



# Adult Services Commissioning Strategy 2025-2028

# Contents

Vision	3
Local context and communities	4
Diversity of our communities	6
Growth	7
Wider Strategic context	7
Adult Services Strategy	8
Council Plan	9
Health and wellbeing strategy	10
Integrated Care System Strategy	11
Commissioning principles	12
Strategic priorities	13
References	21

# Vision

Our vision is to commission services which enable the people we support to have a good life with choice, empowerment and personalisation as set out in our [Adult Services Strategy](#) and the Adult Social Care White Paper “People at the Heart of Care” (2021).



**“A ‘Good’ Life”**

**“Everyone should have place they call home, a person they can call a friend and a reason to get up in the morning”**

# Local context and communities

Swindon is home to 233,400 people (2021 Census). This is an increase of 12% since 2011, which was the third largest population percentage increase in the Southwest 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. There are specific changes within our growing population that have shaped our priorities for Adult Services Commissioning:

- **An ageing 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.
- **An increased number of people living with 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%).
- **An increased number of people with a Learning Disability:** 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.
- **An increase in children and young people with care and support needs:** 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). The total number of Education Health and Care Plans in Swindon is projected to reach 3,648 in the next 5 years.
- **An increase in people requiring mental health and wellbeing support – particularly amongst children and young people:** Emergency Hospital admissions for people in Swindon due to self-harm have remained consistently above the England average, whilst this has started to come down in recent years, it remains high. We are also seeing an increase, and higher than England average, percentage of looked after children whose emotional wellbeing is a cause for concern and percentage of school pupils who have social, emotional and mental health needs.

- **An increased number of people with a physical disability:** People requiring personal care with their physical disability is also set to increase by 2040 – by 2%.
- **An increased number of people with multiple needs:** 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.
- **A large number of Unpaid Carers who may no longer be able to care:** There are currently over 18,000 unpaid carers in Swindon, and over 2,500 of these are over the age of 70 years, over 22% of whom report being in 'bad or very bad health' themselves.
- **A number of people struggling with drug and alcohol misuse:** 1,190 adults were attending our local drug and alcohol service to receive treatment in 2021/22, 50% of these adults were over 50 years old.
- **Cost of living crisis:** 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.



# Diversity of our communities

In order for our services to be accessible and effective for all in our communities, we know we need to understand and value cultural differences, like language and religion:

- 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.
- We welcome a number of people to Swindon each year who are seeking Asylum. In 23/24 we had over 900 people moving to Swindon from 77 different countries.
- We have invested in developing detailed Community Profiles for key communities in Swindon to help us to do this. Please see our website for more details on these profiles: <https://www.swindonjsna.co.uk/community-profiles/>
- 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.



# Growth

Swindon has a growing and diverse population and performs well against key economic performance indicators. Swindon was ranked fourth in the 2024 Demos-PwC Good Growth for Cities Index outperforming London, Manchester and Birmingham, while also coming out ahead of near neighbours Oxford and Reading.

The Good Growth for Cities Index ranks 51 of the UK's largest cities (generally considered those with populations of at least 350,000 people), plus the London boroughs as a whole, based on the public's assessment of 12 economic measures, including jobs, health, income, safety and skills, as well as work-life balance, housing, travel-to-work times, income equality, high street shops, business start-ups and the environment.

Swindon was above average in seven of the 12 indicators, particularly in jobs, income, health and average commuting time to work. The only area where we fell below average was in the number of new businesses.

Our economic performance is a real strength on which to deliver this commissioning strategy.

## Wider Strategic context

We know we cannot achieve the ambition of this strategy by working alone. Many of our priorities are shared priorities that will require system wide focus. This strategy is aligned to four wider strategies, all of which have been informed by the views of people we support and key strategic partners such as health, police, Voluntary and Community Sector and local businesses:

- [Adult Services Strategy](#)
- [Council Plan](#)
- [Health and Wellbeing Strategy](#)
- [Integrated Care System Strategy](#)

# Adult Services Strategy

## Delivering 'A good life' – Our Principles

Informed by the Adult Social Care White Paper "People at the Heart of Care" (2021), the principles that underpin our strategy and support the achievement of these outcomes are **Choice, Empowerment and Personalisation.**



### Choice:

Offering you real choice about how you arrange your care and support, in a way that suits you and your family, and offers you more control over the way your services are delivered. This is also known as self-directed support.



### Empowerment:

Putting the emphasis on enabling and supporting you to be equal partners in, and where possible lead on, decisions about what happens in your life and to maximise your independence and ability to lead a fulfilling life.



### Personalisation:

Promote relationships that are based on respect and recognition of equality. Delivering personalised services will mean different things to different people – it's about self-determination and self-directed care. It is more than a personal budget and your care and support, Personalisation is about your rights, dignity and well-being.



# Council Plan

This commissioning strategy will contribute towards the delivery of the overarching Council plan and its three 10-year missions, particularly the Build a Fairer Swindon mission:



**Making Swindon a fairer place, reducing disadvantages and reducing big disparities in life expectancy, education levels and social justice.**

**BUILD A FAIRER  
SWINDON**



**Creating a town ready for the challenges of the coming decades. Where possible, leading town centre improvement and creating more affordable housing with the private sector.**

**BUILD A BETTER  
SWINDON**



**Fully playing our part as a council and a town in combatting climate change. Working with communities to find new ways of doing things that help, not hinder, the natural environment.**

**BUILD A GREENER  
SWINDON**

# Health and wellbeing strategy

This commissioning strategy has a priority around mental health and wellbeing, in line with the first of three priorities set out in our Health and Wellbeing strategy.

## Health and Wellbeing Strategy 2023-2033

The Council's Health and Wellbeing Strategy identifies three key priorities to improve health and wellbeing in Swindon.



**Improve Mental Health and Wellbeing**



**Eat well and Move More**



**Stop Smoking and Reduce Alcohol**

Finally, the Council with partners from across Bath & North East Somerset, Swindon and Wiltshire (BSW) system have identified their vision and key objectives within the Integrated Care Strategy. Our Integrated Care Strategy provides a vision for the next five years, uniting partners behind three clear objectives.

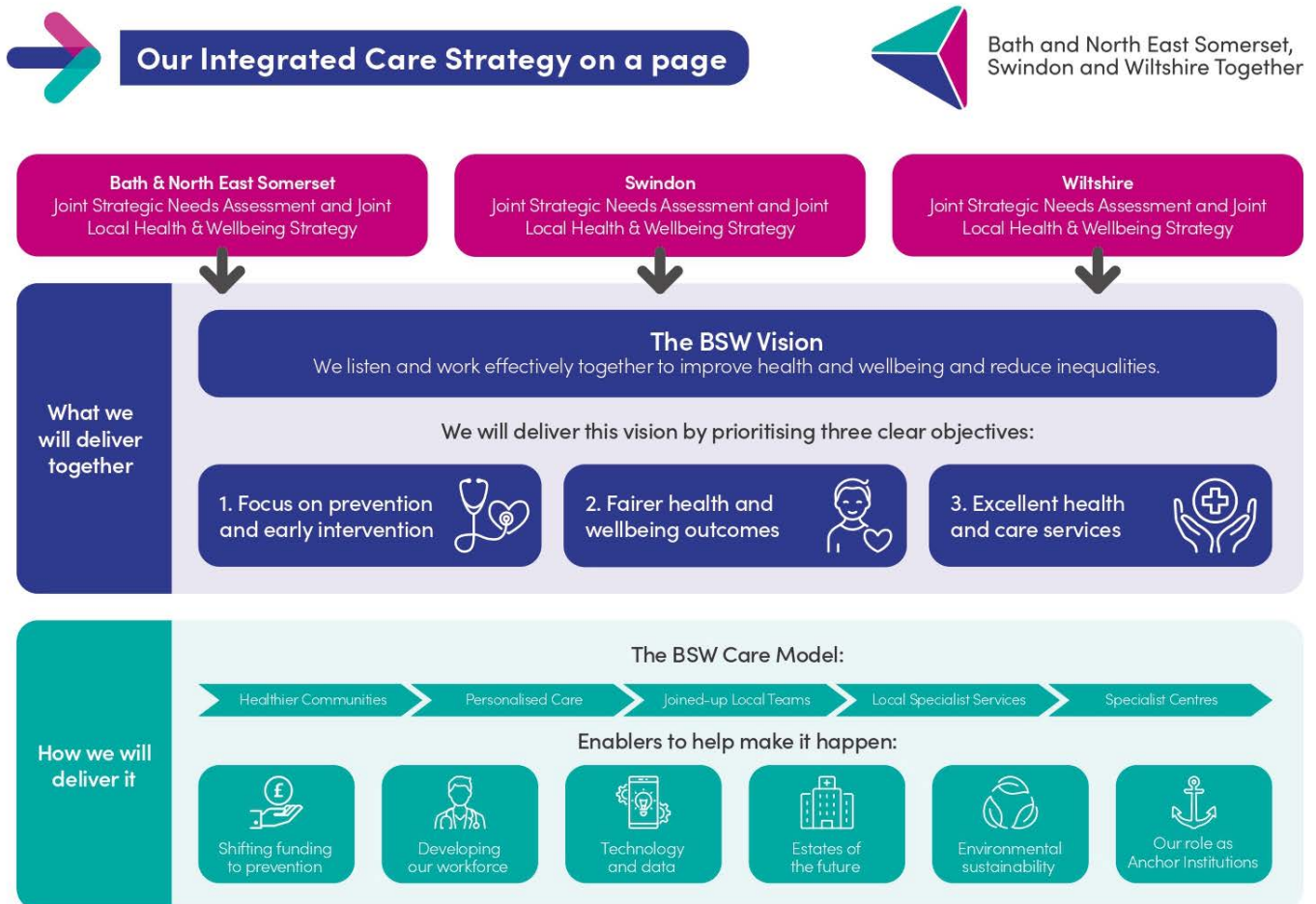
# Integrated Care System Strategy

Our Integrated Care Strategy across Bath & North East Somerset, Swindon and Wiltshire (BSW) provides a vision for the next five years, uniting partners behind three clear objectives.

These are:

- Focus on prevention and early intervention
- Fairer health and wellbeing outcomes
- Excellent health and care services

The principles and priorities in this commissioning strategy align to and contribute towards all three of these objectives.



# Commissioning principles

We have identified 5 key commissioning principles which are key to delivering a good life with choice, empowerment and personalisation as set out in our [Adult Services Strategy](#) and the Adult Social Care White Paper “People at the Heart of Care” (2021).

## 1. Working Together –

People with lived experience of care and support are best placed to advise on what works, what doesn't work and how a change to or the introduction of a new service might impact their lives. We will always engage and involve people in the commissioning of services (doing for) but, our ambition is to move towards the co-design and co-produce services (doing with) as set out in our [Adult Services Working Together Plan](#).

## 2. Local –

We will prioritise the growth and development of local services with the capacity to support our Swindon residents. Our ambition is to create sufficient capacity in the local provider market so that people can remain living in Swindon, unless it is their choice to move out-of-area. This aligns with our Council Plan to build community wealth.

## 3. Integrated –

We will proactively seek opportunities to work with Health partners and other Council Services such as Children's, Public Health, Planning, Estates and Assets and Housing to provide integrated all age services.

## 4. High quality –

We will have a sharp focus on the quality of commissioned services, to ensure they are having the desired impact and are enabling people to have “Lives, Not Services”. Our ambition is to commission on an outcome basis where possible.

## 5. Sustainable –

We will commission prevention and community led support and ensure that all commissioned services represent good value for money, to enable long-term sustainable social care provision in Swindon. This is important in the context of our challenging financial position.

## Our commitment to Social Value in Commissioning –

Social value is a crucial element in adult social care commissioning, ensuring that services deliver wider benefits for the residents and communities of Swindon. By prioritising social value, we can promote inclusive employment, support the local economy, and enhance wellbeing through community-led initiatives. This approach fosters innovation, strengthens partnerships, and ensures that commissioned services contribute to broader social, economic, and environmental outcomes. Embedding social value in our commissioning activity and our procurement evaluations will enable us to create sustainable, person-centred care and support, that improves an individual's quality of life while addressing inequalities and promoting long-term resilience within communities.

# Strategic priorities

Our strategic priorities have been shaped by our understanding of the local context and feedback from people and partners in our communities.

**We have set out our 7 commissioning priorities and:**

- How they link to our main [Adult Services Strategy](#).
- What will be different because of the priority.
- How we will know when we have achieved the priority.

**What will be different for you because of these priorities?**

- ✓ You will be supported to stay independent for as long as possible.
- ✓ You will be offered choice, control and personalised care.
- ✓ You will be supported to receive care in your home, where possible.
- ✓ You will be supported to look after your mental health and wellbeing.
- ✓ You will have access to quality services.





## Priority 1: Prevention – supporting you to stay independent for as long as possible

We will have a range of short-term services for adults of all ages which are outcome-focused and promote independence and enablement.

### How this links to our Adult Service Strategy:

This priority builds on priority 3 of our Adult Services Strategy-

Maximising your independence: To support you to improve and maintain your independence at home, we will ensure that you are offered a range of outcome-focused short term, reablement and technology enabled care services.

### What will be different:

- We recognise the earlier that prevention takes place in a person's life, the more impactful it is, we will therefore introduce all age prevention services, such as Carers Support Services.
- We will have short-term outcome-focused services which support children transitioning into adulthood and working age adults, recognising the needs and opportunities for working age adults are different to those for older people with physical disabilities.
- We will introduce an independence and enablement service for people with a Learning Disability, Neurodiversity, and Mental Health diagnosis.
- We will introduce a technology enabled care service, accessible from the front door of Adult Services.
- We will proactively seek opportunities to work with Health partners and other Council Services such as Children's, Public Health, Planning, Estates and Assets and Housing to provide integrated all age prevention services.

### We will know we have achieved this priority when:

#### People agree with these statements:

- ✓ I can live the life I want and do the things that are important to me as independently as possible.
- ✓ When I am unwell, I have support that helps me to stay at home longer.

#### Data shows:

- ✓ An increased number of prevention services are all age.
- ✓ A tangible improvement in people's independence as a direct result of commissioned services, through contract specific Key Performance Indicators.



## Priority 2: Self-directed support – offering you choice, control and personalisation

We will have accessible options for self-directed support for adults of all ages which enable choice, control and personalisation.

### How this links to our Adult Service Strategy:

This priority builds on priority 2 of our Adult Services Strategy- offering you choice, control and personalisation: To ensure that the support and services you need are the right ones for you, we will promote the use and access to a range of community based, self-directed support. We will use your insights and experiences to inform our commissioning plans and services.

### What will be different:

- We will ensure views of people receiving Direct Payments influence service delivery through a working together group.
- We will create opportunities for people to share personal experiences of using direct payments, to support people who are thinking about receiving a Direct Payment.
- We will work with partners and providers to grow a skilled Personal Assistant workforce.
- We will work with providers to explore and understand opportunities for utilising Individual Service Funds to increase choice, control and personalisation.

### We will know we have achieved this priority when:

#### People agree with these statements:

- ✓ I am asked about how I want to be supported and what I want to be supported with. My views are listened to.
- ✓ I can get help and support to employ my personal assistants.
- ✓ I know how much money is available to meet my care and support needs and I know that I can decide between:
  - Having my care and support planned for me

Or

- I can have a direct payment and use this money in the best way to meet my needs

#### Data shows:

- ✓ An increased number of people are accessing Direct Payments.
- ✓ An increased number of people are accessing Individual Service Funds.



## Priority 3: Housing and care – receiving your care in your home

We will have a range of Housing and Care options available which enable adults of all ages to access the right home, with the right care and support, in a timely way.

### How this links to our Adult Service Strategy:

This priority links directly to priority 6 of our Adult Services Strategy- Receiving your care in your home: We will ensure that your home, supports you to remain as independent as possible, and remains your home through times of crisis and beyond by improving how we join up decisions about your housing needs with your care and support needs

### What will be different:

- We will work with Children’s Services, Housing, Public Health, partners, providers, and people we support, to undertake a Housing and Care Needs Assessment and develop a Housing and Care Strategy, which will enable us to plan for:
  - Independent Living. • Supported living. • Supported Housing.
  - Extra Care. • Residential Care. • Nursing Care. • Short-term support options.
- We will introduce frameworks to improve the consistency of quality and price across the Housing and Care market.

### We will know we have achieved this priority when:

#### People agree with these statements:

- ✓ I have a place I can call home, not just a ‘bed’ or somewhere that provides me with care.
- ✓ I live in a home that works for me.
- ✓ When I am unwell, I am still supported to stay at home.

#### Data shows:

- ✓ The length of time people stay in a hospital environment when they are well enough to leave reduces. This is referred to as Clinically Ready for Discharge (CRFD) and No Criteria to Reside (NCTR).
- ✓ The average length of time people wait to access care and support reduces across all Housing and Care service types.
- ✓ The reasons for any delays in accessing care and support are less frequently about market capacity to meet needs.
- ✓ An increasing number of placements are within our published rates (will be framework rates once frameworks live).
- ✓ There will be a reduced number of Safeguarding concerns due to Homelessness and Housing related issues.





## Priority 4: Carers – Supporting you to care

We will support Unpaid Carers to access rights-based information, advice and support to meet their needs and to support them to continue to care.

### **How this links to our Adult Service Strategy:**

This priority links directly to priority 4 of our Adult Services Strategy- Supporting you to care: To ensure, that as an unpaid carer, we are fully aware and understand your own needs to support the person you care for.

### **What will be different:**

- We will have an all-age Carers Service which is co-designed with Unpaid Carers to improve outcomes for Unpaid Carers.
- We will measure the performance of our Carers Service on an outcome basis, using feedback from Unpaid Carers.
- We will proactively seek opportunities to work with Health partners and other Council Services such as Children's, Public Health, Planning, Estates and Assets and Housing to provide integrated all age Carer services.

### **We will know we have achieved this priority when:**

#### **People agree with these statements:**

- ✓ As a carer, I am able to spend time doing things I value or enjoy.
- ✓ As a carer, I have control over my daily life.
- ✓ As a carer I am also able to look after myself.
- ✓ As a carer, I feel safe.

#### **Data shows:**

- ✓ Improved outcomes for Unpaid Carers.



## Priority 5: Working Age Adults – Supporting you to look after your mental health and wellbeing

This priority has a particular focus on supporting people who have a diagnosis or a dual diagnosis of a Learning Disability, Neurodiversity and/or Mental Health diagnosis.

### How this links to our Adult Service Strategy:

This priority builds on several priorities from our Adult Services Strategy:

- Priority 2- Offering you choice, control and personalisation: To ensure that the support and services you need are the right ones for you, we will promote the use and access to a range of community based, self-directed support. We will use your insights and experiences to inform our commissioning plans and services.
- Priority 5 – Ensure you remain connected to your community: We will increase the number of people who can access mainstream community opportunities through support, whether for leisure, education or paid or voluntary work, or with their friends.

### What will be different:

- We will work with people we support, health partners, providers, and other Council Services such as Children's, Public Health and Housing, to undertake a review of our existing advocacy and care and support, identifying any gaps in services and co-designing new, more inclusive services. We will be able to evidence this through working together impact stories (case studies).
- We will use insights about any gaps in our current support offer and opportunities to co-design new services for people that can be tailored meet individuals' unique needs.
- We will commission services aimed at increasing people's confidence, promoting recovery from mental health, and supporting individuals to live as independently as possible. This includes ensuring services that help people access education, employment, and training opportunities.
- We will work with individuals and communities to promote emotional resilience, empowering people to engage with self-help mechanisms outside of formal services.

### We will know we have achieved this priority when: People with a mental health diagnosis, learning disability, and/or neurodiversity agree with these statements:

- ✓ I have opportunities to learn, volunteer, and work, and I can do things I enjoy and am good at.
- ✓ I can live the life I want and do the things that are important to me as independently as possible.

### Data shows:

- ✓ An increased number of people with mental health diagnoses, learning disabilities, or neurodiversity are accessing education, employment, or training.
- ✓ Improved feedback on care and support received by individuals with learning disabilities, neurodiversity and/or a mental health diagnosis.
- ✓ An increased number of people with learning disabilities, neurodiversity and/or a mental health diagnosis are living in their own homes and have access to community opportunities.



## Priority 6: Quality and Performance of commissioned services

We will have increased oversight of the quality and performance of commissioned services to ensure they are delivering good outcomes for people for the best value.

### How this links to our Adult Service Strategy:

This priority links directly to priority 10 of our Adult Services Strategy- Making the best use of our resources: We will also ensure that the way we work is modern, efficient and effective, getting it right first time saves money. We need to continue to ensure that we make the best use of all our collective resources, as all people in Swindon expect to have access to fair, safe and affordable care which represents good value. We will do this by focusing and only resourcing high-quality, outcome-focused and person-centred care and support that make the right impact on the people who use them.

### What will be different:

- We will co-design a commissioning quality assurance framework with providers, partners and people we support.
- We will actively contract manage all commissioned services, at a frequency that is appropriate based on the level of impact on people supported by those services, any identified risks and the financial value.
- Contract management will be informed by insights from people supported by those services and key performance indicators.
- We will have open book arrangements with providers, to help ensure best value for money.

### We will know we have achieved this priority when:

#### People agree with these statements:

- ✓ I am supported to live the life I want to. My support is planned around the things that I am good at and the skills I have.
- ✓ I have the right support, at the right time.
- ✓ I am treated with respect.

#### Data shows:

- ✓ 90% of Swindon registered regulated providers rated Good or Outstanding.
- ✓ 100% of commissioned providers have had at least 3 contract management meetings per year.
- ✓ 100% of commissioned providers are open book.
- ✓ People's feedback against the above 'I' Statements and the experiences of the quality of care are consistent when assessed through an Equality, Diversity and Inclusion lens.



## Priority 7: Strengthening our commissioning approach

We will have a strengthened approach to completing the commissioning cycle activities and our commissioners will work together with people throughout the cycle.

### How this links to our Adult Service Strategy:

This priority links also priority 10 of our Adult Services Strategy- Making the best use of our resources.

### What will be different:

- We will work together with people when commissioning services.
- We will use the insights of the Voluntary and Community Sector about opportunities and challenges facing our local communities.
- We will proactively seek opportunities to work with Health partners, and other Council Services such as Children's, Planning, Estates and Assets and Housing to provide integrated all age services.
- We will work collaboratively with Public Health and proactively request and use their intelligence to inform our commissioning activities.
- We will have a multi-year forward plan for commissioning, enabling us to allocate our resources in a timely way so high-quality commissioning cycles can be completed.
- We will re-organise our resources to maximise the capacity of commissioners to spend on commissioning.
- We will communicate commissioning and procurement intentions clearly and in a timely way, with sufficient time allowed for mobilisation of new services.

### We will know we have achieved this priority when:

#### People agree with these statements:

- ✓ I had the right support to meaningfully contribute to the design and evaluation of services.
- ✓ I can see my feedback and experiences are reflected in the service specification and evaluation comments.

#### Data shows:

- ✓ Each year an increased % of procurements included people with lived experience in the design and evaluation of services.
- ✓ 100% of contract management meetings included feedback from people supported by the service.

#### People agree with these statements:

- ✓ We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- ✓ We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

# References

Adult Services Strategy:

[https://www.swindon.gov.uk/downloads/file/11086/adult\\_services\\_strategy\\_2024-2029](https://www.swindon.gov.uk/downloads/file/11086/adult_services_strategy_2024-2029)

Working Together Plan: [Adult Services Working Together Plan](#)

Think Local Act Personal: <https://thinklocalactpersonal.org.uk/>

Swindon Plan:

[https://www.swindon.gov.uk/info/20028/open\\_data\\_and\\_transparency/952/our\\_vision\\_priorities\\_and\\_pledges](https://www.swindon.gov.uk/info/20028/open_data_and_transparency/952/our_vision_priorities_and_pledges)

Building the Right Support – National Plan:

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

BSW Integrated Care Strategy: [Our Integrated Care strategy- BSW Together](#)

Swindon Health and wellbeing strategy:

[Health and wellbeing strategy | Swindon Borough Council](#)

Market position statement:

[https://www.swindon.gov.uk/downloads/file/10288/swindon\\_adult\\_services\\_market\\_position\\_statement](https://www.swindon.gov.uk/downloads/file/10288/swindon_adult_services_market_position_statement)

Local authority data on immigration:

<https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-regional-and-local-authority-data>

## **Mental health datapoints:**

Emergency hospital admissions as a result of self-harm (all ages):

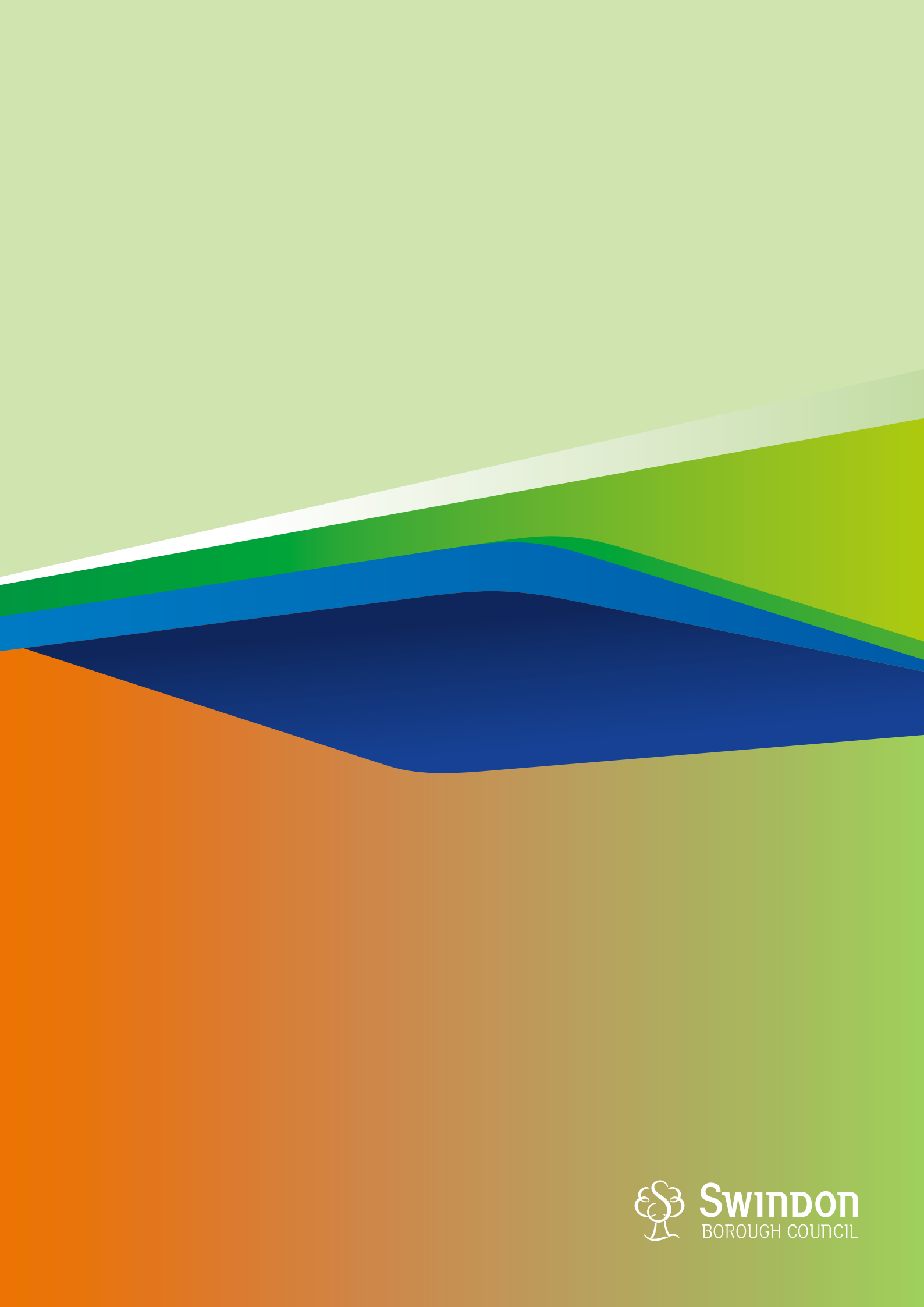
[Fingertips | Department of Health and Social Care](#)

Hospital admissions aged 10 years to 24 years:

[Fingertips | Department of Health and Social Care](#)

Looked after children: [Fingertips | Department of Health and Social Care](#)

School pupils: [Fingertips | Department of Health and Social Care](#)



**SWINDON**  
BOROUGH COUNCIL