Swindon Borough Council

Health and Wellbeing Board

Wednesday, 10 July 2013

Committee Room 6, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

Contact Officers:
Alison Smith (Committee Officer), 01793 463612, alsmith@swindon.gov.uk
Cherry Jones (Deputy Director of Public Health), 01793 444681, cherry.jones@swindon.gov.uk

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AGENDA

1. **Apologies for Absence**

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

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

4. **Minutes** (Pages 1 - 4)
   To receive the minutes of the meeting held on 8th May 2013.

5. **Health and Wellbeing Board Terms of Reference** (Pages 5 - 14)

6. **Joint Strategic Needs Assessment - Dementia** (Pages 15 - 28)

7. **Winterbourne View Improvement Programme - Stocktake** (Pages 29 - 46)

8. **Transfer of Funding from NHS to Local Authority (report to follow)**

Date of Despatch: 03 July 2013

Public Question Time *- Swindon Borough Council is committed to increasing its accountability to the public and to promoting active citizenship. Up to 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from*

members of the public about the work of the Committee (except for confidential matters and specific planning applications). Questions must be relevant, clear and concise. Because of time constraints Public Question Time is not an opportunity to make speeches or statements. Prior notice of a question to the Director of Law and Democratic Services is desirable - particularly if detailed background information is needed.

Access Arrangements - *The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you would wish to attend the meeting but have any special requirement to enable you to do so please contact the Committee Clerk, whose name appears at the top of this agenda, as soon as possible prior to the date of the meeting.*

If you would like to receive any of the pages contained in this agenda in a larger print size please contact the Committee Officer whose name appears on the first page of this agenda.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 8 MAY 2013

PRESENT:- Councillors David Renard (Chair), Brian Mattock and Ray Ballman; Gavin Jones (Chief Executive, Swindon Borough Council), John Gilbert (Director of Adult Social Care/Children's Services), David Wray (Third Sector representative), Cherry Jones (Acting Director of Public Health), Dominic Tkaczyk and Julie Hughes (NHS Commissioning Board representatives), Paul Bearman (Clinical Commissioning Group) and Clare Davis (Healthwatch Swindon representative).

Apologies for absence were received from Dr Peter Crouch (General Practitioner representative) and Tony Ranzetta (Swindon Clinical Commissioning Group Accountable Officer) .

1. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. Gavin Jones (Chief Executive, Swindon Borough Council) made a non-prejudicial declaration of interest in respect of Agenda Item No. 8 in his capacity as a Trustee of Prospect Hospice. Councillor Ray Ballman made a non-prejudicial declaration of interest in her capacity as a Board Member of Seqol.

2. Public Question Time

Mr Brian Cockbill, a resident of Stratton St Margaret, asked a number of questions regarding public transport to and from Great Western Hospital. The members of the Board agreed that these questions should be forwarded onto the transport department for a response to be provided as it was not within the remit of the board to consider these issues in detail. Councillor Brian Mattock also agreed to raise the issue of public transport in his capacity as a Governor on the Great Western Hospital Trust. In response to Mr Cockbill's question regarding an individual client, the Board agreed that it was not in a position to respond to individual cases and Councillor Ray Ballman was able to provide a response at the meeting.

3. Minutes

Resolved – That the minutes of the meeting of the Shadow Health and Wellbeing Board held on 13th March, 2013, be confirmed.

4. Healthwatch Swindon Update

Clare Davis, Operations Manager for Parkwood Healthcare, updated members of the Board on Healthwatch Swindon which had commenced on 1st April and was being supported by Parkwood Healthcare. Two members of staff were currently employed and the recruitment process for the Chair and Board of Directors was currently taking place.

Permanent premises were being sought and staff were working on producing a community engagement plan, communications plan and a development plan,

along with populating a bespoke Healthwatch database with qualitative and quantitative data. It was likely that the Chair of Healthwatch Swindon would be the representative on the Health and Wellbeing Board in the future.

Resolved – That the Health and Wellbeing Board note and welcome the progress made on the development of Healthwatch Swindon.

5. Terms of Reference for the Health and Wellbeing Board

Cherry Jones, Acting Director of Public Health, presented the terms of reference for the Health and Wellbeing Board and explained that these had already been approved by Cabinet on 20th March 2013 and adopted by Full Council on 11th April 2013. She highlighted that the Board would receive reports from both the local Safeguarding Board and the Children's Trust Board and that the membership now included David Wray as a representative of Voluntary Action Swindon (VAS), Dr Peter Crouch as the GP representative and Tony Ranzetta as the Clinical Commissioning Group (CCG) representative.

The Leader of the Council had agreed at Full Council to notify the Board of the request made by both the Leader of the Labour Group and the Leader of the Liberal Democrat Group to become members of the Health and Wellbeing Board. The Board considered the request but agreed that it was not appropriate to invite further Elected Members onto the Board at the present time.

Resolved – (1) That the terms of reference for the Health and Wellbeing Board be agreed.

(2) That no further Elected Members be invited to join the Health and Wellbeing Board at the present time.

6. Developing the Joint Strategic Needs Assessment (JSNA)

Cherry Jones, Acting Director of Public Health, explained that one of the functions of the Health and Wellbeing Board was to prepare and publish the Joint Strategic Needs Assessment (JSNA) and that this identified the local health and wellbeing needs of the local population. A steering group was established in February 2012, which included representatives of all the key stakeholders, and their role was to lead and oversee the on-going JSNA process in Swindon. A number of Bulletins are in the process of being completed and these would be submitted to the Health and Wellbeing Board for ratification. These Bulletins would contain the key elements and findings for each area of work identified through the JSNA. A development plan identifying specific areas of work for 2013 was attached as an appendix to the report.

The Board agreed that an important element of the JSNA was to ensure that the outcomes were widely communicated to other organisations, in particular to inform their strategic and commissioning work. The work of the JSNA was closely aligned to the service design workshops of the Clinical Commissioning Group and highlighted the benefits of key stakeholders working together.

Resolved – (1) That the Health and Wellbeing Board note and agree the Joint Strategic Needs Assessment development plan.

(2) That the established Joint Strategic Needs Assessment Steering Group be authorised to lead the on-going Joint Strategic Needs Assessment process.

(3) That the Joint Strategic Needs Assessment be reviewed as a standard

agenda item for future Health and Wellbeing Board meetings.

7. Health and Wellbeing Draft Strategy

Cherry Jones, Acting Director of Public Health, presented the first draft of the Swindon Health and Wellbeing Strategy which sets out the overarching framework for health and care commissioning plans across the Borough. The draft would go out for consultation for four weeks and the final version would be presented to the Health and Wellbeing Board for ratification in July 2013.

Gavin Jones, Chief Executive, Swindon Borough Council, commented that he would like to see more focus on planning for end of life within the strategy. Cherry reported that the Clinical Commissioning Group were leading on an end of life strategy. She added that there would be a suite of measures within the next version of the strategy to ensure that success against outcomes could be measured.

Resolved - (1) That the Health and Wellbeing Board note the progress in the development of the Swindon Health and Wellbeing Strategy.

(2) That the Acting Director of Public Health be authorised to update the draft strategy taking on board the feedback and comments from the contributions of the stakeholders involved in the engagement process to date.

(3) That the Acting Director of Public Health be authorised to launch a consultation on the revised version of the draft Health and Wellbeing Strategy.

(4) That the final version of the Health and Wellbeing Strategy be submitted to the Health and Wellbeing Board for ratification at the July meeting.

8. Clinical Commissioning Group's Commissioning Plan for 2013-14 - A Clear and Credible Plan

Paul Bearman, Clinical Commissioning Group (CCG) presented the commissioning plan which sets out the approach by the Swindon CCG to the procurement of health services in order to deliver the 2013/14 commissioning intentions. The Health and Wellbeing Board were asked to support the plan and ensure that it contributed towards the delivery of the Swindon Joint Health and Wellbeing Strategy. The plan includes activity assumptions for 2013/14, proposed contract values and anticipated savings from the Quality, Innovation, Productivity and Prevention Programme. Responses from the consultation process were currently being collated and a new section on partnership working would be included within the plan.

The Commissioning Plan, Strategy for Care and the Commissioning Intentions for 2013/14 would be summarised in a more user friendly document and this was due to be completed by 31st May 2013 and would be brought to a future Health and Wellbeing Board for approval. Members of the Board were happy that integration had now been included within the plan and that it was important for further discussions to take place between the different organisations in order to optimise the health of the people of Swindon.

Resolved – (1) That the Health and Wellbeing Board agreed the Clinical Commissioning Group's Commissioning Plan.

(2) That the NHS Commissioning Plan be submitted to a future meeting of the Health and Wellbeing Board.

9. Dates of Future Meetings

Future meetings of the Health and Wellbeing Board were agreed as:-

10th July 2013	2 – 4pm
11th September 2013	2 – 4pm
13th November 2013	2 – 4pm
8th January 2014	2 – 4pm
12th March 2014	2 – 4pm
7th May 2014	2 – 4pm

The Board agreed that the meeting scheduled to be held on 11th September 2013 should be held in a community venue.

Health and Wellbeing Board Terms of Reference

Health and Wellbeing Board **Date: 10th July 2013**

Author: Director of Public Health
Wards: All
Locality Affected: All
Parishes Affected: All

1. Purpose and Reasons

1.1 To determine the Terms of Reference of the Health and Well Being Board. The Shadow Health and Wellbeing Board, established in September 2011, became a substantive Committee of the Council April 2013.

2. Recommendations

The Committee is recommended to:

2.1 Agree the final version of the Terms of Reference for the Health and Wellbeing Board following amendments from the Clinical Commissioning Group (CCG). Appendix One attached.

3. Detail

3.1 The Health and Social Care Act 2012 brought about significant reform of existing health structures. These changes included the transfer of public health accountabilities from the NHS to local authorities; the abolition of Primary Care Trusts (PCTs) and, in the place of PCTs, the establishment of GP led Clinical Commissioning Groups (CCGs). It also established the creation of patient champion groups Healthwatch in place of Local Involvement Networks (LINks) and the introduction of Health and Wellbeing Boards to provide an opportunity to deliver improved health outcomes, through closer working relationships between the council, local GPs and the health community.

3.2 The ambition behind the introduction of Health and Wellbeing Boards is to build strong and effective local partnerships, which improve the commissioning and delivery of services across NHS and local government, leading in turn to improved health and wellbeing for local people. The health and wellbeing boards function is to set a strategic direction for health, wellbeing and social care providing a sense of place, bringing together the key health and social care commissioners and the local Healthwatch.

3.3 The 2012 Act states that the Health and Wellbeing Board has various functions. These include those conferred on it directly, such as the duty to encourage integrated working. It also includes duties conferred jointly on the local authority and its partner Clinical Commissioning Groups (CCGs) but which must be discharged by the board. These joint duties include the preparation and

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, Cherryjones@swindon.gov.uk.

publication of Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

3.4 Health and Wellbeing Boards are a key part of the broader plans to modernise the NHS. Their role is to:

3.4.1 Ensure stronger democratic legitimacy and involvement around the health agenda,

3.4.2 Strengthen working relationships between health and social care,

3.4.3 Encourage the development of more integrated commissioning of services, and

3.4.4 Ensure that commissioners have regard to the JSNA and the Health and Wellbeing Strategy when making commissioning decisions.

3.5 The regulations relating to health and wellbeing boards make provision for the disapplication and modification of certain enactments relating to local authority committees appointed under section 102 of the Local Government Act 1972, insofar as they are applicable to a health and wellbeing board established under section 194 of the 2012 Act. The regulations aim to provide local areas with the flexibility and freedom to shape their health and wellbeing boards as best fits with local circumstances. In particular:

3.5.1 Health and wellbeing boards will be free to establish sub-committees and delegate functions to them;

3.5.2 Voting restrictions have been lifted so that non-elected members of a health and wellbeing board (i.e. CCG representative, local Healthwatch, Directors of Public Health, Children's Services and Adult Social Services and any wider members) could vote alongside nominated elected representatives on the Board.

3.5.3 Political proportionality requirements have been lifted so that the question of political proportionality of health and wellbeing board membership is left to local determination.

3.6 Health and Wellbeing Boards must include six statutory members which are:

- at least one councillor, who will be (or be nominated by) the Leader
- the Director of Adult Social Services of the local authority
- the Director of Children's Services of the local authority
- the Director of Public Health of the local authority
- a representative of Local Healthwatch
- a representative of the Clinical Commissioning group (CCG)

3.7 The Board and the local authority have the power to appoint additional members as they see fit.

3.8 The membership of the Swindon Health and Wellbeing board as agreed at the May Health and wellbeing Board meeting is as set out in the Terms of Reference - Appendix One.

3.9 All members of the Health and Wellbeing Board will be subject to Swindon Member's Code of Conduct when acting as a member of the board and will be subject to the standard requirements regarding declarations of interests.

3.10 The Health and Wellbeing Board will align with the One Swindon Board and support the delivery of the One Swindon strategic priorities

3.11 The Terms of Reference for the Health and Wellbeing Board are attached as appendix One.

4. Alternative Options

4.1 The Health and Wellbeing Board could seek to include additional members onto the Health and Wellbeing Board.

4.2 The Health and Wellbeing Board could decide on a different frequency of meetings

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no direct financial implications arising from the establishment of the Health and Wellbeing Board. However the statutory duties of the board will provide the opportunity to promote integrated commissioning and pooled budget arrangements across the NHS, social care and public health.

5.2 Although not a commissioning board in its own right, the Health and Wellbeing Board will have strategic influence over commissioning decisions across health, public health and social care. It will strengthen democratic legitimacy through the involvement of democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. It provides a local forum for challenge, discussion and the involvement of local leaders.

Legal and Human Rights Implications

5.3 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

5.4 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the work of the Health and Wellbeing Board, and that everyone in Swindon has fair access to services and are free from discrimination

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

5.5 The establishment of the Health and Wellbeing Board provides opportunity to improve the health outcomes of the people of Swindon and reduce health inequalities that exist across Swindon

5.6 There should be no significant staffing or other implications arising from this report

Links to One Swindon, Strategic Objectives, Plans and Policies

5.7 The Health and Wellbeing Board will align with the One Swindon Board and support the delivery of the One Swindon strategic priorities

Diversity Impact Assessment

5.8 A Diversity Impact Assessment has been completed on the establishment of the Swindon Health and Wellbeing Board and is available on request.

Risk Management

5.9 No specific risks identified at this stage for this report.

6. Consultees

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

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix One – Health and Wellbeing Board Terms of Reference

Changes have been highlighted for this report

Swindon Health and Wellbeing Board

Terms of Reference

1 Introduction

The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

The Swindon Health and Wellbeing Board is made up of a collection of people from different organisations (including the NHS, the local authority officers and elected members, the Clinical Commissioning Group and the voluntary sector), who will work together on issues to do with being healthy and feeling well. The board aims to find out what people in Swindon need to be healthy and feel well and work together to agree a strategy (plan) that will promote positive change towards making things happen. The health and wellbeing strategy will help the Health and Wellbeing Board plan services to do with being healthy and feeling well and that make it easier for everyone to get the care they need. The board also aims to reduce the health differences between poorer and better off groups across Swindon (health inequalities).

It is the responsibility of commissioners (who hold the budget) that their commissioning plans are supportive of the priorities identified in the Health and Wellbeing Strategy and the local needs of our population and It is the responsibility of the Health and Wellbeing Board to ensure that they do.

The Health and Wellbeing Strategy will provide the priorities and objectives against which the success of the Health and Wellbeing Board can be measured.

The Health and Wellbeing Boards primary role is to provide strategic leadership to improve the health and wellbeing of Swindon's population (both adults and children) and to reduce the inequalities in health experienced by some communities. It aims to:

- ensure delivery of improved outcomes for the people of Swindon bringing together national health and social care policy in conjunction with local priorities.
- achieve democratic legitimacy and accountability, and empower local people to take part in decision-making about local health and wellbeing.

2 Purpose

The purpose of the board is to improve the health and wellbeing of people of all ages in Swindon and to reduce health inequalities in Swindon.

3 Underlying Principles

- shared leadership of a strategic approach to the health and wellbeing of our local communities

- a commitment to driving real action and change to improve services and outcomes
- parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities
- shared ownership of the board by all the members (with commitment from their nominating organisations) and accountability to the communities it serves
- openness and transparency in the way that the board carries out its work
- inclusiveness in the way it engages with patients, service users and the public
- Recognition of safeguarding (adults and children) as everyone's business and a cross cutting theme ensuring that all people in Swindon are safe and their wellbeing protected

4 Key responsibilities

The key responsibilities of the Board are;

- To provide collective leadership, set strategic direction, prioritise local activity and present comprehensible plans of what will be done locally, where possible and deemed appropriate by the board, to address needs and improve health and wellbeing in alignment with the One Swindon priorities, outcomes and principles

- To prepare the Swindon Joint Strategic Needs Assessment which identifies the local health and wellbeing needs of our population ensuring
    - effective and meaningful engagement and dialogue with local communities and service users
    - joined up intelligence from local partners and stakeholders
    - Inclusion of comprehensive safeguarding data analysis

- To prepare the Swindon Joint Health and Wellbeing Strategy

- To promote partnership and integration of commissioning and service delivery across health, social care, public health and other service areas including but not limited to housing, leisure and transport in conjunction with One Swindon and the Health and Wellbeing Strategy

- To ensure that the plans of local and regional commissioners, including the NHS Swindon Clinical Commissioning Group commissioning plan, promote the delivery of the Swindon Joint Health and Wellbeing Strategy wherever appropriate

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- To monitor, evaluate and annually report on the NHS Swindon Clinical Commissioning Group performance as part of the Clinical Commissioning Group's annual assessment by NHS England

- To measure progress against local plans including NHS Swindon Clinical Commissioning Group Plan, the Joint Health and Wellbeing Strategy and other supporting plans and request action is taken to improve outcomes when monitoring indicators show plans or initiatives are not working

- The One Swindon Partnership Board will be accountable for ensuring that One Swindon and the One Swindon Delivery Plan support the delivery of the Swindon Joint Health and Wellbeing Strategy.

- The Board will advise the One Swindon Partnership Board on strategic matters of health and wellbeing.

- The Board will refer the Commissioning Plans back to the Clinical Commissioning Group or to NHS England if they do not take sufficient account of the Swindon Joint Health and Wellbeing Strategy

- Board members are accountable to each other for mobilising and co-ordinating partners and identifying available resources to deliver agreed priorities.

The work programmes of the Swindon Health and Wellbeing Board, Health Overview and Scrutiny Committee (HOSC) and Healthwatch Swindon will be shared and loosely aligned to create pathways for influence, whilst maintaining independence and the role of scrutiny.

5 Role of the board

In order to deliver its responsibilities, the board may decide to establish a subcommittee and delegate functions to them.

The board will do the following:

Coordinate partnership working

- Bring together NHS, public health and social care leaders with members of the local population and democratically elected representatives.
- Promote integration of business action plans of partner organisations where appropriate.
- Coordinate information sharing across partners
- Coordinate commissioning decisions to reflect the priorities identified by the board including the use of joint commissioning and pooled budgets where appropriate.
- Provide regular reports to the One Swindon Partnership Board.
- Consult with service users and carers about service developments which will affect them.
- Work with the Local Safeguarding Children and Adult Boards to ensure all partners promote the safety and welfare of children and young people and receive an annual report from the LSCB and the LSAB and the SCTB.
- Maximise effective and efficient working to avoid partner organisations duplicating each others' work.
- Link with the voluntary and community sector

Identify local needs

- Lead the development of the Joint Strategic Needs Assessment which identifies local health and wellbeing needs and priorities.

Set strategic direction and prioritise and communicate actions

- Prioritise actions, based on the agreed strategic direction, joint commissioning strategies and Joint Strategic Needs Assessment, to meet the needs of the current population and avoid compromising the wellbeing of future generations.
- Communicate actions in publically available action plans.

Performance monitor

- Evaluate performance against locally agreed priorities.
- Evaluate performance against nationally set outcomes frameworks for the NHS, public health and social care.
- Scrutinise any local major service redesign of the NHS.
- Produce annual reports of progress in relation to above action plans, in order that the board is publically accountable for delivery of these actions.

6 Membership

The membership will consist of:
The Leader of the Council (Chair)
Chief Executive of Swindon Borough Council
Cabinet Member for Health and Social Care
Shadow Member for Health and Social Care
Director of Adult Social Care/ Children's Services
Director of Public Health
Healthwatch Swindon representative
Swindon Clinical Commissioning Group (CCG) Accountable Officer
NHS Commissioning Board representative
Third Sector representative
NHS Swindon Clinical Commissioning Group Clinical Chair

In accordance with the regulations all members of the Swindon Health and Wellbeing Board are voting members and as such will be governed by Swindon Borough Councils code of conduct

All members or co-opted members must notify the council's monitoring officer of disclosable pecuniary interests and are prohibited from participating in discussion or voting on any matter relating to their interest

7 Procedures

Meetings of the board will be chaired by the Leader of the Council and held every two months.

A quorum shall be four members (at least one from NHS Swindon Clinical Commissioning Group and one from Swindon Borough Council) Each member is required to attend at least four of the six scheduled Health and Wellbeing Board meetings per year. Board members of the board will nominate a deputy who will attend in their absence and have delegated authority, wherever possible and appropriate, to make decisions. Nominated deputies will form part of the quorum

The Board will operate in accordance with the council's existing decision-making framework and normal council budget setting processes. A decision to exercise any further local authority functions by the Health and Wellbeing Board would

therefore need to be taken by the appropriate decision-making body (e.g. cabinet or council), and a further report would be required for this

8 Review Arrangements

The Swindon Health and Wellbeing Board Chair will lead an annual effectiveness review with the initial review being undertaken by May 2014.

APPROVED:

DATE OF REVIEW OF TERMS OF REFERENCE:

NEXT REVEW: May 2014

REVIEW HISTORY:

Inaugural Terms of Reference:	**Approved**
First Review:	**Approved Date**
Second Review:	**Approved Date**

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Dementia Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Board **Date: 10th July 2013**

Author: Acting Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 To inform the Health and Wellbeing Board (HWB)of the Dementia JSNA, seek support for its recommendations and raise awareness of the issues facing people with dementia in Swindon

1.2 The Dementia JSNA is an objective analysis of the current and future needs of people with dementia in Swindon. Based on available data, it identifies the current population, services used, risk factors and includes views from service users, carers and different organisations involved in supporting people with dementia. The recommendations from the Dementia JSNA together with national guidance, quality standards and good practice will inform the development of a Dementia Strategy and Action Plan for Swindon.

2. Recommendations

The Committee is recommended to:

2.1 Note and agree the recommendations from the Dementia JSNA Bulletin.

2.2 Support the development of a Dementia Strategy and Action Plan for Swindon

2.3 Identify how the Board would like to be kept up to date on progress on dementia work in Swindon

3. Detail

3.1 Dementia was identified as a priority for Swindon from the 2012 Joint Strategic Needs Assessment, leading to a dementia specific JSNA focusing on the needs of those with or at risk of dementia in Swindon.

3.2 Dementia causes damage to the brain resulting in a progressive decline in more than one area of function, including memory, reasoning, communication skills and the skills needed to carry out daily activities. It affects people differently depending on the type of dementia, stage of illness and the individual affected.

3.3 People are more likely to have a type of dementia as they get older although it can affect people under 65, which is known as early onset dementia. As more people live longer, the number of people with dementia is likely to increase.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk. or Penny Marno pmarno@swindon.gov.uk

3.4 In Swindon there are estimated to be over 2000 people over age 65 with dementia, half of which are undiagnosed. This equates to about 7% of the total population over 65.

3.5 The number of older people is forecast to increase in Swindon over the next 20 years. Estimates suggest an increase of 700 people with dementia by 2020.

3.6 The Dementia JSNA has been produced in the context of a National Strategy for Dementia and the Prime Minister's Dementia Challenge. Dementia is a national priority and funding is available for innovation projects to develop an understanding of how best people with dementia can be supported.

3.7 The Dementia JSNA has included consultation with officers in Swindon Borough Council, members of the Clinical Commissioning Group (CCG), staff at the Great Western Hospital and Avon and Wiltshire Mental Health Partnership, and members of the voluntary and community sector. It also reflects discussions with service users and carers: their on-going involvement in the development of a strategy and action plan will be vital.

3.8 Recommendations require a multi-agency and mutli-sector approach to:

3.8.1 Establish a dementia steering group to take work in this area forward

3.8.2 Continue to develop a more detailed understanding of the role of carers and ensure the additional funding SBC are putting into caring services reflects carers' needs, recognising that people need different support at different times.

3.8.3 Ensure people with memory loss who do not meet the criteria for dementia have appropriate information about adopting a healthier lifestyle and coping independently

3.8.4 Encourage organisations to sign up to the Dementia Action Alliance and commit to the seven common principles defined by people with dementia and their carers:

I have personal choice and control or influence over decisions about me

I know that services are designed around me and my needs

I have support that helps me live my life

I have the knowledge and know-how to get what I need

I live in an enabling and supportive environment where I feel valued and understood

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk. or Penny Marno pmarno@swindon.gov.uk

I have a sense of belonging and of being a valued part of family, community and civic life

I know there is research going on which delivers a better life for me now and hope for the future

3.8.5 Work in partnership to improve the speed from referral to diagnosis

3.8.6 Develop campaigns to ensure people are aware of the risk factors for dementia and in particular that lifestyle factors such as healthy eating, physical activity and not smoking can benefit cognitive ability as well as protecting against cardiovascular disease

3.8.7 Encourage all staff working with the public, including GPs, to have dementia awareness training

3.8.8 Investigate innovative approaches to developing dementia friendly and age friendly communities which can be included as part of housing and planning development

3.8.9 Use the NICE quality standards developed for social care settings and services working with and caring for people with dementia inform the commissioning of services

3.8.10 Encourage people with dementia, even if they do not meet social care criteria, to have a named person (this may be a family member or someone from the voluntary sector) who supports them and acts as a single point of contact across organisations

3.8.11 Encourage partnership working to promote independence for people post diagnosis

3.8.12 Identify best practice for encouraging local businesses such as cafes, chemists, post offices and hairdressers to become dementia aware so people with dementia and carers know that they provide a supportive environment

3.8.13 Work in partnership to consider opportunities to extend support for social activities and opportunities for people to benefit from others experiencing the same challenges, and reducing the risk of social isolation. This could include extending activities using volunteers such as Singing for the Brain to year round.

3.8.14 Develop a briefing paper on best practice around supported and extra care housing for people with dementia to inform the planning and development of this type of housing in the future

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk. or Penny Marno pmarno@swindon.gov.uk

3.9 The recommendations have informed a service redesign workshop run jointly with the CCG, and a Dementia Steering Group has been established.

3.10 A copy of the Dementia JSNA Bulletin, as approved by the JSNA Steering Group is attached as Appendix One.

4. Alternative Options

4.1 Not to proceed to develop a dementia strategy for Swindon

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 If additional resources are needed a detailed business case will be developed. A directory of external funding sources is being developed. Supporting people to maintain independence and stay at home has been shown to reduce costs for health and social care in the longer term.

Legal and Human Rights Implications

5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

5.3 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon JSNA and that everyone in Swindon has fair access to services and are free from discrimination.

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

5.4 The Dementia JSNA highlights a number of key areas of focus that will provide the opportunity to improve outcomes for people with and effected by dementia.

5.5 The development of the dementia strategy and action plan will inform commissioning and the impact and actions required to positively impact on health and wellbeing outcomes for people with and effected by dementia.

Links to One Swindon, Strategic Objectives, Plans and Policies

5.6 This links directly to the One Swindon priority of creating a healthy,caring and supportive place.

5.7 It also will help deliver the corporate priorities of ‘Together, find new ways to reduce vulnerability and improve health for all’ and ‘Work with people and

families to help them fulfil their potential'. The latter is particularly pertinent in seeing people with dementia as an active and involved member of the community, reducing social isolation and working creatively with people with dementia to see beyond the diagnosis.

5.8 Some of the recommendations are being considered as part of the adult demand programme workstreams.

Diversity Impact Assessment

5.9 Dementia can affect everyone. The Dementia JSNA includes an assessment of its impact on different communities. Any service redesign will reflect the needs and diversity of Swindon communities. The dementia strategy will include a diversity impact assessment.

Risk Management

5.10 No specific risks identified at this stage for this report

6. Consultees

6.1 The Board Director Finance, Revenues, Benefits and Property (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 Dementia JSNA Bulletin

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk. or Penny Marno pmarno@swindon.gov.uk

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Swindon's Joint Strategic Needs Assessment

Bulletin 2: Dementia

Key Points:

- The JSNA provides evidence to help us understand the health and wellbeing needs of people with and at risk of dementia in Swindon.
- Dementia causes damage to the brain affecting people's cognitive ability and over time day to day functioning. The most common types of dementia are Alzheimer's Disease and vascular dementia.
- Although 1 in 6 people over 65 are estimated to develop dementia at some stage, this means 5 out of 6 will not.
- There are about 29,000 people over 65 in Swindon of which over 2000 people are estimated to have a type of dementia. Under half of these have a formal diagnosis. 986 were on a GP dementia register in 2011/12.
- Dementia is a very individual disease - experience depends on the type, severity, and support available. About half of people with dementia have mild dementia.
- The biggest risk factor for dementia is age. Promoting general good health – not smoking, maintaining a healthy weight, avoiding high blood pressure or high cholesterol - is also thought to be important.
- Swindon's older population is forecast to increase (which will mean more people with dementia in future years).
- In Swindon there are some very good services provided by the statutory and voluntary sector but there is also room for improvement.
- The JSNA makes fourteen recommendations – these are set out on pages 7 & 8.

What is Joint Strategic Needs Assessment?

Joint Strategic Needs Assessment (JSNA) helps us to understand:

- what we know about the current health and wellbeing needs of local people;
- how their needs are being met;
- what we think their future needs are likely to be; and
- how their needs can be best met.

Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board.

The Dementia JSNA

Dementia causes damage to the brain resulting in a progressive decline in more than one area of function, including memory, reasoning, communication skills and the skills needed to carry out daily activities. It affects people differently depending on the type of dementia, stage of illness and the individual affected.

People are more likely to have a type of dementia as they get older although it can affect people under 65, which is known as early onset dementia.

As more people live longer, the number of people with dementia is likely to increase. It is estimated that one in 14 people over 65 years of age and one in six people over 80 years of age in the UK has a form of dementia.

Dementia is a priority for the current government with action developed from the National Dementia Strategy and the Prime Minister's challenge which aims to make a real difference to the lives of people with dementia and their families and carers.

Some key themes emerged locally but are also reflected nationally:

- dementia is a very individual disease - experience depends on the type, severity, and support available
- people do not want to be defined by dementia but acknowledged as a valuable and respected member of the community
- people with dementia want to do normal things in an age friendly environment
- increasing awareness is key in all aspects of day to day life whether people care for, provide services for, or live next to people with dementia
- carers are central to supporting people with dementia
- other support when needed should come from health, social care and the voluntary sector working together.

In this JSNA process, we have found many examples of good practice in Swindon. This bulletin aims to provide an opportunity to build on this.

How many people in Swindon have learning disabilities?

Estimating the number of people with dementia is difficult as over 50% are not diagnosed. People who have been diagnosed via a formal assessment at a memory clinic are usually then registered on the GP practice dementia register. There were 986 people on GP dementia registers in Swindon in 2011/12 (including Elm Tree practice which is outside the Borough boundary).

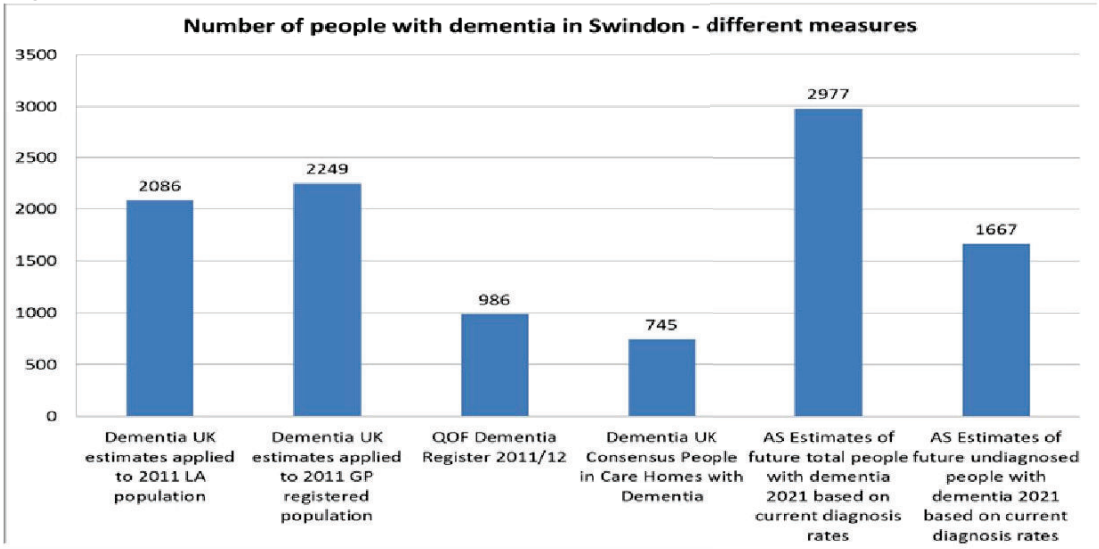
Research suggested people wait an average of three years after first symptoms before contacting their GP. Under-diagnosis is highest amongst people with mild dementia.

A national consensus exercise was done in 2007 by Dementia UK to estimate the actual number of people with dementia. This used agreement between experts in dementia to estimate how many people may have dementia but not be diagnosed. Combining diagnosed and undiagnosed people with dementia gave a more accurate picture.

Using the Consensus estimates, there are about 2035 people aged 65 and over with dementia in Swindon, nearly half of whom are over 85. This is about 7% of the total population over 65. Estimates suggest there are about 50 people with early onset dementia.

Different types of dementia affect different parts of the brain which means people have different symptoms and behaviours.

Figure 1. People in Swindon with Dementia



The main types are Alzheimer's Disease (affecting two thirds of people with dementia) and vascular dementia (affecting one in five people with dementia).

Over half of people have mild dementia where people have some memory problems, but can cope with day to day living. Moderate dementia is where people may have reduced reasoning and confusion and often need some support with personal care due to memory loss, and affects one in three people with dementia. People with severe dementia (which ranges from 6% of those age 65 to 74, to almost one in four of those over 95) often need constant support. In Swindon it is estimated that 1147 people have mild dementia, 668 have moderate dementia, and 271 have severe dementia.

Understanding and supporting people with a number of different illnesses is important. Research estimates two thirds of people with dementia have three or more other conditions. People with dementia often have high levels of depression and an increased risk of falling.

People with dementia are more likely to die in a care home and less likely to die in a hospice.

National research suggests there is no apparent link between risk of dementia and deprivation or social economic status.

Diagnosis rates are often lower in Black and Ethnic Minority communities: however specific figures are not available for Swindon.

There is no local data available for travelling communities, nor for lesbian, gay, bisexual or transgender (LGBT) groups. However older LGBT people may face particular challenges if they need residential care or when caring for a loved one with dementia as there may be less understanding amongst older generations.

What are the risk factors for dementia?

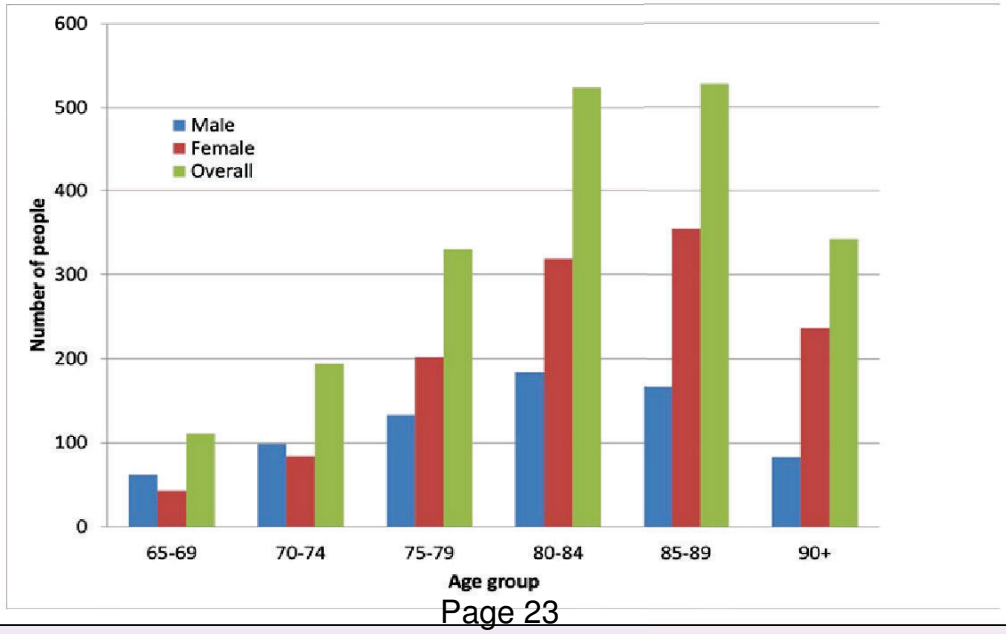
There is no single risk factor for dementia. The risk of getting a type of dementia increases as people get older.

Mild Cognitive Impairment (MCI) is not part of the dementia diagnosis but can cause some memory and recall problems as people get older. It is included in the dementia JSNA as a risk factor as about half of people with MCI are estimated to develop dementia. Many people with MCI will not access diagnostic services nor need additional support.

Scientific evidence for what causes different types of dementia is inconclusive but the following may increase the risk:

- the presence of a particular gene
- having another neurological condition
- a history of stroke or transient ischaemic attack (TIA)
- high blood pressure, diabetes, and / or high cholesterol
- lifestyle factors such as smoking, excess alcohol and / or obesity
- being socially isolated

Figure 2. Expected number of people in Swindon with dementia over 65 (Source: Dementia UK 2007 Consensus Report estimates applied to 2011 Swindon Census Data)



Research is mixed on whether increased physical activity or types of diet specifically reduce the risk of dementia. However, a healthy lifestyle is recommended to promote independence as people get older.

People with a learning disability are at risk of developing Alzheimer's Disease earlier than the rest of the population.

What services do people use?

In Swindon services for people with dementia are delivered via local GP practices, Swindon Borough Council, Avon & Wiltshire Mental Health Partnership Trust (AWP), Great Western Hospitals Trust, SEQOL community services and voluntary organisations.

Contact with services usually starts when someone approaches their GP with concern about their memory. After checking for other causes, they are then referred to the memory clinic for assessment. Following diagnosis, people can access a mix of voluntary, community and primary care services depending on their needs, providing psychological, social and physical support as the illness progresses. Some people will move to residential or nursing care at some stage, and a small number with challenging behaviour access in-patient care at the Victoria Centre.

Getting a timely diagnosis is important. There have been long waiting lists for assessment at the memory clinic but measures are in place to address this. Consideration is being given to community based memory services and dementia support at practice level in Swindon.

There were about 2200 Swindon hospital admissions to Great Western Hospital between 2009 and 2012 with a primary or secondary diagnosis of dementia accounting for over 32,000 bed days. 38% of people had more than one admission during this time and 4% had five or more. The most common cause of admission was for urinary tract infection.

After people are diagnosed, support includes services such as Think Again for those recently diagnosed, and Forget-Me-Not for people with early onset dementia; both of which are recognised as examples of good practice and highly valued.

On-going support is available through Alzheimer's Society services (Singing for the Brain and the monthly Memory Café – both of which are well attended and valued) and support offered by the Carers Centre which includes peer support.

Swindon Borough Council commissions a range of social care support including residential care, home care and day services. Social services data identified 330 people over 65 with mental health problems living in residential or nursing care homes who are funded by Swindon Borough Council. The number of people cared for by the local authority with dementia is increasing.

Some people with dementia will not need social care and some of those receiving social care aged over 65 with mental health needs will not have dementia. There are also people over the age of 65 with dementia who are funding their own support and who may not be in contact with agencies in Swindon.

The National Institute for Health and Clinical Excellence (NICE) recommends

- people with dementia have a named person who supports them to develop a care plan and acts as a single point of contact across all organisations
- consistent and stable staffing, retaining a familiar environment, and minimising relocation can help people retain independence
- interventions such as reminiscence therapy, multisensory stimulation, animal assisted therapy and exercise can help with anxiety and depression

In Swindon there are some very good services and pockets of good practice. It was identified that more needs to be done to improve the interaction between services.

Carers play a crucial role in supporting people with dementia and helping people maintain independence. Nationally it has been estimated that carers for people with dementia save the UK £8bn a year. However, caring can also impact on the health and well-being of the carer. Recognising the value of carers and providing appropriate support is vital.

Supported housing provision is currently being reviewed: there are currently 57 sheltered housing and 4 extra care housing schemes in Swindon. There is much good practice about the planning and design of housing for people with dementia which can inform future developments.

What could the future look like?

Swindon's population is forecast to increase faster than average, both overall and in older age groups. The number of people with dementia in Swindon is estimated to increase by about 700 by 2020 due to the increase in population of those over 65 based on current prevalence rates.

There will be more older people living alone over the next 20 years. However, older people living alone will not necessarily increase the risk of dementia or demand for services as it may encourage people to maintain independence.

The number of people aged 65 and over providing unpaid care to a partner, family member or other person is forecast to increase by 60% between 2012 and 2030, with a doubling in the number of carers who are aged over 85.

The cost of dementia is significant. The JSNA report offers some illustrative scenarios to look at the financial impact of:

- Delaying the onset of the disease (i.e. time to mild stage)
- Delaying transition between stages
  - Extending time in mild stage
  - Delaying progress to severe stage when residential care is most likely to be needed
- Increased life expectancy

Estimating the number of people with dementia is difficult as it depends not only on the number of older people but also on the risk factors for dementia and the outcomes of on-going scientific research into drugs that could prevent or slow down the disease. However for planning services understanding possible future scenarios is very important.

Figure 3. Number of people estimated to have dementia, diagnosed and undiagnosed (2012) for Swindon and Comparator areas

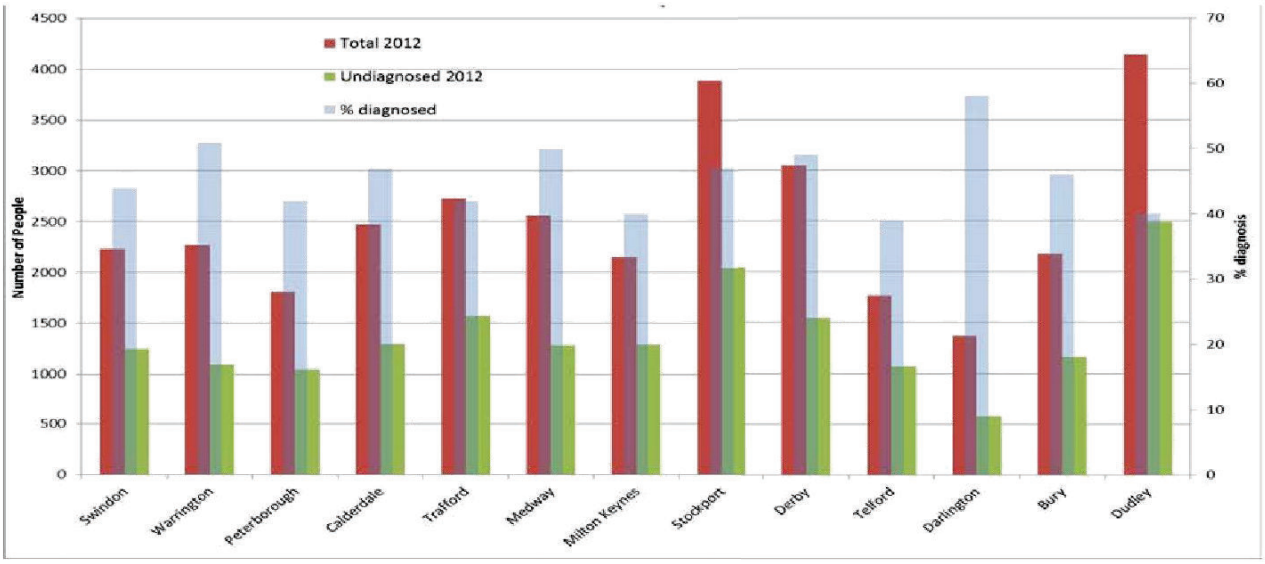


Figure 4. Forecasts of people living in a care home with or without nursing (all people aged 65 and over not just dementia)

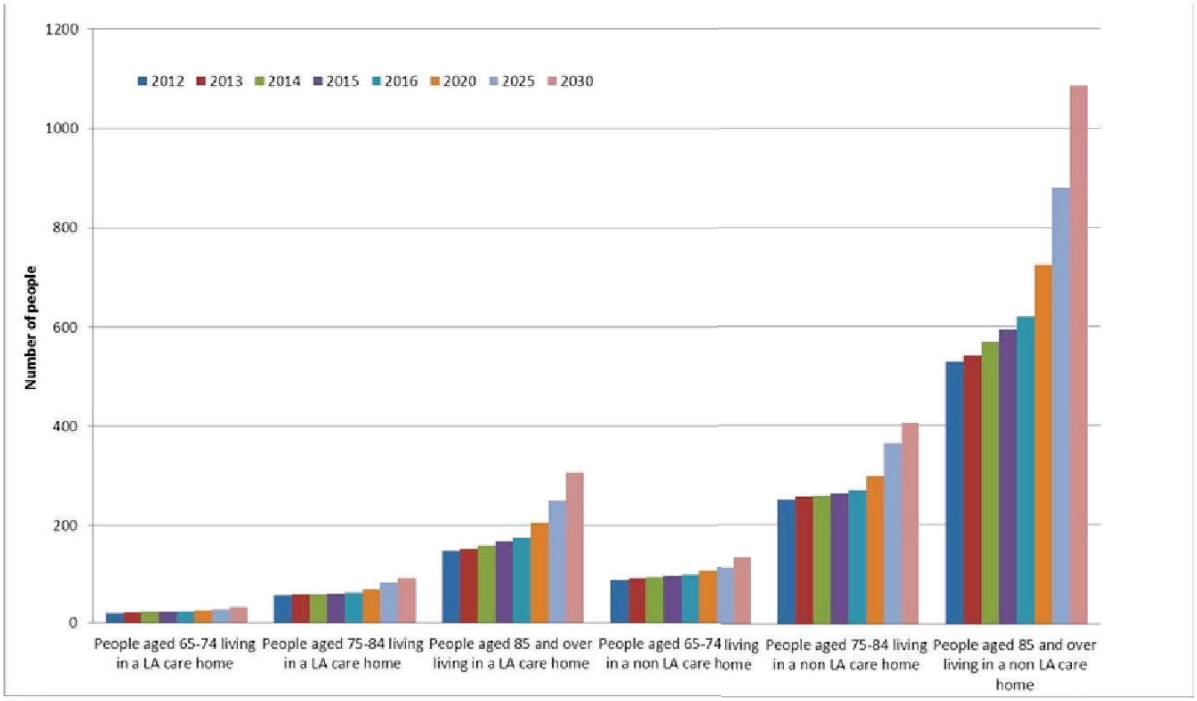
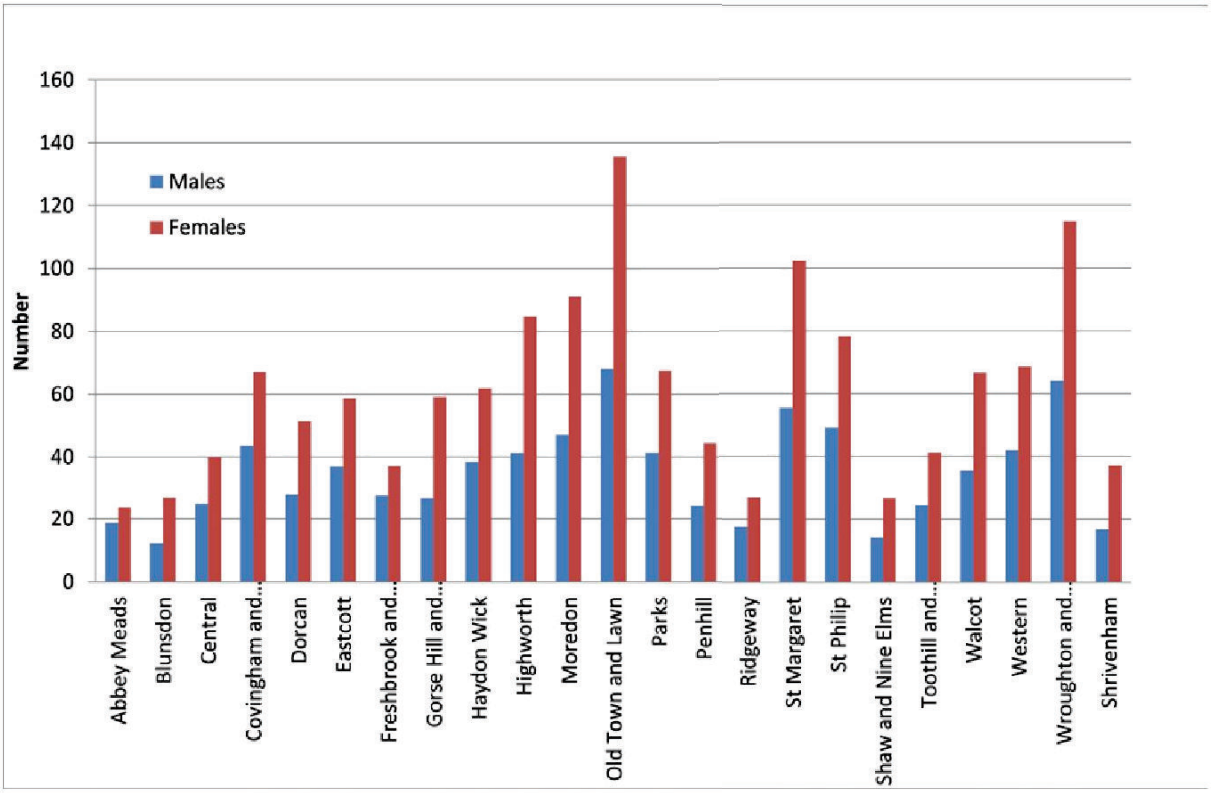


Figure 5. Prevalence of late onset dementia based on Dementia UK estimates of diagnosed and undiagnosed people with dementia applied to 2010 ONS ward population



What do local people and organisations think?

As well as data, part of the needs assessment included discussions with both health and social care professionals, local voluntary sector organisations and attendance at local and national events involving people with dementia and carers.

There is a need to raise awareness and understanding

- about risk factors particularly around lifestyle behaviours
- for people working with people with dementia e.g. in care homes
- in the wider community, e.g. with retail, leisure, transport, public sector
- to ensure consistency amongst GPs

As part of the Prime Ministers Dementia Challenge businesses are being encouraged to sign up to the Dementia Action Alliance to commit to transforming the lives of people with dementia. Locally both Great Western Hospital Foundation Trust and Great Western Ambulance Service NHS Trust have signed up but other Swindon organisations could also sign up. The initiative also includes a focus on dementia friendly communities – which includes planning, signage, public toilets, clarity of information and advice as well as training and support. Great Western Hospital has developed a dementia strategy to support people with dementia who come into hospital.

As well as concern about the length of time from referral to diagnosis locally, there was also a perception that whilst support was very good directly after diagnosis there is then a gap. There was some concern about people who did not meet the threshold for dementia but still needed support due to problems with cognitive functioning as this was perceived to be a gap in support.

There was some inconsistency in views of the level of formal assessment required before accessing social care, and whether social care needs to be accessed by the individual or carer or whether the GP could refer directly.

It was felt by both carers and voluntary sector staff that there was a gap in softer support e.g. places to go for coffee and a chat, social trips.

People also highlighted that there is a significant difference in the needs and interests of someone aged 55 with dementia compared to someone aged 90 and services should reflect this.

There was some concern that there should be better recognition of wider healthcare needs of both carers and people with dementia, and support for carers when their loved one dies.

Recommendations

This needs assessment identifies good practice in Swindon and supports further progress. Over recent years there has been a dementia strategy for Swindon and this JSNA should support and inform the refresh and refocus on that. A comprehensive, evidenced based dementia strategy and action plan is key to coordinating effort, ensuring that people are supported and cared for appropriately, maintaining independence for as long as possible but not reaching crisis point.

This JSNA will also inform work on-going by the NHS Swindon Clinical Commissioning Group, and the change programmes which are shaping the work of Swindon Borough Council and its partners.

The JSNA is about more than information. It should also identify priorities for action. The following recommendations are for action across organisations:

1. Establish a dementia steering group to take work in this area forward
2. Continue to develop a more detailed understanding of the role of carers and ensure the additional funding SBC are putting into caring services reflects carers' needs, recognising that people need different support at different times.
3. Ensure people with memory loss who do not meet the criteria for dementia have appropriate information about adopting a healthier lifestyle and coping independently
4. Encourage organisations to sign up to the Dementia Action Alliance and commit to the seven common principles defined by people with dementia and their carers:

a. I have personal choice and control or influence over decisions about me
b. I know that services are designed around me and my needs
c. I have support that helps me live my life
d. I have the knowledge and know-how to get what I need
e. I live in an enabling and supportive environment where I feel valued and understood
f. I have a sense of belonging and of being a valued part of family, community and civic life
g. I know there is research going on which delivers a better life for me now and hope for the future

5. Work in partnership to improve the speed from referral to diagnosis

6. Develop campaigns to ensure people are aware of the risk factors for dementia and in particular that lifestyle factors such as healthy eating, physical activity and not smoking can benefit cognitive ability as well as protecting against cardiovascular disease

7. Encourage all staff working with the public, including GPs, to have dementia awareness training

8. Investigate innovative approaches to developing dementia friendly and age friendly communities which can be included as part of housing and planning development

9. Use the NICE quality standards [i] developed for social care settings and services working with and caring for people with dementia inform the commissioning of services

10. Encourage people with dementia, even if they do not meet social care criteria, to have a named person (this may be a family member or someone from the voluntary sector) who supports them and acts as a single point of contact across organisations

11. Encourage partnership working to promote independence for people post diagnosis

12. Identify best practice for encouraging local businesses such as cafes, chemists, post offices and hairdressers to become dementia aware so people with dementia and carers know that they provide a supportive environment

13. Work in partnership to consider opportunities to extend support for social activities and opportunities for people to benefit from others experiencing the same challenges, and reducing the risk of social isolation. This could include extending activities using volunteers such as Singing for the Brain to year round.

14. Develop a briefing paper on best practice around supported and extra care housing for people with dementia to inform the planning and development of this type of housing in the future

Where to find more information

The full Dementia JSNA provides much more information on the issues covered by this bulletin (including full references). It can be found on Swindon's JSNA website: www.swindon.gov.uk/sc/sc-healthmedicaladvice/Pages/sc-jsna.aspx

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact:

Dr Christopher Bartlett
CBartlett@Swindon.gov.uk

This bulletin will be reviewed February 2015.

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[i] http://publications.nice.org.uk/quality-standard-for-supporting-people-to-live-well-with-dementia-qs30/introduction-and-overview

Winterbourne View Improvement Programme - Stocktake

Health and Wellbeing Board **Date: 10th July 2013**

Author:	Board Director Commissioning (DCS/DASS)
Wards:	All Wards
Locality Affected:	All Locality Areas
Parishes Affected:	All Parish Areas

1. Purpose and Reasons

1.1 In May 2011 a Panorama programme screened a report from an undercover investigation into abuse at Winterbourne View a specialist hospital in South Gloucester for people with learning disabilities and mental health problems run by a Castlebeck. This resulted in convictions of a number of staff and a serious case review commissioned by South Gloucestershire Council.

1.2 There were a number of recommendations arising from the serious case review. A Concordat was issued which was the joint response of agencies including the LGA (Local Government Association) and the NHS to the Department of Health Transforming Care report arising from the significant failings at Winterbourne View. The Concordat contains a number of specific commitments that lead to all individuals receiving personalised care and support in community settings no later than 1st June 2014..

1.3 A national Winterbourne View Joint Improvement Programme was also announced to ensure all local authorities take action to minimise and remove risks to service users with Learning Disabilities and Autism in specialist hospitals and work towards providing appropriate accommodation more locally and in community settings.

1.4 A “stocktake” on progress is required to be submitted by 5th July 2013. The purpose of the stocktake is to enable local areas to assess their progress against commitments in the Concordat and to allow for good practice and progress from local areas to be shared nationally.

1.5 The purpose of this report is to reassure the Board that the Concordat is being delivered in Swindon and to update the board on where we are against this framework.

1.6 The Swindon stocktake submission is attached as Appendix One.

2. Recommendations

<u>The Committee is recommended to:</u>

2.1 Note the content of the Stocktake submission attached to this report. Appendix One

Further information on the subject of this report can be obtained from Doug Bale, 01793 463559, dbale@swindon.gov.uk.

2.2 Note the progress made in Swindon regarding the future commissioning arrangements for people requiring treatment and assessment placements.

3. Detail

3.1 The abuse that was shown on the programme was deeply shocking and indicated a level of cruelty that could not be considered as valid interventions for people exhibiting challenging behaviour and was abusive. 11 ex members of staff from Winterbourne View pleaded guilty to the offences witnessed in the programme in relation to Mental Health Act Legislation and were sentenced in October 2012.

3.2 The Swindon Local Safeguarding Adults Board has been closely monitoring the repercussion following the Winterbourne View scandal and has developed an action plan to monitor actions arising from the recommendations within the serious case review, the concordat and the National Winterbourne View Joint Improvement Programme.

3.3 Much of what is required is in relation to the arrangements for commissioning services for people with learning disabilities and autism and behaviour that challenges. In Swindon there are no Treatment and Assessment units however placements had been made out of area for such services. Although there were no allegations of abuse, soon after the broadcast, health and council colleagues took action to immediately review service users in similar settings to ensure all care plans were in place and up to date. This also gave commissioners the opportunity to look at what services were available locally to meet the individual needs in less restrictive community provision.

3.4 All local areas were asked to carry out a stock check on actions required by June 2014. For example, "*Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014*"

3.5 The Swindon Stocktake is attached (Appendix One) which outlines the local situation against the following headings :

3.5.1 Models of Partnership: Is the local authority and the Clinical Commissioning Group working on joint arrangements together with other local partners?

3.5.2 Understanding Money: Is it clear how specialist placements are funded? Are there joint arrangements to fund placements?

3.5.3 Care management for individuals: How are the teams working together to review and re-provide for people in assessment and treatment units?

3.5.4 The current review programme: How is the local authority dealing with people who are currently in specialist units? Is there agreement on the numbers of people affected?

3.5.5 Safeguarding: Are teams involved in safeguarding procedures (where there is an allegation of abuse of a service user living in another area)? How do local safeguarding adults arrangements work with the Care Quality Commission?

3.5.6 Commissioning arrangements: Are assessments being completed for people is assessment and treatment units and are these joint (social care with health professionals)?

3.5.7 Developing local teams and services: What supporting processes are in place to make changes to the services people are receiving?

3.5.8 Prevention and crisis response capacity - Local/shared capacity to manage emergencies: How do commissioning teams respond when an emergency placement is required in a specialist service?

3.5.9 Understanding the population who need/receive services: Does planning take into account current a future needs for specialist services?

3.5.10 Children and adults – transition planning: Is future demand for specialist placements understood and included in future planning?

3.5.11 Current and future market requirements and capacity: Is there knowledge of the local market in being able to meet the needs of people requiring specialist placements and when there is lack of such provision, is there a gap analysis?

3.6 Overall the stocktake indicates that good progress has been made in Swindon in regards to the provision of suitable alternative placements for those previously residing in treatment and assessment units. Where specialist placements are still required for people with learning disabilities, autism and behaviour that challenges, future plans will reflect the need for more community based support that is as local to Swindon as possible. There are good partnerships and good joint working with health partners and providers. Further work is required on workforce development and alternatives to out of area residential placements for assessment and treatment

4. Alternative Options

4.1 Not to complete the stocktake, however it is a national requirement that all Local Authorities complete and submit by 5th July 2013.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no financial implication arising directly from this report. It is anticipated that any costs in re-providing services will be met from existing budgets.

Legal and Human Rights Implications

5.2 Action promoted by the Winterbourne View Joint Improvement Programme is to ensure that incidents of abuse like those witnesses on the Panorama Programme are unlikely to occur in the future. Abuse by any other person or persons is a violation of an individual's human and civil rights .

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

5.3 The stocktake does make reference to the involvement of the Community Safety Partnership in relation to any implications with people with learning disabilities living in less restricted environments within the community. The Community Safety Manager is a member of the Local Safeguarding Adult Board and is aware of the Winterbourne View Action Plan.

Links to One Swindon, Strategic Objectives, Plans and Policies

5.4 The Joint Improvement Programme fits in with the Shared Vision for Swindon's Theme 4 (A Healthy Caring and Supportive Community) and Theme 6 (A place where local people can have real influence and where they feel safe) because ultimately the priority is for people requiring specialist support to receive this as locally as possible in community based settings rather than large inpatient facilities out of the area.

5.5 Reference to issues raised following the incidents at Winterbourne View are also included in the Swindon Learning Disability Joint Strategic Needs Assessment November 2012.

Diversity Impact Assessment

5.6 A Diversity Impact Assessment has not been completed specifically in connection with the completion of the stocktake. Reference is made to diversity within the document and is included in each individual's care plan. Consideration with the provision of individual placements and packages needs to address gender, age, race, sexuality, religion and cultural background.

Further information on the subject of this report can be obtained from Doug Bale, 01793 463559, dbale@swindon.gov.uk.

Risk Management

5.7 Financial risks are referenced within the stocktake documents. Risks to the individual are considered and steps taken to minimise risks are included in the individual assessment for care and support.

6. Consultees

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

7. Background Papers

7.1 Document relating to the Winterbourne Joint Improvement Programme are included in the Local Government Association Website and can be found by following this link: http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10171/4013688/ARTICLE-TEMPLATE

8. Appendices

8.1 Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

Further information on the subject of this report can be obtained from Doug Bale, 01793 463559, dbale@swindon.gov.uk.

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Local Government Association

NHS England

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	Yes – there is integrated delivery teams, joint commissioners for CCG and the Local Authority. The Health and Wellbeing Board are aware of this programme.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Yes – the Social Enterprise providing health and care support in Swindon (SEQOL) are a key partner and participating in this. There is liaison with the Mental Health Trust (AWP). There is full engagement with service providers both developing new and existing services and opportunities for current and future users of service. There are good links with Housing services and commissioners who have helped with finding appropriate properties. Southern Health (specialist provider) is co-located with the Learning Disability Team run by SEQOL. Strong link with the children's transitions and a good relationship with the Specialist Commissioning Group.	Examples of work with the providers around moving people from treatment and assessments to community based packages – these are service user specific	
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	Yes – the teams listed above have been involved in partnership planning in identifying move on solutions for individual service users. As Part of the "Adult Demand Programme" (The LAs review of all future provision) there are a number of integrated work streams looking at the future provision of service and how they are delivered.	Adult Programme Board presentation for Demand Prog Adult Programm Board 19 June 20	

1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	The learning disability work plan for 13/14 is being developed and includes the monitoring and reporting on progress of the WBV action plan and local stock take. The Learning Disability Partnership Board (LDPB)is monitoring action plan developed alongside the Learning Disability JSNA which includes monitoring and reporting the WBV Joint Programme Progress		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	11th July – Health and Wellbeing Board are discussing the stocktake and will be updated on progress. The Chair of the H&WB and Lead Member of Adult Social Care is aware of the WBV Programme.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	Yes there are adequate arrangements to resolve difficulties as they arise. There will be a multi-agency case discussion involving commissioners and health professionals and if required a Best Interest meeting involving advocacy, family and relevant professionals.		
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	NHSE local areas teams are in place and developing, HWB in place and developing CCG have a range of input into other fora (e.g. Joint Commissioning Board, H&WB, Safeguarding Board, "One Swindon", Joint management teams) LSAB is established and is developing an accountability protocol with the HWB.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	None currently relating to assessment and treatment units.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	.Additional capacity and funding to implement multi disciplinary workforce development programme which further strengthens person centred planning and capacity building with individuals so they are supported by the wider community and therefore safer. Additional funding required to establish business case and project	**Workforce Development £30k (30 days training for 20 people)** **Project management support**	

	management for community based support instead of out of area residential assessment & treatment facilities	**for alternatives to out of area residential treatment £40k**	
2. Understanding the money 2.1 Are the costs of current services understood across the partnership. 2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care. 2.3 Do you currently use S75 arrangements that are sufficient & robust.	This is understood at the appropriate levels. There is a good understanding of funding streams with Joint Commissioners in place with budgetary responsibility. These are in place for both adults and children and monitored through the Joint Commissioning Board.	Terms of reference of the Continuing Health Care Panel CHC TOR.docx	
2.4 Is there a pooled budget and / or clear arrangements to share financial risk. 2.5 Have you agreed individual contributions to any pool. 2.6 Does it include potential costs of young people in transition and of children's services. 2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	All budgets are aligned with a clear sharing of risk N/A to pooled budgets but forecasting for potential cost includes transitions is across all budgets with consideration of the SEND policy. Yes – see Adult Demand Programme and Strategy for Care (weblink: http://www.swindonccg.nhs.uk/media/file-browser/Swindon%20CCG%20Strategy%20for%20care.pdf		
3. Case management for individuals 3.1 Do you have a joint, integrated community team. 3.2 Is there clarity about the role and function of the local community team.	Yes (these include specialist provision in both children and adults services) Yes – service specifications are in place which outlines the role and function of the Community Team for People with Learning Disabilities. This includes enabling people to live as independently as possible, reducing dependency on long term care, avoid hospital admissions but ensuring where they are needed, discharge processes are timely and that everyone will receive joined up	Service spec : Service Spec CTI FINAL.doc	

	services to meet agreed needs.		
3.3 Does it have capacity to deliver the review and re-provision programme.	Review and re-provision is undertaken on a case by case basis. Of those individuals remaining in Assessment and Treatment Units, there are clear transition and move on plans in place.		
3.4 Is there clarity about overall professional leadership of the review programme. 3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	A review programme was in place and actions taken during 2011/12. There are currently under 5 individuals with learning disabilities in Assessments and Treatment Units. All cases are individual allocated to a named worker.		
4. Current Review Programme 4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	There are fewer than 5 individuals who are part of the current review programme – they and their families have been fully supported in developing an individualised moving on plan where move-on is appropriate. Here Move On is not appropriate at this time, users and families are involved and supported through the care planning process.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	Yes and reviews completed		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Carers and advocacy were involved in the review in 2011/12. People with learning disabilities and Health Watch are active members of the LDPB. The LSAB has a Service User Forum.	Terms of reference for the Service User forum: LSAB SUF Minutes 040413 (Final).pdf	
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	There is a comprehensive register of people with learning disabilities linked to GP registration.		The question around 'behaviour that

4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	A comprehensive learning disability register is in place and is jointly owned by CCG and LA		challenges' needs clarification as to the expectations of such a register.
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Appropriate advocacy was provided	Outline of Verifications Process	
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	There is a verification process in place is Swindon. Successful transition of individuals back to community settings.	Verifications process.doc	
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	As identified in 4.7 yes.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	Yes		
5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Yes – where a local authority notifies the teams about the need for a safeguarding process to be instigated involving their service users, care managers are involved in the process as much as possible. This may also extend to where a concern is not directly related to their individual but may have an impact on their well-being. (e.g. a whole home investigation)		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Through Contract compliance processes, officers will instruct providers on their responsibilities regarding local safeguarding procedures. There are forums with providers to discuss overall requirements and developments in practice. Housing services do provide instruction on safeguarding and all provider staff can	Roles and purpose of provider forum	

	attend Council run safeguarding training free of charge. Risk assessments are also monitored through the contract compliance visits.	Role and Purpose.doc Safeguarding Training Strategy Adults at risk of harr Training Strategy - F	
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	CQC provide the LA with weekly list of reports published in the south. Bi monthly meetings are held with commissioners (health and social care), the head of policy and safeguarding manager. Here significant non-compliance is identified the CQC will notify commissioners and if necessary the safeguarding manager. This may result in support being offered to providers, contract compliance action or large scale safeguarding procedures.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	There is an overall action plan on Winterbourne View which is monitored at board meetings and by the operational group. Children's board members are also aware of the priorities regarding future provision of specialist placements. The LSAB and LSCB has the same independent chair.		
5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	The action plan outlines responsibilities regarding placements and concern and matters relating to the Mental Capacity. The latter has also been raised at the Mental Capacity Act Steering Group.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	Commissioner offers group supervision to senior practitioners in SEQOL and individual support is given on a case by case basis. All placements in hospital settings come under joint commissioning arrangement and are made through a specialist placements panel. Any placements that are eligible for CHC funding are dealt with by a panel chaired by Joint Commissioner and LA rep.		

5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	The Community Safety Manager is a member of the LSAB. There are good links with the Anti-Social Behaviour Team who can and do become involved with individual safeguarding concerns as necessary.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	See 5.3. The safeguarding manager regularly meets with CQC managers and liaises with Compliance Inspectors. Safeguarding Adults service sits within commissioning and has close links with contacts officers and managers. Commissioners have close relationships with safeguarding staff in SEQOL and AWP – both commissioned to manage safeguarding processes. LSAB chair has regular meetings/ conversations with safeguarding manager and quarterly meetings with the DASS.		
6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Yes, move on plans have been drawn up for any service users within assessment and treatment units. Where a move is not yet appropriate, regular CPA reviews are undertaken to work towards longer term discharge planning.		
6.2 Are these being jointly reviewed, developed and delivered.	Yes, both health and social care are involved in these reviews.		
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	Yes, a comprehensive data base records all in area and out of area placements, including fully health funded and joint health and social care funded services users.	JSNA Bulleting re LD:	
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	The Joint Strategic Needs Assessment, Commissioning Intentions and Adult Demand Programme reflect the need to change how services are delivered, where they are delivered and with a greater focus on early community intervention where required.	Swindon%20LD JSNA%20Bullet	
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	Yes - reviews and commissioning of individual placements have involved both case managers and commissioning representatives. Where placements are through The Specialist Commissioning		

	Group, care manager, case manager and commissioner representation have been included in reviews or Care Planning Approach to agree existing or future plans for individuals.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	Yes – there are currently less than 5 service users in Assessment and Treatment units and all have allocated named workers.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Advocacy support is currently commissioned locally including citizen and self-advocacy, Independent Mental Capacity Advocates and Independent Mental Health Advocates. There is currently a retendering process for 3rd sector organisations which includes advocacy services. There is a requirement for the organisations that will be delivering services to support safeguarding procedures (for people who have capacity and including those may be befriended) care reviews and accommodation moves.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Alternative provision has been planned for the people required alternative placements. For future provision, this included in the Adult Demand Inquiry planning around transitions.		
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	Yes – see sections 4 and 6 above		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	NA		
7. Developing local teams and services			
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Initial assessments and reviews are undertaken on an individual basis and plans in place.		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Yes, as part of the review process we are ensuring that individuals have access to Advocacy if appropriate.		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Best Interest Assessors will only be involved in care planning where an individual is deemed to lack capacity in the specific decision making process. There are sufficient qualified and trained Best Interest Assessors with Commissioning and our provider arm to undertake this function.		

8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies 8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally. 8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) 8.3 Do commissioning intentions include a workforce and skills assessment development.	Crisis intervention and capacity issues are currently being reviewed and will be reflected in the commissioning intentions. Yes, we are working closely with our providers to develop services that reduce the need for hospital admission. The workforce development workstream within the Adult Demand Enquiry will be addressing workforce skills. Workforce development includes all providers of services as well as council and partner front line staff and includes the Voluntary Sector.		
9. Understanding the population who need/receive services 9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges. 9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	Yes and is incorporated within the Adult Demand Programme community based support and supported housing workstream. This is a fundamental function of the assessment process and this information has already been gathered.		
10. Children and adults – transition planning 10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	Yes and a workstream within the Adult Demand Programme includes transitions planning up to age 25 with all partner agencies, including education, involved. This work is being undertaken as part of the workstream in 10.1 and incorporates the findings from the Public Health analysis of Learning disability services.		

11. Current and future market requirements and capacity			
11.1 Is an assessment of local market capacity in progress.	Yes in conjunction with the Institute of Public Care (IPC) however there is capacity within the current market to provide services to those Swindon users who are currently in Assessment and Treatment Units.		
11.2 Does this include an updated gap analysis.	A gap analysis was undertaken as part of the Public Health JSNA of Learning disability services.		
11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	See good practice examples		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

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Signed by:

Chair HWB ……

LA Chief Executive …….

CCG rep…….

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