

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

Author: Cabinet Member for Adults and Health

Wards: All

Parishes Affected: All

---

### **1. Purpose and Reasons**

- 1.1 The purpose of the report is to provide the Scrutiny Committee with an opportunity to question the Cabinet Member for Adults and Health on his portfolio responsibilities and performance.
- 1.2 A key purpose of the Scrutiny function is to hold the Cabinet to account and ensure that Council and Health partners' priorities and performance are being delivered. In particular, Members are invited to measure progress towards achieving the Council's Vision, Priorities, and Pledges.
- 1.3 Members of the Committee are reminded that all Members of the Cabinet are required to come before the Scrutiny Committee to take part in a Question and Answer session that will focus on the full remit of their portfolio. Scrutiny Committee is therefore encouraged to focus Question and Answer sessions with Cabinet Members on specific topics and/or services in order to avoid duplication.

### **2. Recommendations**

The Committee is recommended to:

- 2.1 Take note and put relevant questions to the Cabinet Member for Adults and Health and decide if any further action is required.

### **3. Detail**

Portfolio Details

- 3.1 The Leader of the Council has assigned the following portfolio responsibilities to the Cabinet Member for Adults and Health:
  - 3.1.1 Adult Services (older people, people with a learning disability, physical disabilities, and mental health);
  - 3.1.2 Adult Voluntary Sector Contracts;
  - 3.1.3 Implementation of Care Act 2014;
  - 3.1.4 Adult Local Safeguarding Board;

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

- 3.1.5 Public Health – including health promotion, prevention and health and wellbeing services;
- 3.1.6 Supported Housing;
- 3.1.7 Learning Disability Partnership Board;
- 3.1.8 Maintaining links between the Council and partner organisations in the Health Services;
- 3.1.9 Oversight of Better Care Fund and integration with Adult Social Care (ASC) and Clinical Commissioning Group Funding (CCG)
- 3.1.10 Mental Health Champion - The Local Authority Mental Health Challenge
- 3.1.11 Swindon Borough Council representative on the Sustainable Transformation Partnership Sponsoring Board and Integrated Care Alliance Board Swindon
- 3.2 The Cabinet Member for Adults and Health is responsible for Swindon's priority to help people to help themselves while always protecting our most vulnerable children and adults (Priority 4). The three pledges we are committed to in delivering this priority include:
  - 3.2.1 Ensuring that more people and their carers are supported to live as independently as possible and reduce the length of time people need to spend in residential care. This will be achieved through work with the Clinical Commissioning Group 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 multi-disciplinary teams (Pledge 19)
  - 3.2.2 Ensuring that Swindon's vulnerable adults are safeguarded and protected (Pledge 23)
  - 3.2.3 Increasing the number of organisations in Swindon working to achieve 'Dementia Friendly' Town Status for Swindon and ensure annual accreditation (Pledge 24)
- 3.3 This report provides an overview of performance using latest available data. We have highlighted those performance areas which we jointly deliver with the Clinical Commissioning Group as part of the Better Care Fund (BCF). Background detail on activity and performance for 2018/19 are provided in the Appendices.
- 3.4 If Members require further information on specific portfolio areas not covered in this report, please see contact below.

# Cabinet Member Question and Answer Session

## Cabinet Member for Adults and Health

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

### What have you done well?

Top achievements	Progress to date & Next Steps	Impact/outcomes
Integration of health and social care	Refresh BCF Plan and plan for the delivery of the NHS Long Term Plan priorities (see paragraphs 3.5 to 3.7)	Improved outcomes for Swindon the Swindon residents with health and care needs
Managing demand and financial pressures	In 2018/19 the budget was underspent and the savings plan was delivered in full Budget has been set for 19/20 and delivery of savings plans are being progressed. Initiatives to manage demand successfully being implemented (see paragraphs 3.8 to 3.11)	Demand and future cost pressures are effectively managed.
Prevention and Wellbeing	Continuing to develop and promote opportunities to improve resilience and prevent long term conditions (see paragraphs 3.12 to 3.38) )	People living in Swindon experience better health and wellbeing and health inequalities are reduced
Supported Housing	Continuing to support people who cannot yet sustain independent living but who, with support, could live independently in the future (see paragraphs 3.39 to 3.42)	People live independently
Supported Living	To continue to develop a range of accommodation to meet the needs of vulnerable adults and young people (see paragraphs 3.43 to 3.46)	Vulnerable adults and young people are supported to live in community settings
Delayed transfers of care - DTOC	Delayed Transfers of Care has significantly reduced and continues to be effectively managed following the successful delivery of the Adult Social Care re-design Transformation Programme (see paragraphs 3.47 to 3.49)	Fewer patients are having their discharge from hospital delayed when they are medically fit to leave hospital.
Reablement	Ongoing improvements in the Reablement Service (see paragraph 3.50 )	More people are supported to live independently at home following an episode of care.
Permanent admissions to Residential & Nursing Care	Admissions to residential and nursing care continues to be effectively managed (see paragraphs 3.51 and 3.52 )	More people are supported to live independently at home following an episode of care.
Voluntary Sector Commissioning	Voluntary sector contracts continue to be effectively managed to deliver the desired outcomes (see paragraphs 3.53 to 3.58)	More people who struggle to engage with mainstream services are supported to reduce health inequalities, increase choice and

Further information on the subject of this report can be obtained from Phillipa Lamb, 07818 510484, [plamb@swindon.gov.uk](mailto:plamb@swindon.gov.uk).

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

		remain independent.
Complaints	Continue to use complaints for learning and improving services. (see paragraphs 3.59 to 3.62)	Better outcomes for Swindon residents

### **Integration of health and social care**

- 3.5 Good progress has been made in implementing Swindon's BCF Plan 2018/19 to integrate community and acute pathways to improve outcomes for service users and carers. During 2018/19, people received more appropriate and timely information/advice at initial contact stage, assessments were more timely, the reablement service supported more people to return home to live independently so fewer people have been admitted to permanent care. SBC and CCG are working together to refresh the BCF plan for the year ahead.
- 3.6 In line with national and local priorities, integration of the Clinical Commissioning Group (CCG) and Swindon Borough Council (SBC) commissioning health and social care teams is underway. This will improve commissioning and contractual management oversight, support a whole system placed based approach to commissioning, reduce silo working and embed a standardised approach to contract management. Further detail of the new arrangements and the financial management of services is provided in the CCG Governing Body Papers for 28<sup>th</sup> March 2019.
- 3.7 Health and care leaders are working together to develop a plan to deliver the national priorities of the NHS Long Term Plan. The focus of the plan is on ensuring everyone gets the best start in life, the delivery of world-class care for major health problems (e.g. heart attacks, strokes, dementia and mental health), and primary and community care services being better funded and co-ordinated to support people to age well.

### **Managing Demand and financial pressures**

- 3.8 The implementation of the Adult Social Care Strategy has been key for managing our challenges in rising demand and ongoing budget pressures. The focus of the strategy is to promote, maintain and enhance people's independence in their communities, so that they are healthier, stronger, more resilient and less reliant on formal social care services. This is supported by our prevention and wellbeing work (see paragraphs 3.12 to 3.38) and the three way conversation model which is an asset and strength based approach to assessment and care management. This model involves entering into conversations with people who seek support building on strengths e.g. what they can do themselves and how communities, families and

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

friends can help. Where people need ongoing support to live fulfilling lives, we share this responsibility with the individual, their families and their communities.

- 3.9 The Adult Social Care 2018/19 outturn position was an under-spend of £2.802m and this is due to early delivery of 2019/20 savings plans. The ASC savings plans for 2018-19 of £3.726m were delivered in full. Overall the savings delivered in 2018/19 were £6.528m and good progress has been made towards the 2019-20 savings target of £8.622m.
- 3.10 Public Health general fund budgets outturn position was an under-spend of £0.413m through a combination of efficiency savings and staff vacancies. Public Health grant funded activities are ring fenced and any underspend at year end must be transferred into a ring fenced Public Health reserve. The Public Health grant for 2018-19 equalled £10.106m and spend against this totalled £9.678m leaving an underspend of £0.428m which has been transferred into Public Health reserve. The Public Health ring fenced reserve stood at £0.930m on 1<sup>st</sup> April 2018. During 2018/19, £0.243m was drawn down to support specific public health activities. The Public Health ring fenced reserve totalled £1.115m as at 31<sup>st</sup> March 2019 following the transfer of the underspend of £0.428m. A plan is in place to commit the reserves to improve health & wellbeing and reduce health inequalities in Swindon
- 3.11 We continue to focus on helping people to maintain and prolong their independence through improving our first point of contact /front door. Our aim is to divert people into community based solutions where that is the right thing to do, and for those who do need help, we need to make sure they get it quickly. During 2018/19 we have received 12, 441 contacts, and a higher proportion of these are now being dealt with more effectively at the front door compared to the same period last year. 45.9% of these contacts (5,719) progressed to an assessment of need (compared to 46.2% last year), and 39.87% of people progressed to having a service following an assessment (compared to 51.1% last year). With the front door becoming more effective in dealing with people with lower level needs through the provision of better information, advice and signposting, the right people (i.e. those with higher levels of need) are now progressing to assessment and service

### **Prevention and wellbeing**

- 3.12 The number of people who might need social care services in the future is expected to rise significantly at a time when funding is decreasing. 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.

Live Well Swindon Hub

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

- 3.13 Live Well Swindon have seen over 450 people referred for information, advice, signposting or support in the last quarter of 18/19. We are currently working with the CCG to extend the Live Well offer.

### Community Navigators and Community Researchers (BCF Scheme)

- 3.14 The Community Navigators offer coaching and support to people who have one or more long term health condition(s). In quarter 4 18/19, 101 new clients signed up to take part in the service. Recently Swindon NHS CCG has increased its funding of the project and expand the offer to align with national initiative of social prescribing. The navigators are working closely with the CCG and local surgeries to ensure synergy and partnership as the role of social prescribing becomes embedded.
- 3.15 The Community Researchers offer support by linking people to social activity to provide stepping stones to participation. Coffee and Connections is a 6 week course offering people who have low confidence a chance to sample activities delivered by local groups and to develop healthy habits based on the 5 ways to wellbeing. This work compliments the work of the Community Navigator service and is open to all SBC professionals to refer a person who would benefit from increased social networks. The course currently runs 3 times a year but with an increase in funding and popularity, it is likely to increase.

### Swindon Circles (BCF Scheme)

- 3.16 There are significant and lasting impacts associated with loneliness and isolation. Swindon Circles constantly looks for new ways to mitigate the impact of isolation and feelings of loneliness. The aim is to create a "Circle" of contact and support around a person that will enrich their life and promote the highest level of self-efficacy and independence for as long as possible. The service continues to match volunteers to people who are unable to leave the home and who experience loneliness. 224 volunteers have been recruited. From January to March 2019, 17 new friendships have been created with volunteers visiting people at home offering companionship. Swindon Circles also provides outreach support connecting people to local activities enabling them to participate in and contribute to community life. Swindon Circles also co-hosted the first "Connecting People Network" with Wiltshire Community Foundation in March. The event marks the start of a collaborative approach with providers joining together to tackle loneliness

### Health Improvement through physical activity

- 3.17 The Community Health & Well Being Team provide an inclusive and accessible programme of activities to attract individuals who are inactive, and/or have a disability or health condition. Steps to health is the umbrella name for all of the



# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

programmes aimed at supporting individuals to start and maintain a level of physical activity regardless of their age and ability. The team has received 802 referrals with a 58% completion rate which is a good achievement as many of these individuals face significant barriers. The team continues to deliver Long Term Health Conditions classes for clients with Fibromyalgia, Polymyalgia, MS, Chronic Fatigue, Parkinson's and low level Stroke impairment. The plan is to extend the offer to cancer survivors.

- 3.18 This year the Community Health & Well Being Team have worked with Wilts and Swindon Sports Partnership on Beat the Street sustainability objectives. The team has delivered 3 'Couch to 5k' courses for those families that played the game and want to continue to be more active. They also coordinate a number of fun, free, cycling opportunities for those new to cycling or returning to cycling. In partnership with British Cycling this year. 15 new volunteer ride leaders have been trained to deliver a local family friendly 'Guided Ride' programme. This summer 40 Swindon residents will be taught to ride a bike and a further 40 trained in road confidence. The volunteer workforce will deliver over 60 guided rides.
- 3.19 A new programme has been developed in partnership with Swindon Town Football Club in the Community, Swindon 10 to 18 project and Swindon Young Carers called the 'Onside Project'. The aim is to engage isolated vulnerable young people 11-15 with low self-esteem through football and work with them to build self-confidence through an education and physical activity programme. The pilot started in May 19 with the first session seeing 12 young people attend, all of whom returned for week 2.
- 3.20 The Swindon GoodGym Project launched in August 2018 is an opportunity for Swindon residents to get fit by doing good deeds. They are a group of runners that combine regular exercise with helping our communities through Group Runs, Mission Runs and Coach Runs. In the past year the project completed 660 good deeds in the community and helped over 80 people get into physical activity.
- 3.21 In March this year the Digital Behaviour Change Programme (DBCP) was launched which provides the opportunity to support people beyond the initial intervention. To date 104 clients have signed up to the year-long DBCP and one client has lost 1.5 stone in weight and self-reports this is due to the DBCP.
- 3.22 The Otago Strength and Balance programme is an evidence-based 16 week falls prevention programme for adults aged 65 and over. Courses are available in Highworth, West Swindon, Wroughton, Stratton and Haydon Wick.
- 3.23 Healthy Lives (Pulmonary Rehab) is a CCG commissioned service for the community designed for those diagnosed with COPD/Respiratory disease. The

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

course objective is to give clients the knowledge and ensure they are active so they can better manage their condition. Pulmonary Rehabilitation reduces COPD exacerbations by 36.4% and reduces reliance on surgeries and hospital admissions.

- 3.24 ESCAPE Pain is a programme developed and delivered in partnership with the physiotherapy department at Great Western Hospital (GWH). To date, two courses have been completed and a third is in progress. It is a 6 week (twice weekly) evidence-based programme combining group education with exercises for chronic hip/knee pain. Twenty-seven clients have been referred to the programme, 23 people started the programme, twelve completed, and eight people remain on the programme. The completion rate are 83% and 77% for the two completed cohort and outcomes are good with results for pain, stiffness, active daily living, quality of life and wellbeing collected pre and post course showing overall positive results. The majority of clients report they are 'likely' or 'extreme likely' to recommend the programme to friends and family.
- 3.25 The Ability Sports, Special Olympics and Swindon Champions programmes offer fun inclusive physical activity sessions targeting for those with learning disabilities, physical disabilities and poor mental health. Currently over 500 participants engage with the programme which delivers 40hrs of inclusive physical activity per week (e.g. cycling, swimming, trampolining, athletics, gym, tennis). Since July 2018, there have been 2784 session visits. The programme involves working with partners and mainstream providers to be more inclusive. This has led to success partnership working with the GLL BETTER Leisure Centres to create sustainable inclusive opportunities. The programme also work with the Swindon Sports Forum to build capacity and skills in the mainstream clubs so they are more confident in providing inclusive sessions.

### Making Every Contact Count (MECC)

- 3.26 Swindon is still delivering regular MECC sessions for both individuals and for people to become a trainer. The next one planned for July 2019 is fully booked. Recruitment for a MECC and Connect 5 co-ordinator to work across Swindon, BANES and Wiltshire is underway. Joint MECC and Connect 5 sessions were run for the Wyvern Theatre and Greenwich Leisure Limited (GLL - the leisure provider in Swindon) with 15 people attending.

### Dementia

- 3.27 The estimates, based on the Dementia UK update 2014 Report, suggest there are about 2,400 people aged 65+ years living with dementia in Swindon, with nearly half of these over 85 years. This equates to about 7% of the total population aged



# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

65 years and over. Swindon has over 7,500 Dementia Friends in Swindon. Dementia Friends have attended a free 45 minute information session to learn more about dementia and how to support people living with dementia. Over 65 people attended the Faith & Dementia Workshop in February at Immanuel United Reformed Church with attendees from the Methodist Church, Baptist, Strict Baptist Church, Muslim, Quaker, Latter Day Saints and Afro-Caribbean community Christian Church. A further event is planned for the autumn. In March, over 50 railway enthusiasts attended a morning at the Steam Museum which included a trip down memory lane, old photographs, memorabilia and a quiz. For Dementia Awareness Week there was a strong social media presence and a joint event for Dementia carers held at the Wyvern Theatre. This included talks from the Carers Centre, people who had cared for loved ones, a solicitor, optician, musician and psychiatrist from the Victoria Centre. Work is underway to refresh the dementia strategy and will be overseen by the multi-agency dementia steering group.

### Mental Health and Wellbeing

- 3.28 The Men's mental health campaign was launched during mental health awareness week in May 2019. The campaign was co-designed by the public and supported by a number of third sector/ private businesses and public sector organisations. The campaign was supported well by local press, who published two articles a day on men's mental health during the week. Social media was very successful as the men's mental health page reached 24.5k Swindon-based people. Alongside the campaign a number of organisations also undertook training to upskill their staff in managing conversations around mental health.
- 3.29 The Swindon Time to Change Partnership Group has now been established to raise awareness of mental health and tackle the stigma and discrimination associated with mental illness. The Partnership Group is working closely with the national Time to Change team to promote 5 campaigns a year and recruit 500 local champions to support this work. Training is being rolled out for local champions and the first campaign is Suicide Prevention Day in September.
- 3.30 The Adult Mental Health JSNA has been completed and awaiting sign off from the Health and Wellbeing Board. This has been used to inform work on the re-commissioning of the Community Mental Health and Wellbeing Service. The Gateway Documents are now complete awaiting sign off. The tender will be out in June and bids evaluated by the end of the summer. This new service will be in place from 1<sup>st</sup> January 2020.
- 3.31 Work is underway to implement the Mental Health Trailblazer Project in schools with mental health support workers recruited and commencing placements in various educational settings in Swindon. Implementation of the Innovation fund is

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

progressing to tackle the harm caused by alcohol dependent parents. A TaMHS worker is being recruited to the Early Help Hub to support the project.

- 3.32 The Suicide and Self-Harm Prevention Strategy is now in final draft. A sub-group of the Children and Young People Emotional Health and Wellbeing Board has been established to focus on reducing admissions for self-harm. The Harmless Tool developed by Oxford Health NHS Trust designed to support professionals working with young people hold conversations about their self-harming behaviour, assess risk and develop support plans. Training in the use of this tool will be rolled out in June 19.
- 3.33 Connect 5 training has now successfully upskilled over 265 people since June last year, from third sector, private businesses and public sector, Swindon are now working with Health Education England (HEE) to sustain this through a super trainer model to continue this high success rate.

### NHS Health Checks

- 3.34 The final two quarters of 2018/19 showed a good uptake of NHS Health Checks. Quarter 3 showed an uptake of 70.4% and quarter 4 an uptake of 50.8%. At year end the unverified figures show an improved annual uptake of health checks at 54.1% this year compared to 44.1% in 2017/18.

### Flu Vaccination

- 3.35 Flu is an unpredictable virus that can cause mild or unpleasant illness in most people. It can cause severe illness and even death among vulnerable groups including older people, pregnant women and people with a long term health condition. People who are more likely to develop potentially serious complications of flu such as bronchitis and pneumonia are advised to have a flu jab each year. The injected flu vaccine is offered free of charge on the NHS to people who are at risk. Front-line health and social care workers are also eligible to receive the flu vaccine which is funded by occupational schemes or under the national programme for Social Care Workers.
- 3.36 The employee vaccination programme for 2018/19 saw a 10% increase from 2017/18 with 918 (35.2%) of Council employees vaccinated. 202 (49.5%) of Children's, Adults and Public Health Services staff took up the free vaccination which is an increase of 19% on the end of 2017/18 season figure of 39.1% (119 staff). Final data for the 2018/19 national programme shows that 71.9% of over 65s were vaccinated against a national target of 75% (72.2% at end of 2017/18 season). 48.0% of people at risk due to Long Term Conditions were vaccinated against a national target of 55% (51.1 at end of 2017/18 season).

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

### Diabetics

- 3.37 The National Diabetics Prevention Programme continues to be rolled out in Swindon. In 2017/18 there were 14,143 people (aged 17+ years) with diabetes registered with Swindon CCG practices. This gives a prevalence rate of 7.59% (based on 17+ population). By the end of March 2019, 2250 people had been referred to the programme in Swindon. Across Bath, Swindon and Wiltshire 69% of people referred, attend an initial assessment of which 46% are male and about half are under 70.

### Health Impact Assessments

- 3.38 Public Health continue to support Planning policy to promote healthy lifestyles and the built environment. This includes work on two topic guides and also commenting on planning applications such as those submitted for the New Eastern Village development.

### Supported Housing

- 3.39 Supported Housing is a form of temporary accommodation for people who cannot yet sustain independent living but who, with support, could live independently in the future. Floating Support is a service that provides support to people in their own homes to either sustain independent living or move to more appropriate housing in a sustained way. These services help prevent people approaching statutory services in a crisis
- 3.40 In 2018/19, we provided accommodation and support to 611 single people and families through our Supported Housing services. During the year, 190 people and/or families were supported into more appropriate housing, which was 73% of those leaving the service. Of those leaving the service, 94% were supported to register with a GP and 45% were supported into either employment, education or training. We also supported 200 single people and families through our Floating Support service. During the year, 55 people and/or families were supported to remain in their accommodation or move to more appropriate housing, which was 76% of those ending their support. Of those leaving the service, 97% were supported to register with a GP and 54% were supported into either employment, education or training. The services supporting people into employment, education and training through the implementation of the GOALS training and working collaboratively with the Skills and Employment Team and Building Bridges.
- 3.41 In 2018/19, SBC recommissioned Supported Housing and Floating Support for Homeless Adults as well as Supported Housing for Offenders with Mental Health. This delivered an annual saving of £75k and has secured these services for the next four and half years.

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

- 3.42 The focus in 2019/20 is to sustain improvements in supporting individuals to experience positive outcomes, reduce the number of evictions from Supported Housing (15% in 2018/19) and embed quality contract monitoring. Work is also underway to remodel Culvery Court, a Supported Housing scheme for Homeless Adults, located in the centre of Swindon, which has received capital investment from Sanctuary, the long-term leaseholder of the building to raise the standard of the accommodation. A joint project is progressing with Children's Services to develop Swindon Foyer for Care Leavers.

### **Supported Living**

- 3.43 Swindon Adult Social Care continue to support over 130 adults with needs in various Supported Living services in Swindon. The council issued a new framework contract in February 2019 for community based supported living for adults with needs in Swindon. This new framework also requires providers to work with young adults aged from 16 in order to support a more robust transition from Childrens services into adult services.
- 3.44 The framework is separated into two sections, one for general needs and one for complex needs. The Council has set the fees for providers for both categories which has generated a saving of £99,000. The overall spend for supported living in Swindon is just over £7m per annum.
- 3.45 Contracts were awarded to 14 providers for general needs and 13 providers for complex needs. The majority of our demand will be general needs with less than 20% falling under complex needs as defined by Transforming Care. Within the contract we also awarded the highest scoring providers Tier One status, which means they have the first opportunity for work. This is restricted to six tier one providers for general needs and four tier one providers for complex needs. There is a clear expectation by the Council that providers will work in an outcome focused approach which will promote greater independence for individuals. All framework providers will be monitored on their performance.
- 3.46 SBC Housing continue to support ASC with a range of accommodation following the design and deliver of the Hawthorns assisted living bungalows. Where possible, ASC work with Housing to utilise existing housing stock to support vulnerable adults in Swindon, however there will be occasions where a more bespoke option is required. There is further work to develop an ASC and Housing strategy for vulnerable adults in Swindon that would allow the purchase of more bespoke accommodation for individual's with more complex needs.

### **Delayed Transfers of Care (DToC) – (BCF Scheme and Indicator)**

- 3.47 A delayed transfer of care is where a patient is ready and safe to leave hospital care, but unable to do so, and remains occupying a hospital bed. Swindon Borough

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

Council, Swindon CCG, Great Western Hospital, and Wiltshire Council continue to work together to tackle the blockages leading to patients having their discharge from hospital delayed.

- 3.48 Delayed Transfers of Care attributable to social care has significantly reduced following the successful delivery of the Adult Social Care re-design Transformation Programme launched in April 2017. The BCF DToC data for March 2019 indicates further improvement with 1.15 bed days lost due to delayed transfers of care attributable to social care compared to a target of 2.64.
- 3.49 As at the end of March 2019, there were 0.12 bed days lost due to joint attributable delays (e.g. NHS and social care ASCOF 2C part 3). 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.

### **Reablement (BCF Scheme and Indicator)**

- 3.50 There continues to be significant improvements in the Reablement Service. From 1st April to 31<sup>st</sup> March 2019, 709 episodes of homecare reablement have been completed. The average number of days to re-able an individual is 14.27 days, with 67% (475) gaining independence following the service and not requiring ongoing support. 156 people have benefited from an episode of residential reablement compared with 116 people in the same period last year.

### **Permanent admissions to Residential Care and Nursing Homes (BCF scheme and Indicator)**

- 3.51 Admissions to residential and nursing care continue to be effectively managed and remain below target for older adults (aged 65 and over). From April 2018 to March 2019, 145 older people have been admitted to permanent care: 59 to a nursing home placement and 86 to residential care. Amongst these first time permanent admission to care, 24 people were admitted with mental health needs and 121 people were admitted with personal care/physical support needs (older people). Permanent Residential and Nursing Admissions for 65+ years per 100,000 of the population is 422.4 as at March 2019. This is below the target of 649.65 (lower is better).

#### **Case Example Sarah**

Sarah is a very independent lady with a diagnosis of dementia. She was living



# Cabinet Member Question and Answer Session

## Cabinet Member for Adults and Health

Scrutiny Committee

Date: 12<sup>th</sup> August 2019

at Whitbourne House with 1:1 support but unfortunately her health and wellbeing was deteriorating rapidly and she wasn't engaging with staff or professionals. A multi-agency meeting agreed that Sarah would benefit from a unit like Fessey. The transition was a difficult time but all professionals worked extremely hard to support Sarah. Today Sarah is engaging, dancing, eating and laughing. She no longer needs 1:1 support and is accepting personal care and building relationships with the staff. Her family are able to visit knowing that their mum or wife is happy in her new home and surroundings enjoying her retirement

- 3.52 For younger adults from April 2018 March 2019, 11 people have been admitted to permanent residential or nursing care. 3 individuals were admitted to nursing placements and 8 to residential placements. Of these, 2 were for physical disabilities, 7 related to mental health issues and 2 with learning disability. Permanent Residential and Nursing Admissions for 18-64 year olds per 100,000 of the Population is 8.08 as at March 2019. This is below the target of 10.27 (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.

### **Voluntary Sector Commissioning (BCF scheme)**

- 3.53 Swindon Borough Council (SBC) and the Clinical Commissioning Group (CCG) have a joint commissioning budget of £2.5 million that is used to support the Voluntary Sector Commissioning team in commissioning services. Through commissioning the Voluntary Sector we can support the demand management programme and help support individuals to maintain their independence. The Voluntary sector works with some of the most marginalised and disadvantaged people, providing effective early intervention and prevention services, engaging with people that mainstream services struggle to reach, reducing health inequalities and increasing choice for patients and helping to support people to remain independent.
- 3.54 Although some of our commissioned contracts are associated to national bodies they do not necessarily receive funding from them to deliver services and have to raise funds independently. The benefit of SBC/CCG funding these groups is that we can shape the market and ensure the offer in Swindon is what evidence, such as JSNAs, tells us we need, and that outcomes and delivery of the service meet these needs. Without SBC/CCG funding many of the organisations would not be in Swindon delivering services as they rely heavily on this to obtain match funding from other sources.



# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

- 3.55 SBC voluntary sector providers continue to perform well and there are no significant concerns regarding performance. From 1 April to 31 March 2019, 60% (12 out of 20) of Voluntary Sector contracts have met or exceeded their Key Performance Indicators. Four contracts continue to meet or exceed 100% of their KPIs and a further seven have met over 75% of their KPIs. No contracts are considered to be underperforming.
- 3.56 Over the past year, across the adult's voluntary sector commissioned providers, volunteers have provided 68,929 hours of volunteer time. This equates to a value of £565,775 based on minimum wage (£7.50 for 18/19). Extra added value brought in by the sector in the form of additional grants and external fundraising is £702,617. This brings the total added value for Voluntary Sector contracts to £1.268m.
- 3.57 The following voluntary sector contracts have been re-tendered: Voluntary and Community Infrastructure Support Service, this contract was awarded to Voluntary Action Swindon; Opportunities for Adults with a Learning Disability, this contract was awarded to Swindon Advocacy Movement; SEND Participation, Young Inspectors and Young Commissioners, this contract was awarded to Swindon STEP; Therapeutic Group Work for Children and Young People, this was awarded to Swindon STEP.
- 3.58 The Following voluntary sector contracts have been extended: Healthwatch Swindon (2 year extension); Alzheimer's Society (1 year extension); Citizen's Advice Swindon (2 year extension); Cruse Bereavement Care (1 year extension); Phoenix Enterprise (2 year extension).

### **Complaints**

- 3.59 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 and timelessness in responding to complaints is good with 80% being responded to within the statutory requirement.
- 3.60 During 2018/2019, the majority of complaints were resolved locally with 45 complaints being escalated for more formal investigation (Stage 1) compared to 52 in 2017/18 and 61 in 2016/17. 13 of the 45 formal complaints registered, were upheld by Adult Social Care upheld which is a slight reduction compared to last year (15). Eight complaints were partially upheld compared to 13 last year. 15 cases were not upheld and 2 were dealt with locally by the service area with 1 complaint being withdrawn. 6 complaint cases remained open at the end of March 2019.

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

- 3.61 Three complaints were received from the Local Government Ombudsman for an independent investigation, of which one was upheld due to the investigation finding Swindon Borough Council and other agencies at fault. The other two LGO complaint investigations are still ongoing and relate to services provided by third party care providers.
- 3.62 The complaint themes remain similar to 2017/2018 with the highest proportion relating to finance issues and complaints registered about a third party care provider. We routinely review all complaints and use the learning to improve services.

### **What would you do differently?**

- 3.63 The safeguarding partners in Swindon changed the Multi-agency Safeguarding Arrangements for Children and Adults at Risk at the end of July 2019. The new model, approved by Health and Wellbeing Board in March 2019, focuses on continuous learning and improvement with a clear line of sight on frontline safeguarding practice. The partners will promote a shared commitment to work together to improve outcomes for children and adults at risk. The Swindon Safeguarding Partnership will support, enable and challenge local organisations and agencies to work together in a system where:
- 3.63.1 The views, needs and experiences of children and adults at risk and those that care for them are central to safeguarding arrangements and processes.
- 3.63.2 Children and adults at risk are safeguarded and their welfare promoted
- 3.63.3 Partners collaborate and own the shared responsibility for achieving improved outcomes for children and adults at risk
- 3.63.4 Organisations and agencies challenge appropriately and hold one another to account effectively
- 3.63.5 There is early identification and analysis of new safeguarding issues and emerging threats
- 3.63.6 Learning is promoted and embedded in a way that local services for children and adults can become more reflective and implement changes to practice
- 3.63.7 Information is shared effectively to facilitate more accurate and timely decision making for children and adults

### **What are the challenges facing the portfolio?**

Top Priorities	Progress & Next Steps	Impact/outcomes
----------------	-----------------------	-----------------

# Cabinet Member Question and Answer Session

## Cabinet Member for Adults and Health

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

Learning disability Services	Ongoing focus to align spend on learning disability services with spend in similar authorities through service re-design (see paragraphs 3.64 to 3.68)	To deliver a service that appropriately supports service users to enable them to actively contribute to society
Adult Safeguarding	Embed the new adult safeguarding model across the service (see paragraphs 3.69 to 3.74)	Adults are appropriately safeguarded through timely identification of adults at risk and robust compliance with adult safeguarding processes.
Mental Health Capacity Deprivation of Liberty (MCA DoLS)	Ongoing focus to reduce delay in assessments and preparation for implementing the new Liberty Protection Safeguards (see paragraphs 3.75 to 3.78)	Adults in care homes or hospitals who lack mental capacity have their rights and liberty protected
Approved Mental Health Professionals (AMHPs) Service	Ongoing recruitment and training to manage demand (see paragraphs 3.79 to 3.81)	Adults who are experiencing serious mental health difficulties are appropriately supported
Appointeeships & Deputyships	Review criteria to manage demand and capacity pressures (see paragraphs 3.82 to 3.84)	Vulnerable adults and 16-17 year olds have their benefits, property and affairs effectively managed
Quality of Care Homes	Ongoing focus to support providers to drive quality improvements across the care homes in Swindon (see paragraphs 3.85 to 3.86)	A higher proportion of Swindon Care Homes judged as good or outstanding by CQC
Timely assessments and reviews for carers	Management focus on timely reviews and assessments over the coming months (see paragraph 3.87)	Carers are able to provide regular and substantial support
Achieving a Healthy Weight and an Active Lifestyle	Promote and embed initiatives to increase physical activity and healthy eating (see paragraphs 3.88 to 3.90)	Excess weight prevalence in Swindon is reduced
Smoking	Continue to embed a system wide approach to encourage people in Swindon to quit smoking (see paragraphs 3.91 and 3.92)	Smoking prevalence in Swindon is reduced
Sexual and Reproductive Health	To manage demand and improve access and efficiency of sexual health services (see paragraphs 3.93 and 3.95)	Improved health outcomes and reduced inequalities for Swindon's population
Health Inequalities	To continue the focus on encouraging Swindon Residents to live healthier lifestyles (see paragraph 3.96)	The inequality health gap narrows

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

### **Learning Disability Services**

- 3.64 The 17/18 unit cost for LD services in Swindon for people aged 18-64 years is £1,587.57 which is similar to the South West average of £1,577.89 but above and England average overall at £1,465.68. The unit costs for LD services for people aged 65+ years in Swindon is £1,148.89 which is above the South West average of £1,001.99 and England average overall at £947.60. The 2018/19 budget for Learning Disability was £28.769m. The final outturn position was £27,608m an under-spend of £1.160m. There were savings targets of £650k for the Long Term Disability Team and £580k for the Transitions Team which were achieved in full. The continued review of care packages also contributed to the under-spend in preparation for the 19/20 savings targets. The demand into Adult Transitions from Children's is at unprecedented levels but robust plans are in place to manage this and we have confidence in this area as we have historically been strong performers in managing this demand. Additionally, we are working closely with colleagues in Childrens Services to support finding placements for 16 plus cohort.
- 3.65 The service re-design programme is providing a more focused and structured approach around reviews for people in residential care homes to ensure that people are receiving the appropriate level of support to meet their needs. Planning Live is a person-centred approach to ensure that we capture the young person's voice. It focused on strengths and aspiration, enabling young people with disabilities to think about what their adult life might look like, better preparing them for key transition points, for instance college to employment. The Transitions Team is working closely with colleagues in Children's Services to offer Planning Live to disabled young people in care and care leavers. Planning Live is quite resource intensive, and a Planning Live Coordinator has been appointed, funded jointly by Children's and Adult Services, to support the increase in Planning Live events, and we will evaluate this role after 12 months. Historically for LD service users there have been ongoing challenges to find appropriate accommodation for those individuals that may lead more chaotic lives and therefore harder to reach in terms of securing a stable life with good outcomes. Adult Social Care and Housing have successfully implemented fortnightly meetings to pro-actively resolve the issues/challenges individuals are facing which supports people to "settle". The introduction of a new Supported Living Framework gives us a strong platform for developing appropriate services with a wider range of providers, some of whom are new to Swindon. As at March 2019, 77.17% (490/640) of adults with a learning disability are living in settled accommodation either in their own home or with their family compared to 76.7% at end of December 2018.

# Cabinet Member Question and Answer Session

## Cabinet Member for Adults and Health

Scrutiny Committee

Date: 12<sup>th</sup> August 2019

- 3.66 The Fifth Preparing for Adulthood Transition Roadshow Information Event was planned and delivered across the partnership and took place in June 2019. There were over 40 stallholders from a range of organisations that support young people with disabilities. Over 140 people attended, including 68 parents and 64 professionals. The evaluation was very positive and a young person's Roadshow is now being planned and will be piloted in October 2019, in partnership with Commonweal School and Crowdys Hill School. Supporting people with a disability into paid employment is a priority and this is supported by the Transition Roadshows. At the end of March 2019, there are 40 adults in receipt of support who are in employment equating to 6.25% against a target of 6%. This is an improvement on last year's performance of 5.8%. There are an additional 4 adults with learning disabilities who are no longer receiving long term support services who are in meaningful employment for 16 hours or more per week.

### Case Example - John

"Volunteering at Prospect Hospice was a really important step in my career – and helped me towards finding full-time employment. "I was diagnosed with Asperger's Syndrome when I was in my teens and, while this didn't stop me from doing well in my academic studies, when it came to finding work, it held me back. I lacked confidence and good communication skills. I'm helped by my support worker Julia, and she suggested that volunteering could be a good way into full-time work. We visited Prospect Hospice together, and they offered me an opportunity to volunteer by helping to organise the medical supplies on their In-Patient Unit. I really took to it, and the team there were pleased with how I was able to support them in this way. "Everyone at the hospice was very supportive of me, helping me to cope and adapt to a real working environment. The work I was given was very ordered, which suited me well – I always looked forward to my two half days at the hospice. "While I was volunteering, the aim was always to get full-time employment. Volunteering at Prospect Hospice played a huge part in giving me the confidence to look for – and find – a full-time job."

- 3.67 We continue to strive to undertake timely reviews within learning disability services but performance continues to be impacted by capacity, the drive to deliver savings, and under reporting due to data processing issues. At the end of March 2019, 342 LD clients had received a review out of a total of 768. This equates to 44.53%. The LD service continues to adopt a strength based approach to assessment and reviews similar to those undertaken with older people and service users with a physical disability. This supports the person-centred approach and is helping practitioners deliver efficient, effective and proportionate assessments and reviews. A priority for the LD Service in 2019/20 is to significantly improve our performance in this area.



# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

- 3.68 The Learning Disability Partnership Board continues to ensure that the voice of adults with a learning disability (LD) is heard, promoting choice and control within their daily lives. It has been a successful year for the Board supporting adults with LD and their carers to influence developments in Swindon in health, social care and the wider community. There were 135 attendances across the 3 forums, 60 adults with LD, 73 professionals who support adults with LD and 2 carers. The forums run by the Board focussed on: Your Annual Health Check; Thinking About Money; and Feeling Confident. The outcomes of these forums are influencing related strategies and service development including the design of the GP pre-health check questionnaire and training for GPs as well as contributing to the Supported Living framework outlining what good support looks like for service users.

### **Adult Safeguarding**

- 3.69 We continue to maintain and develop the profile of safeguarding adults. There were 1585 safeguarding referrals received by the adult safeguarding team in 2018/19, which is a 38% increase from the previous year. In the main, the number of concerns coming into teams in the South West region are similar in the relation to their populations as Swindon. 59% of the safeguarding concerns were female (39% under 65 and 61% over 65) and 41% were regarding men (45% under 65 and 55% over 65). For 2018/19 the number of referrals concerning non-white British people appears to be low. There were 217 cases where domestic abuse was indicated on the referral form with types of abuse including physical (92); psychological (68); financial (25); sexual (19); and neglect (4). Most referrals come from care providers (455) with the next largest referrals being the hospital, ambulance service, adult services followed by mental health professionals. This year there has been a significant increase in the number of concerns being raised by GP surgeries (63) with 35% of these cases progressing to enquiries, with most of the others being referred to care management services. This increase could be due to the work of the named GP for Safeguarding who came into post during the year and has arranged a series of awareness sessions for GPs.
- 3.70 Seventy three concerns were about a domiciliary care agency and 76 were regarding care homes. Where appropriate, large scale enquiries were held and providers were required to supply action plans that could be reviewed to check on improvement. 31 cases were regarding the hospital and for those that progressed to a section 42 enquiry, good quality clinical investigations were carried out and where necessary appropriate action taken. The majority of alleged abuse took place in the person's own home by a partner, spouse or other family member, with a substantial number having carer responsibilities which could signify some level of carer stress. The next highest number of referrals were raised from care homes (with or without nursing care).



# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

- 3.71 Of the 1585 cases referred, 822 cases were assessed and did not progress through to a full safeguarding process due to: little evidence of abuse or neglect; the alleged victim did not wish to proceed; or the alert involved a person who was not in need for care and support. These referrals were supported through care management input (302), complaints process or signposted to other services. The service has identified that a substantial number of referrals from partners are of poor quality and this is being addressed through the safeguarding Adult Board. 763 cases progressed to an enquiry, representing a “conversion” rate of 48% (latest national average data available for case converted to an enquiry is 38% in 2017/18). A risk was identified for 533 cases and appropriate action was taken to reduce or remove the risk cases. Such actions included changing the person’s care plan, counselling, help with management of finances, training and support, accommodation move or action by the provider. Action taken with the person alleged to have caused harm included Disciplinary action, restricting access to the adult, changes to their care plan and action by police which in some cases led to criminal prosecution.
- 3.72 The multi-agency Risk Enablement Panel (REP) continues to actively support adults who are considered high risk but are believed to have Mental Capacity. To date, 56 cases have been managed by the REP process which is only enacted when all other interventions have not produced an improvement in outcomes for the individual(s) of concern. REP facilitates, develops risk management plans and monitors their effectiveness. Outcomes from the REP include accessing additional services; legal action to secure injunctions and providing alternative accommodation.
- 3.73 This year the Local Safeguarding Adult Board (LSAB) has implemented a quality assurance framework and undertaken three safeguarding audits (Domestic Abuse, Financial Abuse and Self neglect). Reports have been delivered to the Board and individual agencies have developed action plans arising from the findings. The Council has continued to provide safeguarding awareness sessions to anyone who is in contact with adults in need of care and support. Over 300 staff have received basic awareness training, including Care staff, GPs, Housing Services staff, volunteers connected to the Community Navigation Team and staff and volunteers from the carer’s centre. The governance and infrastructure of Swindon’s Adult Safeguarding Board has been reviewed and new arrangements are in place to develop a safeguarding partnership which links the Adults and Children’s boards (see paragraph 3.63).
- 3.74 The multi-agency Risk Enablement Panel (REP) has been active for approximately four years to support adults who are considered high risk but are believed to have Mental Capacity. During this time the Risk Enablement Manager (now Risk Management Lead) has been involved in 56 cases. The REP process will only be

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

enacted when all other interventions have not produced an improvement in outcomes for the individual(s) of concern. REP facilitates, develops risk management plans and monitors their effectiveness. Outcomes from the Risk Enablement Panel during the year have resulted in accessing additional services; legal action to secure injunctions and providing alternative accommodation.

### **Case Example - Marie**

This was a safeguarding concern in relation to self-neglect. Marie was reluctant to engage with adult social care but we established she had a good relationship with a community nurse, who visited to dress her feet. I met with the community nurse first and I utilised this as an introductory visit. I purposely did not discuss any controversial topics in relation to possible care. After several visits and having established trust, Marie agreed to meet with a possible carer to help her. I completed a joint visit with the carer and Marie agreed for this worker to visit her to support her with personal care once a week.

### **Mental Capacity Deprivation of Liberty (MCA DoLS)**

- 3.75 MCA DoLS relates to people who are placed in care homes or hospitals for their care or treatment and who lack mental capacity to consent. The Safeguards protect their rights and make sure that any care that deprives a person of their liberty is both appropriate and in their best interests.
- 3.76 Currently MCA DoLS remain a key issue for local authorities both in relation to the current level of unassessed cases and the anticipated introduction of Liberty Protection Safeguards (LPS): the date for this introduction is currently not before 1<sup>st</sup> October 2020 although due to the substantial amount of implementation work needed across the health and social care sectors, there is a possibility of some further delay. Local authorities will remain responsible for the authorisation of deprivation of liberty where people live in care homes and their duties will expand to include referrals for significant numbers of people living in the community but NHS Trusts and CCG will take on the management of all health funded referrals
- 3.77 Compared with the previous year's referrals of 906, there has been an increase in MCA DoLS referrals in 2018/19 to 1049, 516 from hospitals and 533 from care homes. With the increase and cases from previous years, we now have approximately 441 unassessed cases (414 in care homes and 27 hospitals). The team triages all referrals in keeping with Association of Directors of Adult Social Services (ADASS) recommendations and prioritises those where the person (and sometimes their family) is objecting to where they live or the care they receive. This last year saw a marked increase in Court of Protection cases where service users and their representatives challenge the circumstances of SBC DoLS Authorisations

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

and we are required to present detailed evidence to aid the Court in making their decision; this is a pattern seen nationally as well. It is positive that we are finally seeing an upswing in Community Deprivation of Liberty applications to the Court of Protection for approval and this will also contribute to preparation for the new Liberty Protection Safeguards (LPS).

- 3.78 Service pressures often restrict availability of in-house Best Interests Assessors to undertake assessments. We trained an additional 4 Best Interests Assessors (BIAs) last year and 4 are training this coming year: this supports both current need and impact of the reform where many assessments will be undertaken by the wider Adult Social Care Teams. The role of the BIA will be expanded and will be known as Approved Mental Capacity Professional (AMCP); they will have a particular role in relation to service users who object to their residence for care and treatment. The local authority will be responsible for approval of AMCPs in Swindon across all services as they are for Approved Mental Health Practitioners (AMHPs).

### **Approved Mental Health Professionals (AMHPs) Service**

- 3.79 The AMHPs co-ordinate assessments under the Mental Health Act 1983/2007 (MHA). They provide an independent judgement for people who are experiencing serious mental health difficulties, people who may need admission to hospital for assessment and treatment or may benefit instead from support in their own homes. A key AMHP duty is to look at alternatives to the use of compulsion wherever possible by working in partnership with other professionals. During 2018/19, Swindon 24 hour AMHP cover carried out a total of 452 assessments with Emergency Duty Service undertaking 12, and the daytime AMHPs assessing 440 referrals. AMHPs have also participated in 68 Community Treatment Order (CTO) assessments: this is when people have been in hospital under a treatment order and are discharged into the community with an order to keep taking treatment or they may be recalled to hospital.
- 3.80 Though there remains a shortfall of qualified AMHPs in Swindon to meet demand which mirrors the national picture and we still continue to rely on agency staff to ensure we meet our legal duties and powers, we have made significant progress in implementing our recruitment & training strategy. We have now appointed a new AMHP in the mental health Access services and an experienced social worker who we have prepared for AMHP training in September 2019: we have also started to develop a “bank” of Casual AMHPs with sound local knowledge to increase effective rota cover. This means we will be gradually reducing our reliance on locum AMHPs.
- 3.81 Swindon’s ‘Place of Safety’ where police bring a potentially vulnerable adult under S136 MHA for assessment under MHA by an AMHP and two doctors, has and relocated to a purpose built unit in Devizes. Current Swindon referral rates remain

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

low due to use of specialist mental health triage. Of the average 1-2 referrals each week, most are assessed by our daytime duty AMHP who will travel to Devizes in order to ensure people from Swindon have the benefits of a local practitioner: in 2018/19 they assessed 60 out of 67 referrals with Wiltshire EDS carrying out the remainder.

### **Appointeeships & Deputyships**

- 3.82 Swindon Borough Council Adult Social Care Money Management Team performs an essential role for vulnerable adults and 16-17 year olds who lack capacity to manage either their Department of Work and Pensions (DWP) benefits (Appointeeship) or their property and affairs (Deputyship from Court of Protection under the Mental Capacity Act) where there is no one else willing and suitable to do this on their behalf. With the aging population, increased safeguarding concerns and more complex cases, the demand for this service has continued to increase and we have had to look closely at the criteria for accepting referrals as demand is outstripping service capacity.
- 3.83 In this period we initiated a service user and provider consultation with regard to introducing a charge for the appointee service we provide together with a charge for the work we do when one of our service users has died. The majority of the responses accepted the charging proposal which was introduced 1/4/2019.
- 3.84 On 31<sup>st</sup> March 2019 we were supporting 314 individuals with 17 awaiting a service. Whilst we had challenges through workers leaving and needing to rely on locum staff, we have now successfully recruited two permanent Finance Officers. We identified the need for a social worker in our team and have now recruited a job share of two very experienced social workers who are further developing our “money management” care plans and offering specialist support and advice to the wider ASC service. We are now producing drafts of accessible information for service users and their families not just about our service offer in relation to Appointeeships & Deputyships but also to assist them to take on these roles themselves.

### **Quality of Care Homes**

- 3.85 There are 38 residential care homes in Swindon supporting older people, people with physical disabilities and people with a learning disability. 4 residential care homes are owned by Swindon Borough Council (two directly managed and two leased to a private organisation) with the remaining owned by private organisations. Swindon has a higher than average number of residential homes

# Cabinet Member Question and Answer Session

## Cabinet Member for Adults and Health

### Scrutiny Committee

Date: 12<sup>th</sup> August 2019

rated by the Care Quality Commission (CQC) as Good or Outstanding at 82% (rising from 81% last quarter) against a national percentage of 78%. There are two homes rated as Inadequate (Learning Disability Care Home Bobbins and Older People Care Home Edgehill). There is work underway with the provider and other stakeholders to address the issues.

#### Residential

	% Nationally	% Swindon at Q4	No. Swindon (Q3 18/19)	No. Swindon (Q4 18/19)
Outstanding	2	16	6	6
Good	76	66	24	25
Requires Improvement	21	13	7	5
Inadequate	2	5	0	2

3.86 There are 13 nursing homes in Swindon supporting older people, people with physical disabilities and people with a learning disability. Swindon has a higher than average number of nursing homes rated by the CQC as Good or Outstanding at 69% (down from 71% last quarter) against a national percentage of 68%. The one Inadequate nursing home in Swindon from last quarter has transferred to a new provider and so their rating has been removed and awaiting their first inspection.

#### Nursing

	% Nationally	% Swindon at Q4	No. Swindon (Q3 18/19)	No. Swindon (Q4 18/19)
Outstanding	2	0	1	0
Good	66	69	9	9
Requires Improvement	28	23	3	3
Inadequate	3	0	1	0

#### Carers (BCF Scheme Indicator)

3.87 Carers provide regular and substantial support for service users so it is important they receive timely assessment and reviews of their needs. Between 1 April 2018, and 31 March 2019, 53.7% (863) of carers have received an assessment or review, which is below the expected target of 70% (1124) for the reporting year. 184 carers have received a direct payment to give them a break from their caring responsibilities between 1 April 2018 and 31 March 2019. Support to carers continues to be an area for focussed improvement over the coming months. A Lead for Carers has been identified in Adult Care who meets with colleagues at the Carers Centre on a monthly basis. Work is underway to develop a better process for ensuring carers are offered Personal Budgets and maximise the uptake of Direct Payments.



# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

### Case Example – Brian

Brian (68) was diagnosed with Lewy Body Dementia in early 2018. His wife Mable who works a few hours a week, is his main carer. Brian enjoys walking but was getting lost and Mable was getting anxious and stressed and did not feel she had sufficient knowledge. The Alzheimer Society Dementia adviser discussed the use of a tracker, with Brian's consent, and completing the Herbert Protocol in case he became lost and disorientated. Both Brian and Mable made the changes to the way they approached managing his symptoms, to allow Brian the freedom to walk as he wanted, whilst maintaining his safety and giving Mable peace of mind.

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

- 3.88 The most recent statistics for adult excess weight show that in 2017/18 Swindon's prevalence (63.7%) was statistically similar to that for England (62.0%). Trends for the last 3 years show a reduction of 5.5% in adult obesity with Swindon going from having a statistically significant greater prevalence of adult obesity to now being similar to England. In Swindon, in 2017/18 academic year, prevalence of excess weight in Reception Year (23.1%) is similar to 2016/17 (23.0%). In Year 6 (age 10/11 years), the data are slightly down, but not significantly so, from 34.7% in 2016/17 to 34.3% in 2017/18. Whilst in Reception (age 4/5 years) the long term trends are essentially flat, in Year 6, there is a small but discernible long term upward trend in those with obesity or any excess weight. Swindon is nearer the poor performing end when compared to authorities in its benchmarking 'cluster' on all weight measures. Additionally, large inequalities are seen between affluent and deprived areas in Swindon.
- 3.89 Physical activity: Sport England's Active Lives survey now includes activity levels for children and young people, from age 5 up to age 16 years; the first set of data were published in December 2018. Swindon were similar to England and comparator towns for, 'active across week' (average 60 minutes/day- Swindon was 25.2%), and less active (average under 30 minutes/day- Swindon was 35.1%). The survey also shows that 18.9% of Swindon adults are inactive, similar to England average of 22.2%. 71.7% of adults are physically active, which is statistically better than England (66.3%).
- 3.90 Obesity is a complex problem with multiple causes and significant implications for health and beyond. Therefore there are a range of initiatives and approaches underway in Swindon to tackle obesity and promote physical activity (see health improvement through physical activity section starting on point 3.17 for information on physical activity). Healthy weight initiatives include work by Swindon Borough



# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

Council Planning and Transport departments to support a more active environment with healthier food choices, Swindon Healthy Early Years Programme, Swindon Healthy Schools Programme, weight management programmes for adults and children and their families and the Baby Friendly Initiative to support excellent infant feeding practices. A new child and family weight management programme will be delivered by the Community Health and Wellbeing Team from September 2019. This is a healthy lifestyle programme for children aged 5-16 years old and their parents, which will be flexible according to people's need. Our previous programme engaged over 200 young people and their parents. The Activator Programme, a form of Nordic Walking, is a new programme which helps Swindon residents engage in physical activity in the outdoors and links to the six outdoor gym sites across Swindon. Beat the Street, a free population level game, will return to Swindon in September 2019 for 6 weeks. Swindon Public Health Department are organising an obesity conference in October 2019 to review current work and consider the development of new work and approaches.

### **Smoking**

- 3.91 2018 estimates of adult smoking prevalence were released in July 2019. They show Swindon has gone up to 17.7% from 17.3% in 2017 and is now statistically significantly higher than England. Figure for routine and manual workers have also been published. These show Swindon has gone down to 23.9% from 26.2% in 2017. Swindon is similar (a little lower) than England. Smoking cessation support in Swindon is delivered mainly through GPs and Pharmacies with free support and advice offered at over 50 locations across Swindon. 1,004 people across Swindon set a quit date with Swindon smoking cessation support between April 2018 and March 2019. The quality of interventions remains consistent, with 30% of all service users quitting at the 4-week stage, 75% of these quitters were confirmed by means of carbon monoxide verification. Stop smoking support continues to be effective in reaching disadvantaged smokers. 598 people setting a quit date were eligible for free prescriptions, which accounts for 61% of all clients.
- 3.92 The statistics for women's smoking status at time of delivery were published in March 2019 for quarter 3 2018/19 is 10.5% which is the same as England. Reducing smoking in pregnancy is a key priority and have commissioned a Specialist Midwife Stop Smoking Service with the Great Western Hospital. 100% of pregnant women in Swindon have their carbon monoxide level recorded by Great Western Hospital Maternity Services. A research project with Bath University took place in June 2018 and used health psychology students to further understand the barriers for young pregnant women stopping smoking. This is being further researched in 2019/20. We are working towards achieving the national ambition of 6% of women smoking at the time of delivery by 2022.

### **Sexual and Reproductive Health**

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

- 
- 3.93 Reducing late diagnosis of HIV remains a key priority for Swindon. People with HIV are living longer and this has led to an increase in the number of people in Swindon living with HIV, however, the number of new diagnoses remains stable. Swindon's HIV testing covering rate is stable at 65.7% in 2018 compared to 69.5% in 2017, and is in line with the regional South West rate of 65.2% and the England rate of 64.5%. In 2017 (latest data from Public Health England) there were 13 new diagnosis of HIV at a rate of 7.3 per 100,000 people aged 15 and over, this is similar to both regional rate of 5.2 and England rate of 8.7
- 3.94 Managing the growing demand for sexual health services is an ongoing challenge. The Council, in partnership with the Great Western Hospital NHS Foundation Trust launched a new digital sexual health service in September 2018 for asymptomatic patients to improve access and efficiency. This service for asymptomatic over 18s offers testing for standard STIs (chlamydia, gonorrhoea, syphilis & HIV) and has improved access for Swindon residents. A full evaluation of the service will be undertaken in September 2019. This work is part of our whole system transformation work for Sexual and Reproductive Health which aims to improve health outcomes and reduce inequalities for Swindon's population through innovative commissioning with our partners
- 3.95 Improving access to Long Acting Reversible Contraception (LARC) in Primary Care is a key ambition. We are working with our partners in Swindon Clinical Commissioning Group (SCCG) and the Great Western Hospital NHS Foundation Trust to develop inter-practice referrals to increase community capacity for timely contraceptive services for women

### **Health Inequalities**

- 3.96 Although Swindon has low rates of poverty and deprivation and generally our Swindon residents enjoy good health, there is a real gap between the affluent and less affluent areas, which are we working to address. Health Inequalities across Swindon continue to be a concern with higher rates of smoking, physical inactivity and obesity amongst our more vulnerable and deprived communities. Lifestyle and unhealthy behaviours can increase the risk of dementia, cancer, cardiovascular disease, diabetes and it is estimated that around 40% of cancers can be prevented by making changes to habits around smoking, alcohol, diet and obesity. The gap in male life expectancy between the most and least deprived areas of Swindon remained stable in the years 2010-12 to 2014-16 at around 7.5 years but has reduced slightly in 2015-17 to 5.9 years. For women, the gap has also remained broadly stable between 2010-12 and 2014-16 at around 4.7 years but has increased slightly in 2015-17 to 5.3 years. In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas.

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

### **Priorities for 2019/20**

3.97 We are committed to ensuring that everyone lives a healthy, safe, fulfilling, and independent life and is supported by thriving communities. Increasingly, our role is to support communities and volunteers so that local problems can be solved by local people to meet local needs. We continue to build on the existing strong tradition of voluntary work in Swindon to ensure that Council volunteering continues to make an impact. From the busy work programme for 2019/20, the Cabinet Member, in consultation with officers, has identified the following key areas to highlight to Scrutiny how people are being supported to help themselves while also protecting the most vulnerable adults in the year ahead:

3.97.1 Ongoing delivery of the Adult Change Transformation programme to improve independence and quality of life for the people we support through prevention, three conversation model and strength based work

3.97.2 Continue to improve the quality of life for people with a learning disability by providing seamless transition for young people moving to adulthood, local housing with the right support, and access to paid employment.

3.97.3 To embed the new Swindon Safeguarding Partnership Arrangements

3.97.4 Continue to work with partners to reduce delayed discharges from hospital

3.97.5 Reduce levels of obesity and diabetes as part of the sustainable Transformation Partnership (STP) and Accountable Care

3.97.6 Joint Strategic Needs Assessments (JSNA) – continue to provide timely information and intelligence on the health and social care needs of Swindon residents to inform commissioning intentions.

### **4. Alternative Options**

4.1 The Committee can choose not to operate a Cabinet Portfolio Question and Answer session system.

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

#### **Financial and Procurement Implications**

5.1 There are no direct 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.

# **Cabinet Member Question and Answer Session**

## **Cabinet Member for Adults and Health**

**Scrutiny Committee**

**Date: 12<sup>th</sup> August 2019**

---

### Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act 2000 (as amended) 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 (DIA) is required at this stage as this report proposes no changes to services. Any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

### Risk Management

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

## **6. Consultees**

- 6.1 The author has consulted, where appropriate, with Corporate Directors, Directors, Heads of Service, other officers, and relevant partners on the purpose, content, and recommendations of the report.

## **7. Background Papers**

- 7.1 None.

## **8. Appendices**

- 8.1 Appendix 1: Adult Social Care Performance Data
- 8.2 Appendix 2: Background Activity Data 2018/19
- 8.3 Appendix 3: Glossary