
- Tenants' Academy

We regularly hold our own events or contribute to other community events to promote our services, receive feedback and suggestions, and consult about major initiatives such as the major refurbishment project for non-traditional housing. There is an annual event where we take tenant representatives and elected members to show them works we have completed, or are about to do, so that they can better appreciate the impact of our works programmes and understand the issues we need to address.

Residents are invited to complete customer satisfaction surveys whenever they receive a service from Property Maintenance, and the information is analysed and used to improve the customer experience.

We keep a record of each tenant's preferences for how and when they like to receive communications, and we use SMS and Twitter for direct communication. The Council maintains a dedicated Facebook page at

<https://www.facebook.com/SwindonHousing/> and a website at

www.voiceyourviews.co.uk. We present a fortnightly phone-in show on local radio where tenants can ask topical questions of staff directly involved in the service, and produce an ezine 'Housing Matters' 3 times a year, with printed copies available on request.

Our Business Plan recognises the need to inform Ward Councillors regarding our annual works programmes as they affect their areas, and to consult with tenants and residents when establishing works compounds etc.

Strategic Priorities for Asset Management

Property and Service Standards

Housing Standard

Ensure all housing that has a long-term sustainable future is maintained and improved to meet a standard agreed with residents, to ensure it continues to be attractive and meets modern requirements and needs.

For the majority of component replacement programmes (roofing, kitchen and bathroom upgrades, door and window renewals) we will target specific areas or localities in which to deliver programmes of work. Areas will be prioritised according to a number of criteria:

- component age and condition data from the stock condition survey;
- component age data and repairs data held on the OPEN Housing database;
- Local circumstances and knowledge (e.g. door and window renewals in areas with crime concerns);
- Practical considerations to ensure efficient, economical and effective use of resources; and
- The wishes of residents expressed through Housing Property Forum

Heating upgrade programmes will be determined principally taking account of:

- Issues identified through the annual servicing programme;
- SAP rating;
- Age, condition and characteristics of the heating installation.

A schedule of the Useful Economic Lives of principal components is at Appendix 5.

We undertake cyclical planned maintenance to the external fabric, grounds, and communal areas of our stock every five years for General Needs dwellings, and every eight years for the sheltered stock. This regime will be used to identify any major repairs which are likely to be required within the following 5 years, so that this information can be taken into account in developing future component renewal programmes.

Where a significant repair or replacement of a component is required outside of the designated programme area(s), it will be dealt with as a Responsive Repair.

Compliance Standard

Ensure that all homes, communal areas and associated assets fully comply with relevant regulatory standards.

SBC undertakes a wide range of surveys, inspections, and preventative and remedial works to ensure continuing compliance with regulatory and professional standards. We directly employ suitably qualified engineers and technicians to carry out work to our properties, and ensure that external contractors meet the same stringent requirements.

Managers, supervisors and external auditors carry out quality checks and audits of inspections and servicing, and the rates of compliance are monitored through monthly and quarterly reports to Tenants Scrutiny Panel. Issues which are identified are recorded and escalated to the appropriate level of management for proportionate action.

The Council has a specialist Asbestos Management Team, which is equipped to carry out asbestos removal and remedial works. It has recently obtained a 3-year licence from the HSE, and received a Gold Award for the quality of its service from the principal trade body.

Regular periodic inspections are undertaken to ensure that relevant certification is maintained within date, and inspection programmes are maintained and monitored through the OPEN Housing computer system.

Training records are maintained using a dedicated spreadsheet, to ensure that all staff are fully qualified and aware of current issues in their specific areas of expertise. Regular toolbox talks are held to reinforce SBC's commitment to providing safe homes for residents and a safe working environment for staff.

A table listing the areas for statutory compliance is shown at Appendix 3.

Non-Traditional Housing Standard

Ensure that all Non-Traditional Housing which has a long-term sustainable future receives appropriate measures to ensure protection of their structure.

Independent surveyors engaged by the Council have concluded that the NTH stock is in sound structural condition, with very little evidence of damage to structural steelwork or reinforcement. However, certain types of construction require higher levels of remedial work to protect the building envelope and structure. Work has commenced on the first phase of a major project to carry out the recommended works, including external wall insulation, which is estimated to cost £70 million over the next 10 years.

Energy Efficiency Standard

Develop a strategy and supporting programme and budget to maintain and improve the energy efficiency of the stock, and to help reduce fuel poverty.

In common with most social housing providers, Swindon's housing stock is relatively energy efficient. The average SAP Rating for the stock is 72, compared to a national average for all housing of 59 (2015). Almost all homes have had all of the appropriate energy efficiency measures applied, including central heating, double-glazed windows, and cavity and loft insulation.

Our heating programme replaces older non-condensing boilers with high efficiency modern condensing appliances. Wherever possible we have replaced electric storage heating systems with gas-fired boilers and radiators. Older storage heaters which cannot be replaced by suitable gas appliances will be upgraded to more efficient 'Quantum' storage heaters or heat pumps. A small number of homes have

solar thermal heating, and we will continue to work with our partners (PPS) to investigate opportunities to install more solar thermal and photovoltaic panels.

We have a small number of properties with low SAP ratings, generally concentrated in the historic Railway Village. These 19th Century dwellings are Grade 2 Listed buildings, and their physical characteristics make them unsuitable for cavity wall insulation. We will investigate alternative measures to install internal wall insulation and secondary glazing as appropriate measures to improve energy efficiency in this part of the stock.

Repairs Standard

Ensure that responsive repairs are dealt with efficiently, economically and effectively, to an agreed standard.

We have an agreed standard for delivering repairs. We have defined 3 levels of response; Emergency, Urgent, and Routine, with appropriate timescales for each. For Routine repairs, we offer appointment slots to suit our tenants, and we aim wherever possible to batch jobs by trade and location. We have set targets to deliver repairs 'right first time' i.e. to fully complete a repair in a single visit, without having to leave the site to obtain parts or materials, to a satisfactory standard which will not require a further fix within a reasonable period.

By publishing our capital works programme up to 5 years in advance, we aim to ensure that we carry out a repair appropriate to the remaining life of a component.

We monitor and report on customer satisfaction, and average times to complete a Repair, which are examined by the Tenants' Scrutiny Panel.

To ensure that we deliver a repairs service that is effective, economical and efficient, our Business Plan identifies that we carry out a full review of the delivery of repairs and implement any service improvements identified.

Accommodation Standard

Provide cost-effective adaptations to homes to meet the needs of disabled households, and ensure that housing is fit for its intended purpose.

We will continue to make minor and major adaptations to our stock to meet the needs of our tenants.

Minor adaptations are installed on demand by our Responsive Repairs Team.

Major adaptations are carried out on the recommendation of an Occupational Therapist where they are reasonable, appropriate, necessary and practicable. Where extensive, disruptive or high-cost building works are required, we will first seek to identify and offer suitable alternative accommodation.

Procurement Standard

Develop the procurement of contracts for works and services in line with Standing Orders, and to consider alternative methods of procurement through e.g. framework agreements, ensuring the council derives best value.

The appropriate procurement processes are followed according to the value and scope of the works being procured. We use electronic procurement systems, principally the 'Supplying the South West Portal' and, where required, by advertisement through OJEU. We will review any changed requirements for procurement resulting from the UK leaving the European Union.

We aim to tender contracts to cover the medium to long term, usually up to 5 years with break clauses at appropriate intervals to permit review and, if appropriate, termination after a set period e.g. on the 2nd and subsequent anniversaries of commencement. Commencement of contracts and procurement activities are programmed to try to ensure that resources are available as required, i.e. that major procurement activities are distributed in time to avoid exceeding the capacity of the organisation to undertake the necessary tendering.

Wherever possible and desirable, contracts are subdivided into lots to ensure that smaller businesses have the opportunity to tender for our works and services contracts.

Tenants are involved throughout the procurement process, and particularly in the evaluation of tenders, which is based on an assessment of quality as well as price. The relative weighting given to quality and economic criteria is detailed in the tender documents.

Procurement of contracts valued at £500,000 or more is subject to a Gateway Project Review process, in accordance with Office of Government Commerce guidance.

Contracts with a value up to £100,000 are advertised through the SSW Portal by issuing a formal Request for Quotation, whilst works valued at less than £5,000 can be awarded by written quotation. The Housing Property Maintenance Department does not operate an approved suppliers list.

Over the next five years, we aim to establish Framework agreements for goods and services valued up to £25,000, to enable us to respond more agilely to demand.

Our Business Plan identifies the need to continue to maintain a Contract Register in compliance with the Council's Standing Orders, and to further develop the investment strategy for long-term programmes of work.

Detailed Approach to Component Renewal

The large majority of the Council's homes (87%) were built within the 45 years following the end of World War 2, including 40% of the stock built between 1945 and 1959 (see Appendix 1).

This has resulted in a fairly uniform stock condition profile, borne out by the findings of the Swindon Stock Condition Survey completed in 2016. Consequently the distribution of component issues does not present any characteristics identifiable to particular locations or property stereotypes, apart from those which were previously identified e.g. certain types of non-traditional properties, high-rise blocks, and the Railway Village.

General Needs Properties

Non-Traditional Construction

The Council commissioned a structural survey of all non-traditional construction dwellings in its stock in 2014/15. Such properties are vulnerable to corrosion of steel structural members and steel reinforcements in concrete. The survey found very little evidence of any structural problems, but noted that the external insulation of many homes would require renewal over the next 10 years to maintain the protection of the steel elements.

Based on the recommendations of the survey, we will prioritise remedial works to properties constructed using **BISF** (203), **Reema** (452) and **Dorlonco** (37) methods. We have established a programme to deliver a complete upgrade of all components in addition to the renewal or installation of wall insulation systems. This will minimise the need for further component repairs and replacements which would entail disturbance of the cladding over the next up to 30 years. These properties will not be included in any other locality-based component renewal programmes set out below, pending completion of this programme.

Other non-traditional properties will continue to be included in locality-based component renewal programmes, until we determine future priorities and timescales for remedial insulation works.

On completion of the current programme which targets 220 homes, we will consider the relative need and resources available at the time to renew the insulation of the remaining non-traditional properties, and this action is recorded in our Business Plan.

High-Rise Blocks

The Council owns six 11-storey blocks, each comprising approximately 40 flats, built using the Truscan construction method. Some of the blocks are affected by rainwater penetration on exposed higher storeys, and we are undertaking options appraisals to determine the most satisfactory course of action, in accordance with our current

Business Plan. We will incorporate the outcome of this study into the next review of this Asset Management Strategy.

Railway Village Properties

The Council owns 306 homes in the Railway Village. This area was constructed in the early Victorian period and is strongly associated with Swindon's railway heritage. The area has Conservation Area status and all the properties are Grade II Listed buildings.

The homes are poorly insulated, principally due to their solid wall construction and single glazing. The options to improve their environmental performance are limited by planning constraints. Subject to consultation with residents and other stakeholders, we will develop a programme of internal wall insulation and secondary glazing to be delivered within the next 5 years. In the interim, we will undertake necessary repairs, and will renew or upgrade components only where repair is not a practical option.

All Other General Needs Properties

With the exception of heating systems, our approach is to identify which components are within 5 years of the end of their Useful Economic Life (UEL). We will undertake inspections of these components based on geographic location. Where a locality-based inspection indicates that a component will require replacement or major repair within 5 years, its renewal will be included in the current year's programme of works, subject to meeting other policy requirements (e.g. Improvements for Tenants in Arrears policy). A decision to renew a component will be based on the state of repair, and any existing or potential failure of the Decent Homes Standard or any higher local standard in effect at that time.

This will ensure that work is programmed within localities, focuses on necessary works, and ensures that we obtain best value from existing assets. This approach maximises the impact of the work whilst reducing overheads. In deciding the localities for inspection in each year, we will take account of the age and condition information from our own records and the most recent Stock Condition Survey, and proximity to existing programmes. We will review and publish our survey programmes up to 5 years in advance.

Where components are in disrepair and have reached the end of their UEL, but are not within the current programme of component surveys, we will carry out any necessary responsive repairs in order to maintain Decency until programmed renewal can be carried out.

Heating Systems and Energy Efficiency

Our priority is to ensure that all our homes have safe, efficient and controllable heating systems. The large majority of our homes are heated by gas, which is currently a cheaper fuel than electricity.

Electrically heated homes

175 homes within this category are heated by electricity. Most of these are in rural locations without access to mains gas. Wherever a gas supply can be economically

provided, we will offer the option to upgrade to gas central heating. Where a gas supply cannot be provided, or where tenants prefer to retain electrical heating, we will offer the installation of high efficiency night storage heaters (e.g. Dimplex Quantum) or heat pumps.

Gas-fired heating

59 properties are recorded as having a gas fire(s) as their only or main heating appliance, due to the tenants having refused to have full central heating installed. We will continue to offer the upgrade to a full heating system, otherwise we will upgrade at the next change of tenancy.

65 homes have central heating provided by back boilers with open flues. Our priority is to replace these with modern condensing gas boilers, which are much more economical to run and safer room-sealed appliances.

Approximately 2,400 non-condensing boilers are installed in our homes. We will replace these with more efficient condensing boilers, prioritising approximately 350 installed before 2000.

The Useful Economic Life (UEL) of a condensing boiler is anticipated to be about 15 years, significantly less than its non-condensing counterpart. However, as domestic condensing boilers have only been installed in quantity since 2002, there is as yet no firm data to confirm this. We will monitor the reliability of our condensing boilers, and make provision in our budgets for renewal of up to 300 condensing boilers per year for the next 5 years. Where the radiator system was renewed at the same time as the last upgrade to a condensing boiler, it may not be necessary to renew the pipework and radiators, but we will review the relative merits of full system vs boiler only renewal.

We will retain a degree of flexibility in constructing our annual programmes in order to respond to particular circumstances, such as changes in the Gas Installation and Use Regulations or the Approved Code of Practice, or the (lack of) availability of spare parts.

We will usually install combi boilers in flats, bungalows and maisonettes; and system boilers with a hot-water cylinder in houses. This will provide a better demand response for the larger households usually accommodated in houses, and facilitate installation of solar thermal hot water heating in houses should it be desirable in the future.

Bathrooms

The Stock Condition Survey highlighted the need to renew bathrooms at a greater rate than hitherto. Consequently, we plan undertake locality-based programmes to renew approximately 3,600 bathrooms in our General Needs stock over the next 5 years. Bathrooms which are outside the survey areas, or where the household does not comply with the Improvements for Tenants in Arrears Policy, will be maintained in a serviceable condition through the Responsive Repairs Service.

Kitchens

We plan to undertake locality-based programmes to renew approximately 2,500 kitchens in our General Needs stock over the next 5 years. Kitchens which are outside the survey areas, or where the household does not comply with the Improvements for Tenants in Arrears Policy, will be maintained in a serviceable condition through the Responsive Repairs Service.

Roofs

We plan to undertake locality-based programmes to renew approximately 750 roofs in our General Needs stock over the next 3 years. Roofs which are outside the survey areas will be maintained in a serviceable condition through the Responsive Repairs Service.

Electrical Installations and Testing

All domestic electrical installations are inspected on a 10-year cycle, and communal areas every 5 years. Any defects are remedied as a matter of priority. In addition, we have age-based and locality-based programmes to upgrade electrical installations. The main purpose of the upgrades is to provide electrical outlets in the quantity and locations to meet the requirements of a modern lifestyle. This prevents the potential hazards arising from trailing leads and multi-way socket adaptors, ensuring our homes are safe and comfortable. The majority of our homes have benefitted from this upgrade programme, which we plan to substantially complete by undertaking approximately 1,800 upgrades by the end of 2019.

External Entrance Doors

The Stock Condition Survey indicated that all but a few homes had modern doors of a satisfactory standard. We will maintain a small programme to upgrade entrance doors where necessary, prioritising the replacement of Aluminium, timber and the oldest uPVC doors with modern uPVC or GRP doors.

Windows

The UEL of a window is 40 years. Although the large majority of our windows are less than 35 years old, we are experiencing a higher than anticipated rate of failures of double glazing units, handles and hinges. Consequently, the Stock Condition Survey indicates a need to plan for the renewal of windows to approximately 2,900 homes over the next 5 years.

Cyclical Planned Maintenance

We undertake Planned Maintenance to General Needs properties on a 5-year cycle. The programme undertakes basic repairs, maintenance and decoration of the exterior of properties, fencing, paths, and internal communal areas of flats. More significant repairs outside the scope of this programme are identified and, depending on nature and urgency, are referred to be dealt with by the Responsive Repairs Service or incorporated into a future component renewal programme.

Sheltered Housing

The Council has 1,426 flats in Sheltered schemes, together with 141 Sheltered bungalows and houses. There is a small number of General Needs flats within some sheltered schemes.

The interior of sheltered accommodation is generally subject to less wear and tear than General Needs properties. Consequently, Cyclical Planned Maintenance to Sheltered Homes is delivered on an 8 year cycle.

We have established a programme which will complete the renewal of all kitchens and bathrooms in sheltered homes by 2026. Kitchens in this style of accommodation are generally smaller than in General Needs housing, but the Council provides a cooker and refrigerator. All bathrooms in Sheltered accommodation are upgraded to wet rooms with level access showers wherever possible and taking account of any preference expressed by an existing tenant.

Appendix 1

Stock Profile (November 2016)

Dwelling Type	Beds	Non Sheltered	Sheltered	Grand Total
Bungalow	1	651	96	747
	2	275	18	293
	3	6		6
	Bedsit	25		25
Bungalow Total		957	114	1,071
Cottage	1	98		98
	2	17		17
	3	3		3
Cottage Total		118		118
Flat	1	1,087	1,285	2,372
	2	1,310	48	1,358
	3	1	4	5
	4	7		7
	Bedsit	165	89	254
Flat Total		2,570	1,426	3,996
House	1	10		10
	2	1,076	7	1,083
	3	3,685	19	3,704
	4	181	1	182
	5	2		2
	6	2		2
House Total		4,956	27	4,983
Maisonette	2	43		43
	3	57		57
Maisonette Total		100		100
Grand Total		8,701	1,567	10,268

Age Profile (November 2016)

Age	Non Trad	Trad	Grand Total
Pre 1920		359	359
1921 - 1944	37	647	684
1945 - 1959	3,481	634	4,115
1960 - 1969	836	1,179	2,015
1970 - 1979		1,625	1,625
1980 - 1989		1,171	1,171
Post 1989		299	299
Grand Total	4,354	5,914	10,268

Appendix 2

Decent Homes Standard

The Decent Homes Standard was introduced in 2000, and updated in 2006. The standard is particularly aimed at improving and maintaining social housing, but does not apply to leasehold and shared ownership properties. With minor exceptions, all social housing organisations were required to ensure that all their stock met the standard by the end of 2010.

A decent home meets the following four criteria:

a) It meets the current statutory minimum standard for housing

Dwellings which fail to meet this criterion are those containing one or more hazards assessed as serious ('Category 1') under the Housing Health & Safety Rating System.

b) It is in a reasonable state of repair

Dwellings which fail to meet this criterion are those where either:

- one or more of the key building components are old and, because of their condition, need replacing or major repair; or
- two or more of the other building components are old and, because of their condition, need replacing or major repair.

c) It has reasonably modern facilities and services

Dwellings which fail to meet this criterion are those which lack three or more of the following:

- a reasonably modern kitchen (20 years old or less);
- a kitchen with adequate space and layout;
- a reasonably modern bathroom (30 years old or less);
- an appropriately located bathroom and WC;
- adequate insulation against external noise (where external noise is a problem); and
- adequate size and layout of common areas for blocks of flats.

A home lacking two or fewer of the above is still classed as decent, therefore it is not necessary to modernise kitchens and bathrooms if a home meets the remaining criteria.

d) It provides a reasonable degree of thermal comfort

This criterion requires dwellings to have both effective insulation and efficient heating.

It should be noted that, whilst dwellings meeting criteria b, c and d are likely also to meet criterion a, some Category 1 hazards may remain to be addressed. For example, a dwelling meeting criterion d may still contain a Category 1 damp or cold hazard.

Appendix 3

Statutory Compliance

Types of system / Plant	Action Required	Frequency	Inspected by	Type of Inspection	Relevant Legislation and /or Guidance
Fire and Smoke					BS 9999:2008 Code of practice for fire safety in the design, management and use of buildings
Fire extinguishers	Inspection Discharge (not CO ₂)	12 Monthly 60 monthly	Competent Person (Accredited Company)	Statutory Statutory	BS EN 3:2000 Potable fire extinguishers BAFE, LPC or similar
Fire detection and alarm Systems	Functional Check Inspection Inspection and Test	Daily Weekly 3 Monthly 12 Monthly	User User Competent Person (Accredited Company)	Operational Operational Operational Statutory	BS 5839-1:2013 Fire detection & alarm systems code of practice loss prevention standard 1014 requirements for fire detection & alarm systems installers. FIA, LPC or similar
Power Exhaust Ventilators	Inspection	Risk Assessment	Trained person	Statutory	BS 9999:2008 Code of practice for fire safety in the design, management and use of buildings
Non Automatic Fire Protection system Dry (or Wet) risers.	Visual Inspection Hydraulic Test	Weekly 6 Monthly 12 Monthly	User Competent Persons (Accredited	Statutory	BS EN 671. BS9990:2006 and BS 5306-1:2006. BS5888-12 and Building Regulations FIA, LPC or Similar accreditation

Appendix 1

Types of system / Plant	Action Required	Frequency	Inspected by	Type of Inspection	Relevant Legislation and /or Guidance
			Company)		
Escape Routes Fire Doors	Visual Inspection Auto Doors Inspection	Weekly 1 monthly 6 Monthly	User User Competent Person	Operational Operational	HSWA Section 2 Building Regulations BS999:2008
Fire System Risk Assessment	Risk Assessment	As specified in RA	Competent Persons (Accredited Company)	Statutory	Risk Assessment specifies the criteria for the management of fire systems
Electrical					
Portable Electrical Appliances (PAT)					

Appendix 1

Types of system / Plant	Action Required	Frequency	Inspected by	Type of Inspection	Relevant Legislation and /or Guidance
A portable appliance in a low risk area is an electrical appliance that can be plugged in, or moved whilst connected to an electrical supply and includes some fixed appliances	Pre Use Checks Heavy use equipment e.g.by mobile engineer, cleaners and on construction site need risk assessment.	At suitable intervals Vary according to requirement Testing	User Competent Person (C + G 2377)	Operational	The health and Safety at Work Act 1974 (HSW) The management of the Health & safety at work Act Regulations 1999 (MHSWR) The Provision & Use of work equipment regulations 1999 (PUWER) The Electricity at Work Regulations 1989 (EWAR) HSE HSG107 Maintaining portable and transportable electrical equipment HSE INDG236 Maintaining portable equipment in offices
Electrical Installations and Equipment					
Fixed electrical, control panels Electrical Installations Condition report	Visual and functional checks Thorough inspections and test,	3-60 monthly Subject to previous report	Competent person Competent person	Operational Statutory	Inspection is recommended. Inspection frequency varies according to the type of equipment and environment used in BS 7671:2008 IET Wiring Regulations
Emergency Lighting					

Appendix 1

Types of system / Plant	Action Required	Frequency	Inspected by	Type of Inspection	Relevant Legislation and /or Guidance
The continued operation of emergency lighting is imperative, and testing is required to ensure it remains in a serviceable condition. Logbook record required	Full discharge for self-contained fittings 36 months after installation and then Annually. Indicators of central power supplies Short Duration test monthly Discharge test	Daily Monthly 12 Monthly	User User Competent Person	Operational Operational Statutory	The Electricity at Work regulations 1989 (EAWR) The Health and Safety at Work Act 1974 (HSW) BS EN 50172:2004 (BS5266-8:2004) emergency escape lighting systems The frequency of inspection and testing may change subject to assessment or building type.
Lightning Conductors					
Lightning Protection and earthing systems	Condition and inspection report	11 Monthly (indicative)	Competent Person	Operational	The Electricity at Work Regulations 1989 (EWAR) The Health and safety at work Act 1974 (HSW) BS EN 62305 (1-4) 2006 protection against Lightning.
Lifts, escalators, lifting equipment					
Passenger Lifts					

Appendix 1

Types of system / Plant	Action Required	Frequency	Inspected by	Type of Inspection	Relevant Legislation and /or Guidance
All lifting equipment used to lift or lower persons	Service Engineering Inspections	Risk Assessment 12 Monthly	Accredited Company, Competent Person Accredited Company, Competent Person	Operational Statutory	Lifting Operations and lifting Equipment Regulations 1998 (LOLER) Provision and use of work equipment regulations 1998 (PUWER) The Electricity at Work Regulations 1989 (EAWR) The management of the Health & Safety at work act regulations 1999 (MHSWR)
Lifts & Hoists					
Lift used for lifting goods and equipment only.	Service Engineering Inspections	Risk Assessment 12 Monthly	Accredited Company, Competent Person Accredited Company, Competent Person	Operational Statutory	Lifting Operations and lifting Equipment Regulations 1998 (LOLER) Provision and use of work equipment regulations 1998 (PUWER) The Electricity at Work Regulations 1989 (EAWR) The management of the Health & Safety at work act regulations 1999 (MHSWR)

Appendix 4**30-year Expenditure Profile**

Category	Years 1-5	Years 6-10	Years 11-15	Years 16-20	Years 21-25	Years 26-30	Total 30 Year Cost
Catch up Repairs	£14,826,006	N/A	N/A	N/A	N/A	N/A	£14,826,006
Future Major Works	£48,957,150	£44,508,966	£45,800,794	£41,242,580	£43,364,616	£48,044,998	£271,919,104
Related Assets	£1,875,000	£1,875,000	£1,875,000	£1,875,000	£1,875,000	£1,875,000	£11,250,000
Contingent Major Repairs	£2,130,000	£2,130,000	£2,130,000	£2,130,000	£2,130,000	£2,130,000	£12,780,000
Exceptional Extensive	£36,968,100	£36,937,500	£0	£0	£0	£0	£73,905,600
Improvements	£10,197,000	£3,147,000	£2,697,000	£1,750,000	£1,750,000	£1,750,000	£21,291,000
Planned & Cyclical Repairs (Capital)	£16,400,000	£16,400,000	£16,400,000	£16,400,000	£16,400,000	£16,400,000	£98,400,000
Total Capital	£131,353,256	£104,998,466	£68,902,794	£63,397,580	£65,519,616	£70,199,998	£504,371,710
Responsive & Cyclical Repairs (Revenue)	£36,758,500	£36,758,500	£36,758,500	£36,758,500	£36,758,500	£36,758,500	£220,551,000
Total Revenue	£36,758,500	£36,758,500	£36,758,500	£36,758,500	£36,758,500	£36,758,500	£220,551,000
30 year Total	£168,111,756	£141,756,966	£105,661,294	£100,156,080	£102,278,116	£106,958,498	£724,922,710

Appendix 5

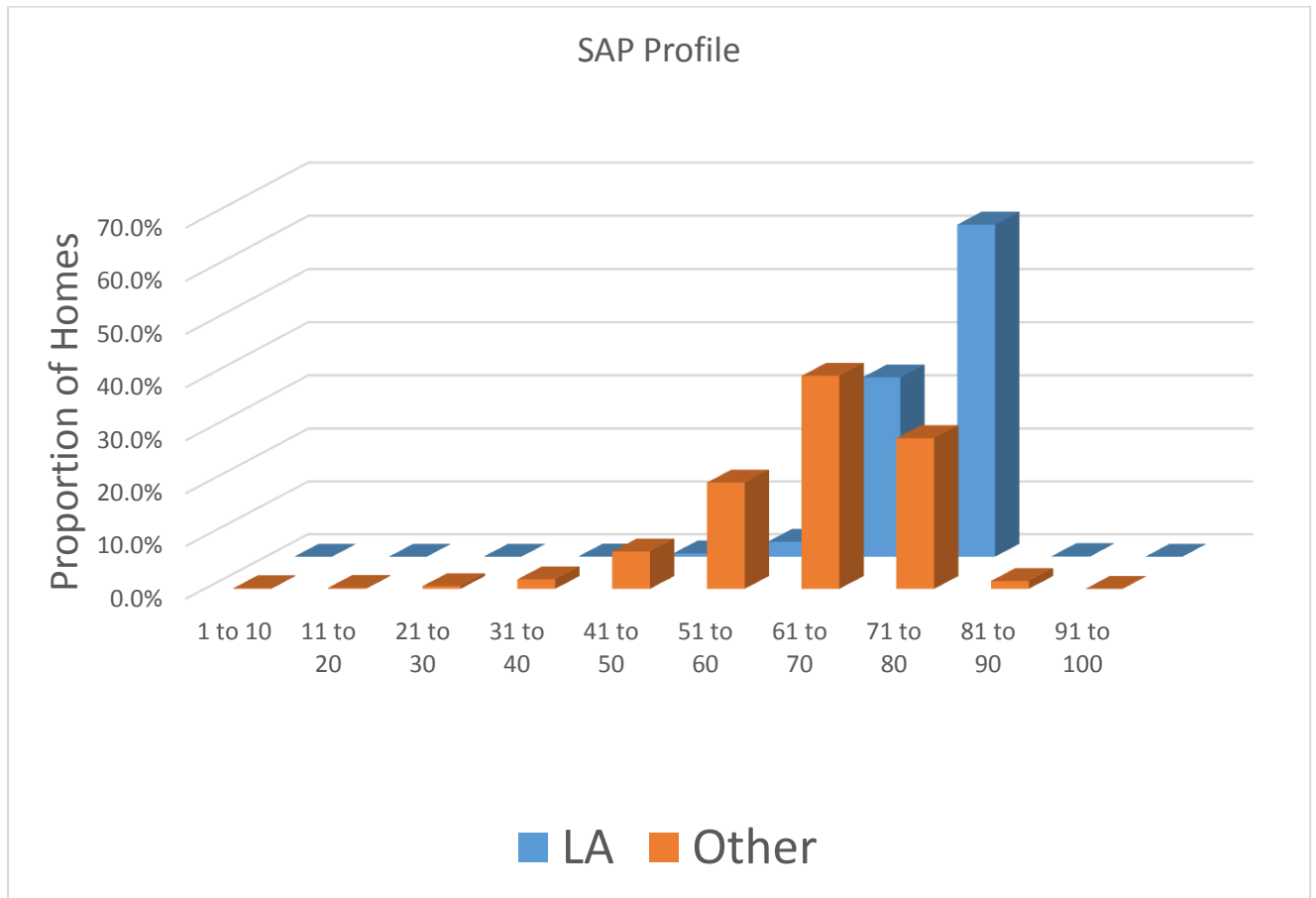
Principal Components – Useful Economic Life

Component	UEL (Yrs)
Balcony	30
Bathroom	30
Boiler (Gas)	15
Boiler (Other)	20
Chimney	60
Door Canopy	30
External Door	40
External Insulation	30
External Wall Structure	80
Fencing	15
Garages & Outbuildings	30
Heating Extent and System	40
Kitchen	20
Loft Insulation	30
Main Roof Covering (Flat)	20
Main Roof Covering (Pitched)	60
Main Roof Structure	100
Mains Water Supply	50
Paths & Driveways	60
Porch	30
Primary & Secondary Wall Finishes	60
Programmable Heating	40
Renewables (PV & Solar Thermal)	25

Room Appliances (Gas & Electric Fires)	20
Secondary Roof Covering (Flat)	20
Secondary Roof Covering (Pitched)	60
Secondary Roof Structure	100
Smoke Detectors	10
Wall Insulation (Cavity Wall)	80
Wall Insulation (External Render)	60
Walls	60
Windows	40
Wiring	30

Appendix 6

Stock Energy Efficiency Profile



The chart demonstrates the higher proportion of HRA homes which achieve higher energy efficiency ratings than private homes in Swindon

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Great Western Hospitals NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 7 November 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 Preparations for winter at GWH and in the community

With winter – the traditional busy season of the NHS – upon us, the Trust has been working on its winter plans together with the CCG, SBC and other partners to prepare for what is likely to be a very challenging winter.

Some of the initiatives and measures being introduced include:

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 Hospitals NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 7 November 2017

-
- Changing the working arrangements of staff to cover the periods when the Trust is expected to be at its busiest, such as in the early evening between 6pm and 9pm
 - Increasing the number of staff working in the Urgent Care Centre at GWH, which will help patients to be triaged quicker on arrival.
 - Expanding the Acute Medical Unit to allow for more trolleys to be available for patients, as well as giving the team space to assess patients in one area rather than being split between the existing unit and the Emergency Department.
 - Scaling back on clinic work and elective surgery during the holiday time will mean there are more senior clinicians on hand to help care for an increase in emergency attendances and admissions.
 - More cardiology nurses in the Emergency Department will mean that patients arriving with chest pains – one of the most common reasons for a visit to hospital – can be seen by a specialist much sooner.
 - Freeing up beds in the Shalbourne Private Health Care ward will provide the Trust with much-needed extra capacity during extremely busy periods.
 - Improving communication between the teams at GWH and the Swindon Intermediate Care Centre (SwICC) to ensure that those patients moving between the two facilities experience a smooth and supported journey.

3.3 Update on Emergency Department performance

While the notion of warmer summer months being a period of respite for the NHS no longer remains, the Trust did see some improvements in its Emergency Department performance throughout August, despite teams still dealing with a significantly high number of patients.

More than 90 per cent of patients (90.9) were either admitted, treated or discharged within four hours of arrival at the Emergency Department, which is a stronger performance than what the Trust had originally anticipated for August.

This is also a marked improvement on previous months' performance – in July, 87.4 per cent of patients were seen within four hours as we work towards achieving the national standard of admitting, treating or discharging 95 per cent

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 Hospitals NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

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of patients within four hours.

While improvements were seen across many areas during August, the Trust was still experiencing a high volume of patients who were unable to leave hospital, despite being well enough to return home or to another care setting.

Emergency admissions were up during August 2017 compared to the same month last year and while the number of attendances was slightly fewer than the previous year, the decline is not indicative of a drop in people coming to hospital as anything up to 700 patients a month, who would have otherwise visited ED, are now seen by teams working in the new Ambulatory Care Unit and GP Medically Expected Unit.

3.4 Update on 500 Lives

In 2015, the Trust launched its overarching safety and quality vision for the coming five years – to save an extra 500 lives through the continuing provision of safe care, adoption of best practice and implementing new and innovative ways of working.

As the halfway mark approaches, the Trust is pleased to report that 217 extra people are alive today and spending valuable time with family and friends thanks to the work being carried out by teams at the Great Western Hospital and in the community across Swindon.

It means the Trust is currently on track to hit the all-important 500 mark by, or even before, the year 2020.

Clinicians have calculated this score by comparing the number of actual hospital deaths at the end of the year with the number of deaths that were expected to happen at the beginning of the year.

The Trust's ongoing success in identifying and treating serious conditions, such as sepsis and acute kidney injury, at the earliest opportunity has been a major contributor to this sustained good performance.

Looking ahead, new technologies, such as the state-of-the-art eObservations system, which will help clinicians to recognise deteriorating patients sooner, will only take the Trust closer to achieving its overall goal.

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 Hospitals NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

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3.5 Red2Green initiative helps patients get home quicker

The Trust has signed up to a new way of working which is helping patients get home from hospital quicker by enabling teams to spot potential delays much sooner than before.

Red2Green, which has been rolling out across various wards and departments since July, works on the premise that every day of a patient's stay in hospital can be defined as either red or green.

A red day is any day that does not justify a patient being in hospital – for example, a day spent waiting for test results to arrive.

On the other hand, a patient will have a green day when they receive any care, treatment or support that contributes to their departure from hospital.

Teams working in areas where Red2Green is established will start each day by looking at the patients they have and, for each person, asking whether it will be a red or green day.

Red day patients can then be highlighted with teams able to work together early on to resolve the issues and turn the day from red to green.

More than 15 areas at GWH are currently using Red2Green and it's expected that all remaining wards and departments will be on board with the initiative by the end of 2017.

3.6 A stronger, more resilient community nursing service

When the Trust took on responsibility for Adult community Health Services from the previous provider in October 2016, community nursing was a key risk area with shortages of qualified staff and lack of systems, governance and processes. Over the last year the community nursing services has been a key priority as a cornerstone of out of hospital care both supporting primary care but also helping prevent admission to hospital and helping improve discharges.

This work has progressed well with recruitment a particular success story. With only a small number of vacancies remaining, and a further six staff starting in the next six weeks, this puts the service, and the wider system in a better position as we head into winter. As an example of the progress being made, for Band 6 District Nurses, a key group of staff, when we took on the service there were

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 Hospitals NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 7 November 2017

three people in post, we now have ten who will be supported through further specialist training qualifications.

This all helps contribute to improved performance as we see a reduction in the number of outstanding visits, month on month and compared to the same time last year and also steady improvement in the number of urgent patients being seen on the same day – again compare to the same period last year.

There is still a lot of work to do, but the foundations are steadily improving for the transformation work that continues to redesign how the service and support patients out of hospital.

3.7 Health secretary sends personal letter of congratulations

Staff working across the Outpatients department at GWH have been personally congratulated by the Secretary of State for Health following a recent strong performance in the Friends and Family Test.

Jeremy Hunt MP wrote a personal letter of congratulations to the team in August after learning of their near-perfect 97 per cent score in the patient feedback survey for June.

In his letter, Mr Hunt wrote: “The Trust is a real example to others, demonstrating how to ensure your patients get the care that they deserve.

“From visiting organisations throughout the country, I know that the immense amount of work that will have been behind this outcome cannot be underestimated. This is a testament to the hard work and dedication of the Trust’s staff.”

The letter concluded with the Health Secretary asking for his personal thanks to be shared with each and every member of the department.

4. Alternative Options

4.1 None

5. Implications, Diversity Impact Assessment and Risk Management Financial and Procurement Implications

5.1 None

Legal and Human Rights Implications

5.2 None

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 Hospitals NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 7 November 2017

- All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)
- 5.3 None
- Diversity Impact Assessment
- 5.4 None
- Risk Management
- 5.5 None
- 6. **Consultees**
- 6.1 The 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

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

Avon & Wiltshire Partnership NHS Trust Update

Adult Care Adults Health and Housing Overview and Scrutiny Committee

Date: 7 November 2017

Author:	Sarah Jones, Clinical Lead, Swindon Local Delivery Unit, Avon & Wiltshire Partnership
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 In line with the Sustainable and Transformational Partnerships (STPs) and in accordance with the '*Five Year Forward for Mental Health*', the Trust continues to work to ensure that our services remain safe, high quality but are financially sustainable and make the best and most efficient use of public monies.

Transformation plans to develop 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, as outlined in the Trust Clinical Strategy provided to the committee in the last report.

3.1.1 Top Five Priorities

Avon & Wiltshire Partnership NHS Trust Update

Adult Care Adults Health and Housing Overview and Scrutiny Committee

Date: 7 November 2017

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	CQC report published. Trust rated as Requires Improvement. Issues related to Swindon are Place of Safety related.	As above. Continued work against Swindon and Wiltshire joint Crisis Care Concordat actions related to provision of Section 12 doctors and AMHP's.

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.

Avon & Wiltshire Partnership NHS Trust Update

Adult Care Adults Health and Housing Overview and Scrutiny Committee

Date: 7 November 2017

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 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

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

None.

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Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

7th November 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 Overview & Scrutiny Committee

7th November 2017

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 two (September 2017). Background details on performance and activity are provided in Appendix 1 and 2.

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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- 3.1.3 Swindon has a long and well established history of joint commissioning and integrated working for health and social care. Swindon's 2017/19 Better Care Fund Plan (BCF) was submitted to NHS England on 11 September 2017 for approval. The plan continues to progress our integration journey and endorses a shared responsibility for the current pressures across Swindon's health and social care system. It presents a joined up vision for all partners working with individuals, carers and local communities to transform the quality of care provided and improve levels of health and wellbeing for people living in Swindon. Local health and social care partners are committed to work together to improve the delivery of integrated community and acute pathways.
- 3.1.4 The BCF Plan describes how we will work together with a common set of values and principles. We recognise we need to find new and better ways of responding by building on the support that people can find amongst their families, friends and communities, by making more use of technology to help people remain independent, and by helping earlier and more effectively to stop people's circumstances getting worse. Where people do need additional help, we will ensure it is personalised and offers choice and control. Our BCF Plan focusses on delivering the following outcomes:
- 3.2.1 Avoiding emergency hospital admissions for specific groups of patients, particularly those suffering from diabetes and heart conditions;
 - 3.2.2 Enabling more patients to leave hospital without delay;
 - 3.2.3 Fewer patients being re-admitted to hospital by embedding reablement into domiciliary care;
 - 3.2.4 Fewer older people being admitted to residential care through the provision of timely and effective reablement, making better use of preventative services in the voluntary and third sector, using more flexible housing with care, and reducing isolation amongst older people;
 - 3.2.5 Enabling more people with a disability to live as independently as possible and access paid employment through ongoing investment in technology and the voluntary and third sector.
- 3.1.5 The Clinical Commissioning Group (CCG), Great Western Hospital and Swindon Borough Council (SBC) continue to develop Swindon's Accountable Care System model to deliver more integrated health and social care. Prevention is a key component and is integrated throughout the system to ensure people have an opportunity to be supported, signposted or informed about healthy choices and behaviours at every stage.
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3.2 What are the challenges that your organisation is facing?

3.2.1 **Managing demand and financial pressures**

The forecast outturn position across Adults as at the end of August 2017 is a balanced budget. The main social care budget pressures remain around Older People and Learning Disability, which are monitored weekly by officers. We have achieved £1.8m of savings at the end of August against the challenging target we set ourselves for 2017/18 of £2.617m. We are on track to deliver the remaining savings this financial year

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

A delayed transfer of care is where a patient is ready and safe to leave hospital care, but unable to do so, and remains occupying a hospital bed. Work is ongoing between Swindon CCG, Great Western Hospital, and Wiltshire Council to tackle blockages leading to patients having their discharge delayed. During September performance was good with an average of 6.8 bed days lost due to discharge delays attributable to social care against a target of 8 beds (15% better than target). However, the legacy of the increased delays we experienced during May and June 2017 due to high demand, the re-shaping the social work team and changes in data validation, have impacted on overall performance. Our cumulative year to date (YTD) performance for delayed discharge attributable to social care is 11.89 bed days which is above target (lower is better). The main areas of reduction in delays have been in the completion of social work assessment and delays due to residential and nursing care. We expect delays to continue to reduce.

Our DTOC data is monitored weekly in social care and monthly through the DTOC Programme. Our Improved Better Care Fund Plan (IBCF) sets out our plan for using the additional funding from Central Government to reduce delays. This includes increasing capacity in re-ablement; making better use of discharge to assess beds; reshaping the hospital social work team and introducing a seven day working pattern; reducing permanent admission to residential and nursing homes; and fully embedding the health in care homes initiative.

3.2.3 **Learning disability Services**

Work is ongoing to reduce spend on Learning Disability services as spend per service user in Swindon remains high compared to other authorities. Progress against our savings plan is good, and as at the end of August we have achieved £542,000. Plans are in place to achieve the savings target of £1.1m this financial year.

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To help people with a learning disability to be independent, we want to ensure they have opportunities to gain meaningful paid employment. There are currently 29 people with learning disability support needs who are employed and in receipt of long term services (4.9%), and an additional ten people with a learning disability who are no longer receiving long term support and are in meaningful employment of 16 hours or more per week. The multi- agency Transitions Programme will continue to drive improvement in this area over the coming year. Work is ongoing to raise the aspirations of young people and adults with a learning disability to live more independent and inclusive lives. In September we held our second multi-agency 'Preparing for Adulthood (PfA)' Transition Roadshow at Great Western Hospital. The event was well attended by young people, professionals, carers and parents who reported it was useful and informative. A review of the Council's Supported Employment Service is also underway to ensure it aligns to the principles of the Government's Work and Health Programme.

We continue to strive to undertake timely reviews within learning disability services but performance has been impacted by a number of factors: capacity issues; consolidating a new management structure; diagnostic work; prioritising efforts to deliver planned savings; and the timely processing of data. The service has also had to prioritise complex work in order to manage urgent demand. Latest review performance is 23.15% (166) which is below the 37.5% target for the end of September 2017. .

The Learning Disability Team is currently recruiting staff to vacant posts, having experienced challenges in line with national trends in recruitment of skilled social worker. The Learning Disability Service and the Council's Design Team are undertaking diagnostic work having identified potential areas for improvement and efficiency opportunities.

3.2.4 Safeguarding

We continue to maintain and develop the profile of safeguarding adults. Since April 2017, the Safeguarding Team has received 602 concerns, a 5% increase compared with the same period in 2016/17. Of those concerns, 250 progressed to an enquiry stage. Work is ongoing with partners to reduce the number of concerns that are not related to safeguarding issues. The Safeguarding Team is piloting a new approach to screen and re-direct inappropriate concerns at initial contact stage. The benefit of co-locating a police officer within the team is also being considered. A Safeguarding Adult Review is underway following a death. This review will identify how agencies need to respond to similar circumstances in the future to ensure adults in need of care and support are

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protected. The findings of the review will be presented to an Extraordinary Local Safeguarding Adult Board Meeting in December 2017.

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 by promoting health and wellbeing amongst Swindon residents.

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. Since its inception, GP surgeries have been referring patients to the service, the average monthly figure being 40 patients all of whom have at least one long term condition, many presenting co-morbidity.

The Community Navigators are working with adult social care to look at how demand on statutory services can be diverted to other more appropriate and less costly solutions. A dedicated adult social care Community Navigator is being recruited to develop this area of work.

Swindon Circles

We have re-shaped Swindon Circles to support any age person who is identified as lonely and isolated. Referrals come from GPs, Social Workers and families. We focus on people who have less than 5 hours of contact per week or those who are in caring responsibilities. We are now working closely with the Royal Voluntary Service (RVS) to share good practice, resources and broaden the befriending offer to Swindon residents. We now measuring the impact of the service through a nationally recognised evaluation tool called the Loneliness Score developed by UCLA.

We recently presented a workshop at the South West Public Health Development School around the social prescribing and befriending agenda to share best practice across the region.

Volunteering

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We are supporting 120 volunteers to work on projects across the Community Health and Wellbeing team. Recent training for volunteers has included: Dementia Friends; Rogue Traders Scam Awareness; Making every Contact Count and Safeguarding. We have strong links with Swindon Involve Network, Nationwide, Zurich, Intel and SBC and are actively encouraging employees to volunteer to support our demand management initiatives.

Promoting physical health and activity

Swindon Borough Council has a strategy to Get Swindon Active as we know that people who have a physically active lifestyle live longer in better health than inactive people. A large section of the population in Swindon are not active enough to benefit their health. Active people have a 20-35% lower risk of coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.

The national recommended level for physical activity in adults is 150 minutes (2.5 hours) or more of moderate activity per week. 65% of adults in Swindon and England meet this recommendation. Of concern is that over a fifth (22%) of adults in Swindon and England are doing less than 30 minutes of moderate intensity physical activity per week (Source: Public Health Outcomes framework, current method, 2015/16). Those less likely to be active are those on low income, women, people with disabilities and older people.

The Get Swindon Active partnership is developing a communications plan to target activity levels in older people. In addition SBC Community Health and Wellbeing team provide a range of programmes to support the least active to get moving. This includes the exercise on referral programme, walking programmes, cardiac rehab and disability sport.

Live Well Swindon Hub

Over 1000 people have now been referred to the Live Well Swindon Hub since April 2017 for a lifestyle intervention. This intervention may include stop smoking, physical activity, exercise on prescription, weight management, health ambassadors, and pulmonary rehabilitation. We have a partnership with Greenwich Leisure Limited (GLL) and Kiss gyms who are operating reduced rates in line with our package to ensure accessibility and inclusivity.

Health Ambassadors

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The Health Ambassador Service is aligning to the Migration Project and is working in partnership with housing and environmental services. The Migration Project is focussing on building resilience, capacity and wellbeing of residents living in and around Broadgreen.

Making Every Contact Count (MECC)

Swindon continue to rollout out the MECC initiative which supports staff to maximise the opportunity they have with the public and colleagues in promoting health and wellbeing in everyday interactions. Two more SBC staff are attending the train the trainer sessions this month to increase the pool of people able to deliver training. A 30 minute MECC taster session was held and well received by the Housing team in SBC.

We recently presented a workshop at the South West Public Health Development School around MECC to share best practice across the region.

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. Members of the Collaborative attended the Borough Council Joint Care Forum and provided falls training to care home and domiciliary care staff and the Ambulance service are also working with individual providers. Two new Otago (an evidence based strength and balance exercise programme) classes are starting in Swindon shortly run by our Community Health & Wellbeing Team. This is targeted at people who are at a high risk of falling. A quality mark is also in development so professionals can confidently refer to community classes, following a Quality model developed by Leeds Public Health team.

Dementia

Swindon has been formally accredited by the Alzheimer's Society as 'working to become a dementia friendly community (DFC)'. This recognises the work that has occurred in Swindon over the last few years to support people living with dementia, and our plans going forward. Swindon Council can now display the DFC logo and the Swindon Dementia Action Alliance can accredit other groups/organisations who are also showing they are working to be more dementia friendly. We have also worked with Ferndale School who are the first in Swindon to run dementia friends sessions for their staff and pupils – 387 attended the session where they learnt about dementia and pledged something

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they would do differently as a result. Monthly dementia friends sessions are held in the Council. We are also updating the Dementia JSNA. The most recent data estimates that around 2300 people aged 65 or above were living with dementia in Swindon in 2016.

Mental Health and wellbeing

The Prevention Concordat for Better Mental Health was launched at the end of August and we are developing a self-assessment plan with partners to see what needs to be reviewed. Our focus on mental health this quarter has been on mental health in schools with the development of the ELSA (Emotional Literacy Support Assistant) programme and the Mental Health School Reward. ELSA is being offered to all schools. The Mental Health in Schools Award provides a framework for schools to review how mentally healthy their school environment is and enables them to identify gaps. This includes universal actions, targeted support, and support for staff. In an average class of 30, 15 year olds, 10 may have experience parental separation, 6 may be self-harming, and 7 will have experience bullying. Half of adults with mental health problems said that their symptoms appeared before the age of 15, and three quarters before their late teens. Currently three schools have completed the Mental Health Award. We have also focused on mental health in the Workplace with the Mindful Employer Conference held on World Mental Health Day. With guest speakers, Professor Sir Cary Cooper, Geoff McDonald and Dr David Hemery (Olympic champion 1968), this event attracted over 150 delegates from nearly 100 organisations. With 15.2 million working days lost due to stress, anxiety and depression (ONS), and mental ill-health costing the UK £70 billion (OECD), we can see that preventing mental health issues arising or intervening early is highly cost effective.

In September the Swindon Suicide Prevention Conference was held at the Football stadium. The prevention of Suicides in Swindon continues to be a key focus of work, and although the rate of suicide went up in Swindon during 2016, the three year rolling trajectory is still down from 53 in 2013-15 to 52 in 2014-16. A full review of the suicide prevention strategy and action plan will take place next year.

We are an accredited training provider for Connect 5, a national programme designed to increase the skills and confidence of front line staff working with people who present poor mental health. We are currently rolling out the training to the Community Health and Wellbeing Team and will discuss how to deliver the training to other front line workers and managers. The premise of the training is that improving mental health is everybody's business.

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NHS Health Checks

The NHS Health Check programme is coming to the end of their first five year cycle. All 40 to 74 year olds are invited for a health check once every 5 years. The number of health checks delivered in Swindon continues to rise but our uptake figures (the number of those invited who come forward for a check) is still below the England average. We are looking to increase this by working with GP practices who do not have the capacity to deliver the programme, and offering to invite patients on their behalf. These patients are then seen by Pharmacies or the Community Health and Wellbeing Team. During quarter 1 and 2 of this financial year, nearly 8000 individuals were invited for a health check but only about 2428 took up the offer. A training day for NHS Health Checkers was held in September to support the delivery of a high quality consistent programme and to highlight the importance of the health checks to prevent cardiovascular disease, diabetes, kidney disease and dementia.

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 development proposals above a certain size and criteria. Examples include an application for 54 dwellings in Blunsdon, the replacement plans for the tented market in the centre of Swindon, an extension to Crowdy's School and a proposed development at the County Ground. The health impact assessment considers a range of issues such as physical activity, smokefree centres, addressing inequalities and supporting healthy communities.

3.3.2 Older People/Physical Disability Transformation Programme

The Adult Social Care transformation programme continues to make good progress and is positively impacting on Swindon's health and social care system. There are fewer people being admitted to permanent care, more timely assessments have reduced delays in hospital discharge, the reablement service is more effective and efficient, and improved management oversight at the front door has led to more timely and appropriate information and advice for initial contacts.

Front Door

We continue to focus on helping people to maintain and prolong their independence through improving our first point of contact /front door. Our aim is to divert people into community based solutions where that is the right thing to

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do, and for those who do need help, we need to make sure they get it quickly. So far this year we have received 6664 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 45.5% of these contacts (3032) progressed to an assessment of need, compared with 52.23% last year. Following an assessment, 45.8% of these people then progressed to a service compared with 44.13% last year. As the front door becomes more effective in dealing with people with lower level needs through the provision of better 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. Individuals are monitored daily to ensure progression through the service at the appropriate pace to reduce delays in their discharge. From April to September, 187 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 30 to 21 days, with 64% 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 34 people weekly to 37 people per week. This has been achieved through changing staff rostering and working more efficiently.

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 older adults (aged 65 and over). From April to September 2017, 87 older people have been admitted to permanent care: 32 to a nursing home placement and 55 to residential care. Amongst these first time permanent admission to care, 16 people were admitted with mental health needs and 70 people were admitted with personal care/physical support needs (older people) and 1 person with learning disability needs. For younger adults from April to September 2017, we are 3 people above the target we set for end of quarter 2. In total, 10 younger adults have been admitted to permanent care, 6 to residential and 4 to nursing care. Of those, 5 had a learning disability, 1 had mental health needs and 4 had personal care/physical support 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

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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, 37.63% (613) carers have received an assessment or review (September target 35%). The preparation for re-procuring the carers contract is progressing well and we 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.

3.3.5 Smoking

Smoking is the biggest preventable cause of ill health and early death as well as the leading cause of health inequality. As mentioned in the H&O report in September, we have delivered on pledge 30. The 'Swindon Bus Station – A Voluntary Smokefree Zone' initiative was showcased by The AGW Public Health Network newsletter and website as an excellent example of a collaborative partnership project. Swindon public health colleagues have also delivered a workshop at the South West Public Health Development School on 'Partnership working in tobacco control: Delivering joined up, practical solutions' which included the Swindon Bus Station project.

3.3.6 Voluntary Sector Commissioning

Our voluntary sector providers continue to perform well. To date, contracts have been awarded to: Open Door to provide person-centred planning and a day centre for people with a Learning Disability; the Royal Voluntary Service to provide a reducing loneliness and isolation service; and Pheonix Enterprises to provide sheltered employment and support people with a Learning Disability or mental health conditions gain employment. The re-procurement of Carers Support is underway, informed by a detailed JSNA. We are in the process of re-commissioning: Learning Disability Day Opportunities and Support; Support for people with a head injury or a stroke; Direct Payment Support; Voluntary Sector Infrastructure and Support for people with Dementia.

It is pleasing that a number of our commissioned providers have recently been successful in gaining additional external funding: Swindon Carers Centre 2016/17 received £16,445 from fundraising and donations; Harbour will receive ongoing funding from the Big Lottery of over £330,000 for five years; The friends of TWIGS donated £26,462 to the TWIGS Therapeutic Gardening Charity. The Liden LibrariesTrust is working with volunteers with learning disabilities from the Open Door Centre to help run a new Community Cafe in Liden Library and to provide work experience in the Library.

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3.4 Supporting Information

None.

4. **Alternative Options**

4.1 None.

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

Financial and Procurement Implications

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

Legal and Human Rights Implications

5.2 None.

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

5.3 None.

Diversity Impact Assessment

5.4 None.

Risk Management

5.5 None.

6. **Consultees**

6.1 The 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 and 2 – Performance and Activity Data

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Background activity and performance Data**Number of service users receiving Permanent Nursing & Residential care in Swindon between April 17 to September 2017**

Primary Support Reason	18-64 Year Olds				65+ Year Olds			
	Nursing Care		Residential Care		Nursing Care		Residential Care	
	April-Sept 16	April-Sept 17	April-Sept 16	April-Sept 17	April-Sept 16	April-Sept 17	April-Sept 16	April-Sept 17
Physical Support: Access and Mobility Only	0	0	0	0	0	1	0	1
Physical Support: Personal Care Support	4	10	14	10	184	197	230	227
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	1	0
Sensory Support: Support for Dual Impairment	0	0	0	0	1	1	2	0
Support with Memory and Cognition	1	0	1	1	47	55	71	79
Learning Disability Support	3	2	156	161	7	3	38	39
Mental Health Support	3	3	34	32	10	9	43	30
Totals	11	15	205	204	265	269	388	379

Number of service users receiving Community Services in Swindon between April 17 to September 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-Sept 16	April-Sept 17	April-Sept 16	April-Sept 17	April-Sept 16	April-Sept 17
Learning Disability Support	54	65	1	6	494	524
Mental Health Support	2	4	1	2	72	64
Physical Support - Access & Mobility only	401	368	2	3	10	15
Physical Support - Personal Care Support	138	152	15	53	265	278
Sensory Support - Support for Dual Impairment	0	3	30	0	3	3
Sensory Support - Support for Hearing Impairment	5	4	0	0	0	0
Sensory Support - Support for Visual Impairment	10	7	0	0	8	10
Support with Memory & Cognition	1	1	0	0	8	10
18 -64 Year Old Total	611	603	49	64	860	904
	April-Sept 16	April-Sept 17	April-Sept 16	April-Sept 17	April-June 16	April-June 17
Learning Disability Support	11	15	2	2	46	47
Mental Health Support	13	17	4	8	36	41
Physical Support - Access & Mobilty only	935	841	9	28	15	33
Physical Support - Personal Care Support	381	449	530	525	835	862
Sensory Support - Support for Dual Impairment	10	6	2	1	12	14
Sensory Support - Support for Hearing Impairment	22	8	12	2	8	6
Sensory Support - Support for Visual Impairment	26	13	8	8	15	16
Support with Memory and Cognition	24	32	6	4	64	51
65+ Year Old Total	1422	1381	573	578	1031	1070

Adult Social Care Performance Dashboard Summary of Results 30th September 2017



Indicator	NA 2015/16	PYA 16/17	Annual Target	Sept 17 Actual	Good is..
Enhancing Quality of Life					
% of Service Users who receive self directed support (M)	86.9	88.7	100	88.38	high
% of Services Users who receive a direct payment (M)	28.1	26.6	30	25.18	high
% of Carers who receive self directed support (M)	77.7	29.5	36	21.78	high
% of Carers who receive a direct payment (M)	66.9	29	34	21.23	high
% of Mental Health adults in paid employment (M)	6.7	11.4	11	11.7	high
% of learning Disability adults living independantly in their own home or with their family (Q)	75.4	70.9	72	72.5	high
% of Mental Health adults living independantly with or without support (M)	58.6	79.7	84	77.3	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	4.45	10.4	7.4	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	88.9	85	84	high
% Wating times of Client Assessments starting within 5 days of contact (M) Local Measure	NA	94	85	77	high
% Waiting times of end of assessment to provision of services within 28 days (M) Local Measure	NA	86.4	89	88.4	high
Delayed bed days attributable to NHS or Social Care or Both- All days (M)	NA	14.6*	NA	29.5*	low
Better Care Fund					
Permanent admissions to residential & nursing care for Older Adults per 100K population (M)	628.2	282.3	689.53	263.11	low
Leaning Disability Service Users who have received a review (M) Local Measure	NA	69.5	70	46.6	high
Delayed bed days attributable to Social Care- All days (M)	NA	6.9*	6	6.6*	low
Corporate Pledges					
Increase % of working age adults with learning disabilities receiving services who are in employment (Q)	5.8	4	5	4.9	high
Increase % of clients receiving a service, who have receive an annual review (M) Local Measure	NA	41.7	75	29.7	high
Increase % of Carers Assessed or Reviewed (M)	69.2	50.9	70	37.6	high

KEY

* Results are for August

NA: National Average

Reporting Frequency (M) Monthly

Reporting Frequency (Q) Quarterly

PYA: Previous Year Actual

Reporting Frequency (A) Annually

socserv/wginfo/PI2017/18/Scrutiny Reports

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7 November 2017

Author:	Executive Nurse, Swindon Clinical Commissioning Group
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

Winter

Context

- 3.1 Last winter was a challenging period for the NHS and locally our system has remained under significant pressure throughout the spring and summer.
- 3.2 Throughout the year, the CCG with partner agencies have worked together to ensure we work as a whole system with the development of a comprehensive plan that sets out several actions against a range of initiatives for system partners to implement.
- 3.3 However, there are two specific measures that tell us the system is under strain, and that is the non-achievement of the 4-hour A&E target and the numbers of

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

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7 November 2017

delayed transfers of care compared to our partner organisations across the country.

- 3.4 Nationally, the NHS has lost the equivalent of 2,500 beds to Delayed Transfers of Care (DTOCs), which has increased occupancy and left systems less resilient to operational pressures. Last winter the NHS opened more beds than in the previous year. However, it lost almost twice as many to DTOCs, leading to occupancy hitting its highest-ever levels and the system struggling to respond to periods of high demand.
- 3.5 Some of the NHS-related DTOCs are driven by internal process issues and poorly managed handoffs between acute and community health services, and some by suboptimal CCG assessment processes for NHS Continuing Healthcare. Target reductions in NHS-related DTOCs have been agreed between the NHS locally via CCGs with NHSE regional teams.
- 3.6 The Government has asked the Care Quality Commission to review 12 areas to identify how well people move through the health and social care system, with a focus on the interface, and what improvements could be made. Their findings should provide a solid basis for rapid improvement in performance in the poorest performing areas.
- 3.7 National Guidance set out by NHS England, aligned with the NHS Five Year Forward View, identifies eight domains that we now need to review and plan to implement a range of initiatives, including increased on-line access for the public and primary care on the same day access capacity. The new eight domains are:
- NHS 111 Online
 - NHS 111 Calls
 - GP Access
 - Urgent Treatment Centres
 - Ambulances
 - Hospitals
 - Hospital to Home
 - Workforce
- 3.8 Councillors will be updated on this at future meetings as part of the CCG update reports.

Preparation for winter 2017/18

- 3.9 Formal winter planning started in July, with final local plans being signed off in October. This can be provided to Council members once signed off by respective

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boards should this be requested. This year, the winter plan has been planned and written on a System Transformation Partners (STP) footprint, which include Swindon, Bath and North-East Somerset and Wiltshire CCGs and is made up of three distinct Urgent Care System's (UCS) centred on the three acute hospitals of Royal United Hospitals Bath NHS Foundation Trust (RUH) in Bath, Great Western Hospitals NHS Foundation Trust (GWH) in Swindon and Salisbury NHS Foundation Trust in Salisbury. The three UCS's have some interdependency in patients flows, however due to the nature and size of the UK's main Army training area of Salisbury Plain, each system can act independently without a directly impact on the other two UCS's. The STP is further supported by three local A&E Delivery Boards covering each of these areas.

- 3.10 The approach taken by the STP is to recognise the gaps within the Urgent and Emergency Care Delivery Plan (U&EC Delivery Plan) for this winter and to capture the actions being taken to support resilience throughout the winter of 2017/18.
- 3.11 The plans are centred on the following:
- a whole system approach to the delivery of services over the forthcoming winter period and peaks in demand
 - Builds upon lessons learnt within BSW over recent years and in particular from Winter 2016/17
 - Illustrates the approaches to infection control and the seasonal flu campaign
 - Outlines the communications being used over the winter period
 - Identifies the challenges, risks and mitigating actions required
- 3.12 The CCG have received winter plans from all providers to be assured that providers are resilient and have planned for the additional demand on their services.
- 3.13 Swindon CCG have commissioned several additional services and initiatives and these are listed in Appendix 1.

Escalation

- 3.14 There is a clear escalation process, including a set of expectations and actions against each Operational Performance Escalation Level (OPEL) status that all providers and commissioners must action. The status range is from level 1-4 with 4 being the highest level to declare. This status indicates that providers are at full capacity level, patients are delayed in the ED department when they need to be admitted to a ward but no beds are available, and the numbers of planned discharges are below the expected number needed against expected predicated

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

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demand on that day. Fundamentally, patient flow through the system is significantly challenged and patient experience and safety is compromised.

Flu Planning

- 3.15 Significant arrangements are in place through the Avon and Somerset Local Health Resilience Partnership Influenza Pandemic Framework. The framework builds upon existing arrangements for escalation and winter planning and should be read in conjunction with:
- Avon and Somerset LHRP Communicable Disease Framework
 - Avon and Somerset LHRP Health Community Response Plan
 - Individual Organisations Business Continuity and / or Operational Influenza Pandemic Plans
 - Avon and Somerset Local Resilience Forum (LRF) Excess Deaths Plan
 - Avon and Somerset LRF Pandemic Influenza Plan
- 3.16 This framework has been produced on behalf of Avon and Somerset Local Health Resilience Partnership (LHRP) to support the delivery of an effective response in the event of an Influenza Pandemic.
- 3.17 Australia and New Zealand have had a challenging flu season. Were we to face similar flu levels we would clearly come under substantial additional pressure. This year 21 million people are eligible and being offered the vaccination across England. For at risk patients and the public, new for this year, for the first time we are:
- Vaccinating 8-9-year-old children in school year 4 (as well as those in school years reception to year 3)
 - Vaccinating children at their school (as well as through their GP)
 - Expanding access to vaccinations for pregnant women and the morbidly obese.
- 3.18 In addition, the NHS will for the first time, nationally fund the vaccination of care home staff.
- 3.19 Further improvements are being made to increase the uptake of the flu vaccine by NHS Employees. Last year saw the highest level of NHS employee flu vaccination - reaching nearly two thirds of staff since the programme began fifteen years ago. But that rate varies far too much - from over 90% in some trusts to under 20% in others. There is an expectation *all* NHS organisations will

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

Clinical Commissioning Group Update

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ensure that it is easy for staff to be vaccinated, so that having the vaccination is the default position and that not being vaccinated is a conscious, considered and explicit decision by the individual. As part of this, each NHS organisation will need to ensure that every eligible member of staff is personally offered the flu vaccine, and then either signs the consent form to do so, or states if they decline to do so this not because they have not been offered the opportunity to do so. Payment of this year's flu CQUIN will require this record collection.

Infection Control

- 3.20 Each provider is responsible and has in place individual plans around the management, containment and avoidance of infectious diseases such as norovirus and gastroenteritis and the impact of infectious diseases closing beds are monitored daily. Further impact on the community beds or care provision is also recorded and significant outbreaks are managed in conjunction with the Urgent Care System daily calls. Routine system monitoring of any community outbreaks for the Avon, Gloucestershire and Wiltshire areas is provided on a weekly basis by Public Health England.
- 3.21 Feedback from the BSW STP Winter Review highlighted concerns that the approach to infection control across the STP footprint might not be fully aligned and therefore a review will be conducted across the STP by CCG Directors of Nursing to establish a common approach.
- 3.22 A new Outbreaks Information Pack for care homes has been prepared by Public Health and shared within the Care Homes Forum newsletter. The CCGs are also considering the possibility of training on how to use this pack with care homes. The Care Homes Forum has had a presentation on Infection and the Care Homes Information Pack.

Learning Disabilities Mortality Review Programme

- 3.23 The Learning Disabilities Mortality Review (LeDeR) Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England in response to the recommendations of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD).
- 3.24 The LeDeR Programme has been set up to contribute to improvements in the quality of health and social care for people with learning difficulties. LeDeR provides support to local reviews of deaths of people with learning disabilities aged 4 and above who are registered with a GP in England. Work on the LeDeR programme commenced in June 2015 for an initial three-year period.

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

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- 3.25 A confidential telephone number and website enables families and other stakeholders to notify the LeDeR team of the death of someone with learning disabilities.
- 3.26 An initial review of the death will then take place. The purpose of this is to establish whether there is sufficient information to be able to determine if there are any areas of concern in relation to the care of the person who has died, and if any further learning could be gained from a multiagency review of the death that would contribute to improving practice. If indicated, a more in-depth, multiagency review will be conducted.
- 3.27 As part of the review, a local reviewer would speak to family members, carers, professionals, friends and anyone else involved in supporting the person who has died to find out more about their life and the circumstances leading to their death. Involving families in the review process is important and families should be encouraged and supported to be involved throughout the entire review process or as much as the family feel able or want to be involved.
- 3.28 The Programme is also helping to promote and implement support to local areas to take forward the lessons learned in the reviews, as well as to make improvements to service provision. The LeDeR programme also collates and shares the anonymised information about the deaths of people with learning disabilities so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements.
- 3.29 The 'footprint' for the LeDeR Programme includes the four 'regional' NHS England areas, which have been split in to 13 local areas.
- 3.30 It is expected that each of the 13 local areas will establish a 'Local Steering Group' which will be responsible for the implementation of the LeDeR Programme within their area. Each area will also ensure that any learning, recommendations and actions are reviewed and taken forward using locally agreed governance structures.
- 3.31 Membership on the Local Steering Group is still being agreed but will consist of a variety of leads (including safeguarding and quality) across the Transforming Care Plan and will be chaired by the Executive Nurse from Swindon CCG. The role of the Local Steering Group is to:
- Guide the implementation of the programme of local reviews of deaths of people with learning disabilities
 - Receive regular updates from the local area contact about the local reviews of deaths of people with learning disabilities
 - Monitor action plans resulting from local reviews of deaths
-

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

Clinical Commissioning Group Update

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Overview & Scrutiny Committee

Date: 7 November 2017

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- Take appropriate action as a result of information obtained from local reviews of deaths
 - Resolve any interagency disputes that arise in relation to the local reviews of deaths of people with learning disabilities.

The LeDeR Process Flowchart is attached at Appendix 2 for information.

Patient Transport Eligibility Public Engagement

- 3.32 Patient transport is an NHS funded non-emergency service offered to people who cannot get to hospital appointments because their health condition impacts on their ability to use routine transport (cars/trains/buses/taxis/wheelchair taxis).
- 3.33 NHS organisations across the South West are responsible for commissioning non-emergency patient transport services (NEPTS). They spend over £1 million per year on providing over 600,000 journeys to take patients to hospital or similar appointments.
- 3.34 These 12 CCGs across the South West have decided to work together to review the policies to try and ensure equality of access and that the limited resources available support those who truly need them. We need to ensure that resources are not provided to those who are able to make their own way to or from hospital by other means.
- 3.35 The 12 CCGs have produced a survey to gather patients views on how we can provide fair access to NHS funded patient transport. The feedback and comments will be used to consider how to improve the fairness in the way patients are supported. This survey closes on Friday 10 November 2017 and can be access online:
- https://www.surveymonkey.co.uk/r/NHS_NEPTHHaveYourSay
- 3.36 Based on the outcome of this engagement phase, a new policy will be drafted for the application of eligibility criteria to NEPTS. It may be difficult to get full agreement on the specifics of the policy, but the ambition is to align across the 12 CCGs and implement at the same time.
- 3.37 Based on the policy developed in the previous phase, it is anticipated that there will be a requirement to undertake formal consultation. We expect the formal consultation to take place over a period of 12 weeks and this committee will be kept informed of when this takes place.

4. Alternative Options

- 4.1 None

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

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 7 November 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

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 – Summary of Swindon CCG Investment Schemes for Winter 2017

8.2 Appendix 2 – LeDer Process Flowchart

Note those schemes invested in are centred on the high impact change model which aims to focus support on helping local system partners minimise unnecessary hospital stays and support local health and care systems to manage patient flow. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge. See figure 1.

Impact change	Investment	Service/scheme	Key Performance Indicators	Support to urgent care flow as per 16/17 baseline	Go live date
Home First/Discharge to Access	£220,000	Additional Reablement capacity (additional 5 reablement places per week)	16-day length of stay on average readmission rate less than 9% to hospital.	Additional 0.8 discharges per day.	1 st November 2017
Home First/Discharge to Access	£ 135,000 (Integrated Better Care Fund)	Reshaping of Fessey step down/D2A beds	4 additional discharges per week	Additional 0.57 discharges per day	1 st November 2017
Seven-Day Service.	Existing budget adult social care	Consultation with social work staff	Proportionally higher discharge numbers over w/e based on 16/17 baseline	Move of discharge distribution reducing pressure on Monday / Tuesday	1 st November 2017
Trusted Assessors.	£38,000k	Appointment of a Trusted Assessor	Reduced LOS / Spell for existing care home admissions on 16/17 baseline	Reduced LOS (avg 14) and Spell of Existing care home patients (avg 60)- see ops dashboard	31 st January 2018 (dependent on notice period).
8-Enhancing Health in Care Homes.	£375,867.50	Enhancing Health in Care Homes.		Reduced LOS (avg 14) and Spell of Existing care home patients (avg 60)- see ops dashboard	15 th December 2017
Winter contingency	£100k SBC £100K CCG	N/A	N/A	Committed funding	As and when needed
Total contribution	£848,867.50	ALL	As above	Committed funding	As and when needed

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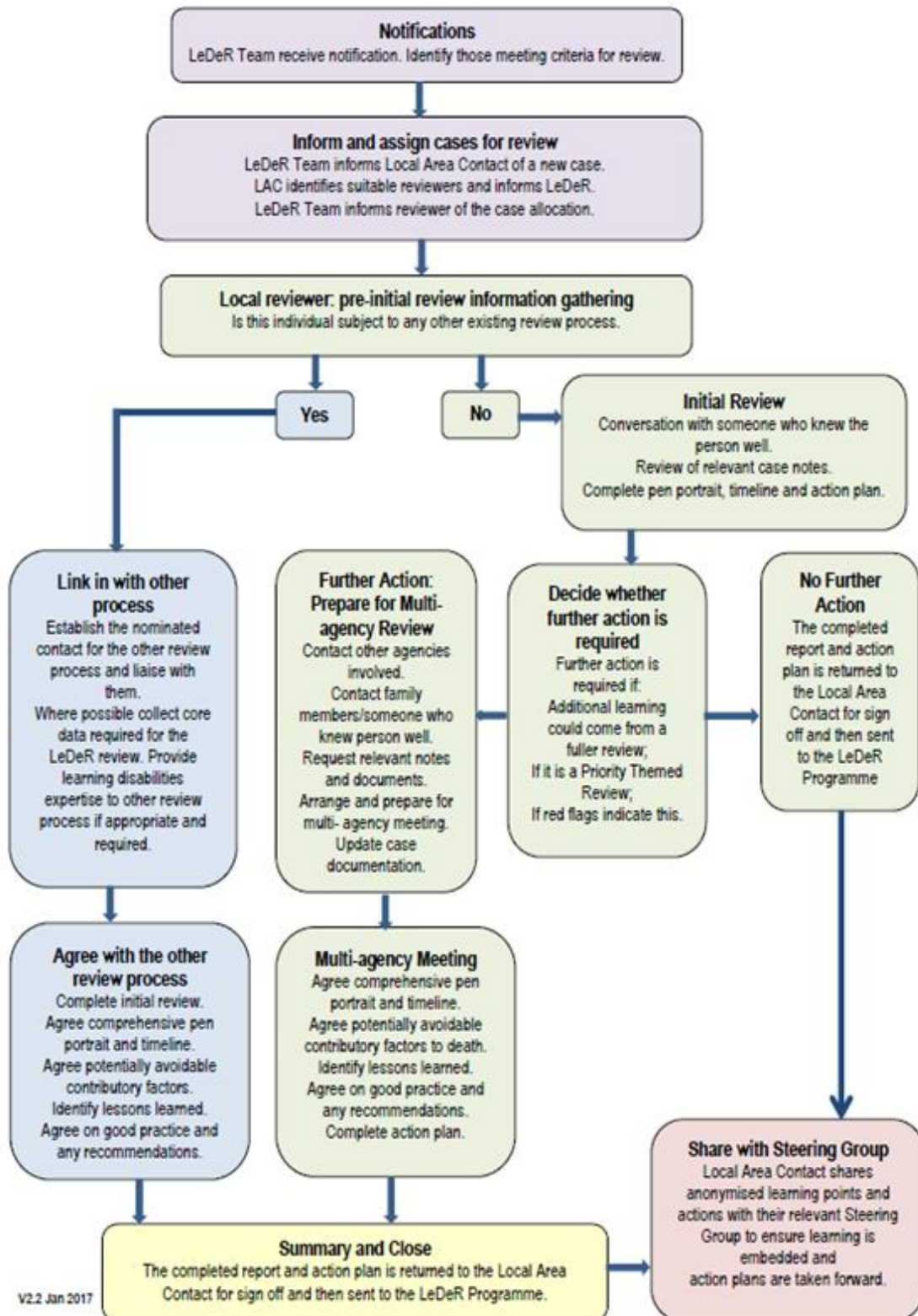


Learning Disabilities Mortality Review
(LeDeR) Programme



The Learning Disabilities Mortality Review (LeDeR) Programme is
commissioned by the Healthcare Quality Improvement Partnership
(HQIP), on behalf of NHS England.

LeDeR Process Flowchart



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Work Programme 2017/18

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 7 November 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: 7 November 2017

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- 1.7 The Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee is encouraged to be mindful of its role and remit when considering a work programme for the 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: 7 November 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: 7 November 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 23rd October 2017 to 23rd October 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
Housing – Repairs and improvements	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.

CABINET WORK PROGRAMME AND FORWARD PLAN

23 October 2017 - 23 October 2018 – Proposed AGENDA ITEMS and KEY DECISIONS (as at 24/10/17)

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 October/November 2017

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

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
Budget Update	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	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 Management Performance 2017/18.	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A Date of Notice: 9 th October 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
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 Borough Playing Pitch Strategy 2016-2021	No	Cabinet Member for Strategic Planning and Sustainability, Cabinet Member for Communities and Place	Cabinet	N/A	Corporate Director of Communities and Housing Head of Planning, Regulatory Services & Heritage	Playing Pitch Strategy Forward tracker (002)
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
Town Centre Parking Strategy	No	Cabinet Member for Economy and Skills	Cabinet	N/A Date of Notice: 29 th September 2016	Corporate Director of Communities and Housing Head of Highways and Transport	N/A
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
Special Educational Needs and Disability Capital Strategy	Yes	Cabinet Member for Children's Services and School Attainment	Cabinet	N/A Date of Notice: 5 th October 2017	Director of Adult Social Services Head of Education	SEN Strategy Cabinet Forward Plan Report

						Tracker
School Capital Funding	Yes	Cabinet Member for Children's Services and School Attainment	Cabinet	N/A Date of Notice: 9 th October 2017	Director, Children Services Head of Education	Cabinet Forward Plan Report Tracker - Schools Capital
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
Air Quality Management Area(s) Order(s) Swindon	Yes	Cabinet Member for Housing and Public Safety	Cabinet	N/A	Director of Adult Social Services Director of Public Health	Air quality Cabinet Forward Plan Report Tracker
Delivery of Town Centre Regeneration	Yes	Cabinet Member for Regeneration	Cabinet	N/A Date of Notice: 5 th October 2017	Corporate Director of Resources and Growth	N/A
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 - 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	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
Super Fast Broadband	No	Cabinet Member for Strategic Planning and Sustainability	Cabinet	N/A	Corporate Director of Resources and Growth	Superfast Broadband Cabinet Forward Plan Report Tracker

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 Update	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 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 Update	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 Update	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	

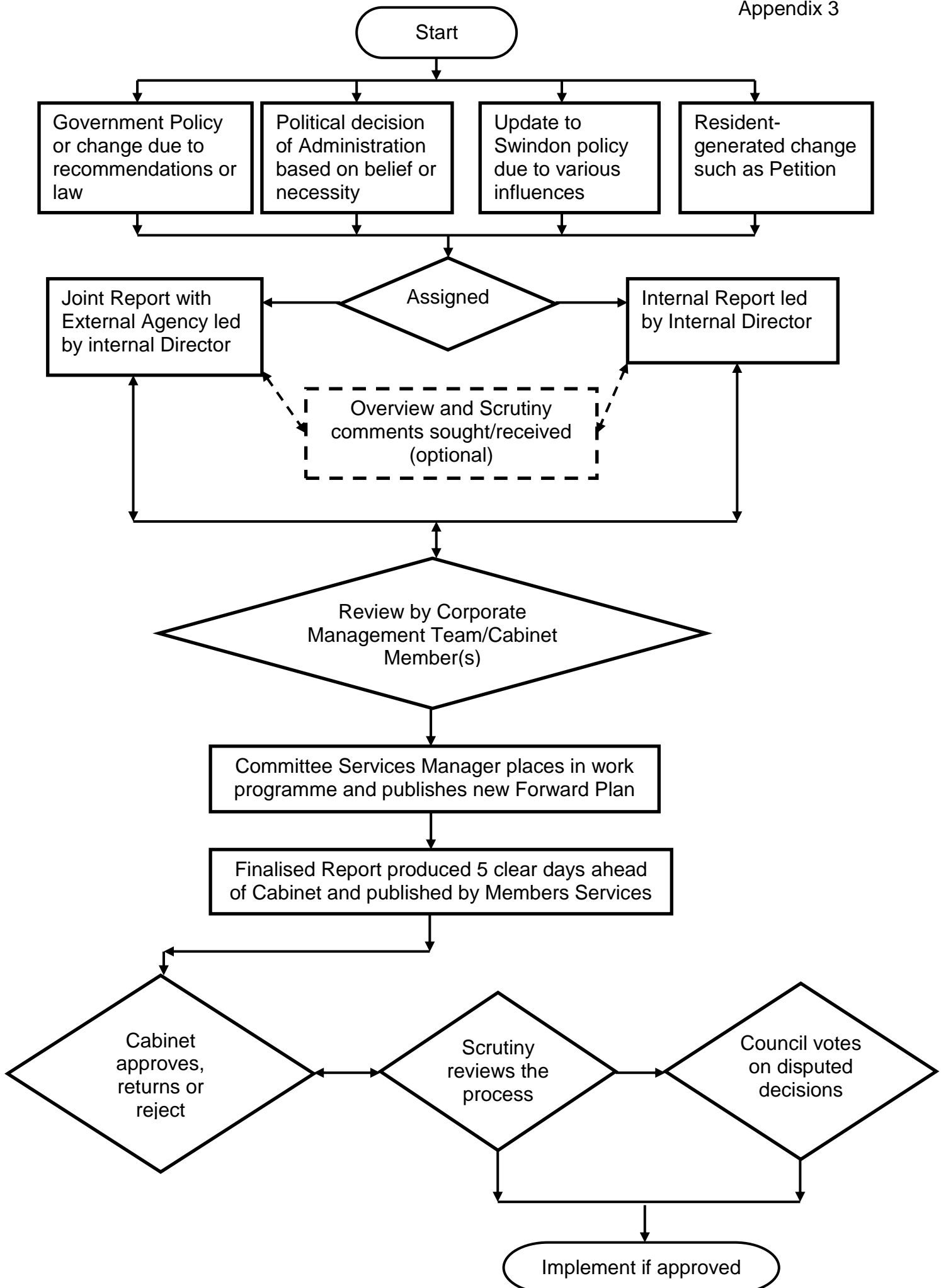
Cabinet Meeting Date - September 2018 (TBC)

Subject	Key Decision Yes/No	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	Contact Officer	Available Background Papers
Budget Update	No	Deputy Leader of the Council and Cabinet Member for Finance and Commercialisation	Cabinet	N/A 11th September 2017	Corporate Director of Resources and Growth Director of Finance (s151) Officer	N/A
Annual Review of Local Ombudsman Complaints	No	Leader of the Council	Cabinet	N/A	Corporate Director of Resources and Growth Director of Law & Democratic Services (Monitoring Officer)	N/A

Cabinet Meeting Date - October 2018 (TBC)

Subject	Key Decision Yes/No	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses/Date of Notice	Contact Officer	Available Background Papers
Budget Update	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

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