

Reshaping Demand Enquiry Programme

Diversity Impact Assessment Final

1 Purpose

We know that our current position of increasing demand and decreasing resources means both the way in which we provide services and the level of service provision is unsustainable. There is a need to transform the service. Our response to this challenge will require a shift in the internal and external culture, from a place “where the Council assumes a greater burden of responsibility, to one where people understand that they can and more importantly should do more for themselves in order to lead lives that fulfil their needs.

We will achieve this by pursuing **three priorities**, which ensure that we focus on prevention; targeted intervention and specialist support for the most vulnerable so that:

- People lead more fulfilling lives by enabling personal choice and independence whilst taking personal responsibility for using their own resources where possible (prevention and personalisation for all)
- We build the capabilities and skills of communities, service users, carers and our workforce so that people are able to live as independently as possible and we make the most out of our shared resources (targeted support/reablement/recovery)
- We ensure we continue to protect the most vulnerable people in Swindon (treatment/specialist support)

The detailed information about the people affected by the Adult demand work programme, is included in the Adult Demand Programme Mandate, which will have been published on the Swindon Borough Council Website as part of the papers to Joint Commissioning Board Children and Adult September 2012 agenda pack. Further data is also in the Joint Strategic Needs Assessment, which is published on NHS Swindon website and will be published on the website for the forthcoming Health & Wellbeing Board.

Current provision

2.1 Current spent on services for adults

Spend on Adult Social Care comes from the General Fund Revenue Account. The total spent in 2011/12 was £43.583m. This has risen to £51.083m for 2012/13. It is important to note that this is the new figure that reflects both adults and children’s commissioning in the new stronger together structure that brought together services such as adults and children’s safeguarding, adults and children’s voluntary organisation budgets etc. The equivalent figure for adult social care only is £44.9m which is a rise of £1.3m over 2011/12. The majority of spend is on contract payments, staff and care packages. £8m per annum is spent on our contract with our key strategic partner SEQOL and £38.7m on care packages for individuals. Overall 31% of our Council Tax Bill is spent on Adult Social Care. The actual number of people supported by Adult social care were 5,991 in 2010/11 and 5817 in 2011/12 so there was a slight drop. However although there are fewer people

being supported, the actual level of support and services they are receiving has increased by 9%. This is likely due to older people having more complex needs and therefore needing the support of more than one service.

Of the £38.7m that is spent on packages of care £5.7m is spent on mental health, £21.6m on learning disabilities (including previous NHS clients) and £11.4m on older people and people with physical disabilities. Within the spend on learning disabilities £13.3m is spent on providing residential placements.

In addition to Council funding, the PCT contributes towards community health care. In 2011/12 the PCT contributed £17m for mental health, £16m for services for older people and those with physical disabilities and £261k for services supporting people with learning disabilities.

There are a wide range of providers supporting vulnerable adults and children:

- Voluntary , community and third sector organisations of whom 25 organisations are contracted to provide services
- Social Enterprise Quality of Life providing integrated services across health and social care
- Avon and Wiltshire Mental Health Trust providing specialist mental health services
- Great Western Hospital providing acute health services
- Swindon Borough Council delivery of services for children ,families, leisure and culture

2.2 Our Population: Getting older, living longer, with more complex conditions

2.2.1 Older People

Whilst our resources are constrained and will constrict further, we also anticipate rising levels in demand for services in Adult Social Care and health due to demographic changes. Over the next three years to 2015, the population of over 65s in Swindon is projected to rise by 14.3% from 28,857 in 2008 to 32,944 in 2015. The number of over 85s is forecast to rise by 21.1% or 816 people. This group tends to have more complex and multiple needs; for example a combination of health conditions such as dementia, stroke and heart disease. By 2015 there are projected to be 4,133 suffering from diabetes, representing a rise of 513 people. The number of people with dementia is expected to rise by 285 per year to 2,289 by 2015. There will be 96 more people each year (total 767 people) with a heart condition following a stroke by 2015. This increase in long term conditions and older age is often reflected in increased emergency hospital admissions and planned admissions for people with long term conditions. In 2011/12 emergency admissions reduced by 10% but in April and May 2012 these have already increased compared to April and May 2011.

With our current model of service delivery this will lead to an increase in need and care packages which over time will be unaffordable.

There is little we can do to affect the population changes. A positive change in health screening or promoting healthy lifestyle could reduce the complexity of conditions which turn would positively affect quality of life and the financial impact.

2.2.2 Learning Disabilities and Mental Health

In terms of other categories such as Learning Disability and Mental Health, we have a less clear picture of anticipated demand over the next few years. In May 2012 we were supporting 377 service users with a learning disability of which 141 are receiving domiciliary care, 76 in supported living, 151 in residential and 9 in nursing care. This represents increase of 36 people compared to March 2011 when 341 service users were supported. Within mental health services we are supporting 92 service users in domiciliary care, 151 in residential, 18 in supported living and 72 nursing making a total of 333 currently in receipt of care. This represents an increase of 3 users of services since March 2011. This data related to the cost of packages of care.

We anticipate that we will have more people with learning disabilities reaching adulthood and older age and we want more people to live locally within communities and find supported employment. This means our current model of service delivery will come under increasing funding pressure in the next few years and needs to be addressed for future sustainability

People with learning disabilities are still not getting the opportunities they need to lead full lives and realise their potential, and within social care there is an over-reliance on traditional services such as day centres and care homes. This has led to a culture of dependency and expectation that these services will automatically be provided to all. There is a lack of person centred long-term planning to help people and their families to think creatively about their solutions and take more control over their lives. Driving the personalisation agenda will only enhance this longer term planning for individuals to take greater control.

2.2.3 People from diverse communities

Swindon has a changing population with increasing numbers from minority ethnic communities and diverse back grounds. Using school based information, we know that over 100 languages are spoken in Swindon and the population of children from diverse backgrounds has been increasing year on year. People who are vulnerable and accessing social; care services live disproportionately in areas of disadvantage. Areas of disadvantage also have a higher number of people with poor health and higher admission to hospitals. We have limited information about people on the basis of religion, sexual orientation and gender identity. Public health will be undertaking a detailed analysis of data from the forthcoming release of census data and this will include an analysis of the needs of people frm diverse background. The information from this will then be fed into each of the work streams to ensure the needs of people are identified and addressed as part of the work undertaken.

2.3 The Need for Good Health and Well-being

The general health of people in Swindon is good, by national standards, and life expectancy for both men and women has been improving steadily. However, this masks the inequalities in health that exist within our population. In the most deprived areas of Swindon (the 10% most deprived), life expectancy is 8.6 years lower for men and 7.9 years lower for women, than the respective life expectancies for men and women in the

10% least deprived areas. Moreover, the most deprived areas of Swindon have the highest prevalence of chronic conditions (such as heart disease, diabetes and cancer) in the local population, the highest rate of emergency hospital admissions (after allowing for age), and the highest rate of death before 75 years of age.

People in more deprived areas tend to follow less healthy lifestyles than their more affluent peers, for example, being more likely to smoke, to consume more alcohol and to have an unhealthy weight. People living in deprived areas probably need more help in pursuing a healthy way of life and in using health services, but may be less likely to gain access to available support. We will also need to bear in mind the needs of other vulnerable groups. If we do not address these issues, we may be faced with increasing numbers of people who are living longer, but who need more assistance in coping with ill-health and disability, which might have been prevented.

2.4 How we treat people and what they expect

Our current model of service provision and associated culture is based on a traditional model of care with low numbers of personal budgets. For example, Learning Disability provision relies predominantly on day centres and residential placements. Reviews, where they take place, tend to focus on whether an individual is happy in their current provision rather than looking at whether their needs could be met in different ways and also people's capabilities potential, so reinforcing the status quo. It is argued that this traditional model of care contributes to a dependency culture where people expect the Council to provide them with services rather than promoting personal responsibility so that people think about what they and the community can do for themselves and each other. This devalues people and communities' personal strengths and underestimates what they can achieve, reinforcing dependency on a traditional and in the long-term an unaffordable model of provision rather than empowering people to take responsibility for their lives, with appropriate support as necessary

If this issue is not addressed it will combine with the issue of population growth speeding the rate at which our model becomes unaffordable.

The positive impact of dealing with this issue can be a better quality of life through people being independent for longer as well as reaping organisational financial benefits.

2.5 Information quality preventing people from making choices

Currently, people enter the system via multiple pathways which can cause confusion and prevent people accessing services early on before a crisis point is reached. There is no single point of advice and information, the website of Swindon Borough Council needs to be improved and there are multiple service directories which are not widely available. One particular issue is transitions between Children and Adult services which still need to be improved, including improving the expectation management with people and their families. For older people, there is a lack of good information to help people plan for their long-term care needs, particularly in the case of those who self-fund where their expectations of what costs the Local Authority can meet when their income runs out may not be realistic.

As an authority we have little knowledge of the services/provision that may be available or have any measure of their quality apart from the services provided by voluntary and third sector agencies whom we fund. Information provision can be out of date and is

inconsistent throughout our service and that of our partners. It is questionable whether the tone of some information given promotes independence.

If this issue is not addressed we will struggle to shift perception or enable people to make the right choices for themselves or loved ones.

Better information provision will reduce demand on our services and will promote independence. It will also reduce the stress that uncertainty can create.

2.6 Vision for Adult Social Care and Developing the Market

Analysis of the context suggests much of our current provision and processes have developed in a piecemeal fashion rather than in response to a specific vision for Adult Social Care. This can be seen for instance in our relatively under-developed market for provision from alternative providers in the voluntary and community sector. The contracts we currently have are not outcome based or robustly monitored; however there is an opportunity to re-focus these contracts as they are re-commissioned over the next 12 months. There may be opportunities to help VCS organisations to reduce costs and improve efficiency through improved infrastructure and joint working.

2.7 Information Gaps

There are also gaps in our knowledge and provision for specific groups such as those with an Autistic Spectrum Disorder and detailed knowledge about the needs of people with a learning disability. We need to have more information about how to join up with other service areas such as housing, for example the role of housing development in managing population changes.

2.8 Legal Context

The legal context within which Adult Services operates has been described as confused and not fit for purpose, consisting of a patchwork of legislation and guidance from central government. A key message is that whilst it is legally possible to make changes to provision, there are a number of caveats we must be aware of, such as the need to adequately consult and ensure planned changes are assessed on an individual basis

3 Considerations

The consultation exercise to date has identified a number of concerns for us to consider establishing the scope of the Reshaping Demand Enquiry

Overlap of commissioned provision – we can no longer commission services in isolation and we need to make the most of our resources whilst demand for services is increasing and resources are reducing

3.1 Gaps in services

Gaps – the work shops and consultation with the voluntary and community sector identified a number of gaps in services

Service gaps which were identified included:

- Advice and information for people before they become eligible for Council Services (adult care) is necessary as the current provision is fragmented. People don't know

how to find out about the services on offer because there is no single point of information and advice about services. Information which is provided can be out of date.

- People are unable to plan for their future in old age because they don't know what support is available and there is little information about financial planning.
- There is currently a culture of dependency that is creating an unrealistic expectation with regards to care. Our workforce across all providers needs to be trained to stimulate a culture of enablement, re-enablement and independence with the right support in place
- The families of young disabled people making the transition from children's to adult services report that they feel they do not have sufficient information or support to plan for their adult life in any meaningful way. This coupled with a lack of preparation for the differences between children and adult services makes long term planning difficult and creates anxiety particularly around employment/finding things to do during the day and independent living.
- Collaboratively develop our key messages with professionals, service users, carers and communities in order to develop and create capacity and capability during the process
- Availability of premises for use on a semi-permanent basis
- Direct Payments/personal budgets processes are too complicated and on-going support is needed. Even when people choose a direct payment, they do not have information about services, so their choice is limited
- The provision of community based support during the day and supported living is not able to cater for all people with mental health, learning disability and older age. This has led to more people with a learning disability being placed in residential care than in other comparable local authority areas.
- Support for people with mental ill health is available through a range of organisations including multiple supported employment schemes. There is no single process for providing assessment and care planning in the voluntary and third sector for people recovering from mental ill health
- Our aging population who will require services will increasingly be made up of people from minority faith groups and out lesbians, gay men, bisexual & transgender people. Their expectation will be of accessing support and services which understand and respond to the specific needs which their culture generates. This may then create different levels of demand and developmental needs for staff providing preventative or ongoing services.
- additional work in the development and implementation of the workstreams should flag areas for further research/understanding/inclusion for diverse groups within our population

How do we know what we don't know?

We gathered substantial quantitative data and used feedback from service users and carers in the work shop to develop our ideas and priorities. There is a need to continue to involve the users of services and those not always in touch with services to identify their needs.

We need to proactively engage with diverse communities to ensure services address their needs.

3.2 Benefits

Benefits for reshaping the demand would include:

- People making their own choices are more likely to achieve their outcomes rather than choosing from a menu of services
- Our starting point needs to be 'what can people do for themselves, what do they need help with and who do they want to receive help from'
- Valuing the contribution that carers make to keeping people independent and living within their own community
- Enabling people to access the services they need when they need them and at the first attempt
- Ensuring that all parts of the community access advice, information and services. Increasing the data we collect so we can be sure that vulnerable people access advice and support earlier
- Issues are resolved and individuals do not return with the same issue and are not 'escalated' to statutory services
- An opportunity to promote education tolerance and understanding is available
- The number of people supported by specialist social work, community health and mental health services has reduced
- People are planning for their care earlier and the number of residential placements made through Crisis Services reduces
- People say that they know how to access advice and information through surveys and the advice is in an appropriate format
- People say, through surveys, that they know what the state is able to provide and how they can help themselves
- The number of people with chronic conditions such as diabetes, dementia or heart disease who need emergency hospital admissions has reduced
- In the long term the life expectancy of people living in areas of disadvantage has increased and the health and social inequalities have reduced through advice and support received
- The number of people with learning/physical disabilities living in their community has increased and residential care has reduced
- The number of people recovering from mental illness and living in their community has increased and residential care has reduced
- Parent of young people with a disability/learning disability say that they have been able to plan a seamless transition to adult services

3.3 Assumptions

- Although some of the current provision has been well scoped, it is likely that the demand Enquiry Programme will mean changes for all service providers in the way services are developed and delivered, so that capabilities and capacity is increased
- Swindon has an increasing number of people from minority ethnic communities and backgrounds. 17% of school age children are from BME backgrounds. Citizens Advice

Bureau reports that 42% of its customers and service users are from BME backgrounds. There are over 100 languages spoken in our schools. People who are vulnerable are disproportionately from areas of deprivation. This means that our advice and information needs to be in simple language and staff need to be well trained to provide a service to diverse communities. Given the number of languages spoken, we may need to consider access to services such as a language line to offer a wide range of translation services

- Our population is getting older and has more complex health needs, we need to ensure that advice and information about services takes account of the cultural and diverse needs of our population and targets people to this, for example older lesbian and gay men will need to have their needs assessed within services offered. We also links to health advice such as NHS 111 and NHS information
- As the nature of our population changes, day time support and accommodation needs to be based on the needs of the person and be flexible and adaptable to accommodate changing needs and personal choice
- Commissioning from the VCS will benefit from alignment to council/partnership priorities and the sector has the potential to provide flexible and innovative services
- The voluntary and community sector has much to contribute to the work stream programme based on the close work with service users and a reputation for providing good quality services and being able to address issues facing people in a holistic way
- The involvement of service users is the business of all organisations and needs to be part of all contracts

4 Public Sector Equality Duty

The purpose of this programme will enable the council to deliver on all of its equality duties – most notably the need to advance equality of opportunity, which includes providing services to communities and groups most in need, particularly where their receipt of services is disproportionately low.

5 Who is this Reshaping Demand Enquiry for?

The local authority and the NHS collect a large amount of data on people who are supported through statutory services.

We know the increase in the number of older people and those with a disability who are requesting services. We also know that the increase in older people is likely to mean that those over 85 years of age are likely to suffer from complex and multiple health problems

- The most deprived areas of Swindon have the highest prevalence of chronic conditions (such as heart disease, diabetes and cancer) in the local population, the highest rate of emergency hospital admissions (after allowing for age), and the highest rate of death before 75 years of age
- By 2015 there are projected to be 4,133 (suffering from diabetes, representing a rise of 513 people). The number of people with dementia is expected to rise by 285 per year to 2,289 by 2015. There will be 96 more people each year (total 767 people) with a heart conditions following a stroke by 2015

- Over 100 languages are spoken in schools in Swindon and an increasing number of children are arriving from minority ethnic communities who will have parents and grandparents with increasing needs for health and social care
- Geographical mapping has shown that more older people who are financially supported by the local authority live in areas of deprivation
- An annual survey of service users gives us data about the satisfaction with local services. In most areas Swindon score's within the national average. Those areas where we are below the national average will be considered by each of the proposed work streams.

A report card exercise was undertaken with existing voluntary and third sector providers asking them for key information about their funding, service usage and users. This has provided some useful information which will be used to evidence items in the service specification.

Summary of responses is as follows:

- More women than men are taking up services
- SN1, SN2 & SN3 (where reported) had greatest take up of services
- With a few exceptions, BME, Disability, Sexual Orientation and Religion were not well recorded.

However, the service user monitoring feedback was not consistent and means it will be difficult to establish information which is of use in guiding this DIA. In terms of other categories such as Learning Disability and Mental Health, we have a less clear picture of anticipated demand over the next few years. A Joint Strategic Needs Assessment into people with a Learning disability has been commissioned and is due to report in September 2012 as one of the eight work streams. Further data analysis will need to be undertaken to establish how older people and those accessing mental health services who are from diverse backgrounds have their needs assessed.

6 What will be included in the Reshaping Demand Programme and how have we understood the equality impact?

The proposed strategy falls into three priorities

1. People lead more fulfilling lives by enabling personal choice and independence whilst taking personal responsibility for using their own resources where possible (prevention and personalisation for all)
 - a) Maintain independence and prevent crisis by enabling people to make choices and do things for themselves by having good advice, information and advocacy early to plan for the future and by creating the right environment to promote and enable healthy lifestyle choices. We need to demonstrate that the impact of the information and advice provided improves the health and well-being of people and achieves reduced expenditure for specialist services

2. We build the capabilities and skills of communities, service users, carers and our workforce so that people are able to live as independently as possible and we make the most out of our shared resources (targeted support/reablement/recovery)
 - a) Enable people to be independent by making the most of their skills and capabilities and support those who have lost skills to regain them and adapt to a potentially new situation
 - b) Supporting carers so people are able to live independently
3. We ensure we continue to protect the most vulnerable people in Swindon (treatment/specialist support)
 - a. We will continue to protect the most vulnerable people in Swindon in order to ensure people are valued and lead fulfilling lives. We will work in a way that is fair and equitable and responds to individual needs and gives people choice. We will ensure that evidenced based services provide good value for money

Eight work streams have been developed in order to address the three priorities. One of the work streams is

6.2 Advice and Information

Provide accessible and relevant information, advice and advocacy regarding services and support for adults in order to help people in maintaining independence and preventing crisis. The provision of Information, advice and advocacy is across all services and support and not just Swindon Borough Council. Information and advice from across all groups and sectors will be focussed on promoting a healthy lifestyle, good mental health and enabling people to make appropriate personal choices for their circumstances and to plan for their future needs including financial planning.

We are proposing to bring all information from across all sectors together through one website so that people can access information more easily and as a result they will be far more likely to engage all the areas of support they need and engage that support much earlier, leading to reduced likelihood of crisis, faster recovery and reduced dependency.

To achieve this we will need better delivery solutions for the information we want to provide. We will also need to assess and improve the effectiveness of how we capture, use and share both our existing and new information and develop the ways people with a variety of needs and abilities access information and advice.

The provision of advice and information by trained staff and volunteers in person and by phone is part of this work stream. The advice needs to be accessible to people in a central location but also in public places such as libraries. Many people want to access advice and information by telephone and staff and volunteers providing this needs to be well trained and supported. It is proposed that the advice and information function is funded from reshaping the voluntary sector contracts and Careline listed below in 6.3.

6.2.1 Impact of changes to the provision of advice through web based information, telephone and in person

Voluntary and third sector report that they give advice and information about services but the lack of a single, accurate and up to date information source means, that this is very difficult for our partners. Existing advice and information services are not always able to resolve queries and there is potential failure demand in the system. For example, Careline received 6,742 calls in 2010 of which 2,374 (36%) were passed onto the SEQOL Contact and Assessment Team. SEQOL Contact and Assessments team subsequently provided advice and information and in 32% of cases, no further assessment was required. Based on 2011/12 data for new contacts 42% of contacts are being signposted away (2988 of 7040 July 2011 to June 2012). SEQOL Community Teams also received approximately 100,000 calls in 2010, some of whom are from service users and professionals asking for advice and information about services.

We are aware that there are risks in providing advice and information through a web based system only because many vulnerable and older people do not have access to technology. We are therefore proposing the following mitigating actions

- We based information needs to be simple to take account of the needs of vulnerable people and those from minority ethnic communities and diverse back grounds
- A web based system needs to be easy to navigate, information in plain English with automatic translation and a check back to ensure the translated information is accurate
- Web based information and advice needs to be accurate and up to date. Community groups not used to electronic systems will need to be supported in entering and updating their information
- Advice and information provided through a telephone helpline needs to be staffed by well trained and able staff who are able to resolve 85% of queries first time.
- Advice and information needs to be provided in person because many older people and carers prefer face to face support. This is also important for parent carers and those with a learning disability. In order to meet the needs of people from minority ethnic communities, access to a wide range of languages through for example language line, needs to be available as well as information in plain English that is accessible.
- Advice and information needs to be located centrally to link with Housing, Job centre and Citizens Advice Bureau
- A single assessment process needs to link closely with assessments completed by specialist workers so that people only have to tell their story once. This needs to be electronically available so that all providers in the third and voluntary sector are able to use it. The requirement to undertake assessments and a lead professional/key contact role will be part of all voluntary and third sector contracts

- Staff in libraries and community centres need to be trained in the use of a web based information and advice system as people are likely to continue to ask them for information
- Advice and information services need to be well publicised and all old information such as out of date literature needs to be recycled.

Statement

We have limited data on religion, sexual orientation, and gender identity. However we have identified that there is potential for an adverse impact on the basis of age, learning disability, disability, language. These issues have been identified and mitigating actions will be included in all service specifications and work stream plans. Plans will be tested with people from diverse backgrounds.

6.3 Voluntary sector and supported employment reshaping

We are continuing to work with voluntary sector and third sector organisations about the best possible shape of services to meet the needs of people from diverse backgrounds. Each proposal to tender a service or a group of services will be done in consultation with the existing provider, stakeholders and service users. Each invitation to tender will have a separate Diversity Impact Assessment completed, therefore the detail is not included in this Diversity Impact Assessment. Any change to the commissioning of services will include formal consultation. The first service to be commissioned will be Health Watch in November 2012.

Statement

We have limited data on religion, sexual orientation, and gender identity. However we have identified that there is potential for an adverse impact on the basis of age, learning disability, disability, language. These issues have been identified and mitigating actions will be included in all service specifications and work stream plans. Plans will be tested with people from diverse backgrounds.

6.4 Reablement and supported accommodation reshaping

The reablement and supported accommodation workstream is focusing on the development of the reablement specification to incorporate local and national key performance indicators and to ensure an outcome focus on episodes of support. This includes the use of the reablement toolkit and benchmarking to ensure a cost effective and efficient service. The reablement specification focuses on either learning and re-learning daily living skills for all adults in Swindon who meet the eligibility criteria for this service.

The reshaping of supported accommodation has a focus on the existing services, how these can be further developed and the additional community skills required by providers, both current and new, to enable more adults to remain in a community setting. This will include a review of floating support and how this can be better utilised as well as taking a

longer term approach to reviewing accommodation needs for our adults who may require both accommodation and support services.

6.4.1 The impact of changes to the reshaping of reablement and supported accommodation

Within the reablement specification and toolkit, the main focus is outcome based and a target that 52% of people receiving the service do not require an ongoing service. This involves clearly identified goals and outcomes prior to service commencement which could result in those adults with limited goals and outcomes being deemed not suitable for the service to ensure the performance targets are met. This risk is mitigated through the verifications function and screening of all requests for funding from the community care budget.

The reshaping of supported accommodation will require a thorough analysis of all current supported accommodation, with and without on site support or access to floating support, as well as a review of all current supported living/community based support providers. Any changes to support providers will be dealt with both sensitively and with due regard for current users of services. Service Users with a Personal Budget will have the have their direct payment, in part or full, as a direct payment to enable greater choice not only about how their support is provided, but also who provides that support. For those with 24 hours on site support or warden services, an element of the Personal Budget will be retained to offset these costs and ensure that no tenant is subsidising another (i.e. those who opt for a direct service and those who opt for a direct payment).

All service user consultation will include accessible advocacy, support and information based on identified needs of the population.

Statement

We have limited data on religion, sexual orientation, and gender identity. However we have identified that there is potential for an adverse impact on the basis of age, learning disability, disability, language, race and culture. These issues have been identified and mitigating actions will be included in all service specifications and work stream plans. Plans will be tested with people from diverse backgrounds.

6.5 Work force development

The workforce development workstream is focusing on the development of our collective workforce (SBC and all partners including the independent, voluntary and private care sector) which will in turn support one of the overall programme aims; “creating the ability to maintain independence and prevent crisis by enabling people to make choices and do things for themselves to plan for the future and by creating the right environment to promote and enable healthy lifestyle choices”.

This workstream will also support our equality duty of the “advance equality of opportunity”. The objectives of this workstream are twofold:

- The first being to increase the capability and therefore the capacity of our workforce and

- the second is to reduce dependency on services by enabling people to remain independent for longer.

By increasing the capability of the workforce, they will be better enabled to prepare communities for changes in services and in turn will achieve a changed nature of demand.

This workstream will need to consider the best solution for developing a workforce that is spread across a number of sectors, as well as ensuring that the development includes processes to help reduce dependency.

6.5.1 Impact of changes to the development of the Workforce

1. “Rebalance the mix of our interventions to prevent or reduce vulnerability and health inequalities”

The proposal sets out to meet the identified success measures of:

- Reduced demand for high cost services

To achieve this we said we would:

- Work with partners to support individuals and communities to improve their own well-being.
- Review and reshape services working with vulnerable adults that they all provide help early and prevent crises occurring

2. “Maximise the effectiveness of Swindon’s untapped resources whilst better prioritising the Council’s available finances”

The proposal sets out to meet the identified success measures of:

- Local people become more self-sufficient
- Increased residents’ satisfaction
- Cash savings- contribute to the overall savings target of £750k across the whole of Adults Social Care

Service Users

Service users in particular and citizens of Swindon in general are able to say that they know what the state is able to provide and how they can help themselves to live independently

This project will build the capabilities and skills of service users and carers as well as all our workforce so that people are able to live as independently as possible and we make the most of shared resources

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

Workforce (All involved)

Reducing cost of services

Opportunities to strengthen partnership working, sharing best practice and opening the door to working more collaboratively in the future

All staff will be trained across all agencies to build skills and expertise in building their capabilities

All staff across all agencies will also be trained to build skills and expertise in building the capabilities of our service users whilst taking into account Swindon's minority ethnic communities and diverse back grounds. We will also be supporting our workforce on addressing the needs of older people taking account of sex, gender identity, religion and sexual orientation as well as cultural diversity

The project will build on existing teams and develop a better informed workforce

Better alignment to the Recovery Model agenda

There will be a methodology to achieve well briefed managers to include staff drop in sessions, workshops, 121 sessions and clear measures to test effectiveness

Outcomes

The number of service users will decrease

The amount of money spent on services will decrease

People being trained feel more capable and are able to work differently

People who receive services then on feel more confident to do things for themselves

Statement

We have limited data on religion, sexual orientation, and gender identity. However we have identified that there is potential for an adverse impact on the basis of age, learning disability, disability, language. These issues have been identified and mitigating actions will be included in the work force development plan. Plans will be tested with people from diverse backgrounds.

6.6 Transitions

The Transitions Workstream will focus on improving the experience and outcomes for young disabled people making the transition from children's to adult services. It is also seeking to identify and achieve savings through changes to the way we work with disabled children and young people across the 0-25 age range. This includes maximising, where possible, young disabled people's ability to find paid work on leaving school or college and make plans for independent living rather than move in to adult services such as day centres.

One of the main drivers is the green paper 'Support and aspiration: A new approach to special educational needs and disability' which recommends the introduction of a single assessment and plan across education, health and social care for disabled children and those with SEN from 0-25. The Transitions Workstream will seek to develop and

implement a **single assessment and planning process** in Swindon. There will be an options appraisal to look at the best way to put this in to practice which includes the possibility of creating a new 0-25 assessment team bringing a number of key professionals together.

Another change will be the development of a '**local offer**' which aims to improve the information available to young people and their families about the services they can access across the 0-25 age range. The Transitions Workstream will also be looking at how the **personalisation agenda** can be implemented in Children's Services as it is in Adult Social Care. This includes the introduction of **Personal Budgets** to give young people and their families more control over the support they get.

6.6.1 The impact of changes to the Transitions process and assessment and planning for disabled children and young people across the 0-25 age range

The main potential with the Transitions Workstream is to '**advance equality of opportunity** between persons who share a relevant protected characteristic and persons who do not share it'.

The first phase of the Transitions Workstream will be to analyse available data to get a picture of current demand, cost and outcomes for individuals. This will include an analysis of available **equality data** to identify actions services need to address.

The **Single Assessment and Plan** will draw on the principles of Person Centred Planning. The aim of this approach is to identify what matters to the individual and their family and build supports around this rather than fitting people in to existing services. This will benefit people with protected characteristics as their specific requirements should be considered as part of the process.

The implementation of **Personal Budgets** will assist with the individualising of support as it will give people more control over deciding how the money available to meet their needs is spent. This includes the option of people having some or all of the money as a Direct Payment to organise and pay for their own support. Again this will benefit people with protected characteristics as they will have more choice about who provides support and how it is provided.

There should be a focus during the transitions process on getting **paid employment and living independently** in adult life. These are two areas of life that people with disabilities can find more difficult to achieve. Targeted support at transitions could help young people to access more opportunities.

Realising this potential is highly dependent on the way in which assessments and plans are conducted. In order to achieve the equality benefits staff will need to be confident in talking to service users and their families about issues such as culture, ethnicity, religion, sexuality etc. to identify any areas that need special consideration e.g. in the way that any support is sourced or arranged or the way services are provided.

Statement

We have limited data on religion, sexual orientation, and gender identity. However we have identified that there is potential for an adverse impact on the basis of sexual orientation and race. These issues have been identified and mitigating actions will be included in all service plans. Plans will be tested with people from diverse backgrounds.

6.7 Community networks and volunteering

The promotion of volunteering activity is one response to promoting independence especially for people who are in danger of becoming dependent on Council services. The benefits include

- The expansion of preventative services using volunteers allows more flexible responses and better value for money
- Supporting individuals into volunteering can provide a pathway for to more independence
- The overall promotion of volunteering is part of a cultural change to foster stronger sense of shared responsibility

All contractors will be required to provide data covering race, age, sex, gender identity, sexual orientation, disability for service users and volunteers. The data will be reported quarterly and any evidence that one or more of the groups is being excluded (e.g. men not using the friendship service) will be addressed by if necessary changing the way the service is marketed or delivered.

Experience of providing support for volunteering has identified the following issues

- The take up of opportunities is spread throughout age ranges but overall the take up of services is disproportionately high among white british. We have prioritised work with BME groups and referral agencies to address this and will then widen this to all equality groups
- The use of volunteering as a way of helping people towards independence is lower among target groups e.g. people with substance abuse problems, people with Learning Difficulties and we will address this by exploring a range of opportunities which match the needs e.g. more bespoke opportunities ensuring that there is adequate support, this may be more expensive in the short term

Community Networks

Building stronger community networks to engage people locally in supporting each other and help to reduce the isolation of older and vulnerable people is an essential part of the strategy to reduce demand.

Under the Stronger Together restructure it was considered that building community networks as a Swindon-wide issue – embracing the fact that individuals from all backgrounds and ethnicities can experience isolation, health inequalities, educational and

economic disadvantage and poverty. It also takes into account that all residents live somewhere in the Borough regardless of which community of interest they may identify with. With this in mind, Stronger Together brings about a refocus on individuals across the Borough of Swindon through the creation of a Localities Team. It is the role of the Localities Team to connect with individuals and known community groups to ensure that services are being delivered effectively in ways that meet local needs, and, that individuals and communities are encouraged and supported to grow resilience and independence. Within the Localities Team there are seven new Locality Leads posts and seven full-time equivalent posts as Locality Facilitators. This new resource takes a broader perspective on capacity building and community development.

The Localities Team and its related activities around building community networks particularly support our equality duty to *advance equality of opportunity, elimination of discrimination and fostering good relations*. It recognises that some local people are less likely to be heard than others, some may never choose to participate in organised or formal community groups or activity and as a result, new approaches need to offer varied routes to influence and participate in local action. The potential for the equality duties to be met are extended through the Stronger Together restructure as the Localities Team is reaching wider (through networks and development internally and externally) than the previous targeted community development posts.

This is further enhanced by the collaboration between the Localities Team and elected Members to develop much closer relationships at a local level. The Localities Team will also continue a dialogue with key agencies such as Swindon Citizens Advice Bureau, The Harbour Project and other voluntary organisations to ensure that there is an opportunity for sharing learning so we better involve people from diverse communities.

Statement

We have limited data on religion, sexual orientation, and gender identity at a community level and from people who volunteer. We have identified that given the size of our BME community, that there is a need to proactively increase the number of volunteers from those communities. Over time we will then work with all equality groups to ensure community networks and volunteering opportunities are available to them. This may create an adverse impact in the short term, however, we feel this is justifiable given the increasing size of our BME community. These issues have been identified and mitigating actions will be included in all service specifications and work stream plans. Plans will be tested with people from diverse backgrounds.

6.8 Dementia Action Plan

This plan has now been completed and will be incorporated into each of the work streams and impact on people from diverse communities will be included in each of the other seven work streams

7 Consultation

We have arranged a series of four focus groups in July and August covering the contract areas for the £100,000+ areas (in 6.1) that need to be re-commissioned this year. We will

discuss the key areas of the specifications i.e. outcomes, objectives and deliverables. We included representative from equality groups such as learning disability, older people, community representatives and carers.

We have invited all potential local providers as well as service user representatives. We will then begin the tendering process in September with the aim of being in a position to award contracts by the end of the calendar year.

We will need to run regular discussion and briefings with voluntary, service user and third sector partners to develop the programme. Each work stream needs to establish a group of service users and people from communities to test proposals and business cases.

The detailed comments from consultation on the reshaping Demand Enquiry is attached as **Appendix 1**

8 What next?

To apply the findings from section 3 all business cases and contracts will

- Be outcome focused and will require evidence of user involvement and feedback to the commissioning cycle. Demonstration of how user feedback is being used to design and bring about positive outcomes
- Stipulate participation in information gathering and gap analysis for specific service areas including equalities information about people who access services and outcomes achieved for them
- Require demonstrable understanding and knowledge to work with the diversity of Swindon's population
- Include requirement to undertake equality monitoring and use this to develop services and business cases.
- Include flexibility enable ability to reflect future demand
- Identify specialist advice and information relevant to their own area – anything else will referred to the generic advice and information service. (People getting the right support at the right time)
- Bring forward plans to ensure the accessibility of services and information to Swindon's population
- Work with partners (statutory, voluntary and community) to establish solutions to identified need
- Work with the commissioner to ensure that work undertaken is reflected in the contract.
- Work streams may identify additional need for research and give evidence of support targeted at different groups within our population
- Ensure all specifications and service change proposals are tested with relevant service users and equality groups

9. Timescale/Review

The reshaping demand programme will run from July 2012 for a period of up to three years pending agreement of full Project Initiation Documents

10. How do we measure success

The combined work streams achieve year on year savings by reducing the demand for adult social care and contribute to health service savings plans. Current planning

assumptions for adult social care are at an additional £2m pressure year on year and this should be reduced to nil within three years. We want to understand how all the success measures benefit our diverse community

10.1 Prevention and personalisation

- The number of people supported by specialist social work, community health and mental health services has reduced
- People are planning for their care earlier and the number of residential placements made through Crisis Services reduces
- People say that they know how to access advice and information through surveys and the advice is in an appropriate format
- People say, through surveys, that they know what the state is able to provide and how they can help themselves
- The number of people with chronic conditions such as diabetes, dementia or heart disease who need emergency hospital admissions has reduced
- In the long term the life expectancy of people living in areas of disadvantage has increased and the health and social inequalities have reduced through advice and support received

10.2 Targeted support/Reablement/Recovery

- We will have established a development and training programme for staff across all agencies to build skills and expertise in building capabilities
- People who are being supported by services say that they have regained/learned new skills
- The number of people who receive reablement services has increased, whilst the percentage of those who don't need on-going care has increased. Overall reablement services have achieved savings from health and social care
- The number of people discharged from hospital to residential and nursing care has reduced
- Community based networks have increased and are supporting people locally and thereby the number of people supported by specialist services reduces
- Carers say that they feel supported and are healthy and are able to care for longer
- All services including the voluntary and third sector are able to demonstrate the increase in the quality of life for people, show the difference they have made to enable people to live independently for longer and how the health, mental health and well-being of people has improved
- Councillors feel better engaged in their communities

10.3 Specialist support

- The number of people with learning/physical disabilities living in their community has increased and residential care has reduced
- The number of people recovering from mental illness and living in their community has increased and residential care has reduced
- Parent of young people with a disability/learning disability say that they have been able to plan a seamless transition to adult services

- The number of people with a personal budget/direct payment buying a range of services has increased
- More providers are offering choice to vulnerable people and it enables people to stay independent for longer