

Swindon Borough Council

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

Thursday, 21 June 2018

Council Chamber, Civic Offices

At 6.00 p.m.

Conservative Councillors

Maureen Penny (Chair)

Malcolm Davies

Mary Friend

Nick Martin

Caryl Sydney-Smith

Labour Councillors

Claire Crilly

Steph Exell

Julie Wright

Robert Wright

Co-opted Representatives

Michelle Howard (Equalities Advisory Forum)

Kate Moore (Tenant Scrutiny Panel)

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. Appointment of Vice Chair

3. 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.

4. Public Question Time

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

5. Minutes (Pages 5 - 16)

To receive the minutes of the meeting held on 28th March 2018.

6. **Appointment of Co-optees** DLDS (Pages 17 - 18)
7. **Clinical Commissioning Group Update** (Pages 19 - 22)
8. **Avon and Wiltshire Partnership NHS Trust Update** (Pages 23 - 26)
9. **Great Western Hospital NHS Foundation Trust Update** (Pages 27 - 34)
10. **Performance for Adult Social Care Commissioning** CDASSH (Pages 35 - 54)
11. **Green Paper - Rough Sleeping Strategy** HH (Pages 55 - 60)
12. **Work Programme 2018-19** DLDS (Pages 61 - 72)

Date of Despatch: 12 June 2018

Key:

CDASSH – Corporate Director Adult Social Services and Health

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

HH – Head of Housing

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**

WEDNESDAY, 28 MARCH 2018

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

Tori Jones (Healthwatch).

Apologies for absence were received from Councillor Julie Wright and Kate Moore (Tenant Scrutiny Panel) and Steve Henderson (Equalities Advisory Forum).

43. 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.

44. Public Question Time

In accordance with Standing Order 28, Mr Philip Eaton, a Swindon resident, asked questions regarding (a) the plans to reduce or completely remove the need for privately funded beds provided by external companies and (b) the plans to improve Council support and housing to enhance and develop the independent recovery process for patients with mental health issues.

The Chair thanked Mr Eaton for his question and advised that a response was tabled at the meeting.

Ms Wathern, Chair of "Keep our NHS Public", submitted a written question regarding consultation with service users who access the Place of Safety unit to ensure their views are appropriately represented.

The Chair thanked Ms Wathern for her question and advised that a response had been tabled at the meeting. Ms Wathern was in attendance and asked supplementary questions regarding the place of safety in Swindon for those in the community with mental health issues. Ms Celia Moore, Service Manager, Avon and Wiltshire Partnership NHS Trust (AWP), advised that a written response would be provided.

Ms Anne Mooney, a Swindon resident, commented on mental health services in Swindon and, in particular, the involvement of the police in supporting people with mental health issues. The Chair and Ms Celia Moore, Service Manager, (AWP) responded at the meeting.

45. Minutes

Resolved - That the minutes of the meeting held on 30th January 2018 be confirmed and signed as a correct record.

46.

Housing Performance Report

The Head of Housing 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. The report provided a performance summary in relation to the following key issues:

- Completion of 100 affordable homes that included supported housing developments.
- The evaluation of the Temporary Winter Housing Provision was being carried out and would be used to consider future arrangements.
- The challenges of rent collection.
- The outcome of the tendering exercise for undertaking fire safety work ahead of the Grenfell Inquiry findings.
- The adverse impact on the housing capital programme of the reduction in social housing rent revenues.
- Council house voids and how work was being conducted directly with contractors following the termination of the Bell Group contract.
- The preparatory work being undertaken in readiness for the Government's extension of the Mandatory House in Multiple Occupation (HMO) initiative.

Following the officer's introduction of the report, Councillor Cathy Martyn, Cabinet Member for Housing and Public Safety with the Head of Housing, responded to members' questions and comments on the following issues:

- The success of the Carfax Street project, that saw 12 rough sleepers spend next three months in accommodation.
- The actions taken by the Housing Department to support the rough sleepers at the end of their three months' temporary accommodation.
- The Housing Department's support to the 15 rough sleepers who were not successfully recruited to the Carfax Street project.
- The Multi-agency Panel's work to tackle homelessness in Swindon.
- The outcome of Cabinet's consideration of the Queens Drive housing development proposals.
- The undertaking of a diversity impact assessment on the Housing Department's bid for the Affordable Housing grant that would enable the department to build new Affordable Rented housing on Queens Drive.

Resolved - (1) That the report be noted.

(2) That the Corporate Director, Communities and Housing, be requested to circulate a copy of the Diversity Impact Assessment on the Affordable Housing Development Programme to members of the Committee.

47.

Clinical Commissioning Group Update

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), presented a report providing the Committee with a performance update and a summary of the following key issues in relation to the planning and provision of health and social care services within the Borough:

- The five year contract awarded to Medvivo to provide integrated urgent care services across Bath and North East Somerset, Swindon and Wiltshire.

- The merger between Victoria Cross Surgery and Eldene Health Centre following the retirement of Dr Richard Guilding, senior and sole partner at Eldene Health Centre.
- The results of the Patient Transport Eligibility Survey that was undertaken by a number of CCG across the South West and actions being undertaken following the findings.

Following her presentation of the report, Ms May, supported by Mr Paul Vater, Chief Operating Officer, both of NHS Swindon Clinical Commissioning Group (CCG), responded to questions put by the Committee seeking clarification regarding the transport implications the merger of Victoria Cross Surgery and Eldene Health Centre would have on current patients.

Resolved – (1) That the report be noted.

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), be requested to include an update on the Victoria Cross Surgery and Eldene Health Centre merger in her report to the next meeting of the Committee and how this has impacted patients.

48. Workforce Update

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) and Mr Kevin McNamara, Director of Strategy, Great Western Hospital (GWH) NHS Foundation Trust, submitted a joint report to inform the Committee of the plans and actions being taken by the CCG and Great Western Hospital Foundation Trust (GWHFT) to address the current workforce issues and challenges and to ensure Swindon is seen as a place of choice to work. The following key issues were drawn to members' attention:

- The national consultation on workforce issues being undertaken by the Local Workforce Advisory Board.
- Changes within the Primary Care workforce that included mergers and sharing of resources.
- International recruitment of general practitioners (GP) over the next two years.
- Career diversification opportunities for GPs.
- Funding from Health Education England to support the recruitment of GPs.
- The CCG's sponsorship of two part time Clinical Fellows posts.
- The Wessex Local Medical Committee's support for General Practices.
- Initiatives to support alternative clinical staffing, including recruitment of paramedics to GP practices and pharmacists.
- Recruiting permanent staff to reduce the number of agency staff utilised.
- How Brexit may affect current staff working at GWH.

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

- The impact on nurses' recruitment following the end of bursary provisions.
- Alternatives to nurse qualification through the State Enrolled Nurse and State Registered Nurse programmes.
- The "career portfolio" being undertaken by health practitioners in Swindon.
- Promoting housing initiatives to attract health staff into Swindon.
- The spectrum of opportunities for health staff to diversify their career and increase their knowledge.

- The work undertaken by nurses on hospital wards to ensure patients' personal care.
Resolved – That the report be noted.

49. Maternity Transformation Plan

Ms Gill May, Executive Nurse, and Paul Vater, Chief Operating Officer, both of NHS Swindon Clinical Commissioning Group (CCG), presented a joint report to provide an oversight of the new co-created Maternity Transformation Plan with BaNES and Wiltshire Strategic Transformation Partnership (STP). The Committee was advised that the plan detailed a response across the STP to implement the national Better Birth Recommendations (2016) and the NHS Five Year Forward View. The report also described the vision for local maternity services to ensure that women had a safe and positive birth and maternity experience.

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

- The collaborative work being undertaken by all services to reduce the number of still births.
- The support and guidance provided to prospective mothers opting for a home birth.
- The positive ratio of maternity services staff to patients at Great Western Hospital.

Resolved – (1) That the report be noted.

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), be requested to include an update on the Maternity Transformation Plan in her report to the next meeting of the Committee.

50. Great Western Hospital NHS Foundation Trust Update

Mr Kevin McNamara, Director Of Strategy, Great Western Hospital (GWH) NHS Foundation Trust, submitted a report providing the Committee with a performance update and a summary of the following key issues in relation to the planning and provision of health and social care services provided by the hospital:

- Cerco replacing Carillion as the service provider at GWH from the 1st May 2018.
- Measures taken to mitigate the effect of the recent adverse winter conditions on service provision.
- The projected deficit to year end.
- The high number of patients reporting to the Emergency Department within the first three months of the year and the preventative care being implemented.
- The launch of the Incubator Appeal by the Trust's charity, Brighter Futures.
- The increase in beds following the opening of a new ward in February.
- The "red bag" initiative that sees patient's belongings remain with them when they are transferred to and from their care homes and the hospital.
- Confirmation by the Royal College of Physicians that GWH is the best hospital within the south west in assessing patients to prevent falls.
- The yearlong quality improvement project to develop positive outcomes for premature babies.

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

- Handover time of patients from ambulance to Accident and Emergency (A&E) staff on admission.
- Impact on the Ambulance Services during peak times at A&E.
- A&E capacity and the use of satellite rooms that were converted to pop up wards for clinical use.
- The range of nurses' skills that allows them to undertake secondary work opportunities as meets their needs.
- The number of non-emergency operations being scheduled.

The Chair thanked Mr McNamara for the presentation he gave the Committee members on the 20th February 2018 regarding the population growth in Swindon and its effect on hospital capacity.

Resolved – That the report be noted.

51. Performance for Adult Social Care Commissioning

The Director, Adult Social Services, presented a report providing an update on performance and key issues relating to Adult Social Care commissioning. The Director explained that the report had been structured to highlight the strengths and challenges of the work undertaken. The following key issues were drawn to members' attention:

- The projected year end underspend in Adult Services.
- The rise in the number of people accessing social care services.
- Partnership working between Swindon Borough Council, Swindon Clinical Commissioning Group, Great Western Hospital (GWH) NHS Foundation Trust and Wiltshire Council to address the blockages leading to patients having their discharge from hospital delayed.
- Actions undertaken to reduce spend on the Learning Disability services that included reviewing the current programme as this enable individuals to become more independent.
- The improvement of "front door" services that focus on helping people maintain and prolong their independence at home.
- Improvements in the Reablement service through changing staff rostering and working more effectively.
- The number of admissions to residential and nursing home remains below target for older adults.

Following her introduction of the report, the Cabinet Member for Adults' Health and Social Care with the Director, Adult Social Services, responded to a members' question regarding Homeline Services' response times to patient call outs and how the use of new technological equipment may help patients in their home without the need to call out the Services.

Resolved – (1) That the report be noted.

(2) That the Director, Adult Social Services be requested to circulate information regarding sourcing equipment for patients to use in their home, before the next meeting of the Committee.

52.

Avon & Wiltshire Partnership NHS Trust

The Committee received a report by the Clinical Lead, Avon and Wiltshire NHS Partnership Trust (AWP), on achievements of the organisation and providing a summary of the challenges it was facing. Ms Celia Moore, Service Manager, (AWP) presented the report and afterwards responded to members' questions and comments on the following issues:

- AWP as the providers of mental health support for adults with Oxford Health being the providers of support to young people under the age of 18.
- Support provided to young people transitioning from Oxford Health to AWP.
- The number of sessions held with patients seeking support from AWP and the waiting period before being referred to the appropriate practitioner.
- Ways of determining staffing levels to support patients.
- The support provided to families of patients' with mental health when the patient is discharged from hospital.

Resolved – That the report be noted

53.

South Western Ambulance NHS Foundation Trust Update

Ms Michelle Allsop, Communication Officer, South Western Ambulance NHS Foundation Trust, presented a report providing an update demonstrating the source of incidents in Swindon.

Resolved - (1) That the report be noted.

(2) That, in the absence of a representative from the South Western Ambulance NHS Foundation Trust, members be invited to submit any questions to the Committee Officer for circulation to the Trust.

54.

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 – (1) That the report be noted.

(2) That contributions received from Councillors and stakeholders for consideration for inclusion in the Committee's Work Programme for the Municipal Year, 2018/19, be welcomed.

In accordance with Standing Order 28, Mr Phil Eaton (Swindon Resident) submitted written questions.

Question:

1. What are the plans to reduce/completely remove the need for privately funded beds via external companies and bring PQ beds completely in-house?

Response

AWPs bed base is commissioned by the relevant CCGs including Swindon CCG. Activity and demand for beds across the Trust are monitored regularly. It is hoped that the current bed base of PICU, older adults, and acute adults of working age is sufficient to meet the needs of people. It is very rare for Swindon Service Users to be sent out of the Trust footprint to access a bed. Bed management in Swindon is robust, however at times there is a high level of demand as a result of a high level of acuity resulting in bed saturation. There are no current plans to increase the bed base of PICU, and this would require further discussion with all CCGs.

Question:

2. What are the plans to improve council/support housing to enhance and develop the independent recovery process (includes the profile of social worker support as well as facilities themselves). A strong example is Canal House on Albion Street in Swindon, poorly (wo)manned and poorly maintained. I'm sure statistics exist on 'Delayed Transfer of Care' and this is all intertwined with the private bed issue. I've asked about this area before and now I feel it's time to dig deep and share the transparency of this analysis and actions being taken.

Response:

Swindon Borough Council has recently recommissioned Supported Housing for people with mental health needs and we are now working with the new providers who are due to commence services from the 1st of April 2018. The recommissioning process was carried out in partnership with AWP and the Swindon CCG and is evident of the strong working relationship between these organisations to support vulnerable people to achieve greater independence.

Canal House provides accommodation and support for up to seven people. During 2017, the service provided support to eleven people with four people being supported to move into their own home. Canal House support clients through

personalised support plans integrating use of the Outcomes Star, a tool for measuring the level of independence achieved. These assessments are carried out between the support worker and client and provides evidence of the positive journey the client is taking to achieve greater independence. Canal House has demonstrated through these assessments of the positive support offered to clients in supporting them on this journey. SBC continue to work with providers to develop and enhance the quality of services delivered and will be undertaking a review of the buildings during the course of the contract to work with providers on ensuring these are fit for purpose going forward.

In accordance with Standing Order 28, Ms Wathen, Chair of the Keep our NHS Public, Swindon, submitted a written question.

Question:

Given that service users that access the Place of Safety are some of the most vulnerable in society and may find it the hardest to engage with a consultation process, what specific steps are being taken to ensure the views of these people are appropriately represented?

Response:

There is a communications and engagement strategy being written by AWP, Swindon CCG and Wiltshire CCG to ensure during the pilot period of the East Place of Safety that as much feedback from service users and carers is gathered. Following the end of the pilot period this feedback will be collated and will be considered in the next steps following the pilot.

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In accordance with Standing Order 28, Ms Wathen, Chair of the Keep our NHS Public, Swindon, submitted additional written question following the meeting regarding places of safety.

Question:

1. What are the full details of the consultation and how/when will it be publicised?

Response:

There is no formal consultation. However Swindon CCG alongside AWP are working with Healthwatch Swindon to develop an engagement strategy with Service user, Carers etc.. during the pilot.

Question:

2. In light of the fact that the CQC rated the facility as inadequate for challenging patients, is AWP's intention to use the year to make the place of Safety fit for purpose? If not, why not?

Response:

The environment will require extensive building works to ensure it is fit for purpose, as stated within the external communications, no changes will be made to the environment at the present time, the pilot will be reviewed regularly and if it is agreed to reopen the Swindon PoS works will be completed prior to this.

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Appointment of Co-optees

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

Date: 21st June 2018

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

1. Purpose and Reasons

- 1.1 The purpose of the report is to confirm the appointment of co-optees to the Adults' Health, Adult's Care and Housing Overview and Scrutiny Committee for the Municipal year 2018/19.
- 1.2 The Adults' Health, Adult's Care and Housing Overview and Scrutiny Committee is permitted by the Council's Constitution to appoint non-voting co-opted members.

2. Recommendations

The Committee is recommended to:

- 2.1 To consider the appointments of Michelle Howard, Equality Advisory Forum and Kate Moore, Tenant Scrutiny Panel, as non-voting representatives.
- 2.2 To confirm the appointment of a Healthwatch representative to the Committee as and when nominations are received.

3. Detail

- 3.1 The Council's Constitution states that each Overview and Scrutiny Committee, Sub-Committees or Task Group shall be entitled to appoint a number of people as non-voting co-optees.
- 3.2 In previous years, the Adult's Health, Adult's care and Housing Overview and Scrutiny has appointed two co-optees.
- 3.3 The Committee is asked to determine whether any additional co-opted representatives should be sought to support its work programme for the year.

4. Alternative Options

- 4.1 The Committee may choose only to appoint co-optees required under the Constitution and to appoint other co-optees to support their work programme on a meeting-by-meeting basis.

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

Appointment of Co-optees

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

Date: 21st June 2018

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Co-opted representatives are entitled to claim travel and meal allowances in order to attend Council meetings, the costs of which are met from within the Allowance budget. There are no procurement implications arising from the contents of his 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 as a result of this report. Any further implications will be identified when a topic is reviewed by the Scrutiny Committee and in any recommendations made by the Scrutiny Committee.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment is required at this stage. Any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage

6. Consultees

- 6.1 The 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.

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 21 June 2018

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

1. Purpose and Reasons

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

2. Recommendations

The Committee is recommended to:

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

3. Detail

Procurement of Swindon Extended Primary Care Access and GP Out of Hours Service

- 3.1 Swindon Clinical Commissioning Group (CCG) has launched a procurement process to commission a Primary Care Extended Access and GP Out of Hours Service with effect from 1 April 2019. The procurement is driven by the need to re-commission both services as they reach the end of their current contracts. The contract will be for an initial term of 60 months with a possible extension of any period up to a further 60 months.
- 3.2 The procurement will see a range of primary medical care services being provided from Swindon Health Centre and Moredon Medical Practice, these sites are already used for similar services. It will include primary care services (until 8pm Monday to Friday and at weekends), a range of enhanced services, and the

Further information about this report can be obtained from Ruth Atkins, Head of Communications & Engagement, 01793 683700, communications@swindonccg.nhs.uk

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 21 June 2018

Out of Hours GP services. Services can be used by all patients (adults and children) registered with a GP practice in Swindon and Shrivenham, but it will also maintain walk-in access at Swindon NHS Health Centre for homeless patients with links to Swindon, patients who are not registered with a GP Practice, and those patients who need emergency treatment and are unable to contact their own GP Practice.

- 3.3 At present a number of services are provided on a standalone basis. It is expected that the integration of these services will provide opportunities for streamlining patient pathways and service efficiencies, as well as clear promotion of services to patients. This will maximise capacity available within the financial envelope. It will also provide capacity for patients accessing NHS111 who have an appropriate disposition and response to benefit from being seen in this service.
- 3.4 Swindon CCG is looking for services to be delivered in an innovative way that meets the needs of the local population now and throughout the contract period, particularly with regard to the use of technology supported by appropriate clinical assessment and review. The CCG expects the service provider to engage with the public and other professionals on a regular basis. The service needs to work in an integrated manner with other service providers to offer a seamless experience across the health and social care system, particularly from a patient's view point. This will be particularly important in terms of linking to the Urgent Treatment Centre (UTC) at Great Western Hospital and the new Integrated Urgent Care (IUC) service that includes NHS111 and the Clinical Hub.
- 3.5 It is likely that the service will have a different, and more public, facing name when mobilised.
- 3.6 **Health Based Place of Safety – Swindon**
- 3.7 A Section 136 is an emergency power which allows a person to be taken to a place of safety (PoS) from a public place, if a police officer considers that you are suffering from mental illness and in need of immediate care.
- 3.8 The Care Quality Commission identified quality issues following inspections of the Places of Safety Suites at Avon and Wiltshire Mental Health Partnership Trust (AWP) in 2016 and 2017. In addition to this, new requirements regarding The Policing and Crime Act 2017 came into force on 11 December 2017, which included reduced time for the completion of Section 136 assessment, for an individual detainee, from 72 hours to less than 24 hours.

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 21 June 2018

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- 3.9 NHS England has authorised the temporary consolidation of two of three PoS Suites in Swindon and Salisbury to a third site in Devizes in Wiltshire for 12 months to provide an opportunity to address the CQC improvement requirements, particularly around assessment times and to meet the requirements of The Policing and Crime Act 2017.
- 3.10 On the 26 March 2018, Swindon PoS within Sandalwood Court closed temporarily for 12 months. During the period of temporary re-location, engagement will be undertaken with the population of Swindon and individuals using the service. This will then lead to recommendations to NHS England and NHS Improvement.
- 3.11 Through until the 25 May 2018, there had been 11 Swindon residents who have been taken to the Devizes Place of Safety suite. Early information for Wiltshire including Swindon indicate that there has been an overall improvement in the time to complete Section 136 assessments. Further information will be provided regarding actual breaches in future reports.
- 3.12 Initial feedback from Wiltshire Police is as follows:
- Since the introduction of the Police and Crime Act 2017 and the temporary move of the Swindon PoS [move to Devizes], no people with a mental health need have been taken into Swindon custody.
 - Positive, good relationships with the PoS, at Green Lane Hospital, Devizes, where the unit is staffed 24/7 by a dedicated and skilled workforce, whereas in Swindon it was formerly staffed on a needs-led basis, often by agency or bank staff. i.e. police would often be asked to wait outside the Swindon PoS unit whilst staff were located and then spent time preparing for the person under S136 to be admitted to the unit – during this time, often up to an hour, the person would be waiting outside in a police car.
- 3.13 Longer term arrangements in relation to these PoS suites will be subject to an NHS England assurance process.

4. Alternative Options

- 4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

5.1 Legal and Human Rights Implications

N/A

Further information about this report can be obtained from Ruth Atkins, Head of Communications & Engagement, 01793 683700, communications@swindonccg.nhs.uk

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 21 June 2018

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

N/A

5.3 Diversity Impact Assessment

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

5.4 Risk Management

N/A

6. Consultees

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

7. Background Papers

None.

Avon and Wiltshire Partnership NHS Trust Update

Adult Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 21st June 2018

Author:	Newlands Anning, Operations Manager, AWP
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

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

2. Recommendations

The Committee is recommended to:

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

3. Detail

3.1 Transformation

As stated previously within this public forum, AWP have developed a Transformational Programme, which has entailed a review of the current models of care and development of new initiatives.

Within Swindon an innovative Acute Community Unit, (ACU) has been developed.

The Swindon Acute Community Unit (ACU) is a resource managed by the Swindon Intensive Service (SIS) to help deliver an alternative to hospital admission. It is also used to reduce the length of stay for current in-patients through early discharge. It provides a range of evidence based therapeutic interventions delivered by a multi-disciplinary team. The AWP staff members

Further information on the subject of this report can be obtained from Contact Person, Direct Dial Telephone Number, Employee@swindon.gov.uk.

Avon and Wiltshire Partnership NHS Trust Update

Adult Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 21st June 2018

work in partnership with other statutory and third sector agencies where indicated.

The ACU will be running as a 3-month pilot initially, data will be collated during this time to monitor effectiveness and efficiency.

The Swindon ACU is expected to open w/c 11th June 2018.

3.2 Health Based Place of Safety

The Swindon Health based Place of Safety temporarily closed on the 26th March. Since this time 11 Swindon residents have been assessed at the East Place of Safety in Devizes and another 2 in other units outside of the AWP footprint.

During this initial 9-week period there have been some challenges in terms of availability of Section 12 Doctors, but the Trust and partner agencies have been working together to resolve this situation.

3.1 What are the challenges that your organisation is facing?

Top Five Priorities	Process	Outcomes
Financial Austerity	Trust Wide Financial Improvement Plan.	Review of models of care with identified efficiencies.
Recruitment and Retention. (Band 5/6 Nurses)	Trust wide and local recruitment drives. Workforce programme within the BSW STP.	Improved recruitment reduction of temporary/ agency workers.
Bed Pressures	Trust-wide bed Management process, Local Acute Care Pathway	Reduction of DTOC in wards. Minimal OOA placements.
High Quality / Safe provision of care.	CQC inspection July/August	CQC rating for all 5 domains
Engage and support the Staff	Trust-wide Staff Survey/ LIA programme. Local Staff Engagement Forum.	Positive responses to survey. Reduced absence levels.

Further information on the subject of this report can be obtained from Contact Person, Direct Dial Telephone Number, Employee@swindon.gov.uk.

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3.2 What have you done well?

Top Five Achievements	Steps taken	Next steps
Acute Community Unit	ACU project “go live” date 7 th June 2018.	Collate data and monitor activity levels across Acute Care Pathway.
Adult Resource Centre	Educational/ learning groups and activity timetable established.	Open scope of activity, joining up with Local Authority and other providers within area.
Service User, Swindon Town FC sports group	Group well established with many members.	Ensure that the group is advertised to all possible attenders.
Quality Improvement Framework	Senior Practitioner forum well established.	Embed quality improvement across the Locality consistently.
Out of Area placements	Local Acute Care Pathway has minimised OOA placements for swindon residents.	Continue and embed processes with addition of ACU.

4. **Alternative Options**

4.1 None

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

Financial and Procurement Implications

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

Legal and Human Rights Implications

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

Further information on the subject of this report can be obtained from Contact Person, Direct Dial Telephone Number, Employee@swindon.gov.uk.

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

5.3 None.

Diversity Impact Assessment

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

Risk Management

5.5 None.

6. Consultees

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

7. Background Papers

7.1 None.

8. Appendices

8.1 None.

Great Western Hospital NHS Foundation Trust Update

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

Date: 21st June 2018

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

This is a general update from Great Western Hospitals NHS Foundation Trust.

3.1 What challenges is the organisation facing?

As the first committee meeting of the municipal year the following provides detail of some of the key challenges for the Trust including 2017/18 performance for the year ending April 2018.

2017/18 was another challenging but productive year for the Trust as we continue to develop services to patients and meet growing demand. This was most evident in the positive feedback received during our follow-up CQC inspection in 2017 with nearly two thirds of our services now rated as good or

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

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outstanding, however there remain a number of key priorities for the Trust moving into this year.

3.2 ED

Demand in our Emergency Department continues to be high and for 2017/18 87.2% of patients were seen, treated or admitted within four hours against the national standard of 95%. As it typical for the Trust, demand is particularly over the winter months, but despite this our performance against the 4 hour standard was better in the first three months of 2018 compared to same period in 2017, February was 9% better and placed us 26th in country out of 133 Trusts, this was largely due to the hard work and commitment from our staff with performance increasing to 90.9% at the end of April.

We have also started 2018/19 with better performance than last year seeing positive early signs of improvement but it still remains variable. The key challenge now is to sustain this improvement and consolidate it over the summer as we head into winter and we have already developed the first cut of our winter plan for this year.

3.3 18 week waits

Waiting times are measured against Referral to Treatment indicators. The national target is for 92% of patients to be treated within 18 weeks of referral from their GP. Last year 18 week wait performance had been consistently above 90% at the start of the 2017/18 year and dipped as we approached the winter months ending the year in March at 86.7%.

Committee members may recall a national directive to cancel all elective operations in January and part way into February to prioritise resource towards emergency care which does impact on waiting times as operations are rescheduled. The Trust has a recovery programme in place since February aimed to delivering sustainable improvements in RTT this year.

3.4 Cancer

The Trust achieved all cancer indicators which include a range of indicators focused on 31 day waits for diagnosis to first treatment, the 31 day wait for second treatment, the 62 day wait for first treatment from a referral from the NHS cancer screening services and the 2 week wait for urgent referrals.

The Trust did not achieve the 2 week wait for first appointment following referral for symptomatic breast patients.

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

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Cancer remains a Trust priority and our aim in year is to achieve all cancer standards.

3.5 Finance

From a financial perspective, the Trust came out of enforcement action with our regulator NHS Improvement (NHSI) in the autumn as we had undertaken all of the actions we committed to as part of the enforcement action process which began almost three years prior. The Trust ended the year with a deficit of £11.3m which was £6.3m away from the original plan. When adding one off Sustainability and Transformation Funding, the deficit reduced to £7.8m.

The PFI contract remains the most pressing factor on our long term finances and we have pursued a range of routes to secure better value but we continue to work with the national bodies to seek support the structural deficit which is driven by the PFI.

This financial year we have set our plan at a £12.5m deficit and if we hit that we will be eligible for some national Sustainability and Transformation funding.

3.6 Capacity

Hospital capacity presents one of the most pressing challenges for the Trust particularly in how we safely care for patients at our busiest times. The Emergency Department at GWH was built for 48,000 people a year and is now routinely seeing well over 80,000 a year.

In July, as part of the Sustainability and Transformation Partnership – the collection of health and local authority organisations working together across Bath, Swindon and Wiltshire - the Trust is putting forward a case to national bodies as part of the national bidding process for capital funds to support the expansion of the emergency department and other parts of the estate.

In addition, developed contributions to acute and community health care services as a result of the housing growth in Swindon has not been forthcoming and the Trust will continue to make the case for appropriate developer contributions towards these essential healthcare services as seen in other parts of the country.

4. What have you done well?

4.1 Julie Marshman announced as new Chief Nurse

Following a very thorough selection process with many strong candidates, Julie Marshman was chosen as our new Chief Nurse taking up the position at the end of May.

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

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Julie takes professional leadership responsibility for all nursing, midwifery and allied health professional issues, while also working closely with the Medical Director on various matters to do with quality, making it a vital role for any organisation.

Julie is already a familiar face to many having worked in Swindon and Wiltshire for many years. Most recently, Julie has been the Trust's Deputy Chief Nurse, with her role heavily focused on improving quality and delivering consistently high patient care. Her experience in these vital areas will be an important asset to the Board.

4.2 Quality and Safety

The Trust continues to perform well in relation to infection control and is pleased to report that during the course of 2017/18 we saw no hospital acquired cases of MRSA blood stream infections and also seen a 13% reduction in hospital attributable E.coli blood stream infections.

MRSA has been a priority for the NHS for at least the past decade when the number of cases was particularly high. It is therefore a good position to be in to see zero cases over a twelve month period and this sort of performance becoming the norm due to the commitment to strong infection control practices across the NHS.

4.3 Excellent team work from staff during major incident

Following a burst valve in Endoscopy on the first floor we experienced a flood in April, which had a major impact on the ground floor and particularly the Emergency Department, SAU and Day Surgery.

We declared a major incident because of the significant impact it had on maintaining services and Nerissa Vaughn thanked all staff working for the Trust and for Carillion who helped manage the incident especially those tasked with the clear up and getting things back to normal.

Many people had to come in or stay well beyond the end of their shifts to help, which is greatly appreciated.

As it was the front door services that were impacted we had to keep going and move services around, running aspects of the Emergency Department from other parts of the hospital and relocating SAU into the BTC.

This was a great team effort in the busiest part of the hospital and it was handled with a huge degree of professionalism ensuring vital services continued.

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

Great Western Hospital NHS Foundation Trust Update

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

Date: 21st June 2018

4.4 Nearly 70 per cent of GP referrals now paperless

During February 2018, 69 per cent of all GP referrals to consultant led first outpatient appointments were received electronically and work to implement electronic patient referrals from GPs is continuing across the Trust.

The tool allows GPs to request advice directly from consultants, with the intention of allowing more patients to be treated without the need to be seen at the hospital. Our aim is to receive 100 per cent of referrals via this route by October 2018.

4.5 New e-observations system to be launched at GWH

A new e-observations system will enable staff to manage patient observations electronically and will be rolled out across the Trust this summer.

The new system, called Nervecentre, is currently being tested and proved a popular choice with staff when it was showcased during a mini exhibition back in January 2017.

Staff currently use a paper chart to document patient observations, such as blood pressure and pulse, and then have to manually calculate National Early Warning Scores (NEWS), to identify patients at risk of deteriorating.

With the new system, all patient handovers can be done using mobile devices with software that will automatically calculate the NEWS score of each patient. It will also determine how frequently observations need to be made and automatically sends an alert to the appropriate clinician if the patient is deteriorating.

4.6 UNICEF re-accredits GWH as Baby Friendly

The Great Western Hospital has received full accreditation again from UNICEF's Baby Friendly Initiative after a recent assessment.

The UNICEF Baby Friendly Initiative supports breastfeeding and parent and child relationships by working with public services to improve care standards.

Accreditation is reassessed every 18 months and our maternity and neonatal teams across the hospital have worked very hard to be awarded again.

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

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Through the staged accreditation programme, health professionals are enabled to support all mothers with their feeding and help parents to build a close and loving relationship with their baby.

GWH aims to promote and support breastfeeding through the national Breastfeeding Welcome Scheme and has a dedicated room for mothers to breastfeed or express milk, including those visiting the Women's Outpatients department and staff who return to work after having a baby. All our maternity and neonatal staff at GWH have training updates each year.

4.7 **GWH takes part in #EndPJParalysis**

GWH is continuing its participation in the NHS England campaign to encourage patients to get up, get moving and get home quicker.

For many in hospital, wearing pyjamas or hospital gowns all day reinforces being unwell and makes them less likely to get up and moving as soon as they are able to.

The #EndPJParalysis campaign rolled out a national 70-day challenge from 17 April to get older people back home to their loved ones sooner by getting them dressed and moving around.

The challenge is running across the UK and Ireland until 26 June to tie in with the 70th anniversary of the NHS on 5 July.

A recent pilot gave patients back 91,728 days or 250 years' worth of time across nine trusts in the east of England, as a result of getting patients up and dressed.

GWH staff across the wards are keeping a daily record of how many patients are up and dressed by midday and how many are mobile, using a secure app.

5. **Alternative Options**

5.1 None.

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

Financial and Procurement Implications

6.1 None.

Legal and Human Rights Implications

6.2 None.

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

Great Western Hospital NHS Foundation Trust Update

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

6.3 None.

Diversity Impact Assessment

6.4 None.

Risk Management

6.5 None

7. Consultees

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

8. Background Papers

7.1 None.

9. 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

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Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

21 June 2018

Author: Corporate Director of Adult Social Services and Health

Wards: 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 and public health 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

Priorities and pledges

- 3.1 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:
 - 3.1.1 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

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3.1.2 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)

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

3.2 This report provides an overview of performance at the end of March 2018. Background details on performance and activity are provided in Appendix 1 and 2. We have highlighted those performance areas which we jointly deliver with the Clinical Commissioning Group as part of the Better Care Fund (BCF)

What are the challenges that your organisation is facing?

Top Four Priorities	Progress to date & Next Steps
Learning disability Services	See paragraphs 3.3 to 3.5
Adult Safeguarding	See paragraph 3.6
Quality of Care Homes	See paragraph 3.7
Achieving a Healthy Weight and an Active Lifestyle to Prevent Ill Health	See paragraphs 3.8 to 3.10

Learning Disability Services

- 3.3 Work is ongoing to reduce spend on Learning Disability services as spend per service user in Swindon remains high compared to other authorities. At year end the service exceeded the savings target set for 2017/18 of £1.1m and achieved a saving of £1.124m. The service has a savings target of £500k for 2018/19 which has already been achieved and work is ongoing to continue to identify and secure further savings during 2018/19. The service re-design programme is making good progress in enabling individuals to progress and become more independent.
- 3.4 Supporting people with a disability into paid employment is a national policy priority as well as a local pledge. At the end of the year there are 36 adults in receipt of support who are in employment equating to 5.76% (against a target of 5%) which is an improvement on last year's performance of 4.6%. An additional 40 adults have an unpaid voluntary job. There are also eight learning disability support clients who are no longer receiving long term support services who are in

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meaningful employment of 16 hours or more per week. We are currently consulting on our strategy for supporting more people with health and care needs, particularly people with a learning disability, to gain and retain paid employment in the open market or another meaningful employment related activity.

- 3.5 We continue to strive to undertake timely reviews within learning disability services but performance has been impacted by capacity, a focus on delivering savings, and the timely processing of data which has led to under reporting. This will be a key priority for improvement over the coming year.

Adult Safeguarding (BCF scheme)

- 3.6 As previously reported at this Committee, we have identified improvements in the safeguarding services around adult services having a better understanding of Domestic Abuse; the impact of coercive and controlling behaviour (especially on older people); application of Mental Capacity when there are safeguarding concerns; quality assurance processes; and personalisation in safeguarding. An action plan has been developed to drive improvements in these areas over the coming months.

Quality of Care Homes

- 3.7 There is one residential care home that has recently been judged as inadequate by CQC in Swindon and an action plan is in place to support improvement. There is work underway to proactively risk assess all providers to reduce the likelihood of poor judgements going forward. Swindon has one outstanding care home. The Commissioning Team undertakes annual quality assurance visits and supports providers make improvements. The Care Home Forum meets throughout the year. Commissioners also meet with CQC bi-monthly to triangulate information regarding particular providers who may be of concern. The Care Home framework tendering process has been delayed to allow for more robust market engagement and to review baseline quality and outcome expectations for residential and nursing home providers.

Achieving a Healthy Weight and an Active Lifestyle to Prevent Ill Health

- 3.8 Excess weight (overweight and obesity) is a major public health problem which can cause long term illnesses, reduces quality of life and increases costs to health and social care as well as having a negative impact on the local economy. Excess weight affects children and adults; in Swindon two in ten 4-5 year olds, three in ten 10-11 year olds and six in ten adults are overweight or obese. Tackling excess weight is not solely a public health function; it requires a societal, whole systems approach. Swindon Borough Council, working with a range of

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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partners, has a Healthy Weight strategy (2017-2022) which promotes a whole system approach.

- 3.9 The most recent statistics for adult excess weight show that in 2015/16 Swindon's prevalence (69%) was higher than that for England (61%). The prevalence of child excess weight in reception year has stayed steady over the last year (2017/18), at 23.2% (data not yet validated). The trend in excess weight in Swindon is slightly downward in Reception year (an average of 0.13% each year), almost double the rate compared to England. In Year 6, there has been a reduction in excess weight of one percentage point to 34%. However the long term trend in excess weight, over the previous 10 years, in Swindon year 6 is a 0.2% increase on average each year, the same as for England.
- 3.10 There are a range of initiatives underway in Swindon to tackle obesity and promote physical activity. These include Football Fans in Training, Health Walks, Park runs, weight management programmes for adults and families and falls prevention. Planning and public health work together to support the development of an active environment, with health impact assessments taking place on major developments. We have recently created signage at our local Outdoor Gym areas across Swindon to help encourage residents to make use of the outdoor spaces. Locally our transport policies support active travel (e.g. cycling and walking) in any new and updated developments. Swindon Borough Council, British Cycling and other stakeholders, including Wiltshire and Swindon Sports Partnership have a Swindon Cycling agreement which provides supported cycling rides, particularly for those new to or returning to cycling. We are also implementing a number of behaviour change programmes including early intervention programmes (e.g. in pregnancy, breastfeeding, early years) to support a healthy lifestyle. We provide a range of physical activity programmes with trained and qualified instructors to support people who can't access mainstream programmes (e.g. through disabilities or medical conditions). The aim is to provide individuals with exciting experiences and support them in gaining confidence to access mainstream provision.

What have you done well?

Top Nine Achievements	Progress to date & Next Steps
Managing demand and financial pressures	See paragraph 3.11
Delayed transfers of care - DTOC	See paragraphs 3.12 to 3.14
Prevention and Wellbeing	See paragraphs 3.15 to 3.24

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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Older People/Physical Disability Transformation Programme	See paragraphs 3.25 to 3.27
Permanent admissions to Residential Care and Nursing Homes	See paragraphs 3.28 to 3.29
Carers	See paragraph 3.30
Smoking	See paragraph 3.31
Voluntary Sector Commissioning	See paragraph 3.32
Complaints	See paragraphs 3.33 to 3.34

Managing demand and financial pressures

- 3.11 The outturn position for 2017/18 across Adults was £69.570m against the budget of £69.876m providing an under-spend of £612k. Adult Services achieved £2.859m savings which was above the 17/18 savings target of £2.617m. The savings target for 2018/19 is £3.146m, of which £1.230m has already been achieved.

Delayed transfers of care - DTOC (BCF indicator)

- 3.12 During the year, DTOC performance has vastly improved and is now significantly better than the challenging target we set at the start of the year. The latest published DTOC performance as at end of March 2018 is 0.87 bed days lost due to discharge delays attributable to social care against a target of 6 per day. This is significantly better than the averages for the South West (14.42). Our cumulative end of year performance (April 2017 to March 2018) for delayed discharge attributable to social care is 7.8 days which is below the average for the South West (20.7). There have been no joint attributable delays (i.e. attributable to both NHS and social care) since December 2017. The main areas of reduction in delays attributable to social care have been due to more timely completion of social work assessment, speedier transfers to residential and nursing care, and less delays in waiting for a care package at home. Latest local data as at April 2018 indicates performance remains strong with 1.67 bed days lost due to discharge delays attributable to social care against a target of 6. Total delayed bed days for 2017/18 attributable to NHS, Social Care or Both is 22.34 which is better than the average for the South West (47.3).
- 3.13 Delays attributable to NHS only, as at end of March 2018, is 8.26 bed days. The published cumulative performance (yearend total) for delayed bed days

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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attributable to NHS has been steadily improving since January 2018 (which was 15.72) and is 14.53 which is better than the South West average (26.58). The main reasons for these delays are due to waiting for further non acute NHS care (including intermediate care, rehabilitation) and transfers to nursing home placements. Latest local data as at April 2018 indicates performance remains stable with 8.5 bed days lost due to discharge delays attributable to NHS. The main reason for the delays relates to further non acute NHS care including intermediate care and rehabilitation.

- 3.14 In March 2018 a new DToC measure was introduced which calculates the DTOC bed rate per calendar month per 100,000 of the population. This measure will be monitored and reported nationally and locally going forward. The Swindon position at the end of the year is a total of 13.26 bed day delays per 100,000 people attributable to the NHS and Social Care. This is lower than the South West average of 16.0 and higher than the England average which was 12.4. Total social care delays for the end of the year is 4.63 days which is significantly better than the South West total of 7.1 days and is also lower than the England average which stands at 5.3.

Prevention and Wellbeing

- 3.15 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 (BCF scheme)

- 3.16 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. Navigators work with clients for up to 8 sessions. Between April 2017 and March 2018, 367 people have been recruited to the community Navigator scheme through GP referral. 296 of these referrals came from the 10 surgeries we work most closely with. In addition 247 people were referred but either declined the service or weren't ready for change. Since January, the Social Care Navigator has received 28 referrals and is currently working with 19 clients. Work is focussed on supporting individuals to make positive changes to maintain greater self-care and independence for longer.

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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Swindon Circles (BCF scheme)

- 3.17 Swindon Circles aims to support any age person who is identified as lonely and isolated through a volunteer befriending scheme. Referrals come from GPs, Social Workers and families, focused on those who have less than 5 hours of contact per week or those who are in caring responsibilities. The team receive high numbers of referrals (180 between April 17 and March 18) and the biggest challenge is to recruit and retain enough volunteers to meet this demand. Not all clients are eligible, able or interested in being matched and the important thing for the team is to ensure they get the match right so it is long lasting and suits both the client and the volunteer. The 2 Circles Link Workers have visited and assessed 200 clients this year. During 2017/18 we have recruited and trained 80 new volunteer Befrienders who are working alongside our 40 existing volunteers. This year we have successfully managed to support an additional 58 isolated and lonely people; making a total of 98 clients. The aim is to support people in becoming more mobile and confidence to enable them to access local community activities expanding their networks and improving their quality of life.

Community Involvement and Volunteering

- 3.18 We have a variety of short-term intervention projects which aim to improve the emotional wellbeing of local people, increase their connections and peer support and ultimately reduce isolation. The team have recently completed a successful project coordinating a number of different local organisations to manage a pop up mental health shop – “Head space” to strengthen our collaborative relationships with the voluntary and community sector and also to launch the year of mental health. The shop provided a space for people to come together and learn more about services in Swindon, reduce the stigma attached to poor mental health and also to encourage the community to be proactive in looking after personal wellbeing. We have initiated a Pen Pal project linking older isolated people to school children through letters of friendship. Sixteen Y6 pupils at Goddard Park Primary School have started writing letters to our Swindon Circles Clients and this will be rolled out to support older people attending day centres or living in sheltered housing schemes. .

Live Well Swindon Hub

- 3.19 The Live Well Hub is the first point of contact offering advice, information and support through a triage service. The Hub processes on average 30-50 referrals per day. The majority of referrals come from GP's, Physiotherapy Department at GWH, Adult Social Care, Lift and self-referrals. Self-referrals has increased from 2 per day in January to averaging 7 per day in April 2018. Since our launch in 2016, we have received over 5000 referrals and continue to track clients to

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

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monitor progress and evaluate the impact of support offered. 93% of all contacts have led to people engaging with one or more services. 150 of these contacts are now volunteering. We continue to work with colleagues across the health and social care sector to make referrals as easy as possible and to provide advice and signpost on for those individuals interested in making a behaviour change.

Making Every Contact Count (MECC)

- 3.20 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. Within SBC, six staff have now been trained to deliver MECC training, including 2 Super Trainers who are able to deliver the Train the Trainer programme supporting the sustainable growth of MECC. A total of 147 people have been trained in Swindon to date, including 109 within SBC and a further 38 across partners. Evaluation work is ongoing to look at the impact of the training. MECC is also an integral part of the Accountable Care system development work.

Dementia

- 3.21 Excellent work continues to promote Swindon as a dementia friendly town. Based on views of people living with dementia, we are promoting a range of activities including weekly walks around the Outlet Centre, gardening and swimming opportunities and vintage films at the Wyvern Theatre. Showings of Summer Holiday and Carry on Camping (both chosen by people with dementia) have attracted audiences of around 50 people each. Work is ongoing with Parish Councils, schools, businesses and church groups. Within SBC Public Health are attending over 30 team meetings to promote dementia friends and sessions at the Council are very well attended. Across Swindon there are now around 5000 dementia friends. The 21-25 May was Dementia Action Week with activities promoting dementia going on and interest from the Swindon Advertiser.

Mental Health and wellbeing

- 3.22 In March 2018 the Health and Wellbeing Board agreed to sign up to the Prevention Concordat for Better Mental Health. This is now being taken to the CCG Board. In addition the Health and Wellbeing Board agreed to 2018/19 being the Year of Mental Health in Swindon which will include involving other agencies and partners in the prevention concordat. During 2017/18 we ran a series of free ASIST Suicide Prevention courses and trained 130 front line workers from a variety of organisations in Swindon. We are about to launch Connect 5 training which will raise awareness and enable all those who work with the public or manage staff to have more confident and effective conversations

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with people they come into contact with. Work for 2018/19 will focus on children and young people, housing and homelessness, promoting the five ways to wellbeing, workplace mental health and dual diagnosis (Mental Health and Substance Misuse).

NHS Health Checks

- 3.23 More individuals were invited and more NHS Health Checks were delivered this year than last year. 12,509 individuals were invited in 2017/18 compared to 10,874 in 2016/17, and 5515 checks were delivered compared to 5381 in 2016/17. However, our uptake rate (numbers invited compared to those accepting the offer) went down from 49% in 2016/17 to 44% in 2018/19. This was in part due to gaining permission to invite patients from one particular GP practice during quarter 4 which did not give enough time to deliver the checks by year end

Health Impact Assessments

- 3.24 Public health continues to work with the planning department to review planning applications which meet a certain criteria to conduct a rapid health impact assessment (HIA). During the year 2017/18 Public Health have submitted 15 responses and commented on 12 planning applications. Many of these public health comments have been used in meetings and conversations with developers to improve the proposed developments. Public health also provide input to strategic policies such as the Local Plan and Supplementary Planning Documents (SPD). Public health have supported the development of a revised Inclusive Design, Access for All SPD and a Specialist Housing SPD and are continuing to work with Planning Policy officers on the new Local Plan.

Older People/Physical Disability Transformation Programme

- 3.25 The Adult Social Care transformation programme and strength based approach to assessment and reviews is positively impacting on Swindon's health and social care system. There are fewer older people being admitted to permanent care, more timely assessments continue to reduced delay 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, and supporting social workers to have more direct contact time with service users.

Front Door

- 3.26 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

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to divert people into community based solutions where that is the right thing to do, and for those who do need help, we need to make sure they get it quickly. So far this year we have received 13860 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. 46% of these contacts (6398) progressed to an assessment of need, compared with 50% last year. From April 2017 to the end of March 2018, 51.1% of people progressed to a service following an assessment compared with 48.3% 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 are starting to see the right people (i.e. those with higher levels of need) progressing to assessment and service.

Re-ablement (BCF Scheme and indicator)

- 3.27 During the year there have been significant improvements in the Reablement Service. From April 2017 to March 2018, 516 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 30 to 18 days, with 63.2% gaining independence following the service and not requiring ongoing support. We have also improved the number of people receiving reablement at any one time from an average of 34 people to 56 people per month. This has been achieved through changing staff rostering and working more efficiently.

Permanent admissions to Residential Care and Nursing Homes (BCF scheme and indicator)

- 3.28 Admissions to residential and nursing care are being effectively managed and remain below target for older adults (aged 65 and over). From April 2017 to March 2018, 165 older people have been admitted to permanent care: 64 to a nursing home placement and 101 to residential care. Amongst these first time permanent admission to care, 36 people were admitted with mental health needs and 127 people were admitted with personal care/physical support needs (older people) and 2 people with learning disability needs. Permanent Residential and Nursing Admissions 65 years per 100,000 of the population is 489.14 at year end which is below the target of 661.07 (lower is better).
- 3.29 Admissions for younger adults (18-64 years) from April 2017 to March 2018 is above target with four additional people being admitted than forecasted. In total, 18 younger adults have been admitted to permanent care, 12 to residential and 6 to nursing care. Of those, 8 had a learning disability, 4 had mental health needs and 6 had personal care/physical support needs. Permanent Residential and Nursing Admissions 18-64 year olds per 100,000 of the population is 13.36 as at

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March 2018 which is above the target of 10.37 (lower is better). Where possible, we place people in Care Homes and Extra Care Housing that are owned by Swindon Borough Council to reduce budget pressures.

Carers (BCF Scheme)

- 3.30 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. During 2017/18, 72.3% (1161) carers have received an assessment or review, and 70 carers (caring for someone over the age of 18) have received a direct payment from the Carer Support Scheme to give them a break from their caring responsibilities. Since April 2017, 156 carers have received a direct payment.

Smoking

- 3.31 Smoking is the biggest preventable cause of ill health and early death as well as the leading cause of health inequality. In Swindon our smoking prevalence rate for our adult population is 14.9% which is below the England average of 15.5%. Helping service users who smoke to quit is the single most important factor in improving their physical health. Many smokers are now turning to electronic cigarettes (e-cigarettes) as a means of quitting smoking and Public Health and Trading Standards officers have visited several dedicated e-cigarette shops in Swindon to advise them of the Buy with Confidence Scheme. We are hoping to recruit e-cigarette retailers to the scheme so that going forward stop smoking advisors will be able to signpost clients who wish to quit smoking using an e-cigarette to those retailers. Two Illegal Tobacco Community Engagement events were held in March to inform the public of the harms of illegal tobacco, associated organised criminality and raise awareness of the Crimestoppers number. Over a hundred questionnaires were completed with members of the public and advice and support was offered from the Stop Smoking Service.

Voluntary Sector Commissioning (BCF scheme)

- 3.32 Our voluntary sector providers continue to perform well and we have no significant concerns regarding performance. In that last quarter, the contract for Direct Payment Support was awarded to the Enham Trust, the contract for supporting people with a head injury was awarded to Headway Swindon, the contract for Dementia support was awarded to the Alzheimer's Society and the contract for stroke support was awarded to the Stroke Association. The Direct Payments, dementia and stroke support contracts were all re-shaped prior to appointing contractors. We are in the process of re-commissioning Voluntary Sector Infrastructure Support. This year voluntary sector commissioned providers have delivered 46,332 hours of volunteer time, equating to a value of

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£353,437 (based on minimum wage). In addition, our funding has enabled commissioned providers to secure a further £729,073 from external sources. The total added value secured through adult voluntary sector therefore equates to over £1m, which is significant on a £2.5m budget.

Complaints

- 3.33 Although overall satisfaction with services is reasonable high, we recognise we are always going to receive complaints. We endeavour to resolve complaints at an early stage and use them positively to change processes or practice where appropriate. Our complaints policy is Care Act compliant.
- 3.34 From 1 April 2017 to 31 March 2018, the service received 52 complaints of which 15 were upheld and 13 partially upheld. The complaints mainly relate to communication (delayed response, lack of information) and financial concerns. More detail will be provided in the 2017/18 Adult's Annual Complaints & Compliments Report which will be published in July 2018. We have improved our arrangements to ensure the allocation and recording of assessments and reviews are timelier which should reduce complaints relating to delays in the future.

4. Supporting Information

- 4.1 None

5. Alternative Options

- 5.1 None

6. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 6.1 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

- 6.2 None

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

- 6.3 None

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Performance for Adult Social Care Commissioning

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Diversity Impact Assessment

6.4 None

Risk Management

6.5 None

7. Consultees

7.1 Director of Adult Social Care, Deputy Director of Adult Social Care, Cabinet Member for Adults' Health and Social Care, Director of Public Health, Adult Social Care Managers, Public Health Managers.

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

8. Background Papers

8.1 None.

9. Appendices

9.1 Appendix 1 - Performance Data as at 31st March 2018

9.2 Appendix 2 – Activity Data as at 31st March 2018

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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Adult Social Care Performance Dashboard Summary of Provisional Results 31st March 2018

Indicator	NA 2016/17	PYA 16/17	Annual Target	Mar 18 Actual	Good is..
Enhancing Quality of Life					
Proportion of people who use services who report they have control over their daily life (Survey Outcome) (A)	77.7	76.2	NA	78	high
% of services users who reported they have as much social contact as they would like (Survey Outcome) (A)	35.5	45.9	NA	41	high
% of Service Users who receive self directed support (M)	89.4	88.1	100	84.4	high
% of Services Users who receive a direct payment (M)	28.3	24.3	30	22.9	high
% of Carers who receive self directed support (M)	83.1	32.1	36	29.3	high
% of Carers who receive a direct payment (M)	74.3	30.9	34	28.7	high
% of Mental Health adults in paid employment (M)	7	16	11	14.2	high
% of Mental Health adults living independantly with or without support (M)	54	85	84	72.9	high
% of learning Disability adults living independantly in their own home or with their family (Q)	76.2	74.7	72	73.9	high
Delaying and Reducing the Need for Care					
Permanent admissions to residential & nursing care for Younger Adults aged 18-64 per 100K population (M)	12.8	6.7	10.37	13.37	low
Delayed bed days attributable to NHS or Social Care or Both- All days (M) changed National measure	40.9	18.2	13	22.34	low
% of Older people who were still at home 91 days after discharge from hospital with reablement services (A)	82.5	89.9	87	83	high
Outcomes of short term services not leading to further services	77.8	82.6	NA	94	high
Ensuring People have a Positive Experience of Care and Support					
% of Waiting times of Clients Assessments completing within 28 days (M) Local Measure	NA	86.2	85	85.2	high
% Waiting times of Client Assessments starting within 5 days of contact (M) Local Measure	NA	88.8	85	74.8	high
% Waiting times of end of assessment to provision of services within 28 days (M) Local Measure	NA	82.5	89	83.2	high
Overall satisfaction of people who use services with their care and support	64.7	64.2	NA	65	high
Safeguarding adults whose Circumstances make them Vulnerable					
% of people who use services who feel safe (Survey Outcome) (A)	70.1	70	NA	76	high
% of people who use services who say that those services have made them feel safe (Survey Outcome) (A)	86.4	91.7	NA	90	high
100% of safeguarding decisions made within 2 days of date of referral (Q) Local Measure	NA	94	97	91	high

KEY

NA: National Average

Reporting Frequency (M) Monthly

Reporting Frequency (Q) Quarterly

PYA: Previous Year Actual

Reporting Frequency (A) Annually

**Adult Social Care Performance
 Dashboard Summary of Provisional
 Results 31st March 2018**

Indicator	NA 2016/17	PYA 16/17	Annual Target	Mar 18 Actual	Good is..
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Better Care Fund

Delayed bed days attributable to Social Care- All days (M). Asat.	NA	7.8	6	0.87	low
Permanent admissions to residential & nursing care for Older Adults per 100K population (M)	610.7	569.2	661.07	489.13	low
Service User Quality of Life (A)	19.1	19.3	NA	19.2	high
Learning Disability Service Users who have received a review (M) Local Measure	NA	53.4	75	44.4	high

Corporate Pledges

Increase % of clients receiving a service, who have receive an annual review (M) Local Measure	NA	70.5	75	56.3	high
Increase % of Carers Assessed or Reviewed (M)	NA	82.4	70	72	high
Delayed bed days attributable to social care- All days (M) changed measure	6.3	7.8	6	7.8	low
% of adults with Learning Disabilities in paid employment	5.7	5.4	5	5.76	high
Increase % of older adults who are still at home 91 days after discharge from hospital into reablement services (A)	82.5	89.9	87	83	high

KEY

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

Appendix One: Background activity and performance Data

Number of service users receiving Permanent Nursing & Residential care in Swindon between April 17 to March 2018

Primary Support Reason	18-64 Year Olds				65+ Year Olds			
	Nursing Care		Residential Care		Nursing Care		Residential Care	
	April-March 17	April-March 18	April-March 17	April-March 18	April-March 17	April-March 18	April-March 18	April-March 18
Physical Support: Access and Mobility Only	0	0	0	0	0	0	2	2
Physical Support: Personal Care Support	4	10	13	9	255	236	274	269
Sensory Support: Support for Visual Impairment	0	0	0	0	1	1	4	3
Sensory Support: Support for Hearing Impairment	0	0	0	0	1	2	1	0
Sensory Support: Support for Dual Impairment	0	0	0	0	1	1	2	0
Support with Memory and Cognition	2	1	2	2	45	55	83	84
Learning Disability Support	3	3	159	160	7	3	40	41
Mental Health Support	3	3	32	33	17	11	45	31
Totals	12	17	206	204	328	309	451	430

Number of service users receiving Community Services in Swindon between April 17 to March 18

Primary Support Reason	Services to help users maintain mobility & independence; Adaptations, 88Equipment, & 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-March 18	April-March 18	April-March 18	April-March 18	April-March 18	April-March 18
Learning Disability Support	69	76	12	9	514	531
Mental Health Support	5	4	3	4	209	175
Physical Support - Access & Mobility only	475	506	5	4	14	8
Physical Support - Personal Care Support	199	190	92	127	293	313
Sensory Support - Support for Dual Impairment	1	3	0	0	3	3
Sensory Support - Support for Hearing Impairment	7	6	0	0	0	1
Sensory Support - Support for Visual Impairment	11	10	2	1	11	10
Support with Memory & Cognition	1	1	0	1	12	9
18 -64 Year Old Total	768	796	114	146	1056	1050
	April-March 18	April-March 18	April-March 18	April-March 18	April-March 18	April-March 18
	April-March 18	April-March 18	April-March 18	April-March 18	April-March 18	April-March 18
Learning Disability Support	13	20	2	2	46	50
Mental Health Support	15	24	4	17	66	71
Physical Support - Access & Mobilty only	1065	969	25	31	24	20
Physical Support - Personal Care Support	724	779	1051	1052	1027	988
Sensory Support - Support for Dual Impairment	10	8	4	1	12	12
Sensory Support - Support for Hearing Impairment	23	21	9	16	7	8
Sensory Support - Support for Visual Impairment	35	31	14	18	18	20
Support with Memory and Cognition	21	29	13	9	78	70
65+ Year Old Total	1906	1881	1122	1146	1278	1239

Green Paper: Rough Sleeping Strategy

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

Date: 21st June 2018

Author: Head of Housing
Wards: All
Parishes Affected: All

1. Purpose and Reasons

- 1.1 The report sets out the key current challenges facing the Council with recent increases in Rough Sleeping and successes in the Housing Service.
- 1.2 Members of this Committee views are sought on the emerging priorities for the Rough Sleeper Strategy and the related bid to the Ministry of Housing Communities and Local Government for additional resources to support those sleeping.
- 1.3 The links to the Swindon Vision in particular, Priority One: Improve infrastructure and housing to support a growing, low carbon economy and Priority Four: help people to help themselves while always protecting our most vulnerable adults and children.

2. Recommendations

The Committee is recommended to:

- 2.1 Comment on the emerging priorities for the Rough Sleeper Strategy identified in section 3.12.

3. Detail

- 3.1 In line with the national trend, Swindon has seen a significant increase in rough sleeping over the last 3 years. The rough sleeping census in Swindon in 2014/15 identified 6 rough sleepers, by the summer of 2016 this had climbed to 31, during 2017 numbers have fluctuated between 20 and 30.
- 3.2 Approximately 80% are male and 30% under the age of 25.
- 3.3 Many people who end up homeless will be at risk of mental and physical ill health, violence, drug and alcohol use. Homeless Link in its study established that 33% had complex multiple needs, 31% had a drug problem, 23% an alcohol addiction, 6% a learning disability and 32% a mental health problem. These are strong similarities with those currently sleeping rough in Swindon.
- 3.4 Swindon spends just under £1.4m every year on supported housing schemes for the single homeless. This is mainly in the form of Direct Access hostels but also other 'move on' accommodation. The hostels in Swindon are well established, but find it difficult to engage with individuals with complex needs due to the level

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

Green Paper: Rough Sleeping Strategy

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

Date: 21st June 2018

of support they are able to offer and also the regime required to run a busy hostel in a safe and supportive way for the majority of residents.

Many rough sleepers will also choose not to be housed in such a way due to the management structure of the facility and also, importantly, to keep a distance from former associates that have caused their condition to deteriorate on previous occasions.

Under the Council's statutory duty to accommodate, often the only option available is specialist Bed and Breakfast accommodation at a cost of £60 per night.

- 3.5 The Council and its partners recognised this gap in provision following the consultation on the Draft Homelessness Strategy in 2017. The wider Homelessness Strategy was put on hold whilst the final drafting of the Homelessness Reduction Act and its associated Statutory Regulations were completed. In order to respond better to the immediate needs of rough sleeping it is useful to consider this specific strategy that will later be incorporated into the new Homelessness Strategy.
- 3.6 Traditionally homelessness services in England have taken a "staircase" or linear approach to housing people experiencing homelessness, where people progress through a series of accommodation and treatment services until they are "housing ready". After this point they are deemed ready for independent housing. However, UK research conducted initially by Homeless Link in 2015 and followed up in more detail by the Centre for Social Justice in 2017, established clear evidence that a "Housing First" approach, which makes no conditions and provides an immediate housing solution with wrap around support to an individual, can help maintain longer term tenancies.
- 3.7 Homelessness Reduction Act 2017.

The Homelessness Reduction Bill Received royal assent in May 2017 and was 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. 2017/18 figures are currently being ratified.
- 3.8 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

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Green Paper: Rough Sleeping Strategy

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

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being outside of the 28 day criteria. The change in legislation is already seeing an increase in caseloads.

- 3.9 Additional funding to help local English councils finance the new burdens was announced March 2017.

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

Overall, the proposal is for the Council to set out a **Rough Sleeper Strategy** that acknowledges the new challenges brought about by statutory changes and also to provide solutions that fill the gaps in need not met by more traditional provision. This is also explored in the Council's bid to central government for additional resources to combat rough sleeping

- 3.10 **A new approach** to provision. Members may be familiar with the recent work of the Temporary Winter Housing Provision. The main driver behind this was to dramatically reduce estimated numbers of rough sleepers, thought to be 45 in November 2017 down to a much more manageable level. The new approach was to take some of the most chaotic individuals, who were refusing to engage with traditional solutions, directly into a winter provision and wrap a multi-agency service around them for 10 weeks. The detailed findings will be reported to Cabinet in July 2018, but early results are very promising with more than half of the "guests" sustaining their move on accommodation. Some would describe this as a form of *Housing First*.

- 3.11 We have secured £195,000 from Government for the period September 2018 – March 2019 for the following:

3.11.1 Rough Sleeper Co-ordinator role

3.11.2 Assertive Outreach Team

3.11.3 Expanding the Housing First Model with an Accommodation Officer

3.11.4 Increased 'Move-On' support for clients in the Key Scheme

3.11.5 Personalised Housing Plans

3.11.6 Temporary Winter Housing Provision

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

Green Paper: Rough Sleeping Strategy

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

Date: 21st June 2018

3.11.7 Mental Health Training for Front Line Officers & Supported Housing Staff

3.12 The key priorities for the Rough Sleeping Strategy embody 3 main outcomes and these are that ***No One Arrives on the Street, No One Should Return to the Streets*** and the town centre remains ***Safe and Clean*** for all town centre users. The priorities are:

3.12.1 Work in partnership to prevent people sleeping rough in the first place – *No One Arrives on the Street*

3.12.2 Rapid joined up multi-agency response when people do end up on the streets. This is currently led by the Rough Sleeper Panel and arrangements will be reviewed as part of the consultation process

3.12.3 Provide an Outreach Service for those with complex or multiple needs. Currently this is seen as a vital mobile co-ordination and first response service

3.12.4 In partnership, once housing solutions have been identified for individuals, then a range of services are available to support them including the services offered by the Rough Sleeper Bid funding above. - *No One Should Return to the Streets*

3.12.5 Develop a range of accommodation and support solutions tailored to individual needs

3.12.6 Tackle anti-social behaviour and crime that encourages those sleeping rough to engage and that keeps Swindon's town centre *Safe and Clean* for all users.

4. Alternative Options

4.1 The Council could continue with an exclusive and more linear approach to resolving the housing needs of rough sleepers. 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. Final financial implications will be reported to Cabinet when the strategy is finalised

Green Paper: Rough Sleeping Strategy

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

Date: 21st June 2018

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 A Diversity Impact Assessment has not been completed at this stage but will be drawn up in parallel with the formal consultation process.

Risk Management

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

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 None.

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Work Programme 2018/19

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 21st June 2018

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 2018/19

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 21st June 2018

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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 2018/19 Municipal Year.

2. Recommendations

The Committee is recommended to:

- Consider and discuss the Chair's proposal for the 2018/19 work programme.
- Approve the proposed Work Programme for the 2018/19 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 2018/19 Municipal year.
- 3.3 Attention is drawn to the Scrutiny Process Flowchart, attached at Appendix 2, which is aimed at assisting the Committee in identifying how they could influence policy development.
- 3.4 To assist Members in developing the Committee's Work Programme, a copy of the current Cabinet Work Programme and Forward Plan, for the period 14th May 2018 to 14th May 2019, is included as Appendix 3. This appendix can be inspected on the Council's website (links listed below) and copies can be obtained from the Committee Officer. A hard copy will be available for inspection at the meeting.

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 2018/19

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

Date: 21st June 2018

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 2018/19

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

Date: 21st June 2018

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Work Programme for 2018/19.

8.2 Appendix 2 – Scrutiny Process Flowchart.

8.3 Appendix 3 – Cabinet Work Programme and Forward Plan, for the period 14th May 2018 to 14th May 2019. (This appendix can be inspected on the Council's website and copies can be obtained from the Committee Officer. A hard copy will be available for inspection at the meeting.)

Internal link: <http://sbcvpwmmgv02:9070/mgListPlans.aspx?RPId=285&RD=0>

External link:
<http://ww5.swindon.gov.uk/moderngov/mgListPlans.aspx?RPId=285&RD=0>

Adults' Health, Adults' Care and Housing Work Programme 2018-19

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

21 st June 2018			
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.	Adult Social Care Commissioning (ASCC) GWH AWP
Section 136 update and procurement of Swindon extended primary care access and GP Out of Hours service.	To update the Committee	Receive an update report from Clinical Commissioning Group	NHS Swindon Clinical Commissioning Group (CCG)
Green Paper - Rough Sleeping Strategy	To update the Committee		Head of Housing
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

12 th September 2018			
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"> Avon & Wiltshire Mental Health Partnership (AWP) (to include Section 136 – Place of Safety). Joint report from NHS Swindon Clinical Commissioning Group (CCG) and Great Western Hospital (GWH) (to include update on the Calming Café) and Maternity Transformation Plan Adult Social Care Commissioning

12th September 2018			
			(ASCC)
Social Care: The Green Paper on Older People	Update the Committee		<ul style="list-style-type: none"> Strategic Planning Manager
Standards and Safety of High Rise Council Housing	Update the Committee	Review of changes undertaken	<ul style="list-style-type: none"> Head of Housing

6th November 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.	<p>To receive regular performance reports from Commissioners and Providers.</p> <p>AWP report to reflect support offered to families of those with emotional disorders</p>	<ul style="list-style-type: none"> Avon & Wiltshire Mental Health Partnership (AWP) (to include place of safety in Devizes) Joint report from NHS Swindon Clinical Commissioning Group (CCG) and Great Western Hospital (GWH) Adult Social Care Commissioning (ASCC)
Population projections in Swindon – effect on health and social service delivery	Update the Committee		<ul style="list-style-type: none"> Director of Health
Supported Employment Strategy	Update the Committee		<ul style="list-style-type: none"> Strategic Planning Manager
Provision for Rough Sleepers	Update the Committee	Review of changes undertaken over the past year.	<ul style="list-style-type: none"> Head of Housing

29th January 2019

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"> • Avon & Wiltshire Mental Health Partnership (AWP) • Joint report from NHS Swindon Clinical Commissioning Group (CCG) and Great Western Hospital (GWH) (to include an update on the Victoria Cross Surgery and Eldene Health Centre merger) • Adult Social Care Commissioning (ASCC)
Domestic Abuse	Update the Committee		<ul style="list-style-type: none"> • Cherry Jones

5th March 2019

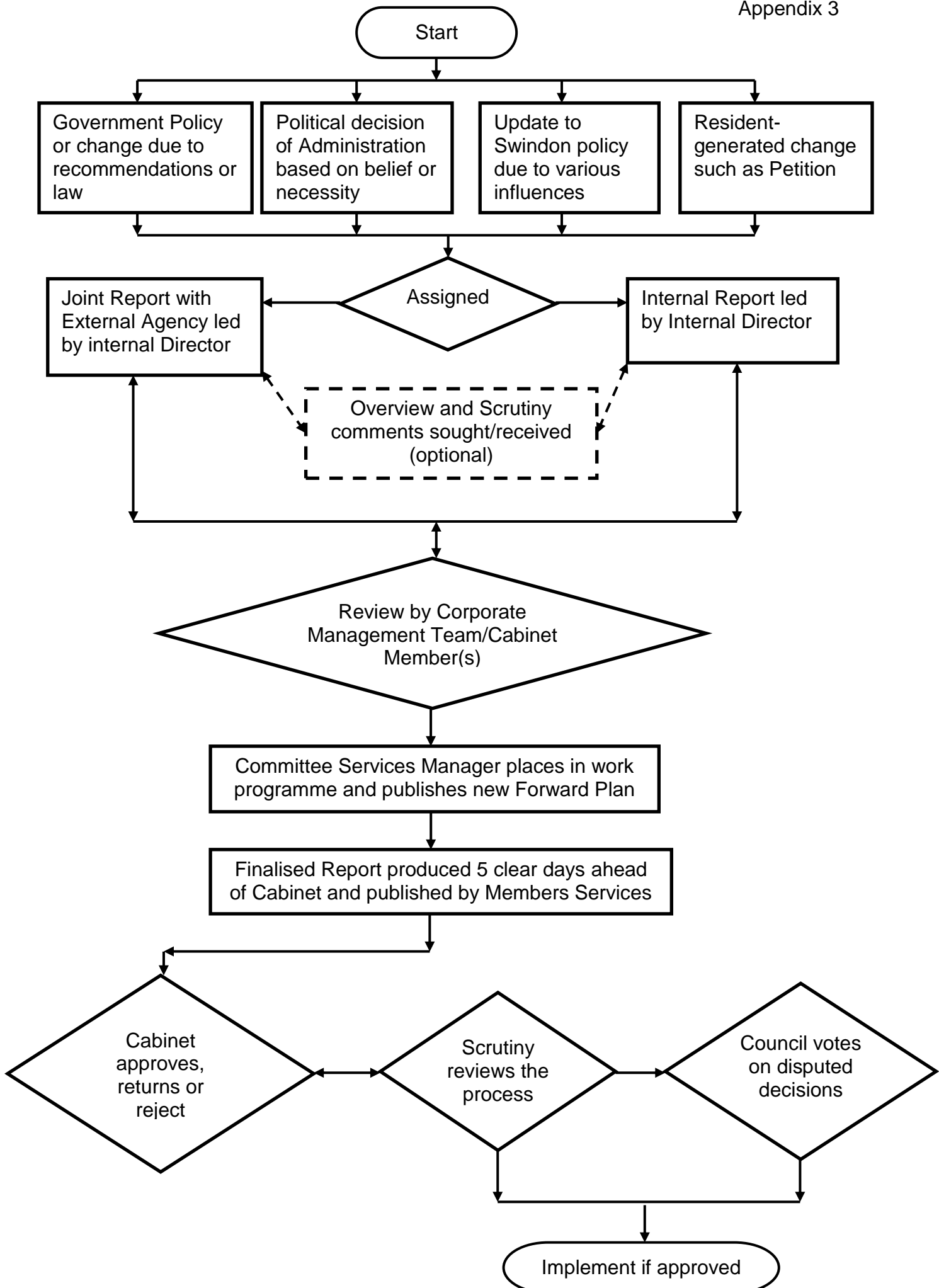
Item	Objectives	Scope	Witnesses
Performance update reports	Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.	To receive regular performance reports from Commissioners and Providers.	<ul style="list-style-type: none"> • Avon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

30th April 2019			
Item	Objectives	Scope	Witnesses
Quality reports	To review quality reports to be submitted by Great Western Hospital and Avon & Wiltshire Mental Health Partnership		<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership

ADVISORY GROUP

Item	Objectives
<u>Domestic Abuse</u>	To liaise with the working group being led by Cherry Jones, Director of Health, on how the Committee could support the groups' work.

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