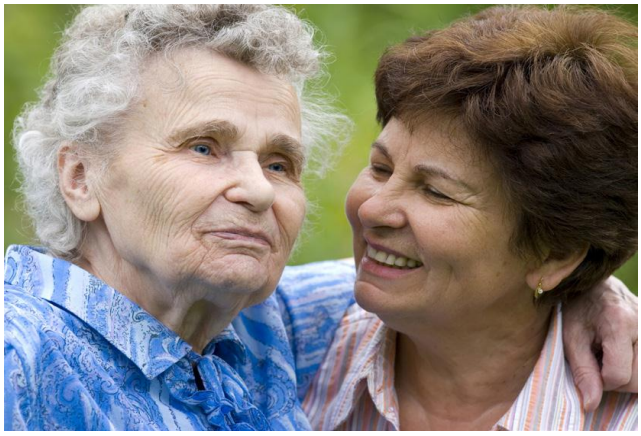
Swindon
BOROUGH COUNCIL

Swindon Local Account 2013/14



Introduction

Swindon's Local Account for 2013/14 sets out how services providing Adult Social Care in Swindon are performing and how we are helping to improve people's lives.

This is our way of sharing our priorities with you, and also highlighting some of the challenges that we face. We must make sure that we use the resources that are available to us in the very best way possible. Protecting adults at risk is one of the most important areas of our work, and is a top priority for the Council and our partners.

This Local Account will let you know about some of the services that we provide along with our partners, and will tell you how we are doing – what's going well and where we know we need to improve.

Through surveys and reviews, residents in Swindon have shared their views of our services with us. We have listened, and the Local Account outlines our plans for 2015/16 which have been developed alongside the people who use our services.

We know that we still have a lot to do, but we are confident that by continuing to listen to feedback from our customers, and from independent reviews of our performance, we can work together to improve people's lives, and help the most vulnerable people in Swindon to live more independently and have a better quality of life.

Brian Mattock, Cabinet Member for Adult Social Care
John Gilbert, Board Director Commissioning, Director of Adult Social Services and Director of Children's Services

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An overview of Adult Health and Social Care in Swindon

It is estimated that Swindon has a resident population of around 220,000.

Data from mid-2013 show that in Swindon there were:

- 50,544 young people under 18 (23.6%)
- 132,132 aged between 19 and 64 (61.7%)
- 31,361 people aged 65 or older (14.7%)

Population projections produced by Swindon Borough Council indicate that almost half of the population growth between 2011 and 2031 will be in the 65 plus age group. By 2031 the population aged 65 and over is projected to grow by 25,900 persons by 2031 and account for 46% of total population growth.

The 85 years and over age group will have the largest growth rate at approximately 136%. These will potentially be people living with long term health conditions which will deteriorate and require additional support to keep them independent and a resulting increase in the number of admissions to nursing care.

In Swindon, in 2011-13, average life expectancy is 79.3 years for males and 82.8years for females, which is similar to England.

There are about 3,600 to 3,800 adults with Learning disabilities (LD) in Swindon ranging from mild to severe disability. Only a proportion of people with LD need support from social care services. Swindon Adult Social Care had 640 clients with learning disabilities in March 2014. Most of these would have been people with moderate or severe LD. 40% of those receiving a service are placed in residential or nursing care with 60% of these being outside Swindon.

The number of working-age adults with learning disabilities will rise by around 30% over the next 20 years. Again, the groups likely to need high levels of support are growing faster than the overall trend; this includes people with learning disabilities who are now reaching the older age range. It also includes younger adults who potentially will require increasing support as their care needs increase due to the complexity of health needs and increases in the incidents of dementia.

Around 5,500 people in Swindon receive services from Adult Social Care in 2013/14. This includes older people, people with physical disabilities, people with learning disabilities and people with mental health issues.

What our service users say about our services

If we are going to design and develop services that work for vulnerable adults in Swindon, we need to clearly understand from them what works well and what they think needs to change. So we take time to seek out the views of our service users.

Each year, like every other local authority, we sent out a national survey to people in Swindon to who have received some support from Adult Social Care during that year.

Each year, like every other local authority, we send out a national survey to people in Swindon who have received some support from Adult Social Care during that year. In 2013/14, the survey was sent to a sample of service users who had received social care during the months of September to December 2013.

We sent out 915 surveys, and 371 were returned completed equating to a 40.5% response rate. This is the third national survey which looked at the Social Care users' perceptions of their services and how they felt about their own quality of life.

There are 7 key indicators that come from the client survey completed in February 2014 are shown below:

Overall, how do you rate your quality of life?
This indicator is made up of 6 questions within the survey covering different parts of the person's life, occupation, control over their life, personal care, safety, social participation and encouragement with the aim to understand the persons overall quality of life.

Our 2013/14 result is 18.6 which is an improvement on last year's score of 18.5. The national average for quality of life was 18.9.

From our own analysis, we can see that learning disability clients feel they have the best quality of life (20.2), followed by clients with physical disabilities/frailty (18.3) then people with mental health issues (18.0).

Overall, how much control do you have over your daily life?
Swindon result was 76.5% which is another improvement on the previous year where 73.1% felt they had control over their daily life. The national average for 2013/14 is 76.7%.

Those who feel they have most control are those with a learning disability with (94.6%), mental health next (74.9%) and then people with physical disabilities/frailty (72%).

Overall, do you have as much social contact as you would like?
This is a new indicator for this year and Swindon's result was 37.9% had as much social contact as they would like. The England average was 44.2%

Overall, how satisfied are you with your care and support?
This is an important indicator as it tells us if the people who receive support from us are happy with the services and support they are receiving, and if those services are meeting the intended needs.

Swindon 2013/14 result for this indicator is 66.5% which is an improvement from the previous year's results of 63.2%. The national average was 64.9%.

From our own analysis we can see those most satisfied with their care and support are those with mental health issues (69.2%), closely followed by Learning Disability clients (68%), and the service users who gave the lowest score were clients with physical disabilities /frailty (64.9%).

Overall, do you find it easy to find information about services?
Swindon's result for 2013/14 result was 68.4%, down from last year's result of 70.4%. The national average for 2013/14 is 74.7%.

Swindon Council has undertaken work to improve people's access to better information and advice and has launched our web based provision of information and advice at http://mycaremysupport.co.uk/ This not only includes ways in which people can more easily access our services, but also enables people to access local providers and organisations offering services and support to local people.

We are also working closely with voluntary sector organisations to ensure they are at the heart of better local information and advice and support for our community. A voluntary sector 'hub' is now operating from Sanford House meaning people can visit one place and access information and support from many different providers.

Of people who use services, how safe do you feel?
Swindon's result was 59.1%, slightly down on last year (59.5%). The national average for 2012/13 is 65.1%.

If we look at the analysis we can see it is people with physical disabilities / frailty who report they feel least safe (55.9%), then mental health clients (59.4%), and learning disability clients who feel safest (73.3%).

Of people who use services, who say that those services have made them feel safe?
Swindon's 2013/14 result for this indicator was 82%, an improvement on last year's result of 78.1%. The national average for 2013/14 is 78.3%.

The analysis shows it's the learning disability clients who report they feel safest as a result of those services at 94.6%, then mental health clients with 81.7% then those with physical disability or frailty with 78.4%.

Actions being taken as a result of the survey

Following the survey, the results are drawn together for commissioners of services for adults requiring social care to review, to help them to understand if changes in service provision could be made. An example of this is where they have implemented changes to accessibility and provision of information and advice following consistent results showing us this needed to be improved.

Views of people with Learning Disabilities and the Learning Disability Partnership Board

The Learning Disability Partnership Board meets six times a year and has a range of members including user representatives, family carer representatives, voluntary sector organisations, independent provider representatives, social care and health services and other Swindon Borough Council Departments such as Housing, Leisure and Localities.

The core purpose of the Board is to ensure the vision outlined in documents such as Valuing People and Valuing People Now continue to influence developments in Swindon both in health and social care provision as well as the wider community. The Board achieves this through providing an platform for service user and carer involvement and feedback and opportunities for working together.

Over the past 18 months the Board has been involved in monitoring progress against the recommendations made by the Learning Disability Joint Strategic Needs Assessment and reporting to the Health & Wellbeing Board.

At present the Board is working closely with the Adult Demand Programme to facilitate user input to the Learning Disability Workstream. To do this it is conducting a survey entitled 'Having a Good Life – Independence & Choice'. This is being jointly organised by Healthwatch Swindon, Swindon Advocacy Movement (SAM) and Swindon Borough Council. The results will be fed directly in to the Learning Disability Workstream.

Much of the work of the Board is supporting, encouraging and advising on initiatives being led by individual members e.g. changes to Day Services by SEQOL, Hate Crime Project by SAM, group for people with learning disabilities run by Swindon Interactive Arts Service, Autism Partnership Board, Ability Sports Programme, amongst others.

The Valuing People agenda is very broad, and the Learning Disability Partnership Board constantly reviews its work to ensure it is focusing on the key priorities and is fully involved in the projects or programmes. The Board's involvement in the Joint Strategic Needs Assessment relating to Learning Disability and stronger links with the Adult Demand Programme have ensured that the Board has grown in influence and created opportunities for co-production and creative solutions in Swindon.

Views of carers

A carers survey is undertaken bi-annually and will be completed in 2014/15 and reported in the Local Account for that year.

How Adult Social Care is organised in Swindon

In Swindon, Adult Social Care is delivered by SEQOL. This is a social enterprise that was launched in October 2011, with the specific purpose to enable adults who have social and community healthcare needs to live the best lives they possibly can.

Swindon Borough Council and NHS Swindon jointly commission SEQOL, through a contract with them, to deliver adult social care and community health services to people in Swindon.

Because SEQOL delivers both community health and social care services for adults, it means that they look at more than just one area of need, and so a balance of high quality support and care can be provided.

Adult Social Care Budgets in Swindon

In 2013/14, Swindon Borough Council had £57.4 million to spend on services provided for adult social care, split up as follows:

- £12.2m on services for older people and people with physical disabilities.
- £23.8m on services for people with a learning disability
- £5.1m on mental health services
- £3.6m on supporting people – housing related support
- £1.3m community support and voluntary sector contracting
- £7.89m on Public Health (including smoking and tobacco, substance misuse and other areas of public health work)

Delivering Adult Social Care within budget in 2013/14 demonstrates the success of the Adults Demand Transformation Programme in delivering the savings of £3.9 million in that year.

Adult Social Care was supported by the NHS Transformation Fund providing £2.753m in 2013-14. The funding is used to support and expand social care activities that reduce demand on primary and secondary health services.

Adult Social Care and Swindon Clinical Commissioning Group (CCG) jointly commission social and health services. The CCG provides funding towards adult community health care. In 2013/14 the CCG contributed £16.576m for mental health and £17.111m for services for older people and adults with physical disabilities and learning disabilities.

Our priorities

We are clear that we are not going to be able to provide services in the same way or at the same level that we do now, because the amount of money that we have to spend is much less, and the demand on our services is much greater.

We want to make sure that vulnerable people in Swindon who need our services continue to receive our help and we know that we can do that best when we work in partnership.

Despite reduction in overall numbers, many Adult Social Care departments and service providers are finding that those approaching them for help tend to have more complex needs than in the past; an increasing proportion need very specialist or expensive packages or placements. So, although fewer people are being supported by Adult Social Care, the average amount spent on each individual is increasing in many places.

Swindon has bucked the trend in 2013/14. Nationally cost per client rose from £11,174 in 2012/13 to £12,639 in 2013/14, whereas in Swindon the costs per client fell from £11,885 in 12/13 to £11,630 in 13/14.

Nationally the number of people being supported by Adult Social Care has fallen by 55 thousand or 4% between years 2012/12 and 2013/14. At the same time gross current expenditure has risen by 0.5%. Although client numbers in Swindon are broadly unchanged efficiency savings have helped to reduce ASC gross current expenditure and cost per client.

This means we need to concentrate on getting the balance right, between supporting fewer people with high levels of need, and maintaining investment in community-based and "preventative" services for those with lower levels of need to help them maintain their independence and not require council support.

We know that we need to work really closely with all our partners so that we can:

- Help to prevent crisis and help people to maintain their independence. We will provide good advice, information and advocacy so that people can plan for the future and make choices
- Enable people to be more independent by building their skills and capabilities and to regain those where they have been lost, particularly after crisis
- Support and protect the most vulnerable who are not able to live independently
- Create an environment that promotes health and wellbeing and reduces inequality

So, to do that, we are going to concentrate on **three priorities**:

- People lead more fulfilling lives by enabling personal choice and independence whilst taking personal responsibility for using their own resources where possible.

- We build the capabilities and skills of communities, service users, carers and our workforce so that people are able to live as independently as possible and we make the most of our shared resources.

- We ensure we continue to protect the most vulnerable people in Swindon.

In Swindon we are addressing these issues through the Adult Demand Programme. Progress has been positive and involved a wide range of partners and voluntary organisations.

Within the programme are **7 workstreams:**

- Advice and Information
- Workforce Development
- Mental Health including Dementia
- Transitions from Children's Services to Adults
- Volunteering and Community Networks
- Supported Housing and Reablement
- Voluntary Sector Reshaping

Workstream 1: Advice and Information

In Swindon we are currently developing our provision of information and advice. This not only includes ways in which people can more easily access our services, but to ensure people can access local providers and organisations offering services and support to local people. We are working closely with voluntary sector organisations to ensure they are at the heart of better local information and advice and support for our community.

This workstream has three strands

1. A hub is being created in Sanford Street as a base for many of our voluntary organisations who provide advice and information to residents. It is planned for this new facility to be open in May 2014. Required building works are currently being planned and a contract for a voluntary organisation to manage the building and the service is currently being procured.
2. An improved advice and information website has been procured and will be launched in December 2014. We will continue to improve and develop this resource over the next 2 years.
3. A pilot project of developing our front line staff as well being champions is happening with Avon and Wiltshire Mental Health Partnership. The aim is to support mental health clients as they leave the service, and reduce the risk them returning to our services.

Workstream 2: Workforce Development

We are continuing to work with our Social Care providers to ensure that community based care packages are developed with a person centred approach (this is called Personalisation). We are ensuring that clients are enabled to remain as independent as possible with support from their family, friends and local community. We have provided six training sessions as well as one day a week challenge and support to the Learning Disability team in SEQOL.

We are joining up with colleagues in Children's Services and Housing to ensure our development plans are consistent across as many relevant front line groups of staff as possible.

Workstream 3: Mental Health including Dementia
This workstream is being led by colleagues in Swindon Clinical Commissioning Group (CCG) and the first stage of this work is the development of a Dementia Strategy. This is being coordinated jointly with a wide range of partners and service users through a series of workshops.

Workstream 4: Transitions
We are working closely with our colleagues in Children's Services to ensure the process of clients with Learning Disabilities/ Physical Disabilities moving from Children's to Adults Services is as smooth as possible. We are also ensuring that we are jointly working with families with children from approximately 14 years of age so that we are managing expectations as to the level of services that will be provided from adult services and all the other options that need to be are explored to ensure the child can reach their full potential. We have also started a weekly process with the Adult Learning Disability team to review all young people coming from Children's to Adult Services so timely plans are in place.

Workstream 5: Volunteering and Community Networks
We continue to work closely with Localities & our voluntary sector partners to develop community capacity to support Adults social Care. Recent activity includes

- Development of community navigators in four GP surgeries in Swindon to reduce emergency admissions to Great Western Hospital and improve the health of people with long term health conditions
- Establishment of time banks in Penhill & Taw Hill
- A supported volunteering scheme with MIND
- 2 new carers groups linked with GP surgeries
- Staff volunteering scheme linking isolated older people with staff via a weekly phone call.

Workstream 6: Supported Housing and Reablement
Additional provision has been made for Extra Care Housing. We are working closely with colleagues in Seqol to improve our processes and outcomes for Learning Disability assessment and reviews. We are reviewing our Supported Housing contracts to ensure they deliver the required outcomes and are value for money.

We continue to review our reablement provision and develop services to meet the increased demand and pressures within the hospital.

Workstream 7: Voluntary Sector reshaping
We are on target to re-tender services to support Learning Disabilities, Mental Health, Advice & Information, Support Planning and Direct Payments support.

Developing the market

Much of our current provision and processes have developed in a piecemeal fashion rather than in response to a specific vision for Adult Social Care. This can be seen for

instance in our relatively under-developed market for provision from alternative providers in the voluntary and community sector.

A three month consultation around the reshape of voluntary sector services ended in April 2013. A commissioning plan for future Voluntary Sector provision was agreed with the CCG to ensure provision is outcome focused and aligns to the priorities of the Adult Demand Programme. Many of the contracts with the voluntary sector had not been through a tender process, were not outcome based and had not been robustly monitored.

Re-commissioning of the voluntary sector began in 2012 to ensure robust infrastructure contracts are in place to support the reshaping plan for services. New contracts are in place for Adult and Young Carers, Children's Rights, Voluntary Sector Support, Local Healthwatch (providing advice and information around health and social care, and focuses on patient and service user experience) and Support Planning and Direct Payment Support. The tendering process for Learning Disability services and Specialist Welfare Advice (including the new Advice and Information service) are being tendered to commence in April 2014.

Performance Review 2013/14

In Swindon, Health and Social Care services are integrated, with the Council working in close partnership with the NHS and its providers SEQOL and the Avon and Wiltshire Mental Health Trust (AWP). The joint working supports us in delivering better targeted support and care pathways which focus on the need of the needs of individuals.

Avon and Wiltshire Mental Health Partnership (AWP) Performance

Following the modernisation programme of Secondary Mental Health Services provided in Swindon by Avon and Wiltshire Mental Health during 2012/13, the Swindon Services have continued to develop in line with Commissioning Intentions and National Best Practice. All services are continually reviewed in line with developments in National Services and as a response to reviews undertaken by regulatory authorities. This has particularly been the case in 2013/14 in response to CQC recommendations

The services undergoing further review include:

All age Primary Care Liaison Service (PCLS):
The PCLS is often the first point of contact for people experiencing mental health problems. It is, therefore, a local 'front door' and supports primary care professionals who are concerned about the mental wellbeing of any of their patients, with the overall aim of people getting access to the right care at the right time in a way which suits them.

During 2013/14 the service has received an increase in the number of referrals and an increase in the number of service users screened or assessed and discharged.

However, the number of service users who received brief intervention by the team has fallen slightly.

	2012/13	2013/14
Referrals	2007 (21% increase on previous year)	2312 (15% increase on previous year)
Screened or assessed and discharged	59%	76%
Received brief intervention	27%	24%

Acute Hospital Liaison Service
The Acute Hospital Liaison team based at Great Western Hospital (GWH) in Swindon continues to provide advice and support for clinical colleagues within the acute hospital setting and all age assessment and referral services in Emergency Department. The team also provides a treatment service for people on acute wards to manage mental health difficulties and reduce potential delayed transfers of care.

The team received 420 referrals in the first quarter of 2014/15 which is significantly In the last two quarters of 2013/14 the team received 237 referrals in quarter 3, and 399 in quarter 4. Of those referred 323 were either screened or assessed and discharged with 93 going on to receive further treatment from AWP.

Intensive service
The Swindon Intensive Service has undergone a review. It was identified that the team has not always been able to completely meet the demands of this service as it was initially configured. In order to ensure that the team can deliver a high quality service there has been a review of the leadership, skill mix and care pathways which will enable the team to respond more effectively to service user needs.

The two nationally mandated standards for the team are:

- Assessment within 4 hours of an emergency referral to the team. This standard is measured and reported on a monthly basis. The Intensive team have not achieved this target on a regular basis and are currently reporting just below target at 94%, with a target of 95%. They have completed 53 emergency assessments in the last 3 months.

- Gatekeeping Acute Admissions. In order to ensure all admissions to the inpatient unit are appropriate the Intensive team are required to complete an assessment before the decision is taken for admission. The target for this indicator is 95% which the team have successfully exceeded since the beginning of the year.

Recovery service
The Recovery service continue to work with people with serious mental health issues to improve their quality of life and the achievement of their ambitions by relieving distress, engendering a sense of optimism and hope for the future and helping

people make the most of opportunities to improve their mental health and wellbeing, lead meaningful lives and participate in the wider community.

In line with this holistic approach the National Indicators for the Recovery Team look at the numbers of service users in settled accommodation as well as in employment. The Recovery team are reporting 12.4% of service users in employment and 83.9% of service users in settled accommodation. This is a significant improvement.

98.6% of service users of the Recovery team have received a Care Programme Approach (CPA) review within timescales which is well above the standard of 95%.

Referrals to the Recovery team have remained lower than in the years before the introduction of PCLS in 2012. The decrease in caseload for the Recovery team which reduced from around 700 in December 2012 to 572 in December 2013 has been maintained, reporting at 588 at the end of March 2014.

Complex Intervention and Treatment Teams (CITTs)
The Complex Intervention & Treatment Teams (CITTs) offer a range of multidisciplinary services to patients with complex mental health needs (that require Care Programme Approach (CPA) or Care Management), and their carers. They are not dementia specific but aimed towards meeting the changing psychosocial and environmental needs of an ageing population and promoting successful ageing. Performance for 2013/14 is at or above required standards.

Memory Service
In order to promote early access to dementia services, and in keeping with the National Dementia Strategy objectives, the Memory Service is intended to be a wide-ranging and inclusive service, working in partnership with GPs. The Memory Service received 449 referrals in 2013/14 and demand for the service is increasing.

Inpatient Services
In addition to the Community Services, AWP also provide the following Inpatient Services:

- 18 acute mental health beds (Applewood House)
- 1.6 Psychiatric Intensive Care Unit beds (PICU) based in our specialist units in Bristol
- 14 Rehab beds (Windswept House)
- 26 older people beds (Victoria Centre)

Adult Acute Inpatient service
The Adult Acute Inpatient service provides care for Adults in an In-Patient setting, 24 hours, 7 days a week, for people with mental health problems experiencing an acute psychiatric crisis. Demand for this service is increasing, which replicates the national situation for Mental Health beds.

The national indicators for Acute Inpatient services are for follow-up within 7 days of discharge and Delayed Transfer of Care (DTOC). Applewood Ward is reporting 100% for 7 day follow-up and an increase in reported DTOC.

Victoria Centre
AWP have two wards at the Victoria Centre which provide in-patient care 24 hour, 7 days a week for Older People.

Hodson ward provides acute assessment. This is an ageless service to people who are presenting with a severe functional mental illness such as any psychotic illness, moderate to severe depression, suicidal ideas and anxiety.

Liddington Ward also an acute assessment unit providing care and treatment to service users with a moderate to severe organic illness, dealing with all aspects of dementia, including those diagnosed with Alzheimer's, Lewy Body, Frontal Lobe and Vascular dementia.

These two wards are also subject to the national performance indicators for follow-up within 7 days of discharge and Delayed Transfer of Care (DTOC). Both wards have consistently achieved 100% for follow-up but have had increasing difficulty in achieving the DTOC target of less than 7.5%. This has been a particular problem on Liddington Ward, although this has improved due to the joint work between AWP, the Commissioners and Swindon Borough Council

Windswept House
The Windswept Unit provides mental health rehabilitation services in Swindon. This unit relocated to a newly refurbished building on the Sandalwood Court site in November 2013. The previous unit was situated in a three story 10 bed Victorian house in Old Town. This had become too small, with the dining room also having to be used for therapies and activities and there was restricted access for people with mobility problems. These limitations have been overcome in the new single storey unit. This new unit offers an additional four rehab beds, available to other AWP localities or to other Trusts, along with dedicated rooms for therapeutic activity and reflection. A self- contained flat is also available for users in the last stage of rehabilitation to prepare them for living independently. An occupational therapist joined the team of 20 support workers, nurses, psychologists and doctors and cleaning staff.

Being integrated within the Sandalwood site provides excellent access to acute ward staff, intensive team, medical staff and the Active Life team. This enables service users with more complex mental health problems to be accommodated on the unit and provides better support in times of emergency.

SEQOL Performance
In Swindon, integrated health and social care services are provided by the social enterprise, SEQOL. Swindon Borough Council and NHS Swindon as the

commissioners, and SEQOL as the provider, work to an agreed contract which lays out how we work together, what performance indicators, including quality indicators, that SEQOL is performance managed on. The social care value of the SEQOL's contract is £9 million LA and £15m CCG.

Swindon Borough Council and NHS Swindon hold SEQOL to account through monthly contract performance reviews.

Commissioners established SEQOL to deliver a business plan which drives modernisation, efficiency and change and secures revised models of care which support the promotion of independence and the reduction of demand for specific services. Since its inception in October 2011, SEQOL has delivered change programmes and improved the choice and experience offered to people in Swindon. Key areas of change are outlined below:

Redesigned Day Services

Day Services are provided for older people and people with physical disabilities and learning disabilities through Day Centres, Leisure Services and through the voluntary and community sector.

In 2014, 212 people were registered with SEQOLs day opportunities for people aged 65+ and, of those, 129 were registered with OK4U, providing day opportunities to people with learning and/or physical disabilities.

Since it was established SEQOL has worked with service users and their carers to provide a modernised service which supports people to use mainstream services in the community and reduce dependency on day centres. A menu of activities is available to each client and they can develop their own personalised programme. This includes improving life skills with cooking, budgeting and learning to use a computer and staying active activities such as the always popular jabadao which uses parachutes and other equipment to give people of all ages and abilities opportunities to dance and play. Underpinned by research, it helps develop movement, balance and team work, and also swimming and rock climbing.

Through this SEQOL is supporting the increased uptake of direct payments and personalised budgets. These changes have reduced the dependency on a range of buildings and allowed rationalisation.

Increased Personalisation SEQOL has a determined focus on the improvement on the Personalisation agenda and sees this as a cultural change which supports independence. Through 2013/14 the numbers of people on a personal budget and/or direct payment have increased from 1,152 to 2,058. SEQOL continue to work with clients and the Council to ensure as many eligible clients have the opportunity to design their own care programmes through this route. In 2013/14, SEQOL achieved 47.4% of people receiving self directed support against a target of 70%. This was an increase from 28.5% in 2012/13.

Reshaped Fessey House services

SEQOL provides two residential care homes for older people, providing a total of 79 residential care beds for older people with dementia in Swindon. During 2012/13 Fessey House residential care home trialled a new service for 22 people providing reablement programmes.

The pilot has been evaluated and demonstrated that 62% of the cohort had more successful outcomes than would have otherwise occurred. 15% of the cohort returned home with no packages of care, whilst 47% returned home with reduced packages of care or to extra care sheltered housing. Early indications are therefore that this model supports people to regain independence to a level that minimises cost to the Council through reducing admissions to care homes or through reducing care packages.

Based on this evaluation, the Council mainstreamed this service in December 2013 and extended the scope to support to up 70 people per year. The existing workforce has been reshaped and retrained to deliver this new service and 13 beds are allocated to this programme of work. We expect to see further reductions in the cost of care packages through this work

Provided alternative pathways which support independence in the community
The key to the flow of people in SEQOL is the Single Point of Access (SPA). This co-ordinates care pathways, ensuring people access the right service first time and can be accessed by professionals and people on 01793 646466. This number is used mainly by people accessing 24/7 primary care services and by people with long term conditions accessing SEQOL services.

Through 2013/14, SPA received 48,045 calls of which

- 24,782 related to community nursing and virtual wards compared to 23,800 for the same period last year (an increase of 982).
- 1,155 related to community ambulatory care pathways compared to 969 in the same period last year (an increase of 186)
- 1,468 related to the rapid response service, compared to 1,164 in the same period last year (an increase of 304).

The remaining 13,755 calls were mainly calls from people with long term conditions asking for advice and support.

Rapid Response
The Rapid Response team used to be called the crisis service and comprises of Nurses, Social Workers and Occupational Therapists. They respond to people in either a health or social crisis within two hours of a referral, preventing hospital admission or permanent admission to care homes. The team implement either nursing, therapy or social care through the crisis period. There were 1,468 episodes of care in 2013/14.

Urgent Care Centre

To improve access to primary care services, 24/7, the urgent care centre (on the Great Western Hospital campus) opened for people to walk-in directly, without the need to go to the hospitals A&E department first. This has been popular with the people of Swindon, with 15,000 people using this service in 2013/14.

Care at the Scene
Following a successful pilot, the Swindon Clinical Commissioning Group (CCG) has commissioned a GP to work with the ambulance service for 72 hours at weekends (Friday afternoon to Monday lunchtime). The purpose is to provide senior clinical support to ambulance crews, reducing the need for people to attend the emergency department. This service has demonstrated that with senior clinical support, people are able to remain at home for assessment and treatment where previously they would have been admitted to hospital.

Nurse and Occupational Therapist (OT) in the GWH emergency department (ED)
This service aims to support emergency department staff in the management of Long Term Conditions through joint assessments and offers of alternatives to a ward admission, typically an admission to the virtual ward or to the rapid response service. In 2013/14, the Nurse and OT facilitated the discharge of 1,409 people.

Seqol Long Term Conditions
There are a number of services supporting people with Long Term Conditions to manage their conditions and make the most of their lives. These are listed

Virtual Wards prevent hospital admissions by providing intensive nursing and care to people with an exacerbation of their condition, in their own homes. On average there are 230 people in a virtual ward every day. Examples of the care they receive are:

- Assessments
- Medication reviews
- Personal nursing care
- Health education and advice
- Carer/ family support
- Social Care and therapy support

Community matrons are the clinical leads of the wards, working and liaising closely with GPs who remain the care co-ordinator. Quite often the matron and GP will visit patients together and develop clinical management plans together.

Community Intravenous Therapy (I.V.) service
The Community I.V. therapy has been in place since October 2013 and enables people with long term conditions to remain at home whilst receiving IV treatment.

Swindon Intermediate Care Centre (SwICC) – is a 56 bed purpose built intermediate care unit providing people with rehabilitation, medical and nursing care and therapy in an in-patient setting by a multi-disciplinary team.

The aim of this service is to reduce the amount of time a patient remains in an acute hospital environment. This service is:

a) A step down for those people who are medically fit but require inpatient rehabilitation before transfer home.

b) Step up care for people with long term conditions who are too unwell to be cared for at home but who do not need the technical intervention of an acute setting (26 beds).

The aim of SwICC and the reablement team is to maximise the potential of each patient and where possible, for the patient to return home following hospital admission.

Community Intermediate Care provides rehabilitation to people following injury or surgery, and provides the balance clinics that help people to stop falling over. Through 2013/14 the team saw 12,960 people either at home or in clinics. The team also provides pulmonary rehabilitation for people with respiratory disease, jointly with Swindon Council leisure services.

Seqol Discharge Services

Integrated Discharge Team

The Integrated Discharge Team works with the Discharge Assessment and Referral Team (DART) and the wards in Great Western Hospital to support the discharge of people with complex needs who need ongoing support at home.

For example, they work with people and their families to assess social and health care needs, they carry out best interest assessments, they liaise with the continuing health care team and the integrated equipment stores, they carry out home visits and they fast track people at the end of their life back home to the care of their GP and the community nursing team.

On average the team facilitate the discharge of 86 people per month. They also manage safeguarding alerts raised by the hospital. Over the last 2 years there have been 2 people whose transfer of care was delayed by a total of 18 days. Both people had extremely complex needs.

Discharge Assessment and Referral Team (DART)

DART was developed by the Integrated Discharge Team to reduce length of stay in hospital of people who need support through equipment, reablement or community nursing but don't need complex assessments. Between January – March 2014 the team achieved a 17.3% increase in discharges from the Great Western Hospital and an overall 3.7 day reduction in length of stay.

Community Nurses

The community nurses and therapists carry an average caseload of around 1,800 compared to 1,000 in 2012/13, a 44% increase. Through 2013/14, the nurses saw 88,000 people, an increase from 72,504 in 2012/13.

Over the last two years the nursing teams have reorganised their ways of working to manage the additional demand and have changed the skill mix significantly. This includes the introduction of in-house development programmes for registered and unregistered teams. For example: the training and opportunities for Health Care Assistants puts us at the cutting edge of modernised practice through offering training and development programmes that enable them to develop a wide range of health and social care competencies. This puts us in a competitive market position when attracting staff.

Community Nursing work is split across caring for people on the virtual ward and their generic work load (assessments, reviews, injections, dressings, nursing care etc). The community nurses are attached to GP Practices with GPs guiding their work flows.

Community matrons are engaged with the GP risk stratification programme, working with GPs and the people identified at risk to develop detailed health and social care plans (life plans), which include clinical management plans.

Specialist Teams support Primary Care, all SEQOL services and care homes

- The Diabetes Specialist Nurses work with GP Practice teams and GWH Consultants to improve outcomes for people with diabetes. They also run education programmes in the community for people newly diagnosed with diabetes.

- The Stroke team comprises of Physiotherapists, Occupational Therapists, Speech and Language Therapy and Nurses to provide therapy for people who have had a stroke across their whole rehabilitation journey – from their time in an acute stroke ward through to SwICC to home. Through 2013/14 the team had 5,755 contacts with people through home visits, clinics and telephone advice. This reflects the improvements in outcomes for people following stroke as it compares to 4,010 in the same period last year.

- The Continence Nursing Service offers advice and treatment options for bladder and bowel problems, ranging from exercises and bladder training to the provision of continence pads or other devices as a last resort and can loan specialist equipment. An effective continence service can contribute to the number of domiciliary care calls delivered to an individual and works to promote dignity and respect in personal care of service users. The team has supported 916 people through 2013/14 compared to 893 in 2012/13.

Through these range of services we have supported the health and care system to avoid the number of emergency admissions and day cases by 4,000 through 2013/14. In addition to the above, SEQOL have also developed a web resource for the population of Swindon to access health and care advice called DISA http://www.swindondisa.co.uk/

Seqol Cost Reduction
Integrated Community Equipment Store (ICES) - The ICES move facilitated more efficient working and the integration of the service with supported employment. It was undertaken with no loss of service standard. In the last two years the volume of goods issued has increased. Through 2013/14 around 20,298 items of equipment were delivered, an increase of 9.4% of items delivered over 2012/13.

SEQOL Social Care
SEQOL gathers information from service users for the assessment and review process for adults in receipt of Social Care Services, and their carers.

Assessments and Reviews The first step in the process, and in order to understand the needs and eligibility of an adult, an assessment of need is completed. Through 2013/14, SEQOL carried out 4,243 assessments (641 more than 2012/13) and 5,812 reviews (855 more than 2012/13).

In total 12,499 people contacted SEQOL social care teams in 2013/14 (up from 11,809 in 2012/13), of which 54% progressed to an assessment or review.

Carers Assessments Through 2013/14, SEQOL carried out 1,069 assessments or reviews of carers needs (363 more than 2012/13). All Carers are offered an assessment and from 2014/15, we will be changing our systems and processes to enable assessments and reviews carried out by colleagues providing NHS services to be included. We aim to achieve the 30% target in 2014/15.

Non Contracted Services The following service areas are funded from sources other than the contract with SBC and SCCG with some being funded by direct income.

SEQOL Employment

Supported Employment – There are a number of organisations across Swindon supporting a diverse range of people into employment, including people with learning disabilities. They are members of the Swindon Borough Council (SBC) Routes to Employment group and include SEQOL, Princes Trust, Inner Flame, Learning Curve, Key Training, North Wessex Training (Campbell Page), CfBT Education Trust, Clivey, Prospects, Outset, Talent Express and Catch 22.

In addition, from May 2012 until October 2013 SEQOL was funded by DWP Flexible Support Fund to provide a range of employment and training opportunities – providing key and soft skill training to 58 adults with a learning disability to

- begin a pathway to supported employment,
- benefit from a work experience placement and
- be supported to find sustainable paid employment of 16+ hours per week.

32% of people who completed this training for employment programme are now in 16+ hours of paid employment against government Work Programme results of 4%.

From November 2013, SEQOL successfully bid for funding to continue a programme of promoting independence, aimed at providing employment training to adults with a learning disability. The programme will work intensively to provide the appropriate skills and understanding of work ethos and ethics, giving a real alternative to day centre attendance and day care services, whilst promoting individual's community value and citizenship, improved health and choices to the individual. Since January 2014 SEQOL has worked with Swindon College and have used this funding to deliver an accredited qualification entry level 3 award in exploring employability skills.

SEQOL is also delivering its preventative work to 10 students with Aspergers on the Skills Factory Project, providing one day work experience in their final year of education. This will increase their aspirations for work and reduce the need for them to become benefit dependent and use day services.

Foot Care – SEQOL provides a foot care service for any elderly, vulnerable person in Swindon which helps to prevent falls and maintains mobility. This service is for routine toe nail cutting for older people, and again links to the falls prevention service. Approximately 1,800 people use this service.

Workforce Development
SEQOL is focusing the development of the workforce on promoting personalisation so that every service user has a plan based on their needs, identifying what resources individuals and families have themselves and where they need help. This training has been piloted with the voluntary and independent sector, SEQOL and AWP. A joint programme has now been designed with roll out in 2014.

The Adult Social Care Budget relating to workforce has not been reduced and there are no plans to do so in 2014/15.

Safeguarding Adults at Risk

To ensure Safeguarding adults at risk remains a priority for us as a council and that of our partners and the wider community, Swindon has a Local Safeguarding Board (LSAB). On the board are members from our key partners that include, Swindon Borough Council, NHS Swindon, Avon and Wiltshire Mental Health Partnership (AWP), SEQOL, Wiltshire Police, NHS England.

The aim of the Board is to ensure that the council who lead on safeguarding, and its partners, are all working together under the same governance, using consistent policies and procedures, to ensure that those people in our community who are unable to protect themselves receive support when they are victims of abuse, and protection from those who are alleged to have caused the harm.

All SEQOL and Avon and Wiltshire Mental Health Partnership (AWP), professionals are trained to know how to respond if there are concerns that an adult at risk may be being harmed, and all care providers within Swindon are offered on-going free

training from our safeguarding lead to ensure they too are able to identify and respond appropriately to situations when they arise.

The LSAB produces an annual Safeguarding Report, and for 2013/14 it shows that there was an approximate increase of 17% in the number of alerts reported to adult services for further investigation, compared with 40% in 2012/13. This level of increase is not unusual as other local authorities are reporting continued increases too. It is still believed that this indicates improved awareness mostly due to some high profile national cases in the media rather than an indication that there is an increase in the amount of abuse taking place. There has been a significant rise of 34% in the number of alerts relating to people who are under 65.

It is good that people feel more confident and know where to raise their concerns.

The Swindon Borough Council website provides easily accessible information about the protection/safeguarding of adults at risk including the definition of what is a 'adult at risk', how to report abuse and contact details at http://www.swindon.gov.uk/sc/Pages/sc-adults-safeguardingadultsatrisk(adultprotection).aspx

What happens when we aren't able to make decisions about our care and treatment for ourselves?

Swindon Borough Council commissions services for people who may experience a particular condition, have an accident or develop an illness that could be temporary or longer-lasting. When this experience is something like dementia or a stroke, when people are at the end of their lives or have a mental disorder, severe learning disability or a brain injury, this can sometimes affect their mental capacity to act and take decisions about their lives for themselves. Swindon Borough Council continues to have a lead role in ensuring that commissioners and providers of services ask themselves the following key questions:

- How do we make sure people only step in when every effort has been made to support the person to make their own decisions?
- How do we make sure that other people make these decisions in their best interests and in a way that reflects what the person would have wanted for themselves?
- How do we make sure that people don't step in just because they think an action or a decision is unwise, rather than because someone is assessed as not having the mental capacity to make it for themselves?
- How do we make sure there is someone to speak up for the person who lacks capacity when they cannot do this for themselves?

The Mental Capacity Act 2005 applies to everyone but especially those who work in health and social care services who have a "duty of care"

This is a law for protecting the rights of vulnerable people:

- to make their own decisions when they are able
- to establish standards for how we should act or make decisions for others when the condition they experience means they cannot do this for themselves.

The Mental Capacity Act law puts the best interests of the person at the heart of any decision-making; it tells us how we must take all the relevant things we know about the person into account when we are trying to work out what to do. We must try and involve the person as much as possible and if we cannot do this we must try and find out what they would have wanted. We must talk to other people - family and professionals – and try and work out together what is in the person's best interests.

Best interests are very much what is right for the person and not always what we would like for ourselves: sometimes the two are the same and sometimes what we want or think the most protective is not necessarily the best thing for the person. Occasionally when a person wants to make a particular decision but lack of capacity means they cannot weigh up the risks involved, then family and professionals have to step in and this can lead to an action which is not necessarily what the person would have wanted for themselves eg when the risks of someone living independently become too great. However, in a case in 2012 looking at the best interests of a vulnerable older woman with dementia and deciding where and how she should live because she could not decide for herself, a specialist judge in the Court of Protection which focuses on these exact cases is quoted: *"What good is it making someone safer if it merely makes them miserable?"* The Mental Capacity Act asks us to think about the things that are important to us as unique individuals: if there is no-one to speak for the person and what they would have wanted when serious decisions are being made, then it may be necessary to involve an Independent Mental Capacity Advocate to do this for them. Swindon Borough Council commissions this service.

What are the Deprivation of Liberty Safeguards?
Swindon also has a legal responsibility to supervise Deprivation of Liberty Safeguards introduced into the Mental Capacity Act 2005 in 2009. This applies to a small group of people staying in registered hospitals and care homes who have conditions that mean they cannot decide about their stay, and the nature of the care and treatment that they need.

The Mental Capacity Act 2005 tells us how we should establish what is in that person's best interests and in some circumstances this may involve a particularly restrictive care plan that takes away the person's liberty. If this is the case then hospitals and care homes request the Deprivation of Liberty Safeguards Service to check whether someone is being deprived of their liberty and if so, is this the right care plan for the person? And thinking of the Judge in the Court of Protection's challenge, have we thought about the emotional and social well-being of that individual, not just their physical safety

Swindon Borough Council Deprivation of Liberty Safeguards service provides very important protection when people lack the capacity to make decisions about their stay, their care and their treatment and may be objecting in some way to the decisions that have been made in their best interests for their safety or wellbeing. These Safeguards apply in hospitals and care homes and the numbers of referrals we receive are steadily rising year on year as we continue to hold monthly workshops to promote awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards for everyone who works in adult health and social care services. We also place great importance in engaging Independent Mental Capacity Advocates to support people subject to these Authorisations together with their family and friends. In this last year the Council has ensured that especially complex cases where vulnerable people object to these restrictions are referred to the Court of Protection to make decisions about what is in the person's best interests

Planning ahead
The Mental Capacity Act provides all of us with fundamental powers in relation to future decisions about our health and social care decisions when we have capacity to plan ahead for a time when this may not be the case. It asks us to record our wishes for future care and treatment, it gives us the opportunity to take out Lasting Powers of Attorney and nominate someone we trust to step in and make decisions for us; this could be about our property and our financial affairs as well as our care and our treatment when we can no longer do this for ourselves. All those subsequently involved in thinking about our care and treatment must take this into account when working out what is in our best interests if we lack capacity to decide this for ourselves. It also gives us the opportunity to make specific Advance Decisions to Refuse Treatment that must be followed according to our wishes.

Swindon Borough Council continues to have a lead role in ensuring that vulnerable people who lack capacity to make decisions – every day as well as life-changing - can expect that their interests will be protected in this way and, where appropriate, their family and friends will be involved in what happens. With this in mind, the Council facilitates training and advice for all people who work in statutory, voluntary and independent services in order to ensure that the best interests of vulnerable adults are at the heart of any care and support that is provided for them and that their view continues to count.

For more information on Adult Social Care and Support

Visit the website at http://www.swindon.gov.uk/sc/Pages/sc-adults-careline.aspx or for information regarding services for older people, adults with physical disabilities and carers contact Care Line, a Freephone number for a friendly and helpful response to your enquiry: Care Line - 0800 085 66 66 (Calling a Freephone number is free unless you phone from a mobile.)

Care Line will help you get the information you need to make informed decisions and access appropriate services.

Care Line can provide help with:

- Equipment and adaptations for daily activities
- Help at home
- Support within your caring role
- Residential and nursing home care
- Paying for care services
- Risks to your safety at home
- Concerns about abuse or neglect of older adults
- Social activities
- Benefit agencies
- Signposting to other agencies

For additional information in relation to care and sources of support and advice in Swindon the MyCare MySupport website has been launched and can be accessed at: www.mycaremysupport.co.uk

In addition to information and advice, you can find a wide range of both local and national services that can offer you support across a variety of needs. The MyCare MySupport market place can be accessed directly at http://market.mycaremysupport.co.uk/

For detailed information about support for carers you can find out lots of information on MyCare MySupport which can be accessed at: http://market.mycaremysupport.co.uk/support-for-carers.aspx

Alternatively the Swindon Carer's Centre is there to support adult, parent and child carers and be contacted directly on 01793 531133 or by accessing: http://www.swindoncarers.org.uk/