

Cabinet Member Question and Answer Session

Scrutiny Committee

Date: 13th August 2018

Author:	Cabinet Member for Adult Health and Social Care
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

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

2. Recommendations

The Committee is recommended to:

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

3. Detail

Portfolio Details

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

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- 3.1.6 Supported Housing;
- 3.1.7 Learning Disability Partnership Board;
- 3.1.8 Maintaining links between the Council and partner organisations in the Health Services;
- 3.1.9 Oversight of Better Care Fund and integration with Adult Social Care (ASC) and Clinical Commissioning Group Funding (CCG)
- 3.1.10 Mental Health Champion - The Local Authority Mental Health Challenge
- 3.1.11 Swindon Borough Council representative on the Sustainable Transformation Partnership Sponsoring Board and Integrated Care Alliance Board Swindon
- 3.2 The Cabinet Member for Adult Health and Social Care is also responsible for delivering Priority Four and Pledges 26, 27 and 30 of Swindon's vision for 2016-2020. Priority Four focuses on supporting vulnerable adults to live as independently as possible and enjoy safe and fulfilling lives. The three pledges we are committed to delivering against this priority include:
 - 3.2.1 Work with the Clinical Commissioning Group (CCG) and GP surgeries to help people with long term health and social care needs to manage their health effectively with support from community groups and multidisciplinary teams (Pledge 26)
 - 3.2.2 Ensure that more people and their carers are supported to live as independently as possible and reducing the length of time people need to spend in residential care. (Pledge 27)
 - 3.2.3 Reduce smoking prevalence to less than England average (Pledge 30)
- 3.3 Background detail on activity and performance for 2017/18 are provided in the Appendices.
- 3.4 If Members require further information on specific portfolio areas not covered in this report, please see contact below.

Update on Current On-going Activities

Pledge 26: Joint working with CCG to help people with long term health and social care needs

Sustainable Transformation Partnership (STP)

- 3.5 Collaborative work continues between local health and care organisations from Wiltshire, Bath and North East Somerset (BANES) to manage our Sustainability and Transformation Partnership savings. The STP is required by NHS England to respond to the increasing demand placed on local health and care services

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from population growth and people living longer, and often with long term conditions. The plan (available on Swindon's JSNA website) sets out how health and care services across our organisations are working together to improve people's health and wellbeing and support the delivery of quality services which are financially sustainable. The priorities for the BSW STP for 2018/19 are:

- 3.5.1 To develop and start to implement an integrated transformation programme to improve mental health and well-being services
- 3.5.2 To develop and start to implement as integrated transformation programme to improve the health and well-being of older people
- 3.5.3 To implement a programme to improve maternity services
- 3.5.4 To establish an STP three year financial strategy including a Financial Recovery Plan for 2018/19
- 3.5.5 To develop and implement a programme of change that will result in three integrated place-based commissioning and provision systems known as Accountable Care Alliances (across Banes, Swindon and Wiltshire) and an STP- wide commissioning and strategic planning function for the wider STP footprint
- 3.5.6 To implement a digital strategy to improve the sharing of patient data
- 3.5.7 To develop an STP Estates Strategy
- 3.5.8 To establish an STP Workforce Strategy across NHS and social care
- 3.5.9 To develop a learning organisation sharing knowledge and best practice to encourage innovation
- 3.5.10 To continue to ensure delivery of the NHS Five Year Forward View

Better Care Fund (BCF)

- 3.6 We continue to work with health colleagues to implement our Better Care Fund Plan for 2017-19 (available on the Health and Wellbeing Board Website). The Better Care Fund (BCF) is a local single pooled budget between NHS and local government to support joint working. We have made good progress in implementing our BCF schemes and it is pleasing that we have exceeded the challenging targets we set ourselves around reducing Delayed Transfers of Care (see paragraph 3.7) and delivering a more efficient and effective reablement service (see paragraph 3.21). We are working successfully across the partnership to reduce permanent admissions to residential and nursing care (see paragraph 3.25) and continue to focus on developing the market to support good quality provision locally.

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Delayed Transfer of Care from Hospital (DToC)

- 3.7 During the year, DToC performance has vastly improved and is now significantly better than the challenging target we set at the start of the year. The latest published DToC performance as at end of March 2018 is 0.87 bed days lost due to discharge delays attributable to social care against a target of 6 per day. This is significantly better than the averages for the South West (14.42). Our cumulative end of year performance (April 2017 to March 2018) for delayed discharge attributable to social care is 7.8 days which is below the average for the South West (20.7). There have been no joint attributable delays (i.e. attributable to both NHS and social care) since December 2017. The main areas of reduction in delays attributable to social care have been due to more timely completion of social work assessment, speedier transfers to residential and nursing care, and less delays in waiting for a care package at home. Latest local data as at June 2018 indicates performance remains strong with 2.20 bed days lost due to discharge delays attributable to social care. Total delayed bed days for 2017/18 attributable to NHS, Social Care or Both is 22.34 which is better than the average for the South West (47.3).

Sexual health

- 3.8 Reducing late diagnosis of HIV remains a key priority for Swindon. People with HIV are living longer and this has led to an increase in the number of people in Swindon living with HIV, however, the number of new diagnoses remains stable. Swindon's HIV testing rate is increasing with 4,354 (75.7%) tests in 2017 compared to 4,274 (74.4%) testing in 2016. In 2016 (latest data from Public Health England) there were 12 new diagnosis of HIV at a rate of 6.8 per 100,000 people aged 15 and over, this is similar to both regional rate of 5.4 and England rate of 10.3
- 3.9 Managing the growing demand for sexual health services is an ongoing challenge. The Council, in partnership with the Great Western Hospital NHS Foundation Trust will be launching a new innovative digital sexual health service in 2018 for asymptomatic patients to improve access and efficiency. The digital sexual service will be (soft) launched in September 2018. This service for asymptomatic over 18s will consist of an online triage to ascertain the correct level of testing based on risk and following this a home test will be sent for the standard STIs (chlamydia, gonorrhoea, syphilis & HIV). Follow up is only required for positive results.

Dementia

- 3.10 Excellent work continues to promote Swindon as a dementia friendly town. Based on views of people living with dementia, we are promoting a range of activities including weekly walks around the Outlet Centre, gardening and swimming opportunities and vintage films at the Wyvern Theatre. Showings of Summer Holiday and Carry on Camping (both chosen by people with dementia)

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have attracted audiences of around 50 people each. Work is ongoing with Parish Councils, schools, businesses and church groups. Within SBC Public Health are attending over 30 team meetings to promote dementia friends and sessions at the Council are very well attended. Across Swindon there are now around 5000 dementia friends. The 21-25 May was Dementia Action Week with activities promoting dementia going on and interest from the Swindon Advertiser.

Falls Prevention

- 3.11 Everyone is more at risk of a fall as they get older. Falls can cause physical injuries but also make people feel less confident and become more dependent. Work on Falls Prevention is ongoing. An update on progress against the Swindon Falls and Bone Health Strategy is regularly reported to the Health and Wellbeing Board. The total number of emergency admissions for falls for over 65 years in 2016/17 was 629. The Community Health and Wellbeing Team are continuing to rollout an evidence based balance and strength offer with a class started at Grange Leisure Centre, one planned for Haydon in January and 6 further groups over the next year to focus on prevention but there is work across partner agencies to look at reducing people who fall and the consequences of falling in Swindon.

Health and Wellbeing

- 3.12 Health and Wellbeing initiatives are key to managing demand and cost pressures across social care and health. Working with external partners and services across the council, we continue to identify opportunities to improve resilience and prevent long term conditions by promoting health and wellbeing amongst Swindon residents
- 3.13 The Community Navigators Scheme provides community based coaching to help residents who have long-term health conditions to manage their care. The navigators encourage self-care and help increase the resident's confidence in living with their condition. Navigators work with clients for up to 8 sessions. Between April 2017 and March 2018, 367 people have been recruited to the community Navigator scheme through GP referral. 296 of these referrals came from the 10 surgeries we work most closely with. In addition 247 people were referred but either declined the service or weren't ready for change. Since January, the Social Care Navigator has received 28 referrals and is currently working with 19 clients. Work is focussed on supporting individuals to make positive changes to maintain greater self-care and independence for longer.
- 3.14 Swindon Circles aims to support any age person who is identified as lonely and isolated through a volunteer befriending scheme. Referrals come from GPs, Social Workers and families, focused on those who have less than 5 hours of contact per week or those who are in caring responsibilities. The team receive high numbers of referrals (180 between April 17 and March 18) and the biggest challenge is to recruit and retain enough volunteers to meet this demand. Not all

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clients are eligible, able or interested in being matched and the important thing for the team is to ensure they get the match right so it is long lasting and suits both the client and the volunteer. The 2 Circles Link Workers have visited and assessed 200 clients this year. During 2017/18 we have recruited and trained 80 new volunteer Befrienders who are working alongside our 40 existing volunteers. This year we have successfully managed to support an additional 58 isolated and lonely people; making a total of 98 clients. The aim is to support people in becoming more mobile and confidence to enable them to access local community activities expanding their networks and improving their quality of life.

- 3.15 The Live Well Hub is the first point of contact offering advice, information and support through a triage service. The Hub processes on average 30-50 referrals per day. The majority of referrals come from GP's, Physiotherapy Department at GWH, Adult Social Care, Lift and self-referrals. Self-referrals has increased from 2 per day in January to averaging 7 per day in April 2018. Since our launch in 2016, we have received over 5000 referrals and continue to track clients to monitor progress and evaluate the impact of support offered. 93% of all contacts have led to people engaging with one or more services. 150 of these contacts are now volunteering. We continue to work with colleagues across the health and social care sector to make referrals as easy as possible and to provide advice and signpost on for those individuals interested in making a behaviour change.
- 3.16 Swindon continue to rollout out the Making Every Contact Count (MECC) initiative which supports staff to maximise the opportunity they have with the public and colleagues in promoting health and wellbeing in everyday interactions. Within SBC, six staff have now been trained to deliver MECC training, including 2 Super Trainers who are able to deliver the Train the Trainer programme supporting the sustainable growth of MECC. A total of 147 people have been trained in Swindon to date, including 109 within SBC and a further 38 across partners. Evaluation work is ongoing to look at the impact of the training. MECC is also an integral part of the Integrated Care System.
- 3.17 More individuals were invited and more NHS Health Checks were delivered this year than last year. 12,509 individuals were invited in 2017/18 compared to 10,874 in 2016/17, and 5515 checks were delivered compared to 5381 in 2016/17. However, our uptake rate (numbers invited compared to those accepting the offer) went down from 49% in 2016/17 to 44% in 2018/19. This was in part due to gaining permission to invite patients from one particular GP practice during quarter 4 which did not give enough time to deliver the checks by year end.

Mental Health and Wellbeing

- 3.18 In March 2018 the Health and Wellbeing Board agreed to sign up to the Prevention Concordat for Better Mental Health. This is now being taken to the CCG Board. In addition the Health and Wellbeing Board agreed to 2018/19

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being the Year of Mental Health in Swindon which will include involving other agencies and partners in the prevention concordat. During 2017/18 we ran a series of free ASIST Suicide Prevention courses and trained 130 front line workers from a variety of organisations in Swindon. We are about to launch Connect 5 training which will raise awareness and enable all those who work with the public or manage staff to have more confident and effective conversations with people they come into contact with. Work for 2018/19 will focus on children and young people, housing and homelessness, promoting the five ways to wellbeing, workplace mental health and dual diagnosis (Mental Health and Substance Misuse)

Managing demand and financial pressures

- 3.19 The outturn position for 2017/18 across Adults was £69.264m against the budget of £69.876m providing an under-spend of £612k. Adult Services achieved £2.859m savings which was above the 17/18 savings target of £2.617m. The savings target for 2018/19 is £3.146m, of which £1.603m has already been achieved by the end of June 2018.

Prevention and Early Intervention

- 3.20 We aim to maintain and prolong people's own independence through improving our first point of contact /front door (see paragraph 3.47). We continue to develop the 'front door' hub for residents at Sandford and our e-marketplace, My Care My Support. However, the results from our latest annual user survey indicates we still have more work to do to make it easier for people who use our services to find information about services. This year there has been an increase in the number of people reporting they find it easy compared to last year (70% vs 68%). During 2017/18 we received 13860 contacts. Of these, 6398 (approx. 46%) progressed to an assessment compared to 6183 (50%) last year. At year end, 51% of new clients who received an assessment went on to receive a service compared to 48% in 2016/17. During 2017/18, 74.8% (3320) assessments started within 5 days which is below the 85% target. This is an area we will focus on to drive improvement over the coming year.
- 3.21 This year we increased our intermediate care provision, step up crisis support and bridging domiciliary care services to reduce hospital admission and facilitate appropriate hospital discharge. 96.29% of equipment was delivered within 7 working days, this is below the 98% target. Latest data indicates our services are helping older people to remain independent living at home with 83% of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation, although this is slightly below the challenging target we set ourselves at the start of the year of 87%. However, if deaths are taken into account, the figure is 89%. Our reablement services takes predominately hospital discharges, discharges from Intermediate Care and this contributes to the higher than expected number of older people who have passed away. Reablement service is critical in maintaining good performance in hospital discharge.

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Personalisation - choice and control

- 3.22 Our aim is to support independence, and promote choice and control, for people facing difficulties due to disability, mental health issues, effects of age and other circumstances. Through Personalisation, people have the opportunity to manage their own resources and determine how their needs will be met by organising their support and services themselves. The national target is for 100% of clients receiving community based long term support to have a personal budget. At the end of 2017/18, 1281 of long term community service users have been allocated a personal budget equating to 84%. 348 of these clients (22.9%) are receiving their personal budget through a direct payment. The percentage of users with personal budgets has decreased from 88% (1312) in 2016/17. The 2016/17 national average for personal budgets was 89.4%. It is pleasing to see that the number of learning disability clients with a personal budget has risen from 413 to 440 by the end of 2017/2018, with 161 (33.7%) of these clients are accessing their personal budget through a direct payment. Commissioners continue to work closely with our providers to improve the uptake of personal budgets, particularly Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) where current performance is 49.4%.
- 3.23 We recognise carers provide regular and substantial support for service users, and it is encouraging that we have exceeded our annual target of 70% with over 72% of carers (1161) having an assessment or review of their needs in 2017/18. It is particularly pleasing to see improved access for learning disability carers to annual reviews which suggests long term planning and carer needs around ageing well are becoming embedded in support planning with 130 carers of clients with a learning disability receiving a review of their needs. We have not met our annual targets for the proportion of carers with self-directed support and the proportion of carers receiving support through direct payments. 29.3% of carers have personal budgets (159 carers) against the annual target of 36%, and 28.72% (156) have a direct payment against the annual target of 34%. Swindon continues to be an outlier compared to the 16/17 England average for carers receiving direct support (83.1%) and South West average (60.5%). We continue to work with the Swindon Carers Centre to address the shortfall in personal budgets and progress will be monitored and regularly reported to Health and Overview Scrutiny over the coming year.
- 3.24 During the year there have been significant improvements in the Reablement Service. From April 2017 to March 2018, 516 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 30 to 18 days, with 63.2% gaining independence following the service and not requiring ongoing support. We have also improved the number of people receiving reablement at any one time from an average of 34 people to 56 people per month. This has been achieved through changing staff rostering and working more efficiently. The service received Highly Commended in the Health service Journal value Awards.

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Permanent admissions to Residential Care and Nursing Homes

- 3.25 Admissions to residential and nursing care have been effectively managed and remains below target for older adults (aged 65 and over). However, we were above target for those aged between 18 and 64. During 2017/18, 165 older people have been admitted to permanent care: 64 to a nursing home placement and 101 to residential care. Amongst these first time permanent admission to care, 36 people were admitted with mental health needs, 2 with a learning disability and 127 people with personal care/physical support needs (older people). The target for the year was to admit no more than 223 older people (a rate of 661.07 per 100k population). Current performance is 489.14 per 100k population aged 65 and over which puts us ahead of our year-end target. During 2017/18, 18 younger adults were admitted to permanent care: 6 to nursing care placements and 12 to residential care. This is double the number of admissions for those between 18 and 65 for the previous year, which was 9. Amongst these new admissions in 2017/18 to permanent care, 6 are people with physical care needs, 4 people have mental health needs and 8 people have a learning disability. Our rate for first time permanent admissions for younger adults is 13.36 per 100k against a target of 10.37

Learning Disability Partnership Board

- 3.26 The Learning Disability Partnership Board continues to ensure that the voice of adults with a learning disability (LD) is heard, promoting choice and control within their daily lives. It has been another successful year for the Board supporting adults with LD and their carers to influence developments in Swindon in health, social care and the wider community. There were 148 attendances across the 3 forums, 60 adults with LD, 84 professionals who support adults with LD and 4 carers. For the targeted mini forum there were 24 attendees, 12 adults with LD, 1 carer and 11 professionals across health, social care and the voluntary sector. The forums run by the Board focussed on: What Could My Day Look Like? Talking About Relationships and Thinking About Employment. The Board also ran an additional, targeted mini-forum in partnership with the CCG focussing on health, in particular, primary care and annual health checks. The outcomes of these forums are influencing related strategies and service development including the day services offer, Supported Employment Strategy and annual health check delivery

Voluntary Sector Contracts

- 3.27 Our voluntary sector providers continue to perform well and we have no significant concerns regarding performance. In the last quarter, (Jan - March 2018) the contract for Direct Payment Support (DHI) was awarded to the Enham Trust, the contract for supporting people with a head injury was awarded to Headway Swindon, the contract for Dementia support was awarded to the Alzheimer's Society and the contract for Stroke support was awarded to the

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Stroke Association. The Direct Payments, dementia and stroke support contracts were all re-shaped prior to appointing contractors.

- 3.28 Over the past year, across the adult's voluntary sector commissioned providers, we have delivered 48,915 hours of volunteer time, equating to a value of £352,207.10 when multiplied by the minimum wage. In addition, our funding has enabled commissioned providers to secure a further £841,507.25 from external sources. The total added value secured through the adult voluntary sector equates to just over £1.25M, which is significant on a £2.5M budget.
- 3.29 During 2017/18, Voluntary Action Swindon (VAS) secured an additional £167,917.00 of external funding. The Sports Forum has supported 210 people, 17 sports clubs received funding over the years including one club which is fully disabled friendly. 111 people have received direct Funding and Governance advice and another 500 individuals have received advice through VAS id weekly e-bulletin. VAS have engaged more than 644 people over the year in relation to equality and access as well as provided training to 40 local organisations on charity law, including new fundraising rules, taxation and trade for charities, charity reserves, workplace pensions auto-enrolment, cyber-crime, fraud, and new data protection regulations (GDPR).
- 3.30 Citizen's Advice Swindon (CAS, formerly Citizen's Advice Bureaux) provided advice to over 9,590 people. CAS Prevented 194 families and individuals from becoming homeless, 1869 people were advised on Personal Independence Payment in 2017/18, a further 419 people were advised on Attendance Allowance in 2017/18, and 191 people were advised on Carers Allowance in 2017/18. Citizens Advice Swindon also had a 90% success rates at Welfare Benefit cases in Tribunals for ESA
- 3.31 Swindon Advocacy Movement (SAM) continue to provide Independent advocates to support people to make their own decisions and be involved as fully as possible in making choices, they represent them and speak on their behalf where necessary. They support and represent people who have substantial difficulty in being involved and have no-one appropriate to support them. In total 453 people received a service from SAM over the year. There was a steady increase of people supported with Care Act Advocacy with 95 new referrals, an increase of 34 from last year. The Independent Mental Capacity Advocacy service remains busy with a total of 178 new referrals over the year, however SAM is meeting deadlines and has no waiting list. The Independent Mental Health Advocacy service received 122 new referrals over the year, an increase on last year of 58, almost double. This is in part due to SAMs piloting an 'auto referral' to the service, meaning that people have to 'opt out' of the service
- 3.32 This year Healthwatch has consulted with residents on a number of issues and have expanded the use of social media. A total of 6 Advisory groups have been held. Healthwatch Swindon launched its Quality Checker project, working alongside Swindon Advocacy Movement. Healthwatch carried out 4 Enter and

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View visits at West Swindon Health Centre, Eldene Health Centre, Wroughton Health Centre, and Swindon NHS Health Centre and made recommendations for service improvements following these visits.

- 3.33 In 2017/18 MIND had 762 members registered to use the service, an increase of 152 (25%) clients on last year's figures. Based on the 227 people who had a review during the year, 79% of people have either met their intended outcome/s or are continuing to maintain their outcome/s. Change to people's wellbeing over time is measured via the Warwick Edinburgh Mental Wellbeing Scale which shows 80% maintenance or improvement against all measures across the service. Twigs (Therapeutic Work in Gardening in Swindon) continues to offer therapeutic occupational opportunities for those who have poor mental health. At the end of the year, 89.7% of service users told Twigs through their self-confidence had improved since attending Twigs, with 91.1% reporting improved mental health since using the service.
- 3.34 At the 2011 Census, 19,140 people in Swindon (9.4%) reported they were providing some level of unpaid care. This is a similar percentage to the national average for the population overall (10.4%). The Swindon Carers Centre provides support to carers, including adult carers, young carers, young adult carers and parent carers. As of 31st March 2018, there were 2951 carers registered with Swindon Carers Centre. Amongst the total carers registered, 62.6% are Adult Carers (1849), 11% are Parent Carers (348), 21% are Young Carers (644) and 3.7% are Young Adult Carers (110).
- 3.35 The Royal Voluntary Service (RVS) provide support to lonely and isolated people in Swindon. They are delivering the service that was previously provided by Age UK and Red Cross. RVS focuses on recruiting, supporting and matching befrienders with people who are older and/or experiencing social isolation to give companionship and opportunities to create social networks. The service provides practical and emotional support to service users who have limited or no friend and family support. The target cohorts is older people who are discharged from hospital, older people in receipt of very low levels of social care, people accessing services through the Memory Clinic, older people in sheltered accommodation and registered Carers as well as referrals from Community Navigators. This service started in September 2017, data up to March 2018 reports that 103 people have been supported home from hospital, 66 have been in receipt of a befriending service and 31 people regularly attended a lunch club. We currently support 9 lunch clubs across Swindon, during 2018/19 we will be undertaking a review of these clubs to understand the demographic breakdown and gain an insight into any further needs and requirement and where possible align this work with RVS.
- 3.36 Our smaller contracts continued to perform well. These include: Headway for support for people with a brain injury; the Stroke Association for stroke survivor support; the Alzheimer's Society offering dementia support; Cruse providing bereavement counselling; Harbour supporting asylum seekers and refugees; and

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VAS providing infrastructure support to the wider voluntary and community sector. Open Door continue to work closely with us to re-shape their day support for people with a Learning Disability. Phoenix enterprises continue to support people who face barriers back to employment.

- 3.37 During 2018/19, we will be re-tendering the Voluntary Sector Infrastructure Support. We are working with partners in Public Health, the CCG and AWP to re shape our service offer for mental health support, this will include the Calm Café pilot project.

Supported Housing

- 3.38 Supported Housing is a form of temporary accommodation for people who cannot yet sustain independent living but who, with support, could live independently in the future. Floating Support is a service that provides support to people in their own homes to either sustain independent living or move to more appropriate housing in a sustained way. These services help prevent people approaching statutory services in a crisis. In 2017/18, we provided support to 870 single people or families through Supported Housing or our Floating Support services. Of the 452 people or families leaving the services, 299 (66%) were either supported to remain in their own home or moved into more independent housing. Of those moving on, we were able to support 149 (33%) to remain in, and 45 (10%) people to commence, education, employment or training.
- 3.39 During 2017/18, we re-commissioned the Supported Housing and Floating Support for Young People and Support Housing for Mental Health. We also carried out the reshaping of one Supported Housing services. Together, these changes delivered a financial efficiency of £146,000 (6% of the Supported Housing budget) to the authority.
- 3.40 In 2018/19, we will review and re-commission the Supported Housing and Floating Support for Homeless Adults, where we aim to make similar financial savings. Our main performance focus will be to increase the number of positive outcomes for those using our services and seek to increase the number of service users accessing and sustaining education, employment and training. This will be achieved by working closer with providers to understand and address barriers as well as continuing to embed GOALS, which is training to motivate service users to make positive life change. This first step was to train trainers, which was carried out in 17/18, who will then train everyone else across Supported Housing over a series of two-day workshops.

Supported Living

- 3.41 Swindon Adult Social Care continue to support over 120 adults with needs in various Supported Living services in Swindon. We currently work with 13 social care providers across a variety of single occupancy and shared services in Swindon including our own 'in house' learning disability support service. We also have a small number of adults with needs supported outside Swindon (10) which

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are continually reviewed to look at steps to return people to Swindon. The total annual cost for community based supported living is £7.6m. There is work in progress to manage the cost for supported living for Swindon through benchmarking and financial modelling of a banded model of payment against assessed needs. Historically there has been a range of provider hourly rates where some providers are more competitive than others. It is our intention to agree a banded competitive rate for Swindon for community based supported living which will help manage the budget plus deliver a more equitable offer for providers in the coming years.

- 3.42 Adult Social Care and Housing colleagues have delivered a range of assisted living bungalows over 3 sites. The 2 smaller sites totalling 11 individual 2 bedroomed bungalows have all been allocated to vulnerable adults with mobility needs known to both Housing and Adult Social Care. This has produced a very positive outcome for individuals moving to purpose built accommodation which in some cases has reduced the need for any additional ASC funded support. All assisted living bungalows have benefited from the Department of Health Grant of £340,000 to support aids, adaptations and assistive technology. This has enabled us to fit bespoke hoists and bathrooms where appropriate, plus any specific adaptations required to support individual needs. The grant has also been used for more creative assistive technology such as smart phone app based software to encourage and support people's independent living skills.
- 3.43 The larger site of 24 assisted living bungalows is at the Hawthorns location in Gorse Hill. 22 properties are for single occupancy with 2 larger properties having the ability for 3 people to share. The development is adjacent to our existing short breaks service 'Firethorn Close' which enables us to deliver flexible onsite support to all accommodated adults. All properties have been allocated to adults with needs, primarily for learning disability and autism, with occupation of all properties taking place from June to August 18. Adult Social Care have carefully considered all allocations and have agreed with Housing to develop a 'move on' facility for all. The intention is to undertake targeted work with individuals to build their independent living skills with a planned onward move to more general accommodation with a reducing support need. By using this development creatively, Adult Social Care have plans to bring back 3 high cost cases from out of area with one further high cost Swindon based placement also moving to the new development. This will not only produce a much better outcome for the individuals, but will also result in a unit cost reduction.
- 3.44 There has been extensive work with the provider market for learning disability to transform how services are delivered. In supported living, the drive has been to move to more progressive and outcome focused support for adults with needs. Working together with social care colleagues, there has been focused work on progressive outcomes for individuals and how providers can support this work. In order to reshape how the market delivers supported living, Adult Commissioning have produced a new specification which clearly identifies the expectation set by Swindon and how we want the service delivery to work. This will form part of the

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new framework contract due to be tendered in July There will be ongoing work to monitor quality and performance manager the contract going forward.

Pledge 30: Reducing smoking prevalence to less than England average

- 3.45 Smoking continues to be the biggest preventable cause of ill health and early death as well as the leading cause of health inequality. The smoking prevalence in adults in Swindon for 2017 is 17.3% which means Swindon is statistically similar to the England average of 14.9%. Although this has increased from the 2016 figure of 14.9%, the Swindon trend for smoking prevalence in adults is very encouraging. Between 2011 and 2017 smoking prevalence in Swindon has decreased by 0.93% each year compared to 0.85% in England. There are an estimated 7,000 fewer adult smokers in Swindon in 2017 compared to 2011. Smoking is far more common among unskilled and low income workers than among professional high earners. Smoking rates amongst workers in our routine and manual jobs are higher than our rates for adults overall. Smoking prevalence for this cohort in Swindon in 2017 is reported as 26.2% which is similar to the England average of 25.7%. Our smoking in pregnancy at the time of delivery (SATOD) prevalence rate for 2017/18 was 11.3% which equates to approximately 320 women.
- 3.46 Key achievements in 2017/18 include: 80% of Swindon Schools are now engaged with the Healthy Schools Award which includes understanding best practice re anti-smoking initiatives; 100% of pregnant women in Swindon have their carbon monoxide level recorded by Great Western Hospital Maternity Services; Avon and Wiltshire Mental Health Partnership went Smokefree across all their sites in November 2017; 340 smokers were supported to quit last year; and we continue to see smokers switching to vaping which is 95% less harmful than smoking according to Public Health England.
- 3.47 There are a number of initiatives planned for 2018/19 to encourage more people to quit smoking. For example, we are increasing the number of smokefree places across Swindon – e.g. play parks and newly created District Centres to further normalise a smokefree lifestyle including the Great Western Hospital site on 01 January 2019. Swindon is launching the Health Optimisation programme in July 2018 where patients on the muscular skeletal pathway will be offered and signposted to support to quit smoking or lose weight to improve their health outcomes at every opportunity. We will continue to work with partners and stakeholders to further embed tobacco control interventions into strategies, action plans, performance frameworks and pathways to further develop a whole system approach

Complaints

- 3.48 Although overall satisfaction with services is reasonable high, we recognise we are always going to receive complaints. We endeavour to resolve complaints at

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an early stage and use them positively to change processes or practice where appropriate. Our complaints policy is Care Act compliant.

- 3.49 During 2017/18, the majority of complaints were resolved locally with 52 complaints being escalated for more formal investigation (Stage 1), this is nine fewer than last year. Out of the 52 formal complaints registered, Adult Social Care upheld 15, partially upheld 13 and did not uphold 17 of the complaints received. 3 were withdrawn by the complainants, 2 were resolved informally by the service area and 2 remained open at the time of reporting. Five complaints were received by the Local Government Ombudsman for independent investigation, of which three were upheld with a proposed remedy issued, one not upheld and one remains open pending further enquiries.
- 3.50 The complaints mainly related to financial issues. All complaints are routinely reviewed and the learning is used to improve practice and provision. For example, we have recently reviewed information, paperwork and processes for charging and staff have been trained so they are skilled and knowledgeable in charging policies and practice.

What would you do differently?

- 3.51 In March 2018, Swindon Borough Council's Adult Social Care Strategy was approved by the Health and Wellbeing Board. The strategy describes the Council's approach to adult social care over the next five years. It provides the context for how we will work with partners to care and support people living in Swindon who have additional needs. The focus is on promoting, maintaining and enhancing people's independence in their communities, so that they are healthier, stronger, more resilient and less reliant on formal social care services. Where people require ongoing support to enable them to live fulfilling lives, we will share this responsibility with the individual, their families and their communities.
- 3.52 We will focus on what we can do, what our partners and communities can do, and what individuals can do. We believe that people know best how to meet their own needs, and we will support people to do that. We will be adopting an asset based strength bases approach and begin to challenge the legacy of over protective and paternalistic view of adult social care. Our starting point will be entering into conversations with people who seek support building on strengths, and what people can do, and how communities, families and friends can help. We recognise that for some people, social care services are required for longer to enable them to live fulfilling lives. Where people need ongoing support, we will share this responsibility with the individual, their families and their communities. We will try to meet people's needs in a personalised way which delivers the outcomes that people seek.
- 3.53 To meet our obligations within the Care Act 2014 and to manage our key challenges in rising demand and ongoing budget pressures, we have developed

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a model of care and support with three levels. It is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people's independence. The three levels of support are:

3.53.1 Helping you to help yourself - *Accessible, friendly, quick, information, advice and advocacy, universal services for the whole community, prevention*

3.53.2 Helping you when you need it - *Immediate help, minimal delays, no presumption about long-term support, goal focussed*

3.53.1 Helping you to live your life by providing ongoing support for those who need it - *Self-directed, personal budgets, choice and control, highly personalised*

What are the challenges facing the portfolio?

Learning disability Services

- 3.54 Work is ongoing to reduce spend on Learning Disability services as spend per service user in Swindon remains high compared to other authorities. At year end the service exceeded the savings target set for 2017/18 of £1.1m and achieved a saving of £1.124m. The service has a savings target of £500k for 2018/19 which has already been achieved and work is ongoing to continue to identify and secure further savings during 2018/19. The service re-design programme is making good progress in enabling individuals to progress and become more independent.
- 3.55 Supporting people with a disability into paid employment is a national policy priority as well as a local pledge. At the end of the year there are 36 adults in receipt of support who are in employment equating to 5.76% (against a target of 5%) which is an improvement on last year's performance of 4.6%. An additional 40 adults have an unpaid voluntary job. There are also eight learning disability support clients who are no longer receiving long term support services who are in meaningful employment of 16 hours or more per week. We are currently consulting on our strategy for supporting more people with health and care needs, particularly people with a learning disability, to gain and retain paid employment in the open market or another meaningful employment related activity.
- 3.56 We continue to strive to undertake timely reviews within learning disability services but performance has been impacted by capacity, a focus on delivering savings, and the timely processing of data which has led to under reporting. This will be a key priority for improvement over the coming year.

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Adult Local Safeguarding Board

- 3.57 We continue to maintain and develop the profile of safeguarding adults. There has been a 3% decrease in the number of referral received by the safeguarding team in 2017/18 compared to the previous year. In 2017/18, there were 1150 reports, of which 583 cases required an enquiry. 290 of the cases investigated identified risks and appropriate action was taken. This year there has been a slight drop in the number of self neglect referrals (124 in 17/18 compared to 134 in 16/17), 29 of the self- neglect referrals required a safeguarding enquiry. 304 safeguarding concerns were raised for neglect (compared to 257 in the previous year) and 269 concerns were raised for physical abuse (compared to 306 in the previous year). These categories of concern align with the national trends reported through the Safeguarding Adult Collect (Health and Social Care institute) Further benchmarking will be undertaken following the publication of the Local Adult Safeguarding Annual Report in October 2018.
- 3.58 During the year, there was a Safeguarding Adult Review and an audit of the safeguarding service. These identified key areas for improvement which are being addressed through a robust action plan. The focus is on ensuring: adult services have a better understanding of Domestic Abuse and the impact of coercive and controlling behaviour (especially on older people); Mental Capacity is being applied to people who are subject to safeguarding concerns; improvements in supervision and Quality Assurance; personalisation is applied when addressing safeguarding concerns. The action plan is being tracked and impact monitored to ensure improvements are fully embedded across the service.
- 3.59 The Risk Enablement Panel continues to support adults who are considered high risk but are believed to have Mental Capacity. During 2017/18, thirty cases were considered by the Panel. Seventeen cases demonstrated a level of complexity and risk for a robust multi agency group to oversee and manage the case. Outcomes from the Risk Enablement Panel during the year have resulted in accessing additional services; legal action to secure injunctions; providing alternative accommodation; and animal welfare.

Quality of Care homes

- 3.60 There is one private residential care home that has recently been judged as inadequate by CQC in Swindon and an action plan is in place to support improvement. There is work underway to proactively risk assess all providers to reduce the likelihood of poor judgements going forward. Swindon has one care home rated as outstanding.
- 3.61 The Commissioning Team undertakes annual quality assurance visits and supports providers make improvements. The Care Home Forum meets throughout the year. Commissioners also meet with CQC bi-monthly to triangulate information regarding particular providers who may be of concern.

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The Care Home framework tendering process has been delayed to allow for more robust market engagement and to review baseline quality and outcome expectations for residential and nursing home providers

Mental Health Capacity Deprivation of Liberty (MCA DoLS)

- 3.62 The funding of The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) remains a key issue for local authorities following the Cheshire West judgment where protection was extended to many more vulnerable adults. MCA DoLS relates to people who are placed in care homes or hospitals for their care or treatment and who lack mental capacity. The safeguards protect their rights and make sure that any care that restricts a person's liberty is both appropriate and in their best interests.
- 3.63 The government has initiated the reform of DoLS legislation with the introduction of the Mental Capacity Act (Amendment) Bill in the House of Lords on 3rd July 2018: it is anticipated that current proposals will reduce the financial burden on local authorities. They will remain responsible for the authorisation of deprivation of liberty where people live in care homes and will expand to include referrals for people living in the community but NHS Trusts and CCG will take on the management of all health funded referrals
- 3.64 Compared with the previous year's referrals of 1047, there has been a drop in MCA DoLS referrals in 2017/18 to 906, 427 from hospitals and 479 from care homes. At 31st March 2018, we had approximately 400 unassessed cases in care homes. We have been re-shaping our delivery model over the last year and have had a small permanent team in place since February 2017 to increase capacity to meet demand and we are able to authorise in the same month that assessments are completed. The team checks all referrals and prioritises those where the person (and sometimes their family) is objecting to where they live or the care they receive. This last year has seen a marked increase in Court of Protection cases where service users and their representatives challenge the circumstances of SBC DoLS Authorisations and therefore we are required to ask the Court to make a decision; which is a pattern seen nationally as well. We trained an additional three social workers and 1 OT as Best Interests Assessors (BIAs) last year and 4 more will train this coming year: the proposed reform is unlikely to be fully implemented until 2020 and the role of the BIA, to be known as Approved Mental Capacity Professional, will remain part of local authority required practice

Approved Mental Health Professionals (AMHPs)

- 3.65 The AMHPs co-ordinate assessments under the Mental Health Act 1983/2007 (MHA). They provide an independent judgement for people who are experiencing serious mental health difficulties, people who may need admission to hospital for assessment and treatment or may benefit instead from support in their own homes. The AMHP looks at alternatives to the use of compulsion

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wherever possible by working in partnership with other professionals. During 2017/18, Swindon 24 hour AMHP cover carried out a total of 517 assessments with Emergency Duty Service undertaking 44, and the daytime AMHPs assessing 473 referrals.

- 3.66 There remains a shortfall of qualified AMHPs in Swindon to meet demand which mirrors the national picture and we currently continue rely on agency staff to ensure we meet our legal duties and powers. This has not impacted on quality and is being reviewed continually to secure permanent staff. Swindon's 'Place of Safety' where police bring a potentially vulnerable adult under S136 MHA for assessment under MHA by an AMHP and two doctors, has been temporarily closed and relocated to a purpose built unit in Devizes. Current Swindon referral rates are relatively low due to use of specialist mental health triage. Of the average 1-2 referrals each week, most are assessed by our daytime duty AMHP who will travel to Devizes in order to ensure people from Swindon have the benefits of a local practitioner. There has been no detrimental impact of the temporary closure on Swindon Services

Swindon Appointeeships & Deputyships Team

- 3.67 Swindon Borough Council Appointeeships and Deputyships Team performs an essential role for vulnerable adults who lack capacity to manage either their DWP benefits (Appointeeship) or their property and affairs (Deputyship from Court of Protection under the Mental Capacity Act) where there is no one else willing and suitable to do this on their behalf. With the aging population and more complex cases, the demand for this service continues to increase. On 31st March 2018 we were supporting 287 individuals and have now extended the service to 16-17 year olds. We have been actively incorporating service user feed-back in how we deliver our service though we have also had challenges through workers leaving and needing to rely on locum staff. We identified the need for a social worker in our team to further develop "money management" care plans which promote more involvement and choice for service users and this will happen in 2018/19 We also began to plan how we can provide accessible information for service users and their families about our service offer in relation to Appointeeships & Deputyships

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

- 3.68 Excess weight (overweight and obesity) is a major public health problem which can cause long term illnesses, reduces quality of life and increases costs to health and social care as well as having a negative impact on the local economy. Excess weight affects children and adults; in Swindon two in ten 4-5 year olds, three in ten 10-11 year olds and six in ten adults are overweight or obese. Tackling excess weight is not solely a public health function; it requires a societal, whole systems approach. Swindon Borough Council, working with a range of partners, has a Healthy Weight strategy (2017-2022) which promotes a whole system approach.

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- 3.69 The most recent statistics for adult excess weight show that in 2016/17 Swindon's prevalence (64%) is not significantly different to England (61%). The prevalence of child excess weight in reception year has stayed steady over the last year (2017/18), at 23.2% (data not yet validated). The trend in excess weight in Swindon is slightly downward in Reception year (an average of 0.13% each year), almost double the rate compared to England. In Year 6, there has been a reduction in excess weight of one percentage point to 34%. However the long term trend in excess weight, over the previous 10 years, in Swindon year 6 is a 0.2% increase on average each year, the same as for England
- 3.70 There are a range of initiatives underway in Swindon to tackle obesity and promote physical activity. These include Football Fans in Training, Health Walks, Park runs, weight management programmes for adults and families and falls prevention. Swindon has received funding from Sport England to implement the Beat the Street programme. Beat the Street is a fun, free walking and cycling game. It aims to be a gamified population approach to increasing physical activity in order to improve health and wellbeing in Swindon.
- 3.71 Planning and public health work together to support the development of an active environment, with health impact assessments taking place on major developments. We have recently created signage at our local Outdoor Gym areas across Swindon to help encourage residents to make use of the outdoor spaces. Locally our transport policies support active travel (e.g. cycling and walking) in any new and updated developments. Swindon Borough Council, British Cycling and other stakeholders, including Wiltshire and Swindon Sports Partnership have a Swindon Cycling agreement which provides supported cycling rides, particularly for those new to or returning to cycling. We are also implementing a number of behaviour change programmes including early intervention programmes (e.g. in pregnancy, breastfeeding, early years) to support a healthy lifestyle. We provide a range of physical activity programmes with trained and qualified instructors to support people who are unable to access mainstream programmes (e.g. through disabilities or medical conditions). The aim is to provide individuals with exciting experiences and support them in gaining confidence to access mainstream provision.

Health Inequalities

- 3.72 Although Swindon has low rates of poverty and deprivation and generally our Swindon residents enjoy good health, there is a real gap between the affluent and less affluent areas, which are we working to address. Health Inequalities across Swindon continue to be a concern with higher rates of smoking, physical inactivity and obesity amongst our more vulnerable and deprived communities. Lifestyle and unhealthy behaviours can increase the risk of dementia, cancer, cardiovascular disease, diabetes and it is estimated that around 40% of cancers can be prevented by making changes to habits around smoking, alcohol, diet and obesity. The gap in male life expectancy between the most and least deprived areas of Swindon has remained stable in the years 2010-12 to 2014-16 at around

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7.5 years. For women, the gap has fallen from 4.8 years in 2010-12 to 4.0 years in 2014-16. In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas.

Priorities for 2018/19

- 3.73 We are committed to ensuring that everyone lives a healthy, safe, fulfilling, and independent life and is supported by thriving communities. Increasingly, our role is to support communities and volunteers so that local problems can be solved by local people to meet local needs. We continue to build on the existing strong tradition of voluntary work in Swindon to ensure that Council volunteering continues to make an impact. From the busy work programme for 2018/19, the Cabinet Member, in consultation with officers, has identified the following key areas to highlight to Scrutiny how people are being supported to help themselves while also protecting the most vulnerable adults in the year ahead:

3.73.1 Ongoing delivery of the Adult Change Transformation programme to improve independence and quality of life for the people we support

3.73.2 Maximise the opportunities for people to Age Well through prevention and early intervention

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

3.73.4 To further embed person-centred and outcomes-focused commissioning

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

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

3.73.7 Year of Mental Health – raising awareness and challenging stigma around mental wellbeing

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

4. Alternative Options

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

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5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising as a result of this report. Any expenditure arising as a result of an item on the Committee's work programme will be met by the Overview and Scrutiny Support budget, subject to the approval of the Committee.

Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act 2000 (as amended) requires every Local Authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance.

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

- 5.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Scrutiny Committee and in any recommendations made by the Scrutiny Committee.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment (DIA) is required at this stage as this report proposes no changes to services. Any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

Risk Management

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

6. Consultees

- 6.1 The Council's Report Writing standard requires authors to consult appropriate Corporate Directors, Directors or Heads of Service, other officers and relevant partners on the purpose, content, and recommendations of the report before it is presented for decision.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1: Adult Social Care Performance Data.

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8.2 Appendix 2: Background Activity and Performance Data 2017/18.

8.3 Appendix 3: Glossary.