

# Cabinet Member Question and Answer Session

**Scrutiny Committee**

**Date: 10<sup>th</sup> August 2015**

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

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## **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.
- 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**

- 3.1 The Leader of the Council has assigned the following 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 – Adults;
  - 3.1.6 Supported Housing;
  - 3.1.7 Learning Disability Partnership Board;

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- 3.1.8 Maintaining links between the Council and partner organisations in the Health Services;
- 3.1.9 SEQOL Client Lead Member;
- 3.1.10 Health Improvement;
- 3.1.11 Sexual Health;
- 3.1.12 Specific Strategic Projects (Wichelstowe).
- 3.2 Members of the Committee are encouraged to contact the relevant officer or the Cabinet Member if they would like any assistance in preparing for this meeting.
- 3.3 Background detail to this report is provided in **Appendices 1-10**.

## **What have you done well?**

- 3.4 This section covers Adult Social Care, Avon and Wiltshire Mental Health Partnership (AWP), SEQOL and Public Health.
- 3.5 Other areas of the portfolio of equal importance are covered within the Appendices set out in Section 8.

### Adult Social Care

- 3.6 A hub has been created in Sanford Street, Swindon, as a base for many of our voluntary organisations who provide advice and information to residents. This new facility opened in 2014 and is now providing support and information to residents who need help being sign-posted to the appropriate services that will help to keep them independent for longer.
- 3.7 An advice and information website called MyCare MySupport was launched in 2014 to offer residents of Swindon with an extensive range of information around services available to them in Swindon and how to access these services. The website also includes an e-Market place, which as of June 2015 has over 600 adverts posted by both local and national providers offering people a wide range of choice for remaining independent for longer in their own homes.
- 3.8 Swindon Borough Council has successfully introduced the Care Act requirements in April 2015. Staff have been trained and briefings have been held for staff and Members in the Council and for voluntary and third sector organisations. Policies and procedures have been revised and final versions will be published in July 2015. All assessment paperwork has been revised to include the new eligibility criteria for service users and Carers. We are now working on the on line solutions for those assessments.

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- 3.9 There is now a single point of contact for Safeguarding enquiries in the local authority with a safeguarding team in place that provides management oversight of investigations.

## Local Safeguarding Adults Board

- 3.10 We have continued to maintain and develop the profile of safeguarding adults, raising awareness and teams have been responding where there have been allegations of abuse regarding adults at risk. A new LASB chair has now been recruited and Diane Fullerton is in post. The number of alerts received regarding allegations of abuse continues to increase. In 2014/15, there were 710 reports, which represents a substantial increase of around 52%. This figure may at first seem quite concerning, however other areas of the country continue to experience increases and it is believed to be more about improved awareness, reporting and recording rather than an increase in the number of incidents of abuse. Further analysis will be included in the next annual report. The 2015 Annual Report will be published in October 2015.

## Avon and Wiltshire Mental Health Partnership Trust (AWP)

- 3.11 The work to improve the Acute Care Pathway for Adult Acute Services has resulted in a great improvement in the management of inpatient beds in Swindon Locality.
- 3.12 The intensive monitoring and management of the admission and discharge of service users in Swindon has resulted in a shorter inpatient stay where it is clinically appropriate.
- 3.13 Before this work was undertaken Swindon service users requiring an inpatient admission where being placed outside of Swindon as there were no beds available in the inpatient unit. Currently there are no service users in inpatient units other than in Swindon.
- 3.14 The delayed transfer of care (DTC) was high in Swindon resulting in service users remaining in inpatient units for longer than was necessary. Due to the intensive work undertaken by AWP, Commissioners from the Swindon Clinical Commissioning Group (CCG) this is no longer the case and currently there are no DTCs on Applewood ward. The average length of stay for Adult Acute inpatients has reduced. In March 2014, it was reported at 39 days and in March 2015 it has reduced to 33 days.

## SEQOL

## Autism

- 3.15 The Understanding Autism project works in partnership with Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company (BGSW CRC) and the National Probation Service (NPS).

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- 3.16 Sue Smith, SEQOL's professional lead for healthcare, said: "This is a great example of agencies working together towards a common goal for a group of individuals that can often be misunderstood. We have been able to show how investing some carefully-tailored support can save time and minimise distress for service users, their families and those supporting them. There have been some great examples of better outcomes for really vulnerable individuals."
- 3.17 The Understanding Autism project was started in 2013 following a successful bid by SEQOL and Wiltshire Probation Trust for a grant from the Wiltshire Police and Crime Commissioner's Innovation Fund.
- 3.18 John Wiseman, BGSW CRC's Probation director, said: "This is yet another fantastic example of what can be achieved when we work in partnership. Understanding autism is really important in criminal justice. The work that has been done and the outcomes achieved by this project need to be replicated more widely across the sector. Congratulations to all those involved."
- 3.19 The first phase of the project was to deliver autism awareness training sessions to all frontline probation staff. In the second part, SEQOL clinicians and autism specialists facilitated clinical support sessions for BGSW CRC and NPS staff who had specific concerns with some of their service users.
- 3.20 Andrew Murray, BGSW CRC manager, said: "This award shows why working together to address the needs of our service users is so important. It has led to the development of great practice which will make big improvements to people's lives."
- 3.21 The project won the National Great Autism Practice Award in May 2015. (*Quotes from SEQOL employee and also Swindon Advertiser article 24 May 2015*).

## Café for people with dementia

- 3.22 Attendance continues to be strong at the SEQOL Café, based from Pinetree Community Centre. The café runs every Wednesday 10.30 – 1.00pm on a drop in basis and offers friendly and fun support for people with dementia, relatives and Carers. A range of activities are offered if people wish to participate and there is also access to information and support to find out about other community based services in Swindon. Feedback from those attending has been extremely positive.

## Public Health

- 3.23 The partnership working to maximise collaboration has seen the establishment of multi-agency forums, for example the Dementia Steering Group, which seeks to improve outcomes for people with Dementia and their carers.
- 3.24 The Healthy Weight Forum is working positively towards reducing obesity and increasing physical activity levels.
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- 3.25 Smoking prevalence rates in Swindon have come down 2% points in the last year to 19.4% (was 21.5%), which is faster than the rate reduction for England over the same period that only 1% point.
- 3.26 Public Health provided support and management of the health messages for the Averies Fire Incident.

## Wichelstowe

- 3.27 Selection of Barratt Development (BDW Trading Ltd) as preferred bidder for the Wichelstowe Joint Venture.

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

### Adult Social Care

- 3.28 Reintegration of Social Care Learning Disability Services:- To support the work around more appropriate care packages and also respond to changing legislation from the Care Act and the NHS 5-year plan, there is a need to reintegrate the Learning Disability, Transitions Team from SEQOL back into Swindon Borough Council. This will also include the Stop Smoking and Health Checks Team.

### Local Safeguarding Adults Board

- 3.29 A single referral point has now been developed and was in place at the end of April 2015. This simplifies the referral process.

### Avon and Wiltshire Mental Health Partnership AWP

- 3.30 Memory Service. There is an on-going issue in the provision of the Memory Service within Swindon. This is an important service, which was designed 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.
- 3.31 There have been continuous, wide, multi-agency discussions held in Swindon in order to implement better the Swindon Dementia Strategy. There is still a requirement to implement a service model, which includes all agencies in the process of identifying and diagnosing dementia at an early stage and the on-going model for delivering dementia services in Swindon. There are continuing discussions between AWP and the Clinical Commissioning Group (CCG) to develop and agree the way forward for this service and it is hoped that the strategy will be implemented in the next year.

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

### Adult Social Care

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- 3.32 Housing and Adult Social Care joint solutions. Adult Services and Housing are working closely together to look at a more robust allocation process for housing client with support needs. There will be a review on the use of assistive technology for clients in their home, which results in them remaining independent for longer and a re-purposed Hospital Discharge and Homelessness process implemented across Housing, Adult Social Care and the Great Western Hospital (GWH).
- 3.33 Working with GWH and SEQOL to reduce delayed discharge we have reduced delayed discharge from GWH, but ones in Swindon Intermediate Care Centre have not reduced at the same rate due to complexity of cases, availability of domiciliary care, capacity for social work assessment or availability of residential nursing care.
- 3.34 We are working to identify how Swindon Borough Council and our partners can increase independent living through supported employment. We will assess the potential for playing a leading role for other employers to follow via a business case focused on various special educational needs and learning disabilities and the types of roles people with these conditions can succeed in and the support required. Following approval of the business case the Council would seek to identify a small number of supported employment positions to commence in 2016.

## Local Safeguarding Adults Board (LSAB)

- 3.35 It is anticipated that there will continue to be an increase of concerns being raised into the safeguarding team. This may be as the responsibilities within the Care Act gain wider attention and there is increased availability of information to the public. It is also believed as the safeguarding referral process has become easier, more alerts will be raised.
- 3.36 Another challenge that the LSAB has highlighted is in relation to the statutory duty to carry out Safeguarding Adult Reviews (SARs). These will be required when (for example) an adult in need for care and support “dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult”. (Other circumstances in which a Safeguarding Adults Review will be required are outlined in Care Act Guidance). It is understood that considerable resources are required to hold case reviews and there are limited funds within the LSAB budget to deliver these. Also, it is difficult to anticipate the number of SARs that will need to be carried out.

## SEQOL

- 3.37 SEQOL continues to work to ensure as many eligible clients have the opportunity to design their own care programmes. The percentage of people on a personal budget and/or direct payment increased to 79.9% from 47.4% in 2013/14.

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SEQOL has a focus on the improvement on the personalisation agenda and sees this as a cultural change that supports independence.

## Public Health

- 3.38 Although smoking prevalence is declining, it remains high in lower socio economic groups and disadvantaged groups including people with mental health problems and people with long term conditions.

## **Priorities for 2015/16**

- 3.39 The Cabinet Member, in consultation with officers, has identified the following key areas for the 2015/16 Municipal Year:
- 3.39.1 Prevention – continue to build community capacity and promote <http://mycaremysupport.co.uk/> so that people are as independent and healthy as possible and their isolation is reduced.
  - 3.39.2 Learning Disability – improvement in quality of service and managing demand so that more people are living locally with the right support and young people have seamless transition to Adult Services.
  - 3.39.3 Older People – Managing demand with an ageing population by working with communities and partners, keeping older people safe and as independent as possible.
  - 3.39.4 New Models of Care – Investigate opportunities of new models of care for community health and social care services so that people lead healthy and independent lives, including implementation of findings from research by Newton Europe.
  - 3.39.5 Continued implementation of the Care Act 2014 – focusing on safeguarding people in need of care and support, enhancing support for carers and workforce development. The financial changes have now been delayed to 2020
  - 3.39.6 Housing – Reshaping and development of supported housing options for older people, those with learning disabilities and young people, so people are able to live locally with appropriate support and improved access to employment.
  - 3.39.7 Discharge from hospital – Reduce the delayed discharges from hospital by working with providers of residential and domiciliary care, SEQOL, GWH and the CCG.



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## 4. Alternative Options

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

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

### Financial and Procurement Implications

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

### 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 Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## 7. Background Papers

- 7.1 None



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## **8. Appendices**

- 8.1 Appendix 1 Key Responsibilities
- 8.2 Appendix 2 Views of Service Users and Learning Disability Partnership Board
- 8.3 Appendix 3 Adult Voluntary Sector contracts
- 8.4 Appendix 4 Adult Demand
- 8.5 Appendix 5 Financial Overview
- 8.6 Appendix 6 Provider Performance Review
- 8.7 Appendix 7 Public Health and Health Improvement
- 8.8 Appendix 8 Sexual Health
- 8.9 Appendix 9 Supported Housing
- 8.10 Appendix 10 Wichelstowe