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SWINDON
BOROUGH COUNCIL

Swindon Adult Services Market Position Statement

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Swindon Adult Services Market Position Statement

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This Market Position Statement has been developed in partnership with The Institute of Public Care, Oxford Brookes University, on behalf of Swindon Borough Council and the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB).

The statement was created in collaboration with partners across Swindon, including the Swindon Integrated Care Alliance¹ (ICA), and providers of care and support services in Swindon. We would like to offer our sincere gratitude to everyone who supported its development. It reflects our growing commitment to planning and commissioning services together across health and social care.

Complementing this statement is the Swindon ICA Delivery Plan which outlines the alliances' vision, ambitions and a 5 year delivery plan for Swindon from 2023, and can be found in **Appendix A**.

This is a 5 year Market Position Statement. The statement outlines the important objectives we have in order to deliver effective and meaningful adult social care and support for people living in Swindon. The vision and ambitions of this statement have been agreed by our partners including adult social care, our local health integrated care board, and providers who offer care and support services in Swindon. **The Market Position Statement will inform all commissioning plans and priorities in the medium and longer term. These will be actively developed with all partners (including those with lived experience of care and support). The statement will be reviewed and updated on an annual basis to reflect the progress being made, as well as any updates to our local adult social care market, as required.**

¹ The ICA is a place-based partnership which brings together a number of key health and care partners (statutory and non-statutory) to plan and shape health and care services across Swindon.

1 Introduction

Partners across Swindon share an ambition to support everyone to live a healthy, safe, fulfilling and independent life, supported by thriving and connected communities. Our focus is on promoting, maintaining and enhancing people's independence in their communities so they are healthier, stronger and more resilient. We aim to tackle any inequalities across Swindon by ensuring that social care is a fair and accessible support offer for everyone in Swindon. In turn, we hope local people will receive formal social care services if and when they need it, with the care they receive being at the appropriate level, person-centred, of a high quality and promotes recovery and independence where appropriate and safe to do so.

Our Adult Services Strategy's Vision (2023 - 2026) sets a clear expectation for Adult Services to ensure that the people they work for, and with, have **"Lives, not Services"**. Inspired by Maslow's Hierarchy of Needs (psychological motivational theory) the Strategy sets out the simple, but fundamental elements required to support everyone to achieve **good outcomes**: to have **a good life, a home, a friend and a purpose**. This strategy outlines our local intentions to offer **choice, empowerment and personalisation** by achieving the following 10 principles:



"A 'Good' Life"

1. Working together with our local people and communities
2. Offering choice, control and personalisation
3. Maximising independence
4. Supporting Unpaid Carers
5. Ensuring people remain connected to their communities
6. care at home
7. Accessible rights based information and advice
8. Ensuring safety is everyone's concern
9. Supporting a skilled and caring workforce
10. Making the best use of our resources

This Market Position Statement (MPS) for Adult Social Care in Swindon aims to offer a clear summary of current and predicted demand on adult social care provision, how we are currently meeting the social care and support needs of adults in Swindon, and to start to consider how we might deliver effective social care in future. Care services commissioned together across health and Adult Services are also reflected in this position statement.

This document is intended to support current and potential providers of care and support (including, but not limited to, regulated care providers, independent providers, and voluntary, community and social enterprises) to consider how we can work together to shape our local offer to ensure that people accessing social care support have access to the best quality care provision that supports them to live healthy, safe, fulfilling and independent lives.

We hope the MPS welcomes and invites providers of care and support to have further, more detailed conversations and ongoing dialogues with us so we continue to work in partnership to shape our care offer.

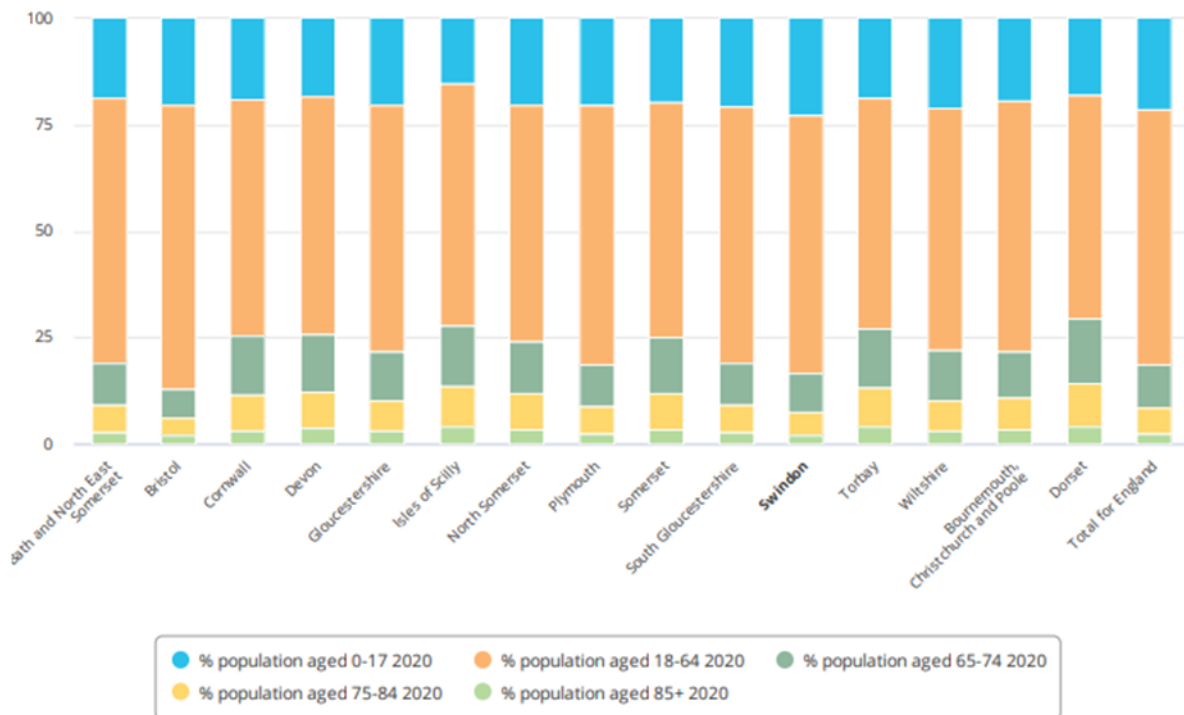
2 An overview of Swindon's adult population

Swindon is a Unitary Authority in the South West Region of England, with a total population of 233,400 people (2021 Census). This is an increase of 12% since 2011, which was the third-largest population percentage increase in the South West within this 10 year period.

Swindon's population is projected to continue increasing – by 5% between 2020 and 2030, and by a further 4% by 2040.

Similar to our neighbours across the South West, the majority of our population are adults aged between 18 and 64 years (61%), with 16% of the population being 65 years and over.

Figure 1: Population by age group for the South West Region of England



The population of Swindon is ethnically diverse, with 18% of the population reporting as being non-white, according to the most recent census (2021). 11.6% of Swindon residents identified their ethnic group within the “Asian, Asian British or Asian Welsh” category (2021), up by 6.4% from 2011. The Sexual Orientation statistics from the Annual Population Survey suggests that approximately 3% of Swindon’s resident population identify as “lesbian, gay, bisexual and other” in 2020.

Swindon has a relatively healthy local population, however there are some variations across the borough, linked with wards with high levels of deprivation compared to those of lower, as well as some gender differences – e.g., males are predicted to spend less of their older life in good health than females, although are expected to spend five additional years of their lives disability free. The disability free life expectancy gap between women (60 years) and men (65 years) is larger in Swindon compared to England and the South West.

Swindon is a bustling town, with 7,485 businesses operating here. There has been an increase of 43% of businesses since 2010. This supports with local employment as well as providing services that support a rich, diverse and healthy life for local people.

There are almost 100,000 homes in Swindon, with one in ten owned by the Council. Over recent years, the Council’s waiting list for a home has increased by 50%, and this looks to increase further in light of recent cost of living challenges. Fuel poverty is currently lower in Swindon than the England average, but this varies by areas facing higher deprivation².

² [Swindon Joint Strategic Needs Assessment](#)

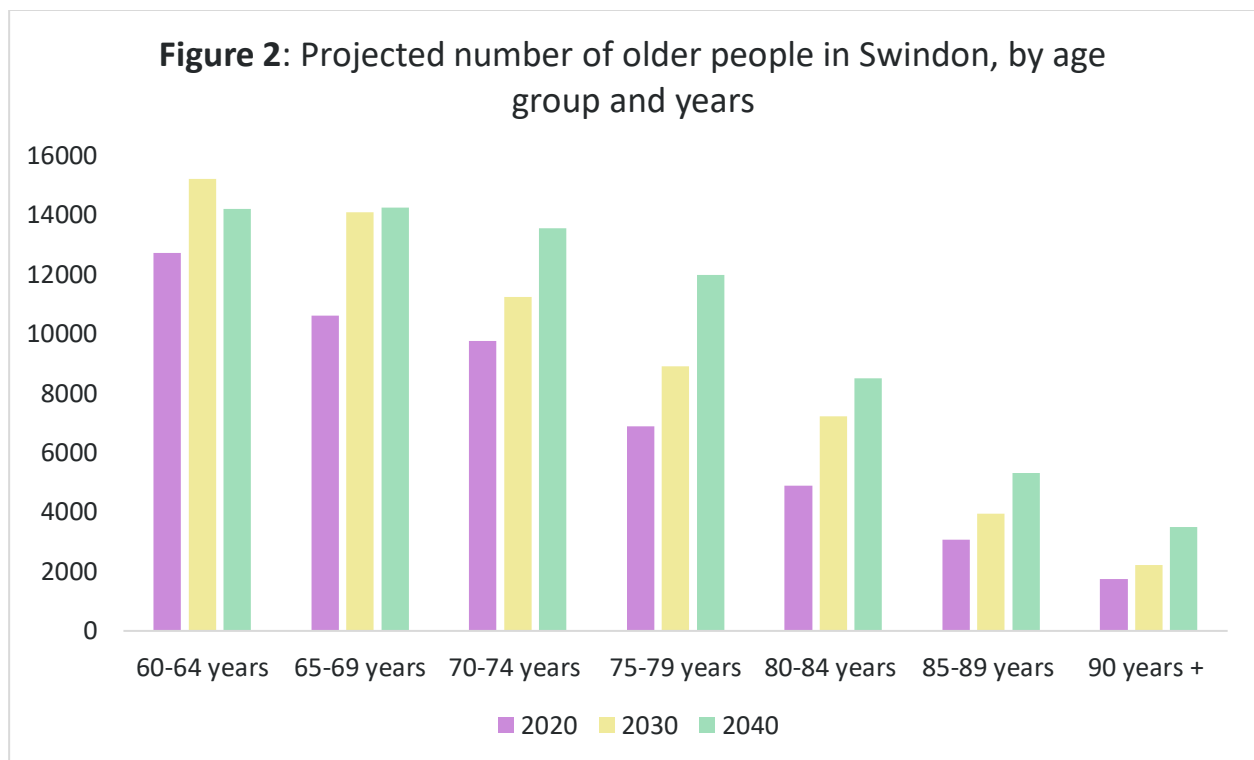
3 The population we need to plan for³

3.1 An aging population

Between 2020 and 2040, the age structure of Swindon is projected to change, with a significant increase to be observed in the older age groups. As of 2020, Swindon is estimated to have 36,958 older residents aged 65 years and over. This is expected to rise by 55% to around 57,102 residents by 2040 (which will then be almost a quarter of the total population).

The amount of older people living alone is also projected to increase between 2020 and 2040.

The projected ageing population for Swindon is illustrated in Figure 2.



3.2 Dementia

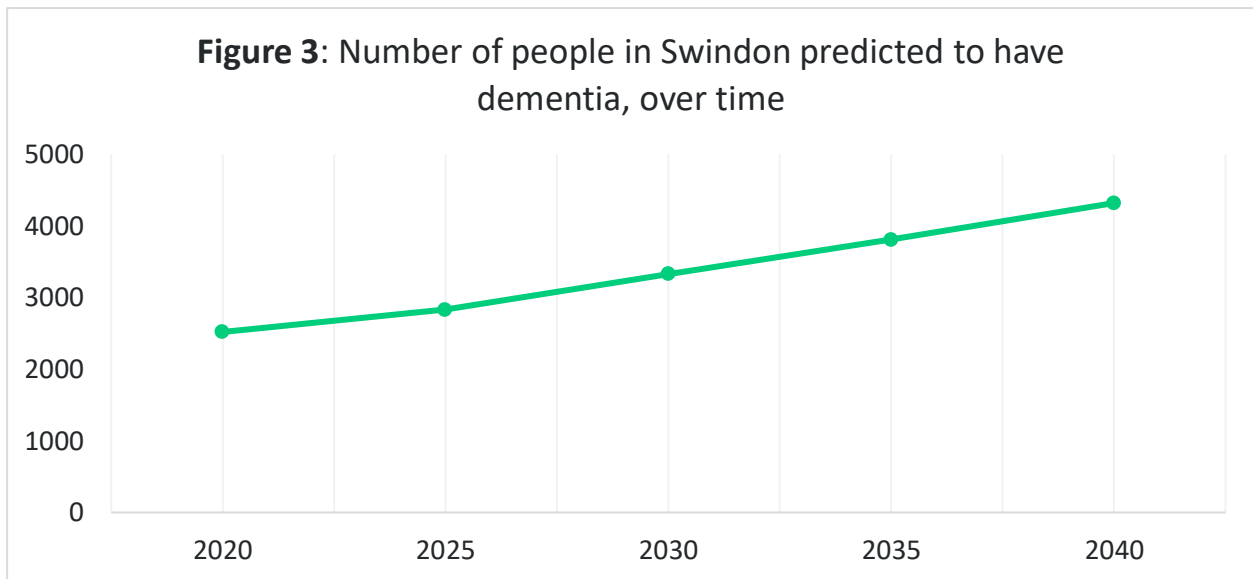
It is thought that 1 in 14 people over 65 years and over, and 1 in 8 people over 80 years old are affected by dementia.

In Swindon, there are currently about 2,400 people over the age of 65 years living with dementia, and a further 50 – 100 people who are under 65 years. **With the numbers of the older population likely to increase in Swindon over the next two decades, it is projected that these numbers are likely to rise to just under 4,000 by 2040 (an increase of 67%⁴).**

This projected increase can be observed in Figure 3:

³ [Swindon Joint Strategic Needs Assessment](#)

⁴ Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019-2040 (Care Policy and Evaluation Centre, London School of Economics and Political Science)



3.3 Disabilities

Overall, 14,800 of Swindon residents (6% of the whole population) are estimated to have a disability in Swindon.

Swindon estimates 7,821 residents between the ages of 18 and 64 years are classified as having a mobility impairment (4%), whereas this figure stands at 6,932 people in the 65 years plus age group (19%). These estimates are projected to grow by 2% and 8% by 2025 for these two respective age groups. **By 2040, the number of over 65 year olds living in Swindon with a mobility impairment is expected to grow by a further 44%.**

In terms of physical disabilities, 6,733 local people are estimated to require personal care, with 18% of these residents identified as having a serious personal care disability. **People requiring personal care with their physical disability is also set to increase by 2040 – by 2%.**

Approximately 6,111 residents between the ages of 18 and 64 years were thought to have a learning disability in 2020, taking into account moderate and severe learning disabilities, as well as Downs Syndrome and autistic spectrum disorders. **Adults with learning disabilities are projected to increase by 3% by 2030, with the highest projected increase to be for those with a severe learning disability.**

3.3.1 Acquired Brain Injury

An Acquired Brain Injury (ABI) can be caused in a number of ways, for example following an accident, injury, assault; or as a result of strokes and other vascular events; brain tumours; infections such as encephalitis or meningitis.

Across Bath and North East Somerset (BANES), Swindon and Wiltshire, there were 5,124 admissions to hospital for people with an ABI⁵ in 2019/20. This is a rate of 556 per 100,000

⁵ NHS Digital and Headway – the brain association, 2022.

population, which is a slight increase on the rate of ABI in the region over the previous three years. The rate of admissions to hospital for an ABI in the region is similar, albeit slightly lower than that seen across the whole of the South West (597 per 100,000 population).

The most common reason for a hospital admission for ABI in 2019/20 in BANES, Swindon and Wiltshire was the result of a fall.

In Swindon, we are seeing an increase in the proportion of ABIs being related to alcohol and/or illicit drug use.

We know that as of 1 April 2023, the Swindon Locality of the BANES, Swindon and Wiltshire Integrated Health Board were funding care of 25 individuals with ABI either within a residential and / or nursing care home or via care at home.

3.4 Complexity and acuity of needs

We are also becoming increasingly aware that seldom do people requiring social care and support only present with one care or health need. More often, we are assessing and sourcing care and support for local people with a number of health and social care needs, such as adults (including older people) with physical care needs as well as learning disabilities and/or autism, or individuals with bariatric needs (**approximately 6,852 people in Swindon are significantly overweight and approximately 128 of these people are unable to freely leave their homes due to physical conditions**). We also are aware of individuals with care needs that present with challenging behaviours.

In addition, local health and social care colleagues tell us that mental health and wellbeing support is increasingly required for people with care needs. Indeed, the increase of mental health needs for people with either a learning disability or for those with an Autistic Spectrum Disorder in Swindon has recently resulted in an increase of admissions to hospital (2023)⁶. We also know that there can be delays in hospital discharge for such individuals as their health and care needs is unable to be met in the community currently. This has also resulted in an increase of out – of – area placements, which is something we would like to avoid if possible.

We also know there is a link between learning disability and a higher risk of developing a form of dementia as people grow older⁷. This, therefore, is likely to be an additional future need we need to plan for.

3.5 Unpaid Carers

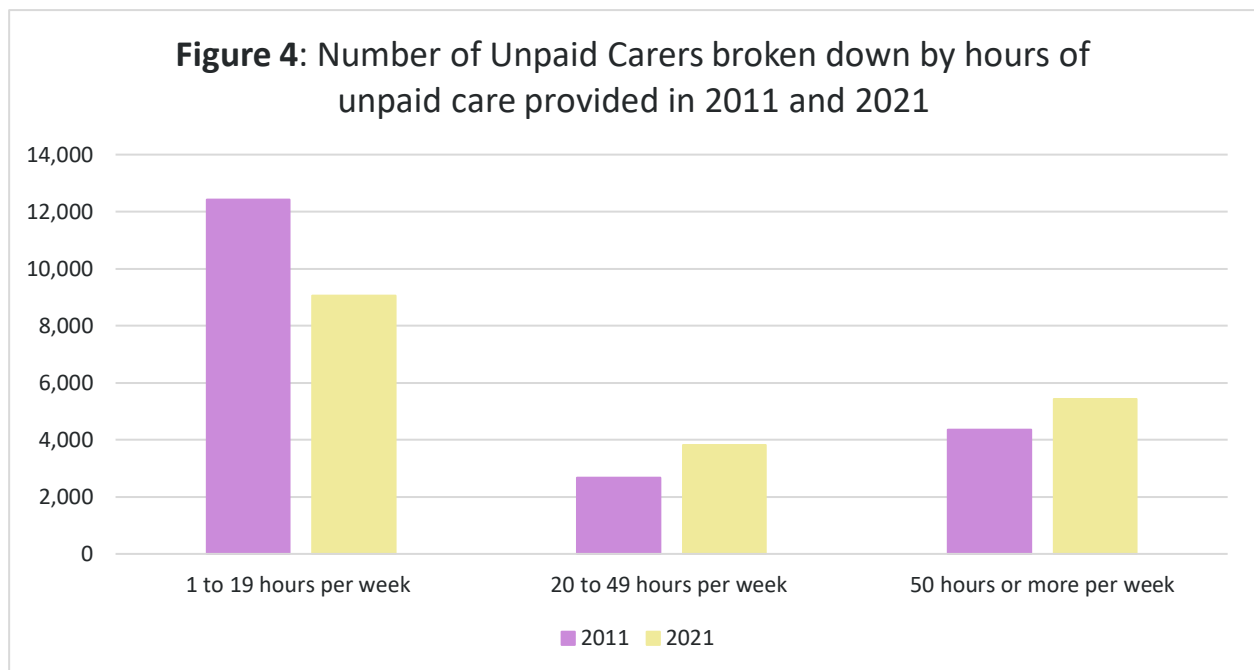
We know that there are thousands of people in Swindon providing unpaid care for family members, friends and/or neighbours that have a social care need. Approximately 8.5% of the Swindon population (18,315 people) were estimated to be providing unpaid care in the 2021 census. Although there has been a slight decline in the proportion of Unpaid Carers in Swindon since 2011 (from 19,465; 10.5% of the total population), Swindon remains aligned with the national averages for Unpaid Carers (9% of the total population).

⁶ Local hospital data

⁷ Dementia and people with learning disabilities: making reasonable adjustments – guidance (UK Government

The Valuing Carers Report from Carers UK (2021) tells us that:

- The economic value of the support provided by Unpaid Carers in England and Wales is greater than ever before (estimated at £162 billion per year, 29% more in real terms when compared with 2011).
- In Swindon, the economic value of unpaid care is estimated at £592 million per year, a 43% increase of Unpaid Carers’ contributions since 2011.
- Unpaid Carers are now delivering more hours of care than ever before. Although the estimations of the number of Unpaid Carers in Swindon has reduced over the last decade, the 2021 Census tells us that the number of Unpaid Carers providing longer care hours (e.g. 20 to 49 hours per week, and 50 plus hours per week) is increasing, as can be illustrated in figure 4 below. **This suggests that Unpaid Carers are increasingly supporting loved ones that need more significant support.**



The most common Unpaid Carer in Swindon is an adult Unpaid Carer (representing 38% of all Unpaid Carers), with older Unpaid Carers being the second most common (representing 23%).

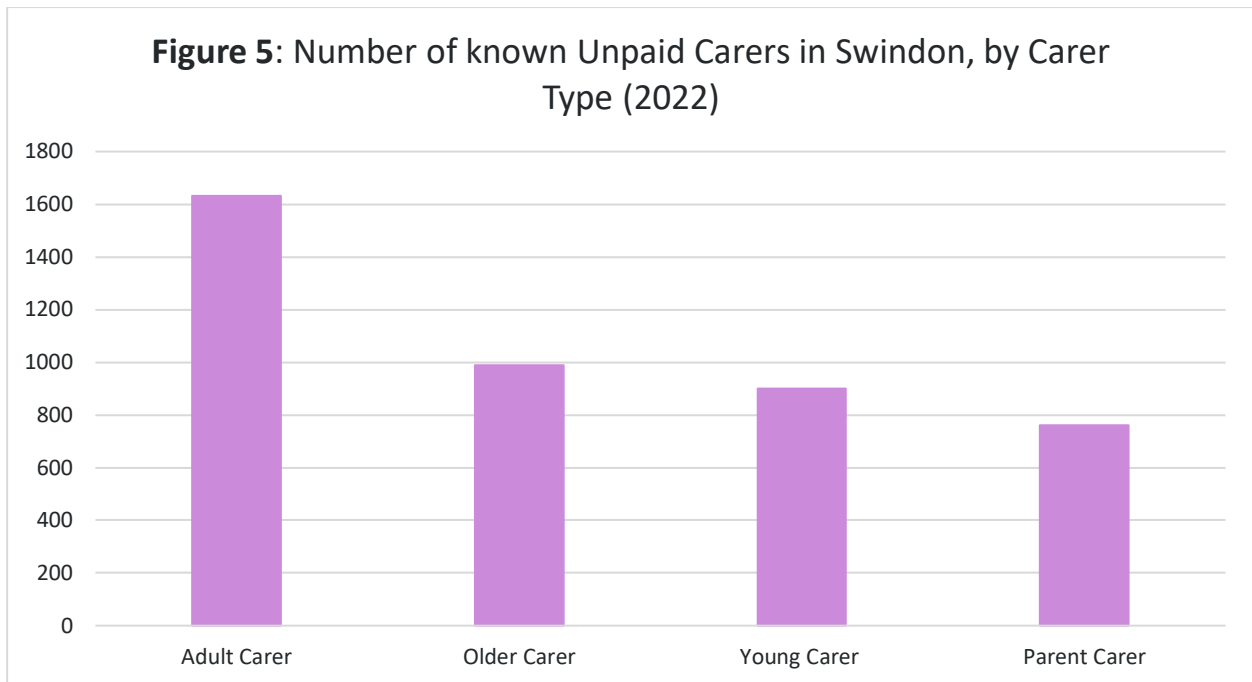
Due to the previously outlined demographic social care need, **we understand that Unpaid Carers are, now more than ever, providing invaluable caring support for people with more complex needs. In particular, we need to consider how to plan for Unpaid Carers that are growing older themselves and may need additional support in the future.**

Unpaid Carers often do not recognise themselves as provided formal care support, and therefore the number seeking support and engaging with our local care offer is often much lower than this number.

Of the Unpaid Carers we know about:

- The majority of Unpaid Carers are female (67%).

- Since 2001, the estimated number of all age Unpaid Carers in Swindon has risen by 33% compared to the national average of 18%⁸.
- Figure 5 illustrates the number of known Unpaid Carers in Swindon, broken down by Unpaid Carer type⁹. The majority of Unpaid Carers in Swindon are Adult Carers. As such, we need to plan for supporting adult Unpaid Carers, as they become older, to ensure over time they continue to get the support they need in their Unpaid Carer role.



3.6 Children and young people with care needs

In addition to what we know about the adult and ageing population in Swindon, it is also important that we plan for children and young people with care and support needs, that may continue to require care as they reach adulthood.

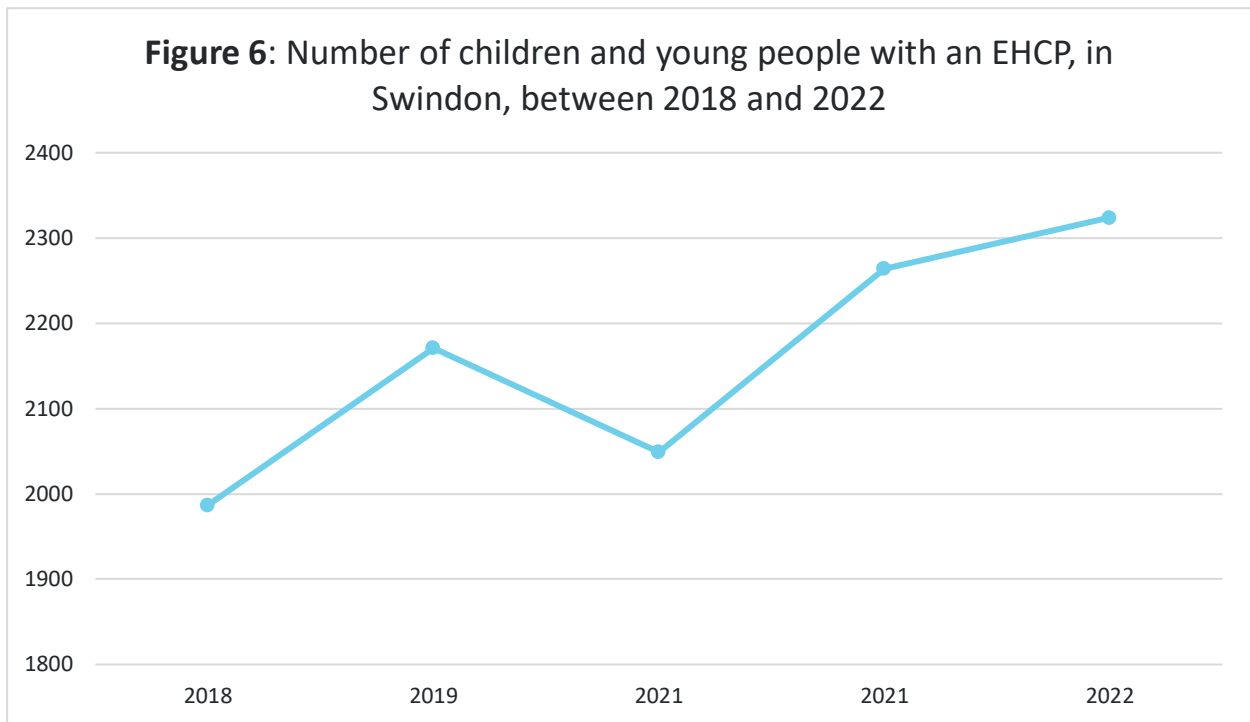
The Association of Directors of Children Services Ltd (2022)¹⁰ reported that there was a 10% increase of referrals to children’s services in 2021/22, across the 125 local authorities in England they represent. The report noted that some of the greatest increases of demand observed included that for mental health needs, learning disability needs, and self-harm over the previous two years.

In Swindon, we have also observed an increase of referrals to our children services, in particular for young people who have special educational needs or disabilities (often known as SEND). Figure 6 demonstrates the increase of young people requiring an Education and Health Care Plan (EHCP) in Swindon over the past few years. This figure includes children of all ages (up to the age of 25 years).

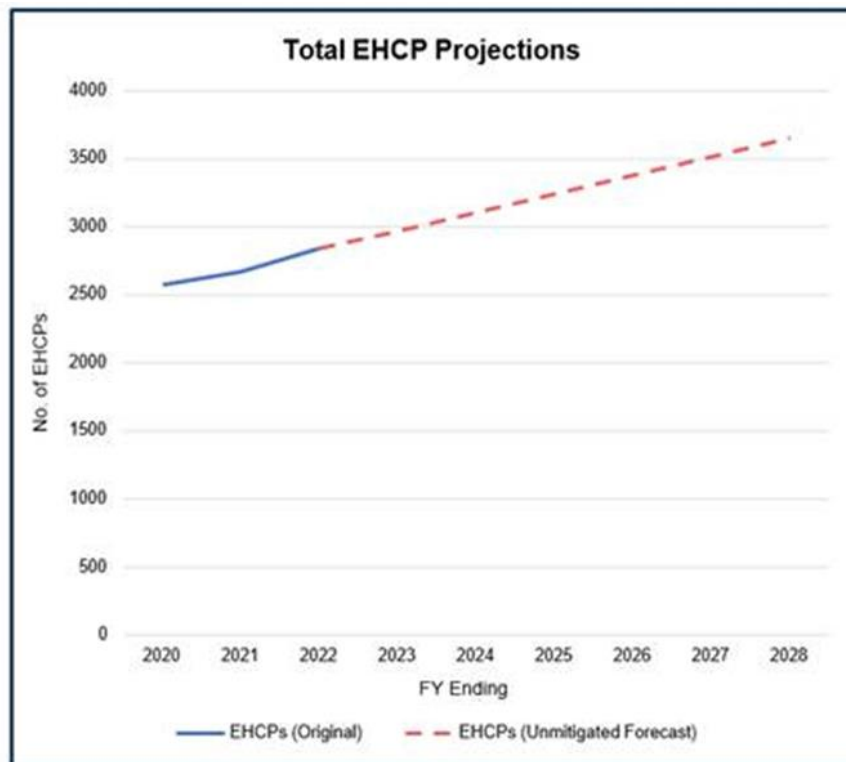
⁸ <https://www.bswccg.nhs.uk/about-us/our-localities/swindon>

⁹ Definitions of Unpaid Carers as follows: Adult Carers aged 18 – 64 years, Older Carers aged 65 years plus, Young Carers under 18, and Parent Carers aged 18 years plus

¹⁰ ADCS (2022) Safeguarding Pressures Phase 8, Interim Report



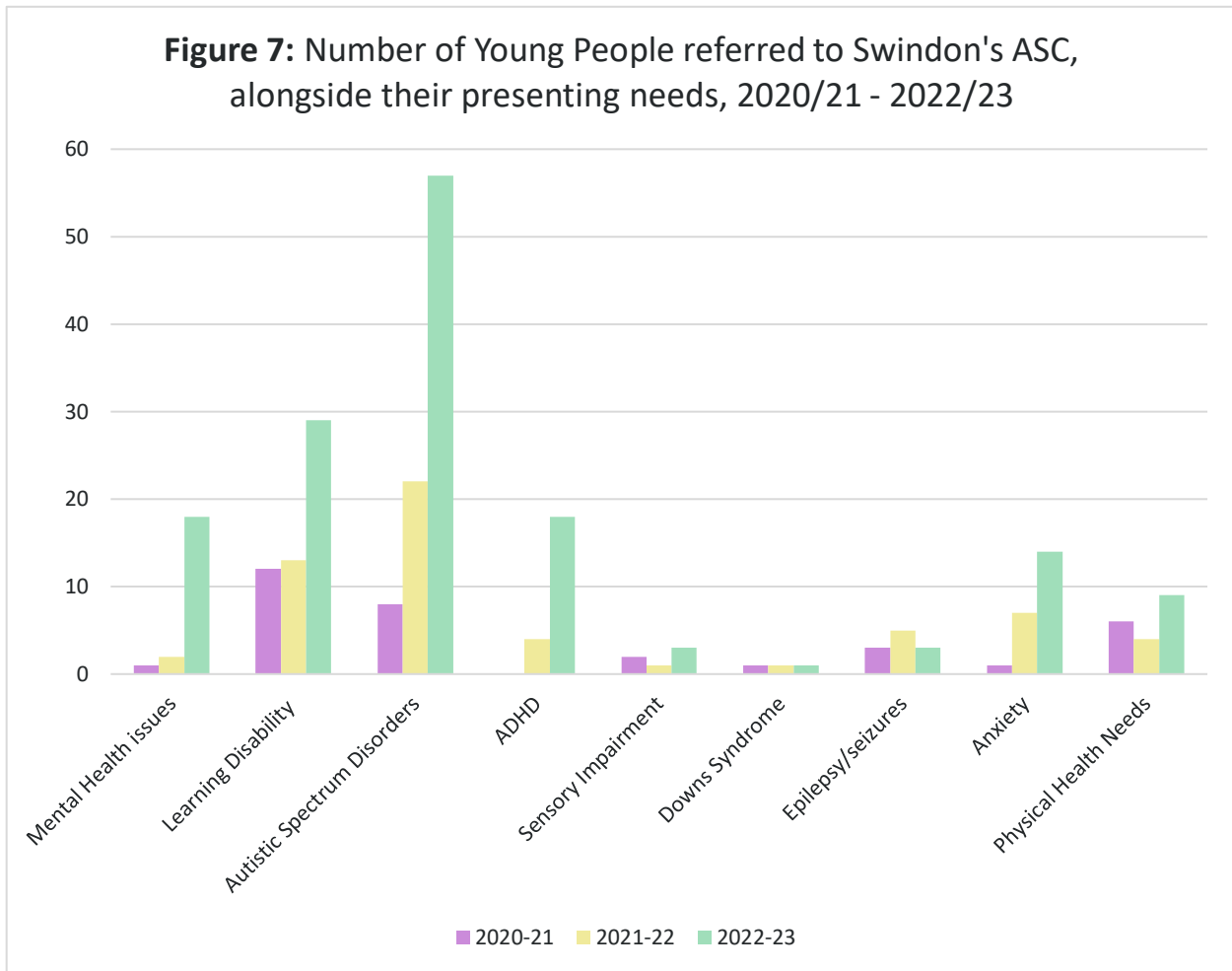
The total number of EHCPs in Swindon is projected to reach 3,648 over the next 5 years, as demonstrated in the image below:



In addition to children with SEND, Figure 7 illustrates the number of young people working with Swindon’s Children Services referred to the local Transition Team over the past few years, alongside the health and care needs they are presenting with. The Transition Team plan and

prepare for young people to transition from children services to adult social care when they reach a certain age¹¹.

We can see notable increases of care and support need for potentially transitioning young people over the last few years, in particular for those presenting with autistic spectrum disorders, learning disabilities, mental health needs and/or Attention deficit hyperactivity disorder (ADHD) in 2022/23.



It is possible that a number of these young people will continue to require support as they turn 18 – 25 years, and are formally transferred to Adult Social Care support. **Therefore, we need to consider how we will ensure we and our local provider market are able to continue to effectively support these young people as they transition into adult social care services, including those who need support and care with multiple needs including autistic spectrum disorders, mental health needs, learning disabilities and ADHD.**

Finally, the South West region of the UK has the highest rates for children and young person hospital admissions due to self-harm over the last 10 years in the country, and is presented as a significant outlier when looking at data from the Office for Health Improvement and Disparities

¹¹ Please note, these figures include young people who may still require a Care Act Assessment and therefore may go on to be eligible for adult social care.

(OHID). In 2021/22, Swindon had 370 hospital admissions as a result of self-harm by young people aged between 10 to 25 years, a rate of 967 per 100,000 population¹². This is the highest rate (based on population size) of hospital admissions in the South West, and is significantly higher than the rate seen across the whole of the South West (640 per 100,000 population) and England (427 per 100,000 population). **This continues to highlight the growing and concerning level of mental health and wellbeing needs for children and young people in Swindon, that we need to take into account when designing and shaping services to meet the needs of local adults, including young adults.**

3.7 Drug and Alcohol dependency and support

Drug and alcohol dependency and / or misuse has a significant impact on adults, children, families and communities, including increases in physical and mental health problems, domestic abuse, increases in criminal activities, abuse and neglect and homelessness¹³.

In Swindon, we know for our adult population:

- 1,190 adults were attending our local drug and alcohol service to receive treatment in 2021/22¹⁴, with the highest proportion of individuals accessing treatment for opiate use;
- 20% of adults receiving drug and/or alcohol treatment in 2021/22 were 50 years and over. The majority of adults in treatment aged 50 years and above are seeking support with alcohol use only;
- 5% of adults receiving drug and/or alcohol treatment in 2021/22 were recorded to have a disability – the most common disability recorded was for mobility and gross motor issues;
- We have the second highest rate of adults (per 100,000) being admitted to hospital for alcohol related conditions in the South West¹⁵, the rate being particularly high for women;
- Drug related deaths in Swindon is at a lower rate than the National and South West region average.

We know from speaking to our local providers that adults with care and support needs can also present with drug and alcohol dependencies or support needs in Swindon. In line with our vision ‘Lives, not Services’, we need work together as a whole system so that local people receive co-ordinated care, support and treatment for all their care, health and wellbeing needs, including those presenting with drug and alcohol challenges.

3.8 Impact of the cost of Living Crisis in Swindon

The cost of living crisis refers to the fall in ‘real’ disposable incomes (that is adjusted for inflation, and after taxes and benefits) that the UK has experienced since late 2021. This means we are all now paying more for energy and food, and other essential things like rent, mortgage repayments and fuel.

¹² Child and Maternal Health Public Health Framework

¹³ [Swindon Substance Misuse Strategy \(2018-2023\)](#)

¹⁴ National Drugs Treatment Monitoring System, accessed July 2023

¹⁵ Public Health Outcomes Framework, accessed July 2023

We know that this will affect low-income households in particular who spend a larger share of their income on essential things like energy and food. We also know that deprivation is associated with lower health outcomes, including stress, anxiety, drug and alcohol use and poor diets, for example.

In Swindon, Citizen's Advice Swindon tell us, of those they are supporting:

- More than 1 in 4 people have had to skip meals to save money – up from 1 in 5 in June 2022;
- 1 in 2 people have said their mental health has been negatively affected by the cost of living increases;
- 41% of people said their physical health has been negatively affected by the cost of living rises;
- 1 in 5 people have reduced spending on healthcare;
- 1 in 10 people had visited a foodbank – this rate has doubled since June 2022;
- More than 7 in 10 people said they had not switched on their heating to save money'

Despite UK Government support, some household incomes are not keeping up with living costs, and disposable incomes are not expected to return to 2021 levels in real terms soon, with some stating it will not return until at least 2027¹⁶.

In Swindon, tackling the cost of living has become part of our overall mission to combat inequality and build a better Swindon. We want to ensure Swindon is a fairer place, reduce disadvantage, making the poorer areas richer, and eliminating big disparities in life expectancy, education levels and more. Tackling the cost of living is fundamental to tackling the existing inequalities and preventing new ones.

The cost of living crisis is likely to have a real impact on the demand on adult social care over the next few years, when considering the data above. We are likely to observe a detrimental effect on the mental and physical health in lower income families which we need to plan for.

4 What we are currently doing

Commissioning in Adult Services in Swindon encompasses care homes, care at home, extra care and supported living, day services, voluntary and community services, and a range of other services including Unpaid Carer support and advocacy.

4.1 Current need for Adult Social Care

In 2021/22, 2,835 adults were in receipt of long-term support via Swindon Borough Council's Adult Social Care Services.

- 1,210 (43%) were adults aged between 18 and 64 years;
- 1,625 were older adults – 65 years and above (57%).

¹⁶ [The Institute for Government](#)

5,680 support requests were received from new clients during the year 2021/22, and of these, 17% received short term care to maximise their independence and wellbeing, outside of long-term social care.

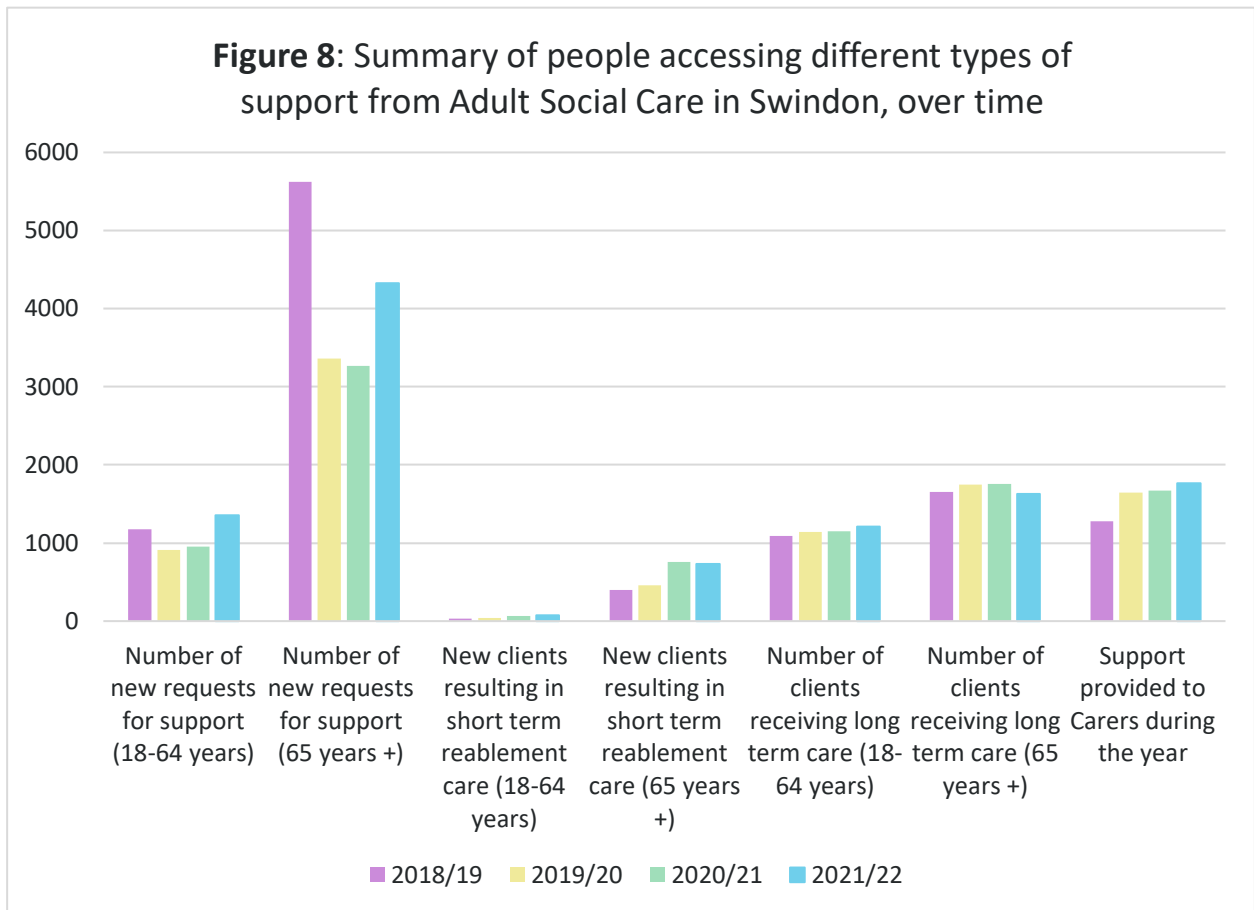


Figure 8, which illustrates the local demand on adult social care in real terms, indicates that there has been a reduction of new requests for adult social care support since 2018/19 in Swindon, across all age groups, in particular in 2019/20 and 2020/21. This trend may be related to the COVID 19 pandemic which was at its peak during this time period, and may have impacted people’s requirement or request for adult social care (for example, family members and Unpaid Carers may have been more likely to be at home to support those who needed care, or some may have had concerns about engaging with adult social care support, such as welcoming care workers into their home whilst isolating).

Since this time, however, it appears the demand on adult social care in Swindon is increasing again, with most clients requiring or remaining in long term care. Positively, there has been an increase of short term, reablement support in the over 65 age group, **which is aligned with our ambition to encourage and maximise independence where possible and safe to do so.**

In terms of long-term care, Figures 9 and 10 illustrate the type of support settings required by 16–64-year-olds and the 65 year plus age groups, respectively.

Figure 9 suggests that, between 2018/19 and 2020/21, there has been an increase in long term care requirements for 18–64-year-olds in the community, but also, we are starting to see small increases of need for residential and nursing care support for this age group.

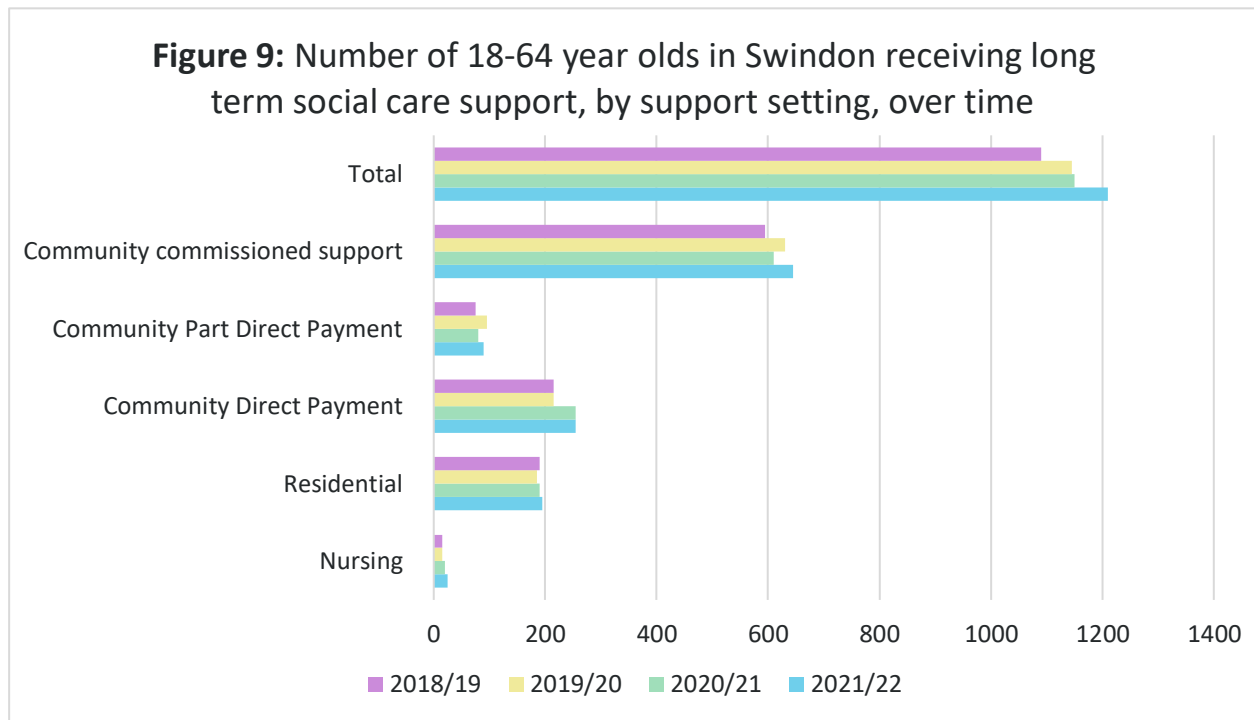
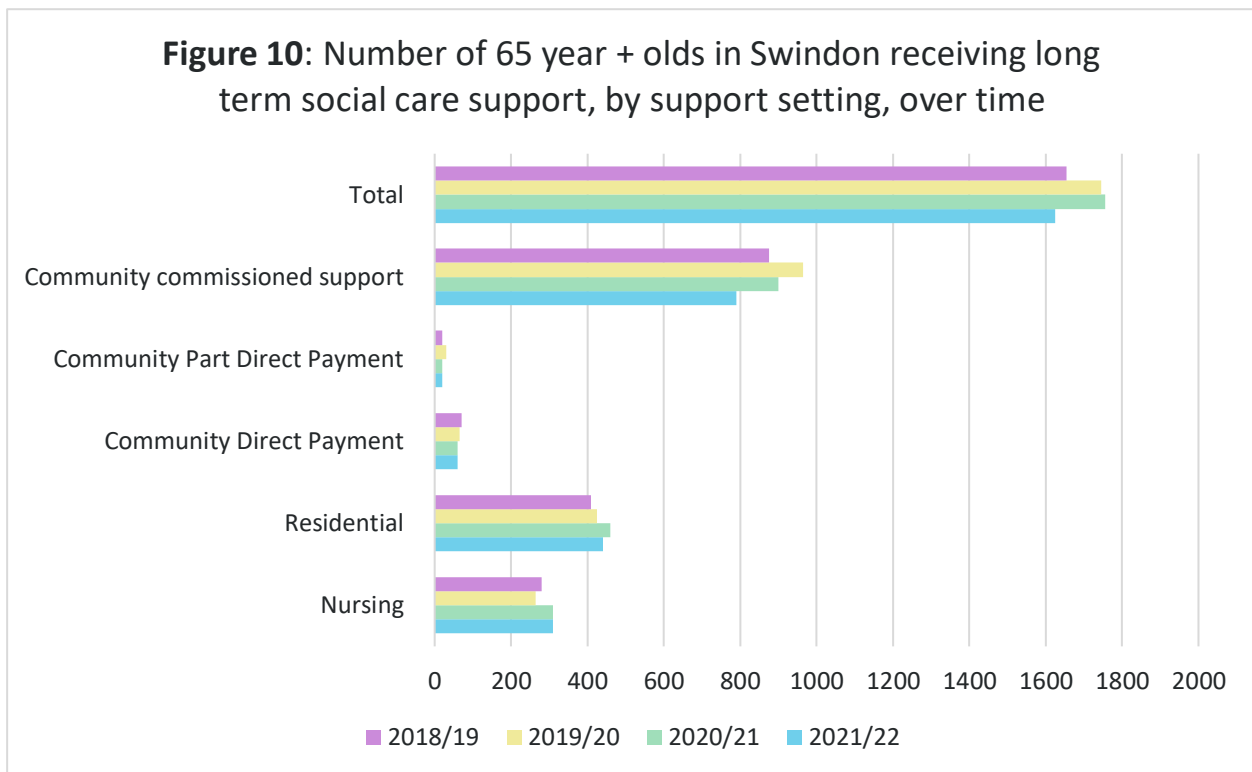


Figure 10, which outlines the long-term care needs by care setting for the over 65-year-old age group, suggests there has been a slight decrease of long-term need over time, in particular for community care, although this does not appear to be a substantial reduction. Residential and nursing care appears to be on an upward trend, although the actual figures are only increasing by small amounts. It is important to note, due to the ageing population projected in Swindon over the next decade or so, as well as other increasing care needs across all age groups, we anticipate the requirement for long term care in adult social care will increase over time.



4.2 Expenditure on Adult Social Care in Swindon

In 2020/21, Swindon Borough Council spent approximately **£83 million on adult social care** (not including capital costs). This was an increase of 8% from the previous financial year. Of this investment, approximately 77% of the financial envelope was provided to commissioned providers of care (not including any additional grants received, or any other income received during this time period (e.g., client contributions or other types of income)).

NHS Digital’s Adult Social Care Activity and Finance report (2020/21) tells us:

- We currently spend slightly less on adult social care than the South West average when considering gross expenditure per 100,000 population. However, we are similar to the England average for this.
- We spend more on long term care for those aged 18-64 years than the England and South West averages, and this has increased year on year from 2017/18. We spend significantly less on short term care for this age group when compared to our regional and national counterparts, although this now increasing.
- Overall spending on long- and short-term care for older people reduced in 2020/21, although this is likely to be impacted by the COVID 19 pandemic – including a reduction of adult social care services during this time and financial support available through the UK Government.

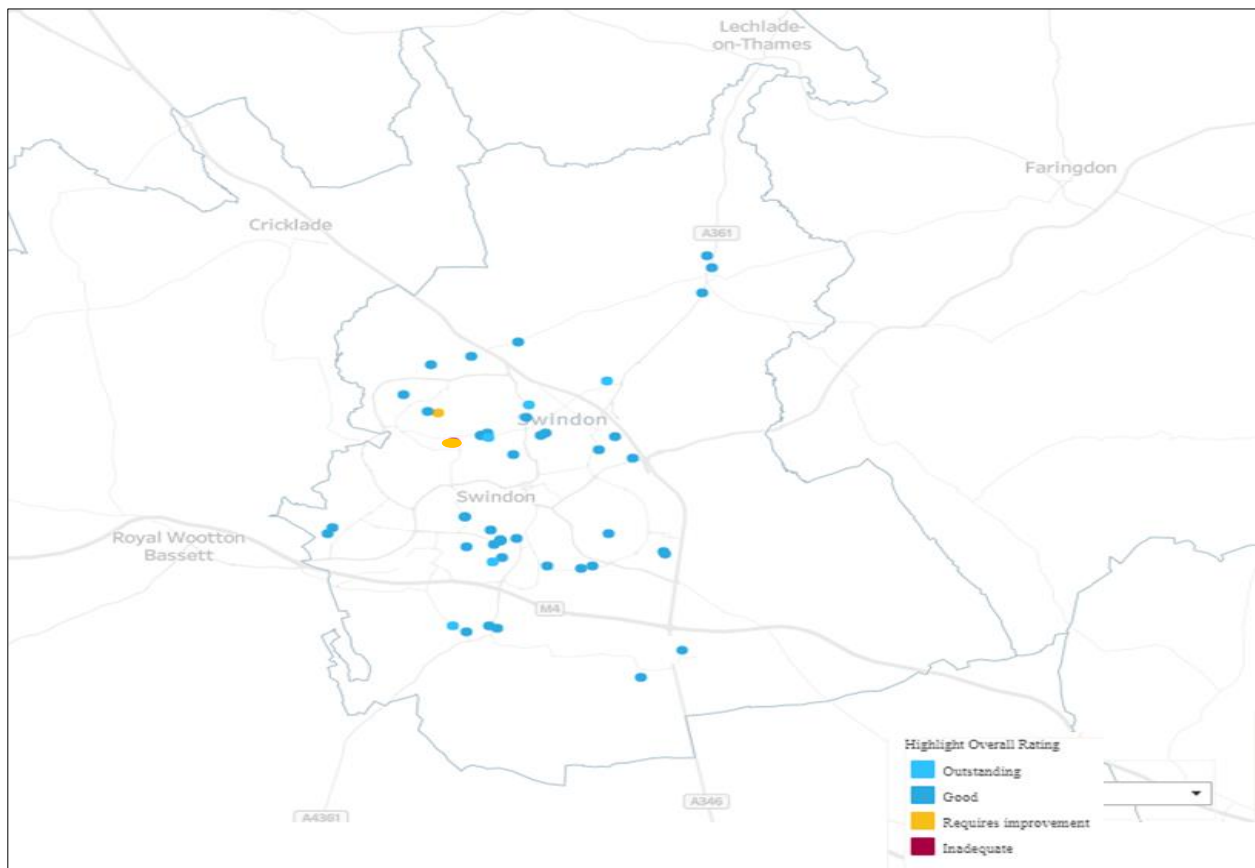
5 The provision we have

5.1 Residential and nursing care

Overall, there are 48 active CQC registered Residential Care Homes in Swindon, which offers approximately 1,350 placements for people who require this level of care and support:

- 22 of these care homes cater for older people, aged 65 years and above (9 residential care homes and 14 nursing care homes).
- The remaining 26 care homes are able to support people with neurodiversity needs from the age of 18 upwards, as follows:
 - 1 Nursing Home for adults with Learning Disabilities (Capacity = 6 beds)
 - 22 Residential Care Homes for adults with Learning Disabilities (Capacity = 157 beds)
 - 2 Residential Care Homes for adults with mental health needs (Capacity = 15 beds)
 - 1 Residential Care Home for adults with physical disabilities (Capacity = 6 beds)

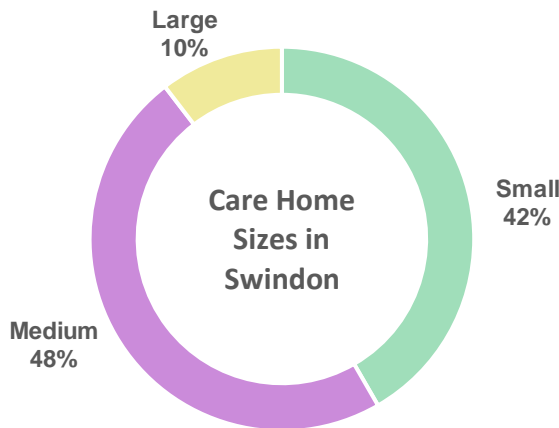
Figure 11: Map of Registered Residential and Nursing Homes in Swindon



- As illustrated by Figure 11, Nursing and Residential care homes in Swindon are fairly well spread across the borough, however Care Homes tend to operate within central Swindon, and there are fewer Care Homes in the outer wards, for example Ridgeway and St Andrews.
- As indicated by the colour of the dots on the map, 96% of Swindon’s Care homes are rated by the Quality Care Commission (CQC) as outstanding or good, with two as requiring

improvement (a nursing home for older people and a residential care home for adults with learning disabilities).

- There is a variety of sizes for care homes in Swindon as described below:

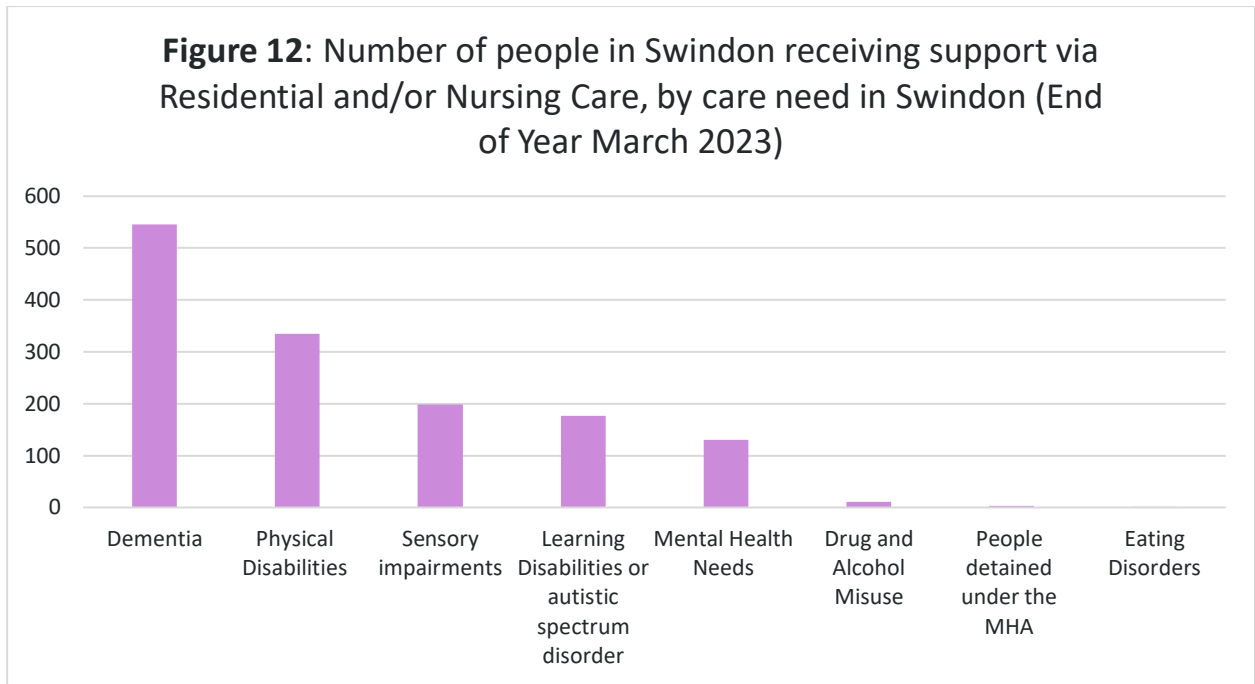


- Small Care Home – **Less than 10 beds**
- Medium Care Home – **between 10-60 beds**
- Large Care Home – **more than 60 beds**

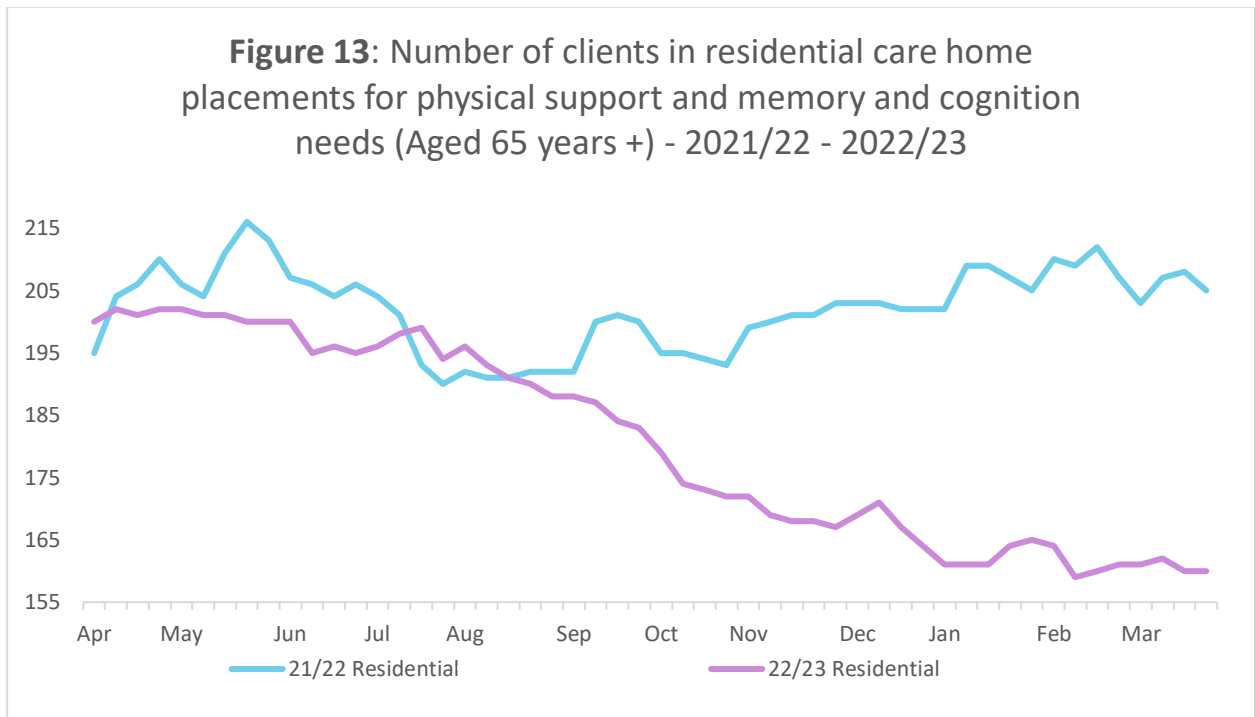
- In the context of provider ownership, Swindon also has a range of providers including those who only operate the single care home (25% of care homes in Swindon) and much larger, national organisations which have over 50 care homes operational across the UK (23% of care home in operating in Swindon are owned by national care companies)
- The occupancy rates of care homes in Swindon are between 90% and 93%, with an average vacancy rate of 11% across all the homes.
- Swindon Borough Council also owns and operates its own residential care home which caters for older people. This care home has 68 beds available, with 11 of these reserved for reablement services, at the time of writing.

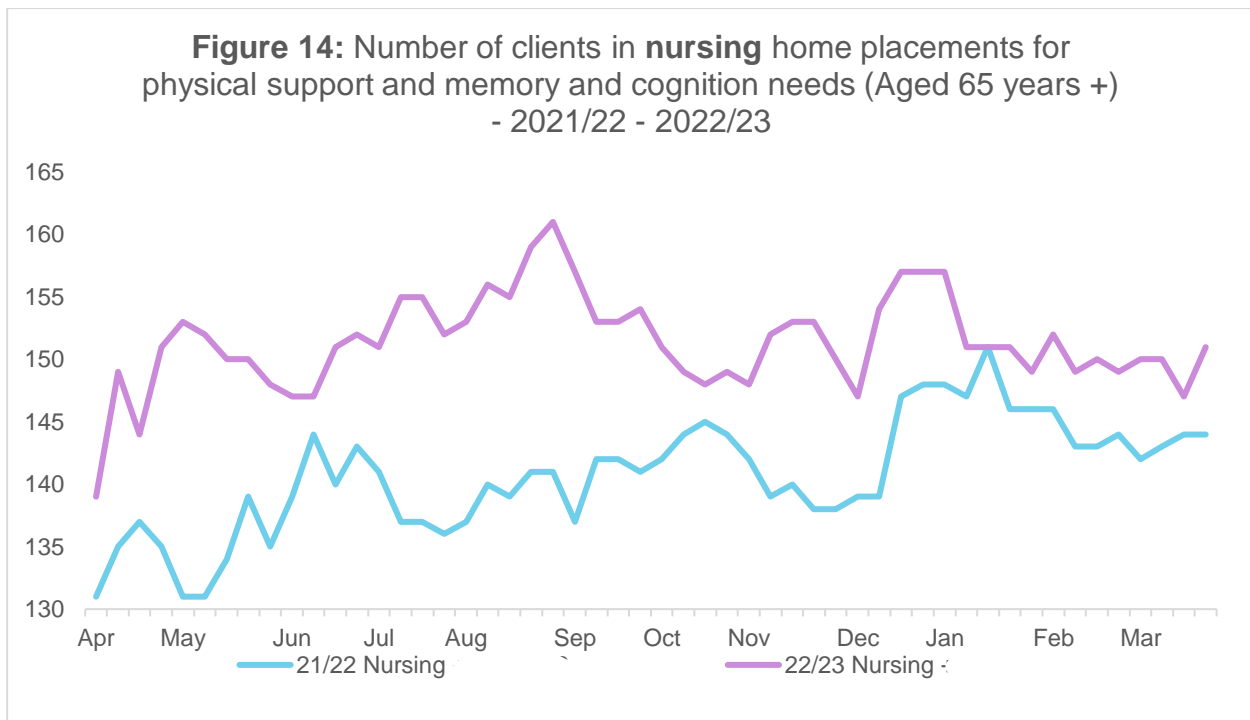
5.1.1 Profile of need for residential and/or nursing care in Swindon

At the end of the financial year 2022/23, a total of 1,058 were receiving support through residential and/or nursing care. Of these people, the highest primary care need presented was **dementia (52%), followed by physical disabilities (32%) and sensory impairments (19%)** as is illustrated by the figure below:



Of note, there has been a recent change in the requirement for residential care in the **over 65 years age group**. As Figures 13 and 14 illustrate, between 2021/22 and 2022/23, there was a **reduction in demand for general residential care, and an upward trend seen across the 2 years for nursing care**, when considering older people with physical support needs as well as support with memory and cognition:





The implication in this change of care profile for residential and nursing care homes suggests that when Swindon's older people require residential care, they are starting to present with more complex and a higher level of health and social care needs that need to be met in a nursing environment. This may also suggest that older people are able to be supported at their own homes for longer through the delivery of effective care at home.

5.1.2 Short term residential placements

As well as long term placements in nursing and residential care homes, Swindon, like many other areas across the UK, has implemented a step-down pathway from local hospitals, Discharge to Assess (D2A). This helps to maintain the bed capacity of the local acute hospitals.

The step down and D2A pathways are used when a patient no longer needs to be hospitalised but is unable to be safely discharged until an assessment has been completed and an effective social care package is in place. D2A works by discharging a patient to a residential care home setting for a short period of time, where their care needs can be fully assessed, and a suitable, person-centred care package can then be put in place. It is intended that this will result in the person returning home, in receipt of care at their place of residence as quickly as possible. However, it is also possible that the assessment will result in a long term residential or nursing placement.

Step up beds are also in place in Swindon, which support people to live temporarily in a residential and/or nursing care home setting in order to avoid them being admitted to hospital. These beds can also be used to support short term crises for people in the community.

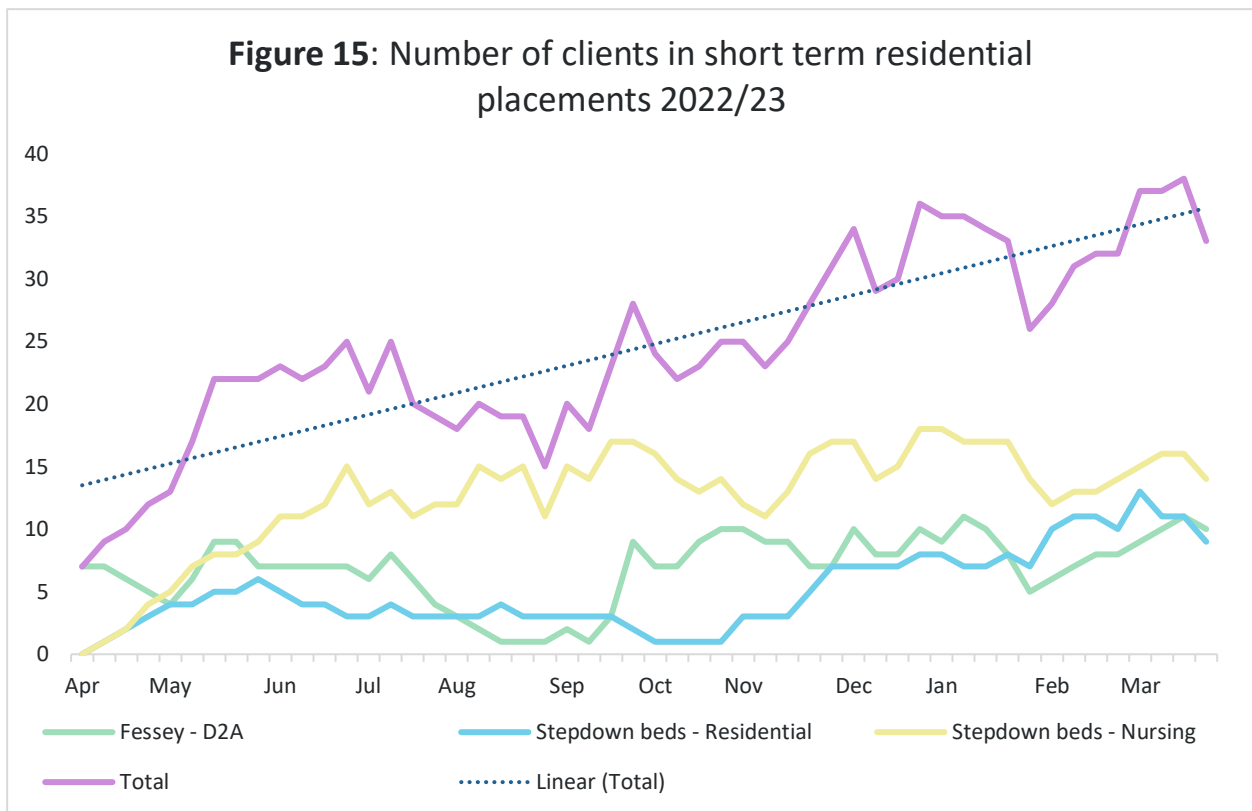
In addition, Swindon offers respite placements to support Unpaid Carers.

Currently, Swindon has the following provision:

- 11 D2A residential beds at the Council owned Care Home (Fessey House).
- 56 nights of respite, per month, offered via 2 local Care Homes.
- 16 stepdown beds from hospital (7 in a residential care home and 9 in a nursing care home).
- 4 step up beds.

As demonstrated by Figure 15, **the use of short-term residential placements has been generally on an upward trend** between April 2022 and March 2023, indicating this continues to be a provision we will need to plan for. However, this trend could be influenced by additional need for such placement in the winter months.

Step down beds for nursing residential care were the most commonly used short term placement in 2022/23. Please note this graph does not include the data for respite or step-up care.



5.1.3 Swindon Family Breaks

Swindon Family Breaks (also known as Firethorn Respite) is a 24 hour service providing short stay respite support for adults with a range of physical and intellectual disabilities. It provides support 365 days of the year both during the day and overnight. The service is registered with CQC to provide “accommodation for persons who require nursing or personal care.”

5.2 Care at home

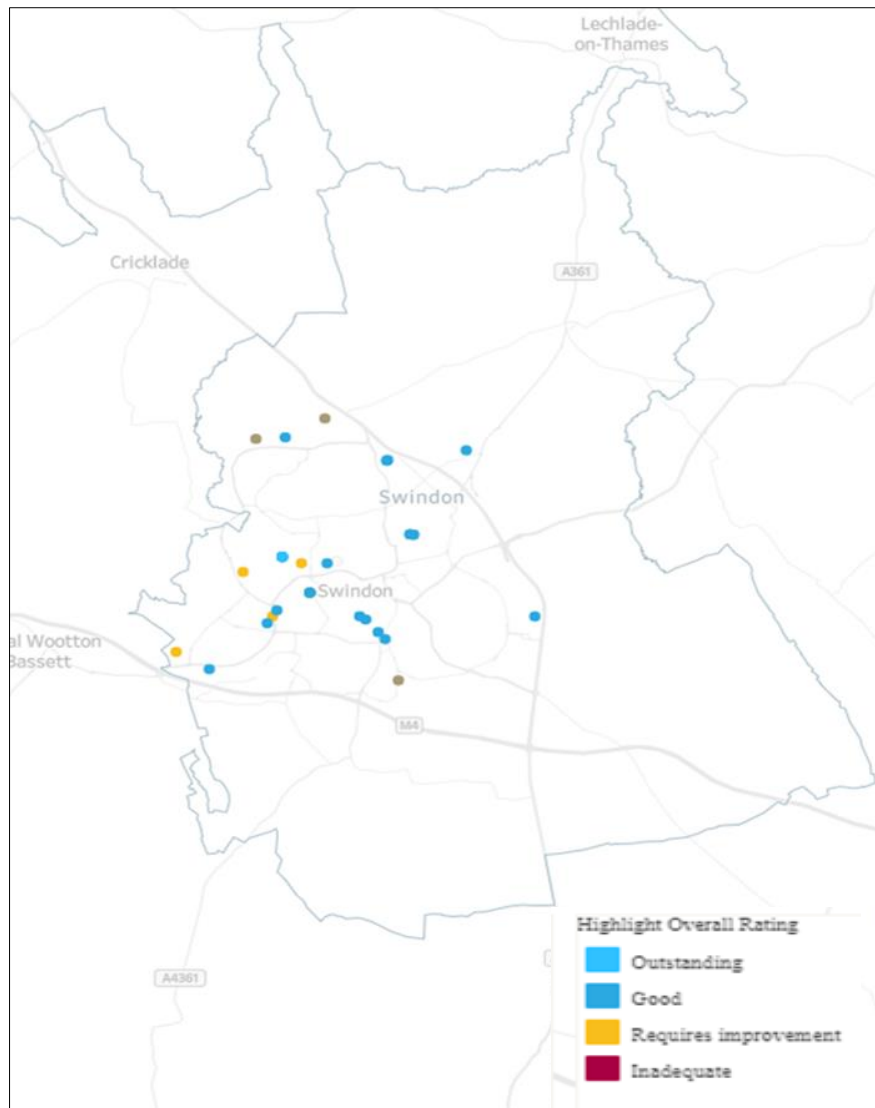
Jointly commissioned by the Council and the local Health Integrated Care Board, Swindon has a ten-year lead provider contract that is responsible for delivering and sourcing care at home in Swindon (often known as domiciliary care). This contract, with First City Care Group, started in 2018. The lead provider delivers care at home, as a provider itself, but also operates a placement sourcing function with its sub-contracted providers. The lead provider is also responsible for monitoring the quality and performance of its sub-contractors.

In total, there are 26 registered care providers offering care at home in Swindon, including the Lead Provider of the Swindon contract. The Lead Provider delivers approximately 30-50% of the Council funded care at home for local people, with sub-contractors (approximately 13-17 providers) delivering the remainder of the care. Other registered providers tend to deliver to self-funders only, although continue to work collaboratively with the Council and the Lead Provider.

Care at home providers are expected to provide personal care and support to local adults who need it including supporting the following primary care needs:

- Adults with Learning Disabilities (all ages)
- Adults with Physical Disabilities or requiring physical support (all ages)
- Adults with memory and cognition needs (all ages)
- Adults with mental health and wellbeing needs (all ages)

Figure 16: Map of registered offices of care at home providers in Swindon



- The registered offices of care at home in Swindon are fairly clustered in central Swindon, which means there will be additional travel time required for care workers delivering care at home to in the outer wards, such as Blunsdon and Highworth, Ridgeway and Wroughton and Wichelstowe.
- As indicated by the colour of the dots on the map, 77% of Swindon’s care at home providers are rated by the Quality Care Commission (CQC) as outstanding or good (including the Lead Provider), with four requiring improvement and two yet to be inspected and receive their rating.

According to the Provider Information Return, collected by CQC (Year End March 2023), on average in Swindon, **each day**, care providers deliver:

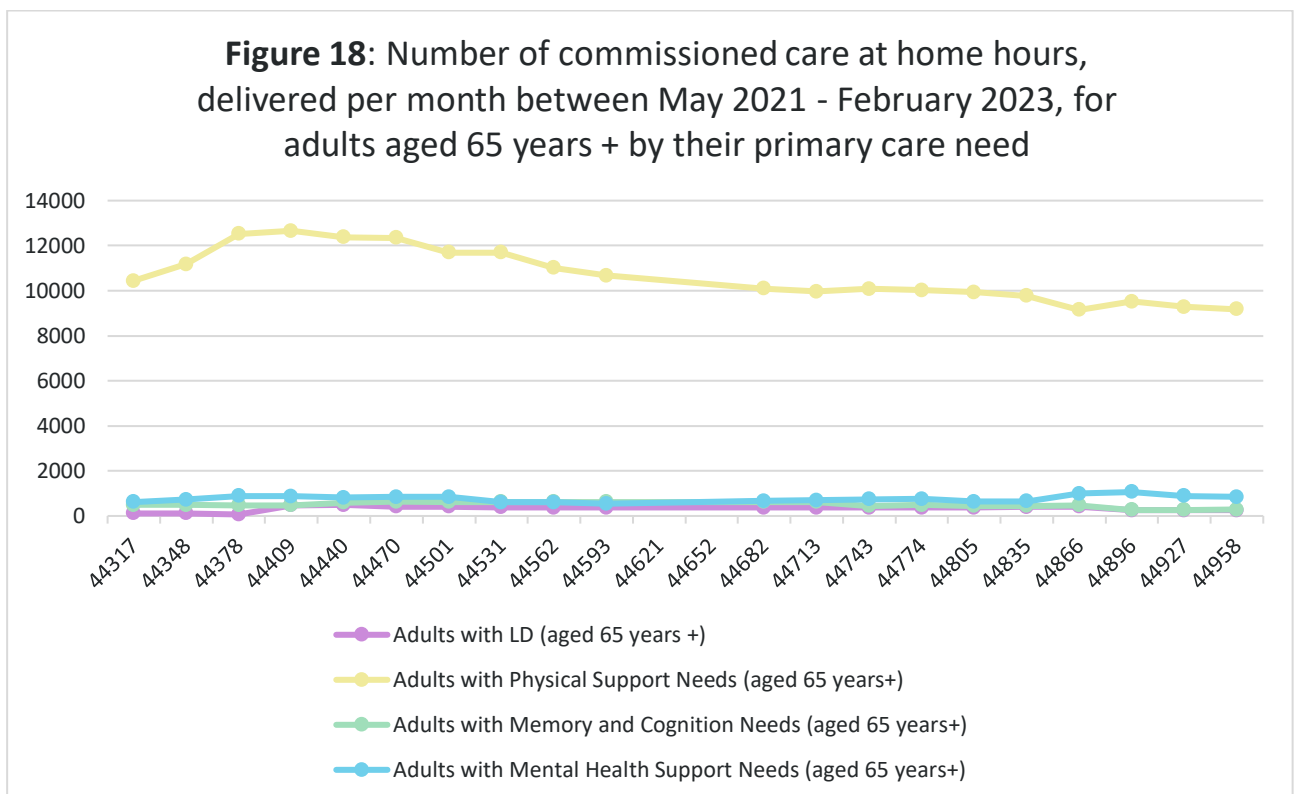
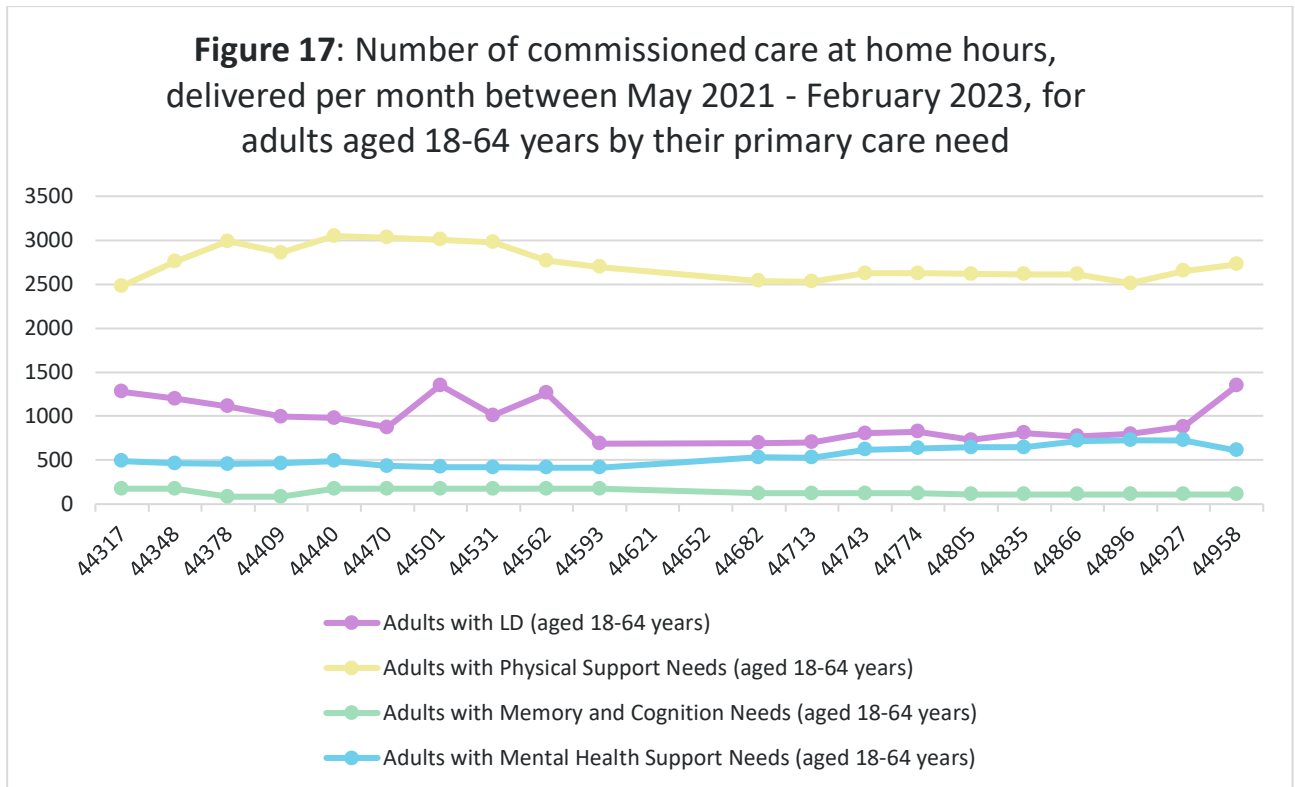
- 2,982 care at home visits;
- 2,363 hours of personal care in people's homes;
- 17% of care at home require more than one carer;
- On average, a care at home visit in Swindon lasts a little over 45 minutes.

5.2.1 Profile of need for care at home in Swindon

By the year end in 2023, 1,228 people reported receiving care through care at home.

Between May 2022 and February 2023, Swindon Borough Council commissioned a total of **154,622 hours of care at home** to support our local people in their own homes. **The majority of these hours are required by local people over the age of 65 years with physical support needs (63% of the commissioned care at home hours)**, with the second highest need also being for physical support for adults aged 18-64 years (17% of all commissioned care at home hours). However, the demand for care at home tends to fluctuate and change over time.

As can be demonstrated in Figure 17 and 18, there has been a steady decline in the overall demand for care at home between May 2021 and February 2023; however, there has been some **increase in the requirement of care at home for certain groups** - such as for adults aged between **18-64 years with either physical support needs** (by 247 hours per month) **or with learning disabilities** (by 67 hours per month). In terms of older adults, over the age of 65 years, this time period has seen a slight **increase of demand for adults with mental health support needs, at home** (by 120 hours per month).



We believe the recent overall reduction in demand in care at home (from 178,165 hours between May 2021 – May 2022, to 154,622 hours in May 2022 – May 2023; an overall reduction of 13%) has resulted from a number of factors, including the introduction of the Home First Model (described further below), a reduction in those waiting for care as a result of the COVID 19 backlog, and fluctuations of need that are observed during the winter period. In

addition, our Lead Provider informs us that there was an artificial increase of demand on care at home during the COVID 19 pandemic, and the decline in demand we are seeing now is in fact a return to the expected level of need for care at home in Swindon.

5.2.2 Home First Model

As mentioned above, Swindon has recently introduced a Home First Model, which is based on the discharge to assess approach. The model in Swindon ensures that, following a discharge from hospital, a person's home is always considered first for their aftercare and ongoing care needs, if required (i.e., rather than remaining in hospital for longer than is necessary or being referred to a D2A residential bed).

Once home, an individual will receive a visit from either a community therapist or social care practitioner, either on the day or the day after hospital discharge. They will then be assessed to determine what support they may need to keep them safe at home either for the short term or for a longer period. Individuals may be issued with some equipment to assist them at home, such as a toilet seat, perching stool or railings in the home. Any required care needs (such as personal care) needed in the interim is provided by the Lead Provider of care at home.

Through this model, we have achieved the following:

- A total of 472 patients have been supported by this pathway between August 2022 and May 2023;
- Length of stay at hospital has reduced by 7 days;
- Swindon Borough Council changed team structures with a focus on teams being located in the community (and completing assessments and support here) rather than in the hospital setting;
- Joint assessments and co-location of support is being provided across the health and social care teams in the community;
- A Discharge Hub has been established in order to apply a multidisciplinary approach to Home First, reducing duplication across teams and improving patient's experiences and quality of care and support.

As a result, this approach is supporting people to be re-enabled and supported back to independence following an admission to hospital efficiently and effectively, reducing their requirement for long term, ongoing care, and aligned with our overall vision for local people.

5.2.3 Home adaptations and support via Occupational Therapy for care at home

The Occupational Therapy offer in Swindon complements care at home by identifying what each person needs and wants to be able to do, and helps them to find a way of doing this. We believe that Occupational Therapy helps people with 'living, not existing'¹⁷.

¹⁷ Royal College of Occupational Therapists (2017); Living, not Existing: Putting prevention at the heart of care for older people in England.

- In 2021/22, 39 Disabled Facilities Grant funded adaptations were completed in Swindon resident's homes. These adaptations ensure that homes are safe, and supports people to remain independent at home for longer.
- In 2022/23 2,519 referrals were made to the Occupational Therapy Service in Swindon, with 58% of these referrals being resolved at the point of contact or sign posted to the most appropriate service (n=1,450) and 11% being referred to a Trusted Assessor for further support (n=282).

5.2.4 Other considerations for care at home in Swindon

As noted in previous sections, adults requiring care at home seldom present with a single care need. Indeed, we have heard from our current providers of care at home, including the Lead Provider, that the complexity and acuity of local people's presentation is increasing. **For example, care at home providers are finding themselves increasingly needing to work collaboratively with health provision and nurses to provide support to people presenting with mental health or low-level clinical care needs in a more integrated way.**

In addition, the care at home market has been significantly impacted by a shortage in social care recruitment, with the Lead Provider reporting that more staff are choosing to leave the sector, than join or progress within it. This poses a significant challenge for Swindon, as we wish to support people with care needs to be able to stay in their homes, and independent, as long as possible. This ambition is contingent on a well-resourced care at home sector. As such, **we need to think more creatively about how we can support people at home, including the use of assistive technology and support.**

Our Lead Provider in Care at home recently piloted the use of assistive technology to meet the following goals for our adult social care population:

- Provide an improved service and meet individual needs more effectively.
- Offer increased choice, control and independence for local people requiring care and support.
- Reduce the requirement for physical care visits if they are not needed.

Support provided by this pilot includes access to digital care workers and contact time, as well as the installation of technology systems that aims to remind people to care for themselves where possible (e.g., prepare food or take medication) or identifies any indicators of risk that require a physical visit from a care worker (e.g., front door opening at night or missed medication records).

Following the evaluation of this pilot, we will be seeking to explore our next steps for embedding addition effective assistive technology and support, in order to widen our support offer for local people.

5.3 Enhanced support and Extra Care Housing

In Swindon, we offer a variety of enhanced support for people who are able and wish to continue to live as independently as possible, care for themselves, manage their own health and wellbeing needs, and remain connected and included in their local community.

This is via supported housing and living arrangements, which provide good quality tenancy and living arrangements, whilst also offering any additional care and support services where required.

5.3.1 Supported housing schemes

Supported Housing offers accommodation to individuals who need it (e.g., those who are homeless or in unstable, or unsafe housing arrangements), as well as providing additional unregulated support services or opportunities that assist individuals to enhance their health and wellbeing and develop skills that may allow them to achieve independent tenancy or housing arrangements in the future.

Such support may include:

- Building daily life skills, such as banking, shopping and healthy eating;
- Support to attend appointments – e.g., GPs, access to the local drug and alcohol services, mental health support and /or debt relief;
- Supporting people to learn new skills, build confidence, self-esteem and independence in their local community – e.g., access to education, training and/or employment opportunities.

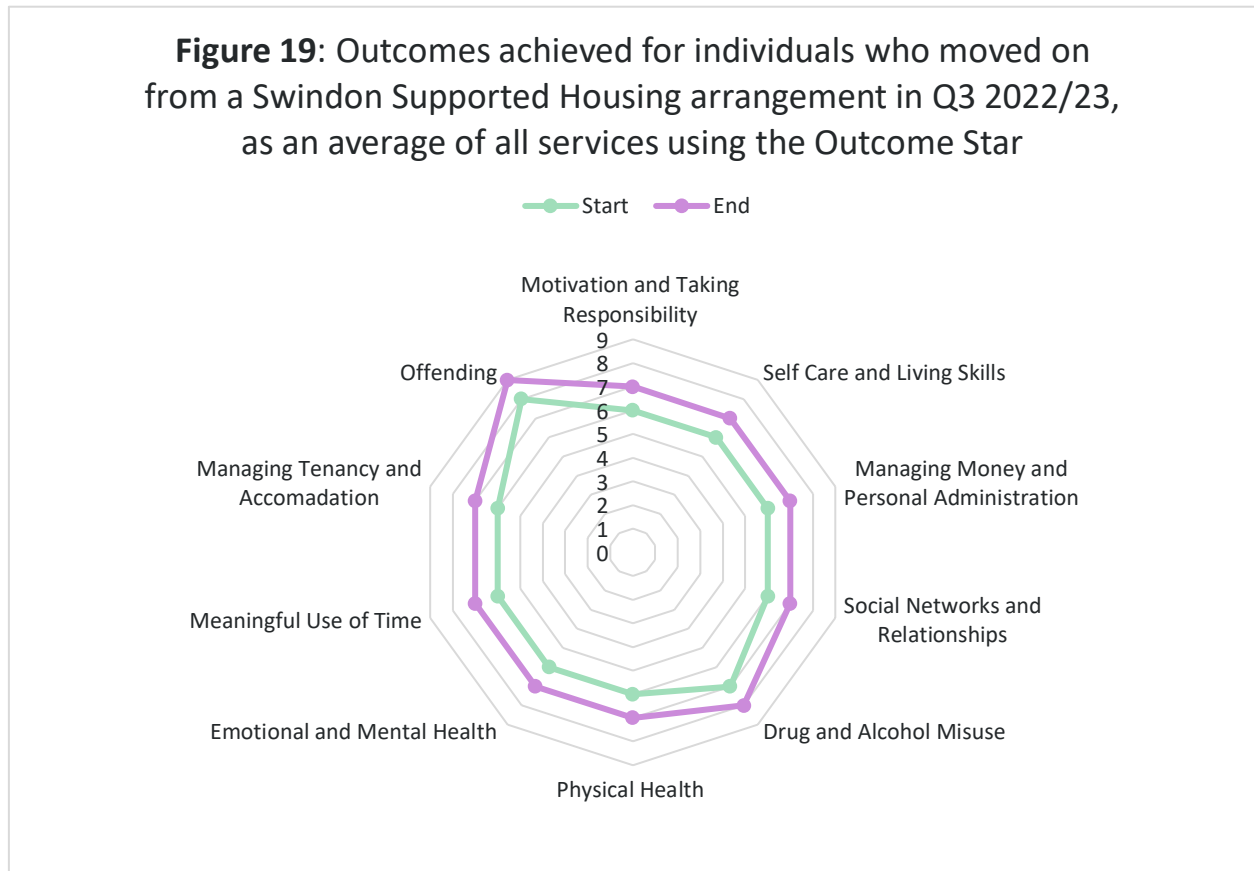
In Swindon, we have 22 Supported Housing Schemes which support adults with support needs of all ages. Such schemes include supported housing for adults with learning disabilities, young women who are homeless, and resettlement services aimed at older people with care and support needs. Schemes are also in place to support victims of domestic abuse, individuals with drug and alcohol issues and those with mental health needs.

In Swindon, we use the Outcome Star¹⁸ as a way of reviewing and measuring outcomes for local people who are accommodated in Supported Housing. Using the 'Homelessness Outcome Star', Supported Housing providers will ask residents to score themselves (between 1 and 10 – with 9-10 being self-reliant, and other scores progressing from stuck, accepting help, believing and learning) against a number of outcome indicators (such as motivation and taking responsibility, self-care and living skills, and managing money). Individuals are asked to do this when they start living in the supported housing scheme, and again when they move on. This is used to demonstrate the benefits and impact the supported living scheme has had on an individual.

Figure 19 demonstrates a snapshot of the outcomes for supported living in Swindon. This demonstrates, on average, most people accessing Supported Housing between October and December 2022 left the service feeling better able to manage their support needs. An average

¹⁸ <https://www.outcomesstar.org.uk/>

score of 7 across the outcome indicators indicates that local people felt they were learning how to manage their support needs, building on what works for them and increasing their wellbeing.



5.3.2 Supported living

Supported Living is typically defined as housing where formal care and support is provided to people, in their own accommodation, to help people to continue to live as independently as possible. Supported Living provides people with individual tenancies, so people continue to have a home of their own but are able to receive the personal and specialist health and social care they need in a safe environment. Individuals who may benefit from this level of care and support include older people, adults with a learning disability, those with autism, people with mental health related needs, and people who may have previously experienced homelessness.

In Swindon, the Council currently commissions 11 care providers to deliver regulated, personal care within the accommodation arrangements. The tenancies and accommodation themselves are arranged via Swindon Borough Council Housing department and can be either within a shared or single occupancy arrangement.

Due to the general nature of the care required by the people living in local supported living tenancies, which can include a high level of personal care and support needs, we only commission care providers who are CQC registered.

By the Year End March 2023, 105 people in Swindon were being supported by Supported Living Services, of these, 39 people were provided with sleep in support, and 97 people were supported with 24-hour duty or on call responsive cover. Whilst it is positive that people are

receiving the care they need, we hope that the proportion of residents requiring 24-hour duty or on call cover will reduce over time, **as their care and wellbeing needs are met, and people are supported to regain independence and reintegrate back into their local communities, where possible and appropriate.**

Up until February 2023, the care arrangements for Supported Living in Swindon were commissioned via a Framework Arrangement, however this has since expired. As such, we will be seeking to design and implement a new Supported Living commissioning arrangement in the future.

5.3.3 Firethorn Supported Living

Firethorn Supported Living (Swindon Family Breaks) comprises of 24 purpose built level access bungalows, which support adults with disabilities to live a full and active life, whilst being a valued member in their community.

It is a flexible service, designed around the individual that provides support and accommodation whilst developing skills, building confidence and ensuring sustainability for the future. Packages of care are built around the individuals focusing on strengths and working towards specific outcomes to further development and independence.

Firethorn Supported Living is a universal offering but is particularly aimed at benefiting:

- Individuals who needs challenge services
- People transitioning to Adult services from Children's services
- People who wish to move back to their home community
- People in other forms of support who wish to enhance their independence

In November 2023, 40 local people were living and being support at Firethorn Supported Living, with a 29% vacancy rate.

5.3.4 Extra care housing

Similarly, Extra Care Housing offers the delivery of care and support services, whilst supporting people to live independently as possible in self-contained flats designed to meet the needs of older people (aged 55 years and older).

In Swindon, we commission 4 Extra Care schemes which offers 164 individual homes. For one of these schemes, the flats and properties are owned and managed by Swindon Borough Council, whilst the others are managed by Housing Associations and housing agencies. We currently commission our Lead Provider for Care at home to provide the personal care and support elements of all 4 schemes. Care and support is available 24 hours, 7 days a week.

Each extra care scheme also has a Day Service on site, which can be accessed by the residents, and other people from the community that have been referred by Swindon's Adult Social Care. The lead care at home provider is also responsible for delivering the Day Services across the 4 schemes.

Three of the four extra care schemes were converted from Sheltered Housing to Extra Care, and so there are some tenants currently residing in these schemes that do not have the care and support needs typical for this type of provision. Whilst it was decided that Swindon Borough Council would continue to support these individuals to live in their homes, this has created a variety of needs and care requirements in the schemes. This is expected to change as time goes on, and tenants grow older. It is our ambition that over time, tenants in the extra care schemes will all have eligible care and support needs. This is supported by the Council, which has full nomination rights of the individuals that are referred to move into the schemes, when any flats become available.

There are 164 units of accommodation provided across the four schemes. By the year end of March 2023, 65 people known to Adult Services in Swindon were supported through extra care housing services. Of these, no one required sleep in support, however 100% required 24-hour duty or on call responsive cover. The average length of time that a care and support is provided for is 331 days based on those ending support during 2022.

Our future ambition for these schemes is that they enable, empower and support individuals who live here to enjoy the life that they want. This will go beyond providing what might be seen as more 'traditional' care and encourage and support people to engage with their community and activities of interest for them. In addition, we are interested in developing intergenerational models in Extra Care. This will be a priority for Swindon in the future.

5.3.5 Shared Lives

The Swindon Shared Lives Service offers support and accommodation to adults within a family based environment. Individuals are placed with a Shared Lives Carer who agrees to share their home and their family life with that person, promoting dignity, respect, independence, and links with the local community.

The Swindon Shared Lives Service provides support to adults with a variety of conditions – such as learning disabilities, physical disabilities, autism spectrum conditions, mental health conditions and older people.

The Shared Lives Service is regulated by the Care Quality Commission (CQC). Shared Lives Carers are self-employed and are recruited, trained and supported by the Shared Lives Service to offer placements on behalf of Swindon Borough Council. Shared Lives Carers are people in the community with a spare room to offer to someone so they become part of their family. In November 2023, there was 52 local people living with 42 Shared Lives Carers in Swindon.

5.3.6 Swindon Day Service

OK4U is a non-regulated day service for adults with learning and physical difficulties provided by Swindon Borough Council. The centre provides a number of activities from the hours of 09.30 – 15.30 which are delivered both in house and one activity outside within the community. These sessions are based around what the individual likes to do including music, cookery, dance, art, physio, gardening and rock climbing.

In November 2023, 53 local people were accessing this day service on a regular basis.

5.4 Voluntary and community services

In addition to regulated care services and housing schemes, we also work in partnership with local voluntary, charity and community-based organisations that aim to provide advice and support to the people of Swindon who may have additional wellbeing or care needs.

This includes, but is not limited to:

5.4.1 Advice and Information

Citizens Advice Swindon (CAS) is an independent charity that aims to provide advice on problems people may be facing, including advice on debt management, benefits, housing, employment, immigration, legal support, and consumer issues.

CAS report experiencing increasing demand on their services over across 2022 and 2023, relating to the cost of living crisis. They report experiencing the most significant increases in the need for crisis support such as charitable support and food bank referrals. In addition, people are reporting that they are struggling with rising energy bills, and over the winter months were unable to keep their homes warm.

Between October 2022 and March 2023, CAS helped **5,214 people** in Swindon (an approximate 64% increase on this time period in 2021/22). Most common support areas for CAS during this time included applying for Personal Independence Payment (PIP), benefits entitlement checks, applying for food vouchers, debt assessment and support paying for energy costs. On average, **84% of people report feeling less stressed, depressed or anxious following CAS advice during this time.**

5.4.2 Asylum seekers and refugee support

The Harbour Project work in partnership with Swindon Borough Council to provide advice, support and practical help and friendship for any individual who is seeking asylum or granted refugee status in Swindon, with the aim of supporting visitors to have the best possible chance of a fair hearing and outcome from their asylum claim, and a fair future in the UK.

Demand on this service during 2022/23 significantly increased – with the service registering **783 new Visitors to the UK, compared to 589** in the previous financial year. 32% of all Visitors are Refugees. We believe the increase in numbers are being driven by:

- Arrival of Visitors from the Ukraine;
- The opening of a third hotel to accommodate asylum seekers in Swindon in Autumn 2022;
- Expansion of Dispersal Accommodation capacity to around 450 in Swindon;
- Resumption of asylum interviews by the Home Office.

5.4.3 Bereavement support and advice

Swindon Cruse Bereavement Support exists to promote the wellbeing of bereaved people and to enable anyone suffering bereavement to understand their grief and to cope with their loss.

In 2022/23, Swindon Cruse worked with, on average, **84 Swindon residents per quarter**. A total of 155 new referrals were received through the financial year.

Swindon Cruse reported in 2022/23 that:

- **100%** of clients report **improvements in their wellbeing** as they are discharged from the service;
- On average, **97%** of clients formally completing bereavement sessions achieved **improvement in one of their goals**.
- **100%** of clients who complete an exit survey report they were **happy** with the service they received.

5.4.4 Brain injury support

Headway Swindon is a rehabilitation day centre for people who has sustained a brain injury. This centre provides tailored cognitive and social rehabilitation therapies / activities to support individuals to achieve their full potential, reduce isolation and increase independence. Headway Swindon also offers help, information and ongoing support for families and their Unpaid Carers.

In 2022/23, Headway supported, on average, **50 people per quarter**, with 9 new clients joining the service each quarter. **Over 2000 sessions of cognitive / social rehabilitation therapy were provided**. The majority of individuals attending the rehabilitation day centre generally attend one session a week (53% between January and March 2023), with 46% attending 2 sessions per week, and 1% attending 3 sessions per week.

5.4.5 Council for the Voluntary Sector

Voluntary Action Swindon (VAS) is a CVS (Council for the Voluntary Sector). VAS are the voluntary, community and social enterprise (VCSE) member for the BANES, Swindon and Wiltshire ICB, lead member on the region's VCSE Leadership Alliance and the VCSE representative on the Swindon Integrated Care Committee, Development Executive Group, ensuring that the VCSE has a voice and can influence local strategy. VAS supports the voluntary and community sector by providing funding and governance advice, as well as promoting and representing the sector at meetings with statutory partners and other stakeholders and keeping the sector up to date with relevant information. They also provide support services such as a veteran project which supports veterans living and working in Swindon, and working with young people to gather their views to influence service design and delivery, as well as providing physical locations and buildings for other charities to operate from (e.g., Sanford House).

In 2022/23, VAS supported 229 voluntary organisations with **437 interactions with the sector**. Of these organisations, **41% are active in health and social care support services**.

5.4.6 Employment support

As both a charity and a social enterprise, Phoenix Enterprises offers work experience and support for adults with mental health issues and/or learning disabilities, with an aim to help local people to live fulfilling, purposeful lives.

Phoenix Enterprises provides a work environment where individuals can learn new skills, gain confidence and feel valued. Individuals are also supported to access healthcare, benefits and further training, as required, as well as providing people with help to achieve paid employment elsewhere.

In 2022/23:

- **110** individuals attended the service, most for at least 3 days per week, and many for 6 months or more.
- **9** clients were supported to achieve **paid employment**, with a further **4** being supported to achieve **voluntary positions**;
- **3** people were supported into a **Supported Work Placement or Work Trial**;
- **9** people were supported to achieve an **external traineeship** or upskilling scheme;
- **4** clients accessed further education, and went on to **achieve qualifications**;
- **100%** of those working with Phoenix Enterprises attended the **Work Skills Programme**, and **30%** attended the **Life Skills training**.

5.4.7 Healthwatch

Healthwatch Swindon is the independent champion for people using local health and care services. It listens to what people like about the local health and care offer, as well as what could be improved. This will be shared with Swindon Borough Council and the Integrated Care Board to advocate for positive change where required.

Healthwatch Swindon aims to:

- Help people find out about local health and social care services;
- Listen to what people think of services;
- Help improve the quality of services by letting those running services and the government know what people want from care.

Healthwatch do this by sending out **monthly newsletters** to keep people and organisations of Swindon informed about this service and other local support networks, attending a number of **community based meetings** in a variety of locations to gather local insights and feedback on the local care offer and a good **online presence** via twitter, Facebook and a standalone website.

5.4.8 Independent Advocacy

Independent Advocacy is provided by Swindon Advocacy Movement (SAM). Central to SAM's mission is sounding a clear and consistent voice for the rights of people with care and support needs. SAM does this by offering Independent Care Act Advocacy, Independent Mental Capacity Advocacy (IMCA), IMCA with Deprivation of Liberty Safeguarding (DOLS) and

Independent Mental Health Advocacy (IMHA). SAM also provides Community Advocacy services enabling people with learning disabilities and Autism to access mental health services, maintain independent living in the community and enabling parents with learning disabilities to have the best chance of a family life.

In 2022/23, SAM were supported, on average, **269 people per quarter**. A total of **423** new referrals were received in this period. By the end of 22/23:

- 135 individuals had received Care Act Advocacy;
- 220 individuals had received Mental Capacity Advocacy;
- 124 individuals had received Mental Health Advocacy;
- 41 parents with learning disabilities going through Child Protection procedures had received advocacy.

Between January and March 2023, SAM report the following feedback from 48 individuals they had supported:

- **88%** of people felt more **listened to** throughout the decision making / assessment process;
- **77%** reporting being **more involved** in the decision making / assessment process;
- **54%** said they knew more about their **rights** and how to exercise them;
- **86%** felt they had a **voice** in the process;
- **62%** said they had access to **information** and understood their situation better;
- **60%** were **enabled** to consider their options and make a **decision**;
- **87%** felt they were put at the **centre of the decision-making process**.

SAM also delivers Project Boost which offers an opportunity for adults with a learning disability to access short courses to develop employability and independent living skills. Courses include cookery, independent living skills, maths, accessing community activities or sports with staff support, volunteering and employment, and more.

In 2022/23, Project Boost worked with **95 people**. Of these:

- **42%** of members reported their **mental health had improved** since working with the project;
- **11%** of members reported their **physical health** had improved;
- **34%** reported they **needed less support from other services** since being involved in Project Boost;
- **37%** reported their **social network had improved** since joining Project Boost;
- **42%** told Project Boost they have developed their **knowledge and skills** via the project;
- **40%** reported their **self-confidence had improved** since working with Project Boost.

5.4.9 Mental health and wellbeing support

Swindon and Gloucestershire Mind provide support and reintegration for people over the age of 15 years from multiple pathways, including people who self-refer, referred from their GP, or are being discharged from any secondary care mental health services to name a few, and aims to prevent people from requiring secondary mental health care in the future. The offer includes wellbeing co-ordination, Self-Harmony counselling, employment support, training and bespoke workshops.

In 2022/23, Swindon and Gloucestershire Mind supported, on average, **394 people per quarter, receiving almost 700 new referrals throughout the year.**

Swindon and Gloucestershire Mind use the Warwick Edinburgh Mental Wellbeing Scale¹⁹ (WEMEBS) to measure the impact of their support on local people. This scale offers a number of statements, such as 'I've been feeling optimistic about the future' and 'I've been dealing with problems', to those working with the service and asks them to rate where they think they are on the scale in relation to these questions. Of those reviewed when concluding their support with Swindon and Gloucestershire Mind in 2022/23:

- **82%** of outcome indicators on this scale were **either improved or stayed the same following support from the service.**
- **Over 90%** of people leaving the service in 2022/23 reported either maintained or improved outcomes in the statements **'I've been feeling good about myself', 'I've been feeling confident', and 'I've been feeling loved'.**

In addition to this mental health and wellbeing support offer, Mind launched The Junction in June 2019, which provides a safe place for people to access when requiring mental health support outside of standard service delivery time. The Junction is open in the evenings, with the aim of helping people avoid the need for emergency NHS care in relation to their mental health.

In 2022/23, the Junction received **354 referrals** for support, and delivered **1,593 sessions** for people to attend – an average of approximately **400 per quarter.**

Of those attending The Junction:

- **95%** said they were **extremely likely to recommend** the service to family and friends;
- **94%** said they were given **sufficient support** to enable them to move on from The Junction;
- **90%** said the service had helped them to avoid the use of unhelpful or dangerous behaviours.

Swindon and Gloucestershire Mind also works closely with the Harbour Project to provide workshops and 1:1 support at this service.

¹⁹ [Warwick Edinburgh Mental Wellbeing Scale](#)

5.4.10 Support for Unpaid Carers

Swindon Carers Centre is a charitable organisation that provides help and support to Unpaid Carers in Swindon. Their aim is to improve the wellbeing of people with caring responsibilities in and around Swindon.

It offers care and support to our local Unpaid Carers via:

- Promoting mutual support, social contact and access to services
- A Unpaid Carers Support phone line
- 1:1 support
- Help and Advice
- Access to breaks and therapies
- Wellbeing Activities (such as arts and crafts and beauty treatments)
- Support Groups
- Social Events
- Training and Information Courses
- Young Unpaid Carer Groups and Trips

In April 2023, **4926** Unpaid Carers were registered with Swindon Carers Centre, who are supporting **4861 dependants**. In 2022/23:

- **10** different **peer support** groups were held;
- **523** different Unpaid Carers were engaging in various events throughout the year;
- **98 events** (including social groups, trips, meals, arts and crafts, wellbeing and fitness etc.) were delivered.

For 2022/23, the following outcomes were achieved via the Swindon Carers Centre.

For Adult Unpaid Carers, following their Carer Conversation:

- **79%** reported that they felt better able to **balance their caring role** to protect their own health and wellbeing;
- **81%** reported that they were **better able to cope** and avoid crisis;
- **86%** reported they were more aware of **support available to them** and able to access support and services they might not otherwise have accessed;
- **82%** reported they were supported to feel more **confident** in their caring role and make informed decisions
- **100%** of Unpaid Carers who informed the Centre they were **unable to get a break** for their caring role were **signposted to Swindon Borough Council and / or external funding opportunities**;
- **32** Unpaid Carers were supported to access **funding for Carer Relief** throughout the year to support them to take a regular break from their caring role

For Young Unpaid Carers:

- **100%** of young people reported having a **break from home**, after attending support group;
- **100%** of young people reported that they had made **new friends** or spent time with friends they met through the Young Carers service;
- **93%** of young people reported **an improvement in their wellbeing** after taking part in a support group.

For Parent Unpaid Carers, **228** were supported throughout the year, including 1:1 support, funding, signposting and social events.

5.4.11 Therapeutic activities to enhance wellbeing

A therapeutic arts offer is available in Swindon to support people to express and explore their thoughts and emotions holistically through talking therapies, creative arts and music to help people explore their wellbeing and help develop coping skills.

This is provided by the charity Ipsum, and aims to reduce stress, anxiety, low mood and depression, behavioural issues and relationship and attachment disorders.

With over 45 therapists offering 1:1, couple and youth counselling sessions, Ipsum report to have seen **over 1000 new people in 2022/23**, and offered the following support:

- 408 Creative Art Groups and 51 Creative Writing Groups;
- 6,120 1:1 psychotherapy sessions;
- 1,632 music sessions both in groups and on a 1:1 basis;
- Delivery of art sessions in 2 outreach sites across Swindon

In addition, TWIGS (Therapeutic Work in Gardening Swindon), provided by the charity The Recovery Tree, enables people to access green spaces to support with the reduction of stress, fatigue, anxiety and depression.

In 2022/23, TWIGS supported, on average, **71 people per quarter**. The majority of those working with TWIGS attend once a week. Over the course of the year 22/23, 22 people provided the following feedback to The Recovery Tree:

- **84%** felt their **mental health had improved** since they started using TWIGS;
- **65%** felt their physical health had **improved** since they started using TWIGS;
- **61%** felt they had an **improved social network** through attending TWIGS;
- 49% felt they need less support from specialist mental health services since receiving a service at TWIGS.

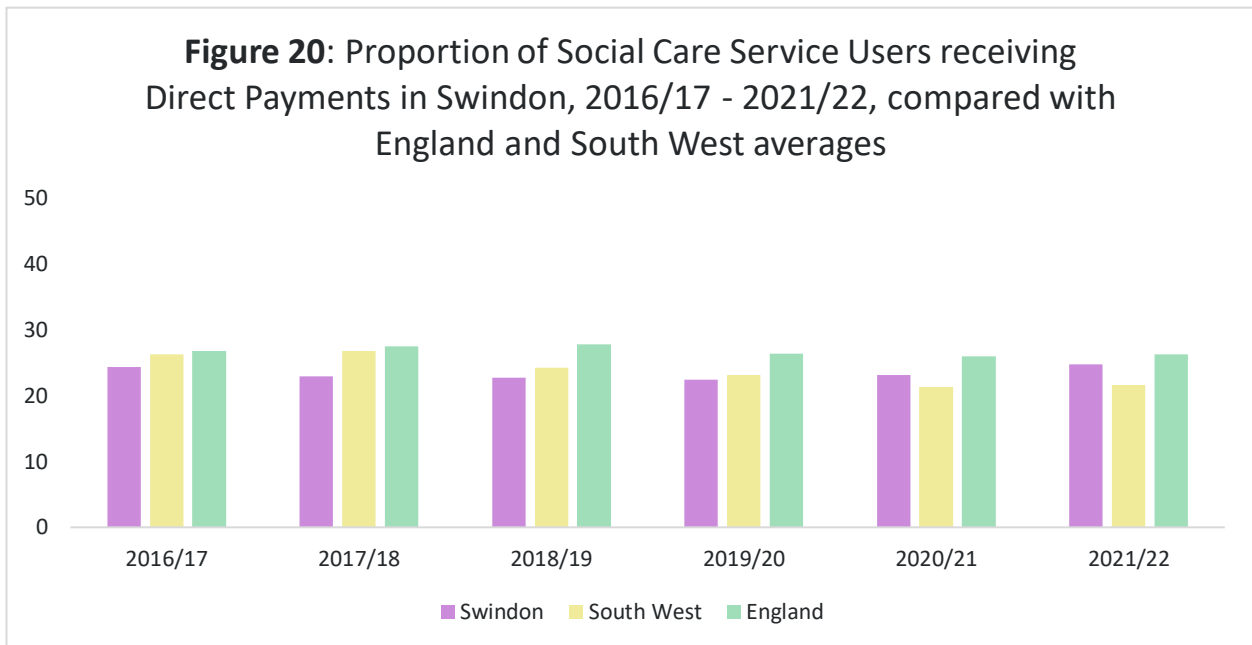
5.5 Self-directed care

Where possible and appropriate, we support local people to choose and manage some or all of their own social care and support offer, by encouraging and offering the use of self-directed

care. This ensures local people continue to have control, flexibility and autonomy of their own care, as well as promoting choice in how their care is delivered.

In Swindon, this is supported via the use of Direct Payments and Personal Health Budgets (i.e., a monetary payment made to adults who request it in order to meet some or all of their eligible care and support needs). Both of these can be applied for by adults with care and support needs, and by adult Unpaid Carers. To support direct payments as a choice for local people, we commission a Direct Payment Support Service, provided by the Enham Trust.

The proportion of adult social care service users and adult Unpaid Carers who have chosen to benefit from direct payments in Swindon, over the last few years, is illustrated in figures below. Figure 20 demonstrates that a little under a quarter of local people working with adult social services are choosing to use direct payments (24.7% in 2021/22). A similar proportion of local Unpaid Carers are using direct payment arrangements (23.6% in 2021/22), as demonstrated in figure 21. Generally, the uptake of direct payment has remained fairly stable over the past six years.

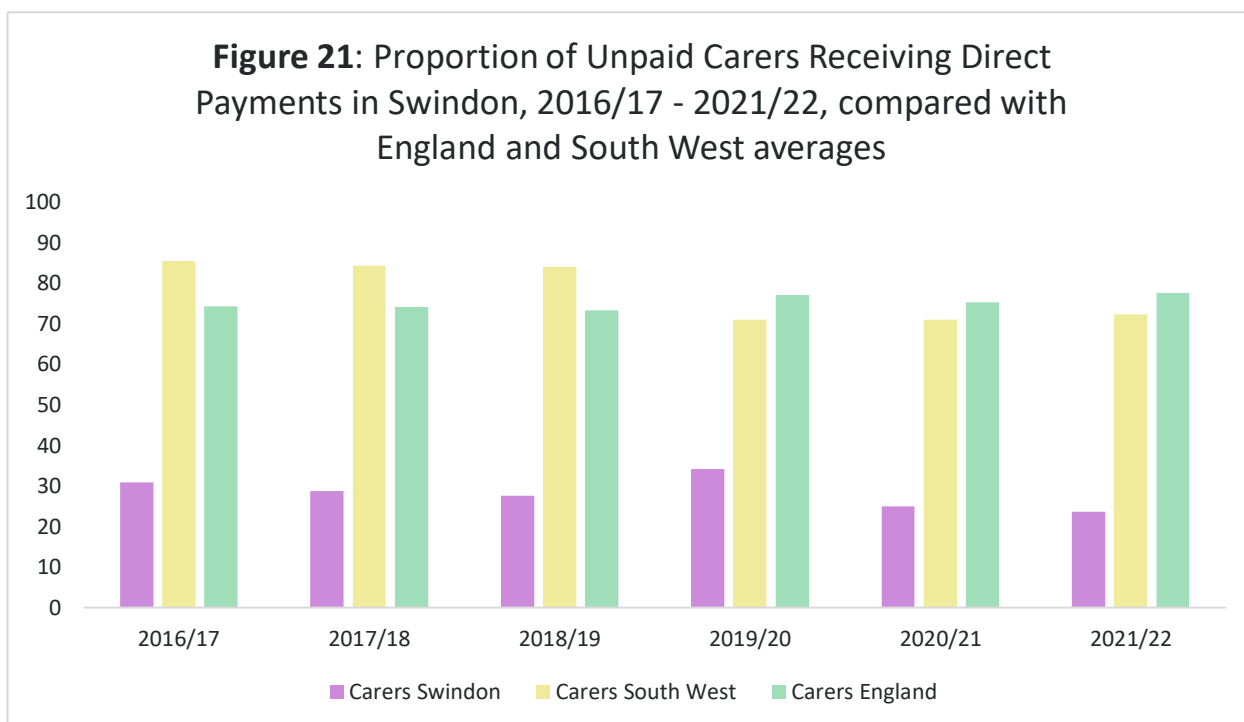


Whilst for social care service users, our proportional uptake for direct payments is similar to that seen across England and the South West of England, **we are significantly lower than the national and regional averages for the uptake of direct payments by our local Unpaid Carers.**

There are currently **356 people employed directly by people using Self Directed Care in Swindon.** These individuals have been supported to become an employer of their own care and support, and manage their employment responsibilities, with advice, guidance and support provided by Enham Trust. This helps to increase the skills of the individual employer, whilst providing them with choice and control over the support they receive.

Going forwards, we hope to better understand what might prevent, or indeed empower, local people to consider self-directed support, and where possible, ensure that the local people who want to take control of their own care and support needs are able to so.

We also wish to consider how to better promote local people to become Personal Assistants in Swindon to enhance the local self-directed care offer.



5.6 Self-funded population

A self-funder is someone who arranges and funds their own care and support. This can include purchasing residential care, care at home or other types of support such as assistance with shopping and cleaning.

The Care Act (2014) outlines that local authorities have a duty to promote an efficient and effective care market that is diverse, sustainable and high quality for the whole local population, including those who fund their own care. In addition, in September 2021, the UK Government published plans to reform adult social care going forwards, with the introduction

of a proposed new cap on the amount an individual might expect to pay for care in their lifetime – a proposed rate of £86,000.

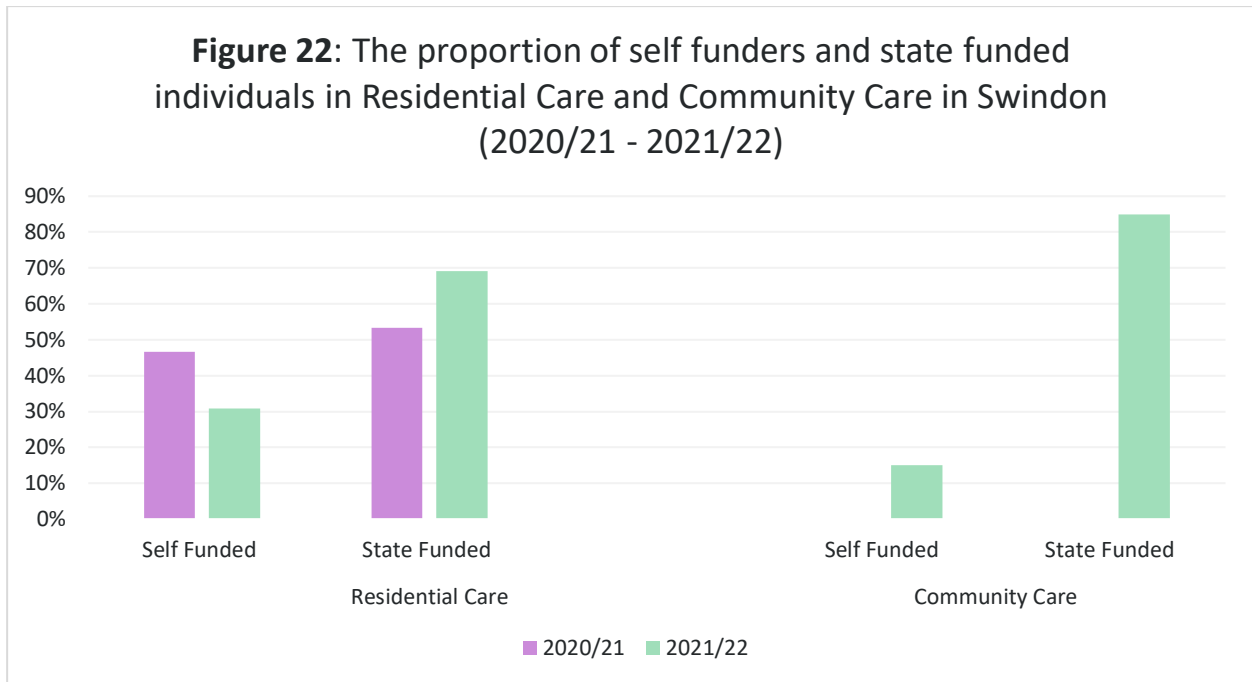
Whilst this reform has been delayed for at least two years in 2022, it highlights how important it is for Swindon and our partners to be aware of our self-funder market. This ensures we are able to plan and support these individuals if and when they require our assistance to source or indeed fund their care.

Nationally, we know:

- Approximately 35% care home residents in England are self-funders; 26% of people using community care services are self-funders;
- Care homes and community care services located in the least deprived areas have a significantly higher proportion of self-funders compared to the most deprived areas care locations;
- Care homes and community care services providing care for older people have the highest proportion of self-funders.

In 2021/22, as demonstrated in Figure 22, Swindon estimates:

- 31% of the population requiring residential care (including nursing homes) were funding their own care.
- This was a drop from 47% of the population funding their own residential care in 2020/21. A similar reduction in proportion of self-funders in residential care can be observed in the national data - which saw a reduction of 12.4% of self-funders compared to pre-COVID 19 pandemic data (2019/20). This may be due to the decreasing overall care home resident population and occupation, which we believe is likely to continue particularly in residential only care homes.
- 15% of the population requiring community-based care and support were funding their own care.
- Please note, only 2021/22 self-funding data is available for community-based care. We hope the Office of National Statistics will continue to publish these estimations, alongside that gathered from the CQC Provider Information Return so we continue to have an understanding of our self-funding market.
- Anecdotally, our provider market informs us that requests for self-funded care is now increasing again, particularly in care at home.



6 Local care and support workforce

In 2021/22, there were **5,000 filled posts in Swindon’s adult social care workforce**.

This can be broken down as follows²⁰:

- There are **87 CQC registered adult social care employers** in Swindon, in addition to a number of other employers which are not regulated by CQC;
- There were an estimated **250 direct payment recipients** employing their own care staff during this time period;

In terms of employment by service:

- 2,200 members of the adult social care workforce in Swindon work in the domiciliary care sector
- 1,900 members of the workforce work in residential services
- 800 offer community services in their roles
- And 75 workforce members deliver day services

Of the job roles in place, 4,100 roles were provided by the local authority and independent sector²¹, as follows:

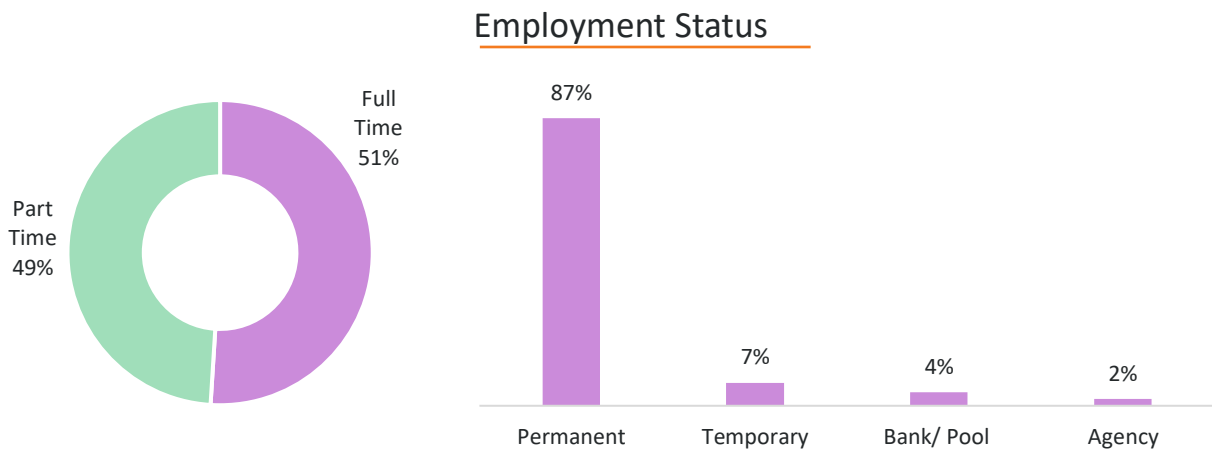
- 3,000 of these roles are involved in providing direct care;

²⁰ [Skills for Care – Workforce Intelligence by My Local Authority Area](#)

²¹ This figure pertains to filled posts by the local authority and regulated independent sectors only – it does not contain information about filled posts for direct payment recipients or adult social care jobs in the NHS or voluntary, community and social enterprises

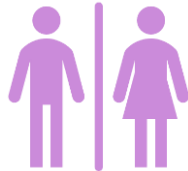
- 325 roles are managerial;
- 225 roles are regulated professionals;
- And 550 people are in other roles that support the adult social care function such as ancillary and administrative staff.

6.1 The Swindon adult social care workforce profiles²²

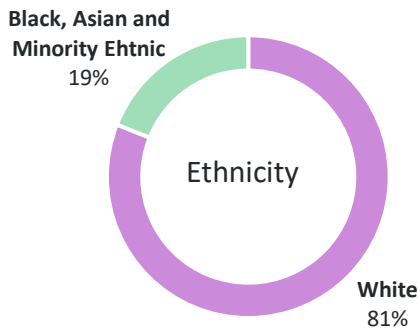
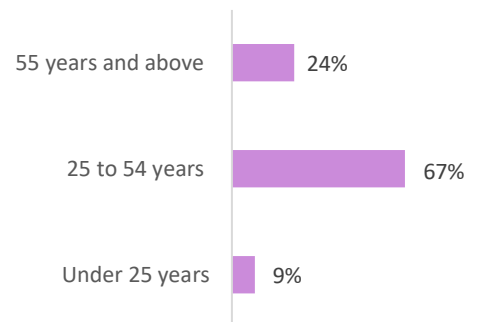


Zero Hours Contracts

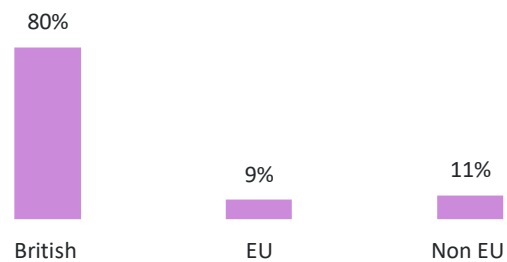
22% of workers were employed on **zero hours contracts (or 900 posts)** – compared to England’s average of 24%



85% of the workforce in Swindon is female, with 15% being male



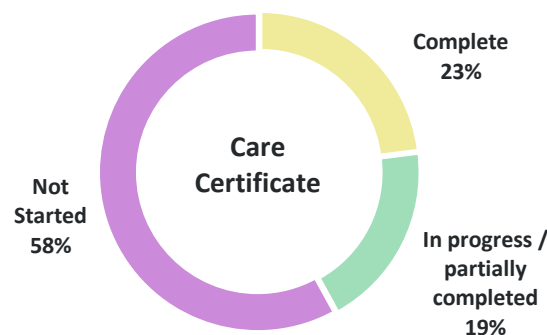
Nationality



²² This information pertains to filled posts by the local authority and regulated independent sectors only – it does not contain information about filled posts for direct payment recipients or adult social care jobs in the NHS or voluntary, community and social enterprises

In terms of qualifications and training, we know that **47%** of the adult social care workforce employed by Swindon Borough Council or the independent sector in Swindon **hold a qualification relevant to social care** (excluding regulated professionals). This is a similar proportion of the adult social care workforce across England.

In terms of the Care Certificate, **42%** of individuals had **achieved or were working towards the Care Certificate**²³. This is slightly lower than the England average, where 48% of the total workforce had achieved or were working towards the Certificate. It is important to note this proportional figure includes ancillary and administrative staff.



6.2 Recruitment and retention of the Swindon adult social care workforce

The challenges to recruit and retain care workers (and other roles) within the adult social care sector across the UK has become significantly evident in recent years. Whilst some of these pressures existed pre-COVID 19, the recent pandemic has highlighted and exacerbated longstanding workforce issues – shining a light on the potential lack of investment in the sector and lack of recognition of the skills required for such professional roles.

- **There are high vacancy rates:** Skills for Care²⁴, the workforce development and planning body for adult social care in England, have reported that the vacancy rate in 2021/22 has risen to its peak since records began in 2012/13, at a rate of 10.7% (n=165,000 vacant posts in England).
- **High turnover:** Skills for Care also estimate the turnover rate of staff working in the adult social care sector was 29% in 2021/22²⁵, equating to 400,000 leavers in that 12-month period. However, it is estimated that the majority of leavers from employers remain within the sector - 63% of recruitment comes from within adult social care. This suggests a transient workforce, but also that there is little employment growth in the sector to meet the growing demand.
- **Staff morale and burnout:** Exacerbated by the COVID 19 pandemic, and contributed by the factors listed above, there is growing concern about the wellbeing and sustainability of the adult social care workforce.

²³ [Care Certificate – Skills for Care](#)

²⁴ [Skills for Care](#) (October 2022)

²⁵ [Skills for Care – The State of the adult social care sector and workforce in England](#) (2022)

- **The attractiveness of the adult social care sector:** The adult social care sector received significant attention during and since the pandemic – highlighting the points listed above, in addition to concerns around the wages paid to care workers, which is falling behind other sectors such as retail and hospitality. As such, employment or a career in social care may not be seen as attractive as it once was.

In Swindon, we have not avoided such challenges with our local adult social care workforce. In 2021/22, there was vacancy rate of **10.1%** in adult social care, equating to **425 posts**. 7 out of 10 vacancies were recruited from within the care sector, and there was a turnover rate of **35.5% (or a total of 1,400 leavers)**.

6.3 What does this mean for Swindon?

At Swindon, we want to ensure our local adult social care workforce continues to provide the highest quality of care for the local people who need it. We want to do this by ensuring that we attract and retain passionate and well-trained Care Workers to deliver meaningful care that effectively support local people to live the lives that they want. In addition, we want to see a local adult social care sector that supports excellent employment opportunities for our local communities.

This means considering the demographic profile of our workforce and how this aligns with our local communities, including the cultural and diverse needs of people receiving care.

Furthermore, **we know complexity of health and care needs for our local people are increasing and so we will need to consider any additional training and support that might be required for our local social care workforce to meet these needs.** In addition, we hope additional training opportunities will support a motivated workforce through creating a clearer career progression pathway.

7 Quality of adult social care in Swindon

We are very proud to say that of our regulated care provision in Swindon, **94%** are rated as good or outstanding by the Quality Care Commission.

In addition, the Adult Social Care Outcomes Framework (ASCOF) provides us with information about the experiences of people using adult social care in Swindon, compared with our ‘nearest neighbour’ authorities²⁶. This tells us that in 2021/22:



7 out of 10 local people working with social care in Swindon are **satisfied** with their care and support offer.

²⁶

Authority, and not wholly private, self-funded care.



89% of individuals working with Swindon’s adult social care offer reported that our services have helped them to **feel safe and secure**.



The proportion of people who find it **very or fairly easy to find information about the local support offer in Swindon is higher than the South West and England averages, at 68%**. However, we are slightly below the national and regional average for the proportion of Unpaid Carers that are aged 65 years and over who find it easy to find out information about their support, at 55%



Almost 8 in 10 people receiving social care support report having **control over their daily lives**. This is slightly below the South West average, but above that seen across England.

These are some of things local people have recently told us about the care they are receiving in Swindon:

“I’d be lost without them. I have a very good relationship with the Care Workers who sometimes stay after working hours to provide me with further support. The staff have worked with me to clear my home but have ensured the things I care about are kept.”

“They (the Care Workers) look after me the best they can. They are very supportive”.

In our ‘My Care, My views’ survey people are asked to rate out of 5 stars their experiences against a series of statements (inspired by TLAP), we have seen an average rating of 4.25 out of 5 stars for *“My care and support is well organised. Everyone works well with each other, and with me.”*

8 Future needs

Swindon Borough Council’s most recent Adult Social Care Strategy and the Swindon Integrated Care Alliance set out a vision of **“Lives, not Services”** supporting everyone to achieve good outcomes: to have **a good life, a home, a friend and a purpose**.

We recognise there are challenges to be overcome to realise this vision, not least in relation to the impact of the cost-of-living crisis, and the imperative to reduce health inequalities. We need to ensure we do more to work in an integrated way.

We need to work together as a whole system to do this, and we regard providers of care and support, in its widest sense, as being an integral part of that. We need to think about how we work together, and share information across the system much more effectively. We are all

working together to achieve the best outcomes for individuals, and **no single part of the system can achieve this alone.**

We know that in Swindon:

- More older people will be living alone.
- There is an increasing number of people over 65 with dementia.
- An increase of people with a learning disability and for people with autistic spectrum disorders, who may also have mental health needs.
- There is significant growth in the number of older people with disabilities.
- The requirement for long-term care will increase.
- The support provided by Unpaid Carers is invaluable and demand on them is increasing.
- The demand for residential care is declining but increasing for nursing care, reflecting greater complexity of needs.
- The demand for care at home has been declining, although this may be temporary.
- There is an ongoing challenge in recruiting and retaining the care and support workforce.

To achieve the vision, and to meet the future needs of Swindon's population, we want to ensure the stability of the care and support market. A vibrant care market is vital. **We need to think of care and support not so much as something that carries a large cost, but more as a net contributor to the social and economic wellbeing of Swindon.** A stable, properly rewarded workforce contributes to local economic activity, as does a population which is supported to maintain health, wellbeing and independence.

Our current commissioning intentions reflect some clear priorities for the market. They are summarised here, but we see these as a starting point for further dialogue about how, in an integrated way, we can meet the future care and support needs of people in Swindon:

8.1 We will ensure that we hear the Voices of Lived Experience

We are committed to doing nothing without first hearing the voice of people with lived experience and embedding this across all our commissioning activity, via our new **Working Together Plan vision 'Nothing about us without us'**. This includes hearing the voice of people with lived experience in the development of all our strategies and being central to our quality assurance framework, which will take into account how the voice of lived experience is heard, evidenced and responded to by providers. We will ensure that new and recommissioned services always include the voices of people with lived experience to help define what good looks like and be part of the evaluation processes.

We would like to work with local providers of care to understand how they can support us achieve this ambition as a system of care, but also in their own care day to day care delivery.

8.2 We will shift pathways, resources and services into the community

As a system across health and social care, we are committed to preventing crisis and the escalation of health and care needs that could have been prevented or delayed. This partly

involves focusing on investment into community services, closer to people's homes and their communities, but also recognising the importance of specialist services, often within the VCSE sector, that can help people stay emotionally well, and reduce anxiety through a number of support offer. Essentially, we need to ensure we refine pathways to ensure a truly integrated approach.

Over the next few years, we want to ensure we commission services that provide proactive and preventative support services giving local people the tools to self-care. We will work with local communities to shape this to ensure they get the support they need.

8.3 We will enable more people to direct their care and support

We need to ensure that everyone can have an opportunity to have access to, and shape their care and support, especially those who are not currently heard clearly or sufficiently well supported, such as people with Learning Disabilities and Autism.

We want to continue to enhance the role of advocacy in support of this.

In order for people to make informed choices about the care and support they receive, they will need to have access to information, advice and guidance.

We intend to enable more people to benefit from self-directed support, through direct payments and Individual Service Funds (ISFs), and Personal Assistants (PAs) who are trained in strength-based approaches. We are keen to review and enhance the support for people choosing direct payments.

There is an opportunity to build capacity and the skills base in the market to develop this. We are interested in exploring this further with people and organisations who could deliver ISFs, including micro providers.

8.4 We will develop a community based care strategy

The Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) are developing a new community based care strategy for all community services (i.e., those based out of hospital). The strategy will set out how pathways will change across Swindon and BSW ICB to support people to stay well at home for as long as possible. We also aim to establish local integrated neighbourhood teams to support individuals with complex and co-occurring needs in a more joined up way.

This will involve working with all providers and the voluntary and community sector in a different, more collaborative way. This is an exciting opportunity, and we will be looking for providers to work with us in a close, partnership approach to support people to remain as independent and healthy as possible in their own homes or as close to home as possible.

8.5 We want to build on the strengths and personal and community assets

We believe that strength-based practice, including greater use of personal and community assets, and a greater focus of commissioning at a community level, will support us to meet the

needs of an increasing population. This highlights the importance of people having choice and control over their lives.

We are keen to align care at home provision with community-based delivery, which will enable more opportunities to recruit staff from local communities, and for those staff to link people they support to community assets and networks.

8.6 We want to support people to stay at home for longer, where possible

There is likely to be an increase in the number of older people living alone by 2040. We believe there is an opportunity to think innovatively and develop different kinds of housing, including enhancing supported housing. We also need to ensure we strengthen our approach to working alongside supported housing providers, who are part of a system of support for people, often with substance misuse and mental health challenges, moving towards longer term care in their own homes.

To this end, we would like to review existing extra care provision, and think about how we can better support people in their own communities.

8.7 We want to keep people out of hospital via effective step-up and step down/Home First processes

We want to ensure that people are on the most appropriate discharge pathway when they leave hospital, to build on the Home First model, which aims to achieve better outcomes for people who return to their own homes with reablement, rather than going into residential settings; or who are stepping down from mental health admission back into community settings. This in turn will free up capacity which is currently limited.

We are also keen to enhance provision for people being discharged from hospital, through building the pool of specialised Personal Assistants, and embracing the role of VCSE organisations as part of this.

8.8 We want to explore how we can meet lower-level clinical needs at home

In line with enabling people to stay out of hospital, and to live independently at home, there is a need to better align our care at home provision with community health teams. This might include **developing the skill base within our care at home provision**. This may include developing the skill base of some staff in our care at home provision and closer working with community health teams over the course of the next 5 years.

8.9 We want to build on the role of trusted assessors

We would like to continue the development of the trusted assessor model. It is currently being extended to ensure 7-day throughout the year. Care homes have indicated that the role is supportive in facilitating timely and personalised safe discharge from hospital.

There is an opportunity for the trusted assessor's role to be strengthened in support of care co-ordination for people in care homes.

There is also the potential to develop the trusted assessor role in care at home, to enable more timely and appropriate review and amendment of care packages.

8.10 We want to invest in Technology Enabled Care

Adult services is developing a Technology Enabled Care service to utilise technology to deliver better outcomes for residents. Technology is a financially sustainable way to support people to remain in their own home and retain independence whilst ensuring they remain safe and well and there is a significant role for technology as an additional form of support to meet care needs.

We will explore with providers how they can develop a mixed offer of care and technology with the aim of supporting people to maintain their independence and to maximise our capacity for hands on care services.

8.11 More investment in nursing care for those who can no longer remain at home

Although there has been a reduction in residential support due to increasing care at home capacity, this has resulted in people with higher levels of care and nursing needs requiring more nursing residential support. Demand for nursing placements in the last 18 months has been higher than expected, and there is an opportunity to build capacity in this respect. There are some challenges in meeting more complex residential and nursing needs, particularly in relation to later journey dementia.

There is an ongoing need for workforce development: the changing profile of need for care home placements to support people with more complex needs such as people with later life dementia needs will **require more specialist staff skills and capacity along with adjustments to the built environment.**

8.12 Investing in and developing our local workforce

We need to address the ongoing challenges around workforce recruitment and retention, and to promote the value of care and as a positive career choice in Swindon. This will require a more joined up approach to the development of a workforce strategy, encompassing care and health together, and working closely with all providers of support and care. Workforce development will be supported through the ongoing implementation of the BSW Academy plan, and through the Adult Workforce Strategy and plan, aimed at the wider adult social care workforce as a whole, including providers.

We would like to explore ways of recruiting more widely from all areas and community groups. We will explore how to make reasonable adjustments, as part of a commitment to ensuring more people with protected characteristics can be employed in care and support.

8.13 Net zero commitment

We want to reduce carbon emissions across Swindon by 2050. This will potentially have a beneficial impact on the market, housing stock and travel arrangements.

We intend to work with care homes to review building stock and the capacity to renovate, in response to the changing needs of residents along with zero carbon targets.

There are opportunities to address this through our commissioning arrangements, both in relation to care homes, and for care at home.

We will need to rethink the operational model for care at home, so that it can be more locality based. This will reduce travel time and costs and will support our developing approach to integrated neighbourhood teams.

9 Keys messages

Below is a summary of the key messages that we wish to share with our current and potential provider market for adult social care support. It highlights what we want to achieve over the next five years, and how we believe we can work together as a system, in partnership with providers of care and support, to accomplish this.

We need to work together as a whole system to do this, and we regard providers of care and support, in its widest sense, as being an integral part of that. We need to think about how we work together, and share information across the system much more effectively. We are all working together to achieve the best outcomes for individuals, and **no single part of the system can achieve this alone.**

At Swindon Borough Council, we recognise that our local commissioning arrangements need further development, and this MPS should be regarded as part of a shared improvement journey. We acknowledge that there has been a lapse in some of our relationships with the local care market, and we are keen to rectify this. Adult Service's capacity has been limited: we need to address this through recruitment and the development of our commissioning function and models to ensure that the ambitions of this MPS can be achieved within the next 5 years. **We are committed to co-designing the approach, and we aim to hold regular open discussions with all parts of the market, via our forum arrangements to co-create an action plan to ensure the objectives of this statement are realised. We also want to work better with new and/or potential providers that would like to start a relationship with us, when there is capacity to do so. We are committed to reviewing progress together annually.**

- **We acknowledge in order to deliver our objectives over the next five years, we need to enhance our own commissioning capacity and ensure our commissioning models are appropriate. This is an integral step for our 5 year journey.** We want to adopt a shared approach to developing a quality assurance framework for Swindon, and ensuring that tendering processes are proportionate and payment mechanisms are appropriate.
- We recognise that to enable people to live well, safely and independently, we need to embrace the **strengths and assets of individuals and communities.** No single part of the system can achieve this alone. We would like to promote an approach which reflects the

diversity of our population in its broadest sense. We are committed to developing the market to support this.

- We will be embedding greater emphasis on **social value** in all tendering opportunities coming out to the market and asking for plans and approaches for implementation in any tender and ongoing contract delivery.
- We will be making the **voice of people with lived experience central** to all our commissioning activity and are developing a detailed strategy to embed a co-productive approach in everything we do.
- We need care and support provision that is able to meet a number of presenting needs of individuals, including those with increasing **mental health, wellbeing and safety issues**. We want to work with the expertise of the social care market to understand how we might best achieve this.
- We will better join up our own commissioning arrangements for young people transitioning into adult services, to **prevent the escalation of their health and care needs through better collaboration and partnership**.
- People will need **more information, advice and guidance** about the local support offer and services that are available to enable them to live independently for longer. We need to work together to ensure that this is up to date, and easy to find.
- **The demand for care at home may rise, and we need to work in partnership with our providers to operate more locally based, to support flexibility of delivery, and to enhance the level of support for a broader range of needs**. This may include enhancing the skill base of the care at home workforce and exploring over the next years moving closer to an outcome based delivery model from a traditional time and task delivery model.
- **There will be a greater demand for housing that offers integrated care and support for people especially for people with a learning disability and / or autism**, for example intergenerational extra care housing. We will review our Housing with Care arrangements, via a discovery paper, to understand how we can create a Strategy that outlines our vision to align these two areas more effectively.
- There will be an increased expectation that providers who are delivering care in supported and independent living accommodation services will be focused on **maximising the health and wellbeing of local people, and enabling them to connect with their local community**, with a range of services to support this.
- The number of people using direct payments is likely to rise, meaning that providers will increasingly be marketing their services direct to people who use services. **A pool of trained PAs and micro-providers is likely to emerge in response to this. We want direct payments to also support the creative use of community assets, beyond what might be seen as traditional care** (e.g., adult educated leisure services).
- Building on the work of the Pay and Award programme in Swindon Borough Council, **we will need to find ways of making care a positive career choice**, appropriately rewarded and incentivised, with opportunities for progression and professional development that work across social care and health boundaries. We are committed to working with local providers to consider what skills and training may be beneficial to our local care market and how they can assist with this, and we will explore how we can help source or deliver such training opportunities with our education providers.

- We want to better understand providers' business models and **what is required to be sustainable**. We understand that this involves forecasting on a more long-term basis, and ongoing dialogue about shared approaches to meeting demand is essential to this.
- We want to ensure providers are able to support Council and Health funded placements, and do not have to prioritise self-funders in order to remain in business. In light of the Fair Cost of Care exercise in England, **we will continue to invest in services appropriately, supported by transparent and fair annual fee negotiation meetings based on open book discussions and the available financial envelope**.
- We want to work with you to **co-design how we monitor the quality, impact and outcomes of adult social care provision**. We are in the process of developing a new quality assurance framework and wish to involve our care market and local people with lived experience in the development of this.
- There will be emerging **future business opportunities** for the market as reviews are undertaken for all existing contracts, and our commissioning function, models and services are reshaped, as required, and in line with this MPS.

If you would like to hold further discussions with Swindon regarding how we might work together to meet these ambitions for adult social care and health, please contact:

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Appendix A – Swindon’s Integrated Care Alliance Delivery Plan (May 2023)



Swindon ICA
Delivery Plan ICP Im
