

Law and Democratic Services
Committee & Member Services
Civic Offices, Euclid Street
Swindon, SN1 2JH
Tel: 01793 445500
Fax: 01793 463614
DX: 133055 Swindon 16
Minicom: 01793 436659

To: All Members of the Health and Wellbeing Board

Please ask Vicki Yull (Committee Officer),
for: 01793 463603,
vyull@swindon.gov.uk
Cherry Jones (Director of Public Health), 01793 444681,
cherryjones@swindon.gov.uk

Dear Councillor,

Health and Wellbeing Board – Wednesday, 8 July 2015

I refer to the agenda for the above meeting and enclose report(s) in relation to the following Agenda Item(s):

- 5. Healthwatch Swindon Update** (Pages 3 - 40)

- 8. NHS England South Priorities 2015/16** (Pages 41 - 50)
A copy of the slides of a presentation by NHS England is attached for Members' information.

Yours faithfully,

Vicki Yull (Committee Officer), 01793 463603, vyull@swindon.gov.uk
for Director of Law and Democratic Services



Stephen P. Taylor M.A (Oxon), Solicitor
Director of Law and Democratic Services

Healthwatch Swindon

Health and Wellbeing Board

8th July 2015

Author:	Pete Rowe, Manager, Healthwatch Swindon
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The report provides an update on the progress of Healthwatch Swindon and highlights ways in which we are contributing to the Board's work to improve the health and wellbeing of our local population and reduce health inequalities.
- 1.2 It was agreed at a previous Health and Wellbeing Board meeting that Healthwatch Swindon would continue to provide regular updates to the board on its progress and current priorities.

2. Recommendations

The Board is recommended to:

- 2.1 Note the update from Healthwatch Swindon.

3. Detail

3.1 Executive Summary

- Healthwatch Swindon has held regular monthly board meetings since January 2015 and met independently with commissioners to discuss the potential novation of Healthwatch Swindon. The board now consists of seven members (including Chair and Vice Chair).
- Healthwatch Swindon continues to identify opportunities to review services through focussed projects. Following a meeting with commissioners and the Red Cross, Healthwatch Swindon has developed a 4-month project to review the Home from Hospital project (Appendix 8.1). The project will run from June to September 2015 with the aim to:
 - 1) identify the satisfaction levels of those that used the service and its usefulness.
 - 2) understand how the patient found out about the service.
 - 3) highlight what worked well, where the service failed and how it can be improved from a patients' perspective.

The review will then be used to help shape the delivery of the future service.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk.

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- Healthwatch Swindon continues to review opportunities to gather feedback and observe matters relating to health and social care services. Most recently there has been a review of previous engagement activity with the Great Western Hospital (GWH) and identifying ways to improve effectiveness. As a result of discussions, an initial meeting will take place in June to discuss regular monthly engagement activities at the GWH and community sites. (Healthwatch Swindon is working in collaboration with Healthwatch Wiltshire.)
- The Healthwatch Swindon project to review service mental health services continues has seen completion of 3 service users and carers workshops and an engagement event with staff of Avon and Wiltshire Mental Health Partnership Trust. Due to the quality and quantity of feedback from all events, the original completion date of June 2015 has required re-adjusting to September 2015.
- Healthwatch Swindon has continued to increase its involvement on the Local Safeguarding Adult Board (LSAB) with the Chair of Healthwatch Swindon attending as the nominated representative. Prior to the most recent LSAB meeting (May 2015) Healthwatch Swindon reviewed and fed back on the proposed draft Safeguarding Strategy.
- Following the dedicated piece of work to ask the population of Swindon what their top 3 areas of work priorities would be, the Healthwatch Swindon Board has identified the work plan priorities for 2015/16 (Appendix 8.2). Further work is being undertaken to detail how Healthwatch Swindon will deliver against the work plan priorities for 2015-2016.
- Dying Matters Awareness Week is an annual opportunity for us to work with voluntary and statutory partners to raise awareness of issues around care at or towards the end of people's lives. We did so again this year as a prelude to developing work with Prospect Hospice and others on a Dying Well Charter. This work contributes towards influencing both the commissioning of end of life care and its provision.
- Following our advocate supporting a client from the Transgender community, a link has been made with the Swindon Transgender Group (voluntary support group), which has highlighted a range of concerns in terms of accessing health care. It has opened up communication with a very seldom-heard group and community, which we are currently developing and identifying how we can engage further.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk.

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3.2 Board Update

As at January 2015, we have six volunteer directors registered at Companies House with one more awaiting DBS certification.

The board members continue to become involved further in the strategic direction of Healthwatch Swindon as well as specific areas. The Healthwatch Swindon board have also started discussions with Parkwood Healthcare and Commissioners about the novation of the contract.

Once a time plan for novation has been agreed, the Healthwatch Swindon board will plan an Annual General Meeting.

3.3 Current Work Plan Priorities

The Healthwatch Swindon board are currently defining an activity and engagement plan to support the Work Plan Priorities. Outside the work plan priorities, the work continues to be diverse due to the range of comments received.

3.3.1 Reviewing Mental Health Services in Swindon.

All service user and carer workshops have been completed and well attended. This has formed a working documentation of what doesn't work well, what does work well and how they would like the service to work.

The workshop for mental health professionals took place at the end of May at Sandalwood Court. This has also been followed up with a questionnaire to all Avon and Wiltshire Mental Health Partnership Trust (AWP) based in Swindon.

Due to the quality and quantity of the areas covered in the service user workshops, timings for completion of the project have required re-adjusting. However, it has opened up further opportunities and identified potential recommendations already.

- June 2015: Completion and trial of the questionnaire developed from the feedback from the service-user/carers workshops.
- July 2015: Circulation of the questionnaire to as many service users, carers and family members.
- August 2015: Analyse completed questionnaires and organise 1-2-1 interviews where requested.
- From September 2015: Present final report including recommendations to the Health and Wellbeing Board, the Overview and Scrutiny Committee and the AWP Trust Board.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk.

3.3.2 Building up evidence based insight (formerly Health Observatory).

Healthwatch Swindon has continued to explore opportunities to build up evidence from the third sector, including the community and voluntary sector.

To date Healthwatch Swindon has utilised its network to help support the work of the JSNA Steering group and involve patients and public. This has been evidenced with both the Eye Health JSNA and the Autism JSNA.

To explore further opportunities within the Community and Voluntary Sector, a meeting with the Network Development Officer took place. This has identified areas where a collaborative approach could be taken to achieve mutual benefit and feed into the Healthwatch Swindon Work Plan Priorities and current projects.

Initial areas highlighted with proposed key contacts, being:

- Children and Young People engagement.
- Workplace engagement.

3.3.3 Dying Matters Awareness.

During Dying Matters Awareness Week (18th – 22nd May), we participated in a series of publicity stands during the week including, in particular, the Brunel Centre on 20 May. With partner organisations, we used the opportunity to invite people to complete a simple survey form expressing views about the sort of care and support they would expect towards the end of their lives. Over 100 forms were completed during the week; and more have been at subsequent speaking engagements.

On 22 May 30 people attended a seminar we hosted at Swindon Advice and Support Centre with presentations from Prospect Hospice, GWH and SEQOL and NHS Swindon CCG. Prior to the week we publicised and attended Swindon Festival of Literature events with a focus on health and care - In particular the event about grief and grieving which had a focus on Treehouse, the new child bereavement charity for Swindon and Wiltshire which we anticipate giving publicity to when it launches in the Autumn.

3.3.4 Autism & LD Partnership Boards.

Healthwatch Swindon is represented at the revitalised Autism Partnership Board and have, for example, helped generate response to the strategy development. One issue emerging from recent discussion was the shortfall in capacity at SEQOL for adult assessments for autism. We raised this as a public question at the Clinical Commissioning Group governing body and will continue to pursue it through the Partnership Board.

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Healthwatch Swindon has also been working with the Learning Disabilities Partnership Board and supported the open forum events, which take place alternately with Board meetings. There has been concerns raised about the challenge presented (each year) by the annual self-assessment which the borough is required to complete, resulting in complete statistical information captured by commissioners and/or providers. Although the self-assessment is not obligatory, it does provide Partnership Board and commissioners with a useful benchmark against which to consider progress against the JSNA and related strategies.

3.4 Volunteers and work experience.

Volunteers continue to play an integral part in supporting staff to deliver against the contract.

Examples of this include:

- reviewing the “local offer” through the “MyCareMySupport” website and continued representation at the steering group to help promote and publicise;
- volunteer board members meeting on a regular basis and attended a Strategic Development Workshop in March 2015;
- Three volunteers participated in the most recent PLACE (Patient Led Assessment of the Care Environment) at the Great Western Hospital; and
- supporting the Information and Research Officer with general administration duties, including Job Seeker work placements.

Healthwatch Swindon will be exploring further opportunities to recruit volunteers, including the Volunteer Recruitment Fair in July 2015.

4. Alternative Options

4.1 No alternative options.

5. Implications

5.1 None.

Financial and Procurement Implications

5.2 None.

Legal and Human Rights Implications

5.3 None.

All other Implications

5.4 None.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk.

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6. Consultees

6.1 None.

7. Background Papers

7.1 None.

8. Appendices

8.1 Home From Hospital Project Brief (May 2015)

8.2 Healthwatch Swindon Work Plan Priorities and Current Projects (May 2015)

8.3 Healthwatch Swindon Annual Report 2014/15 (June 2015)

Home from Hospital

INTRODUCTION:

Swindon Borough Council has commissioned a one-year pilot project to enhance the current Home From Hospital scheme to ensure that people who are medically fit for discharge from hospital have the appropriate support in place to return home, avoid re-admission to hospital and reintegrate back into their community. The pilot will prioritise older people and unpaid carers.

The pilot will run from 1st February 2015 to 31st March 2016 and will be a joint working partnership between the RED CROSS, AGE UK and ASTER LIVING, working closely with SBC Locality teams.

- **Red Cross:** To ensure a safe discharge from hospital and support the patient to live at home independently and integration back into their community for up to 7 days.
- **Age UK:** To provide ongoing help (up to 6 weeks) to support living at home and integration back into their community independently.
- **Aster Living:** To provide a Handyman Service to ensure the patients' home is safe and suitable for them to live at home independently.

The pilot commenced on the 1st February 2015. This project proposal is following a request from Swindon Borough Council to carry out analysis amongst those that have been successfully referred through the scheme to evaluate their satisfaction and the longer-term considerations/impact of the service.

BACKGROUND:

Swindon is a mainly urban medium sized town with an estimated population of 214,000. The overall population of Swindon is forecast to rise to around 250,000 by 2030.

As with any predominantly urban area there are challenges around inequality and those that are disadvantage. Deprivation is lower than average, however about 17.3% (7,200) children live in poverty. Life expectancy for both men and women is similar to the England average.

- 15% of the current population are aged 65 years old or over.
- During 2012/13, there were 1,864 hospital admissions for injuries due to falls in people aged 65 years plus per 100,000 population.

WHO WE ARE:

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Swindon works to help local people get the best out of local health and social care services. Whether it is improving them today or helping to shape them for tomorrow. Healthwatch Swindon is about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

PROJECT AIM:

This proposal is based on service users who are successfully referred through the enhanced Home From Hospital pilot project.

The primary questions are as follows:

- To identify the satisfaction levels of those that used the service and its usefulness.
- To understand the factors that led to patients being admitted to hospital and requiring support to move home.
- To highlight what worked well, where the service failed and how it could be improved from a patients' perspective.

It is hoped that the information generated from this project will:

- Identify further considerations required to help influence and improving the delivery of future Home from Hospital schemes.
- Support Swindon Borough Council to evaluate the pilot in addition to set Key Performance Indicators.

TARGET GROUP:

The target group for this pilot will be patients who are successfully referred through the scheme, being in hospital and medically fit for discharge, but do not have the support of family or friends during the first few weeks after they leave hospital.

RESEARCH OBJECTIVES AND METHODOLOGY:

- To gain agreement from those referred through the scheme to participate in the Healthwatch Swindon project.
- To consider the most effective way to conduct and complete questionnaire.
- To provide the provision for Discovery interviews if required.

RECRUITMENT OF PARTICIPANTS:

To be finalised.

WAYS OF PARTICIPATING:

To be finalised.

BUDGET IMPLICATIONS:

To be finalised.

FEEDBACK MECHANISM

- The project will commence in September 2015 and complete in October 2015.
- On completion, a presentation will be prepared to present to Swindon Borough Council in November 2015.
- The work will feed into the Third Sector Insight Tool.

NEXT STEPS

Healthwatch Swindon attend initial meeting on May 18th 2015.

Finalise project brief including recruitment of participants, ways to participate and budget implications by June 2015.



What are your top 3 priorities?

Feedback Summary Report

May 2015

Foreword:

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Swindon work to help local people get the best out of health and social care services. Whether it is improving them today or helping to shape them for tomorrow. Healthwatch is about voices being able to influence the delivery and design of local services.

Introduction:

During 2014, Healthwatch Swindon key priority was to recruit and establish a local board of directors to take the operational and strategic lead to make informed and evidence based decisions.

In December 2014, the newly formed Healthwatch Swindon board met for the first time and decided that they wanted to ensure that the work plan for 2015/16 incorporated the views of the local people of Swindon.

Over a three-month period (January to March 2015), Healthwatch Swindon completed 125 questionnaires over a series of events and through promoting through the monthly e-bulletins. The following report provides analysis of the responses and a summary of conclusions.

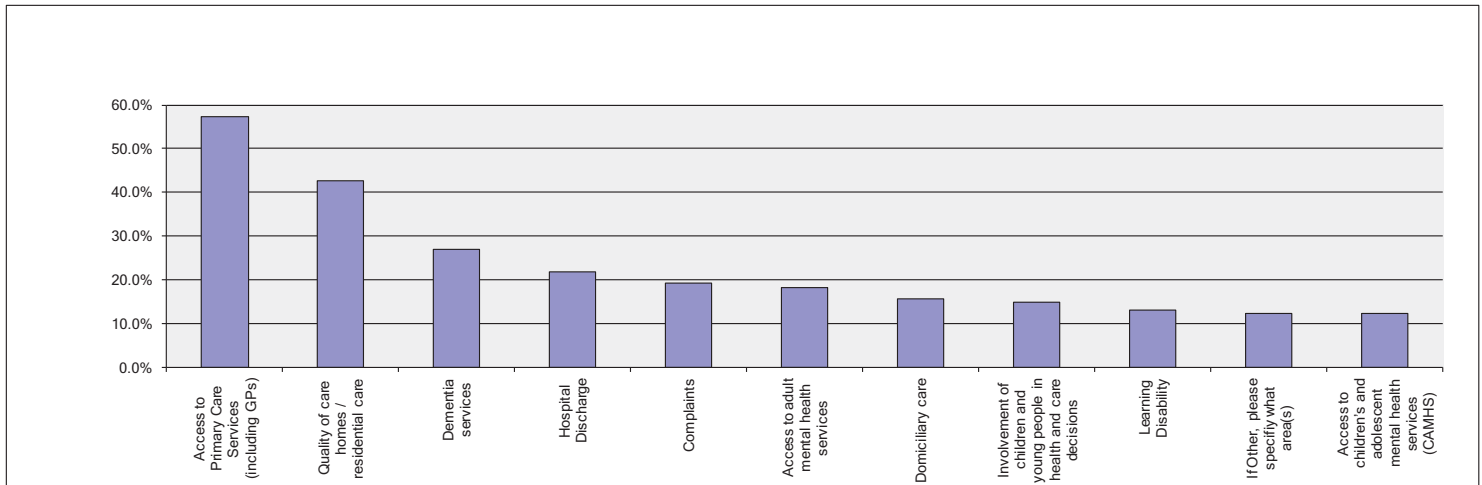
Methodology:

In December 2014, Healthwatch Swindon developed created a questionnaire (Appendix 1) on Survey Monkey, which was circulated between January to March 2015 through the flowing channels:

- Engagement Event (Brunel Plaza);
- Healthwatch Swindon Website;
- Healthwatch Swindon E-bulletins; and
- Follow up to New College students from the Health and Wellbeing Event in December 2013.
- Occupying a notice board in Citizens Advice Bureau reception.

In total 115 completed questionnaires.

What were the top 3 priorities?



- Over half (**57%**) selected **Access to Primary Care Services** as one of their top 3 priorities, closely followed by **Quality of Care in Care Homes (43%)**.
- Others in the **Top 5** included **Dementia Services (27%)** and **Hospital Discharge (22%)**.
- **Being able to complain (19%)** completed the **Top 5**, which raised further evidence to strengthen our previous research highlighting that **2 in 3 people** would not know how to raise a complaint against an NHS service or service provider.

As well as asking respondents to select their Top 3 Priorities, we also asked them for reasons why they selected as they did.

Over two-thirds told us why they had selected as they did and, where applicable, the comments have been captured anonymously into our database to provide and evidence based insight.

Demographics of respondents:

- Nearly 65% were female.
- Two thirds were 50 years or over.
- 79% were White British.
- SN1, SN3 and SN5 accounted for 50% of the responses.

For full demographics breakdown, please see Appendix 2.

Over 10% of respondents raised other areas of concerns or feedback that they felt should be included.

- My top priority would be looking after visually impaired people and those with hearing loss in the community.
- Rid the system of overpaid 'managers' in supposed commissioning bodies.
- Charge people for A&E if a result of alcohol excess
- We need more meetings to disuse alternative remedies for health. More and more people are turning to natural products because of side effects from prescription drugs. When is the next meeting in Swindon on alternatives?
- For improved 1:1 counselling services to be accessible via GP's. Current IAPT provision is not enough and at times inappropriate. Some patients are experiencing waiting lists, different counsellors at each appointment, appointments weeks apart. Suitability for CBT method of counselling for some patients. It is often ineffective and inappropriate. They will often only be offered 6 sessions. Max 18 if they are lucky.
- Care of the elderly in their own homes, also in hospitals. I am aware it costs so much to have this vitally important care, especially for someone living alone. Many have to depend on the goodwill and kindness of their neighbours, who in turn are most likely elderly themselves. Community resources are very limited and too expensive for many elderly. It is a heartbreaking situation, when we should be valuing our elderly and be a caring society. I know the NHS is very overloaded and stretched, but what do we do with these deserving citizens? Sad to hear what is happening nationwide in hospitals too, and the elderly always seem to be at the bottom of the needs.
- Maternity.
- Community based support so not reliant on NHS services.
- Support for those with chronic pain illness.
- Keeping up with latest non-drug treatments for GI patients.
- Prevention and intervention in case of obesity and weight management.
- 1. Length of time taken to see a consultant. 2. Poor communication between different departments in hospital.
- More informed decisions by patients. Hospital consultants, particularly registrars, tend not to be transparent as to why they prescribe a certain approach for managing the patient. At times it feels like the overriding priority is to experiment rather than to treat. The patient needs to know if that is the case.

In Summary

The Swindon public that we have engaged with have highlighted the priorities that they feel Healthwatch Swindon should focus on.

As a result, our work plan priorities for 2015/16 are:

- Access to Primary Care.
- Quality of Care in Care Homes.
- Dementia Services.
- Hospital Discharge.
- Children and Young People.

We are now exploring and considering the most effective methods to address these priorities and developing:

- An engagement plan supported by activities to involve as many patients and public as possible;
- Relationships with Statutory, Voluntary and Community organisations;
- A credible and effective projects to provide evidence based insight to support and inform policy and decision makers.

As we finalise details, the information will be available through our website (www.healthwatchswindon.org.uk) and our monthly e-bulletin, which you can register for by emailing us at info@healthwatchswindon.org.uk.

Are you passionate about improving health and social care in Swindon and giving consumers a voice in the design and delivery of services?

If the answer is yes and you would like to find out more about volunteer opportunities at Healthwatch Swindon please contact us at info@healthwatchswindon.org.uk or call 01793 497777.

Thank you to everyone who helped contribute to this report.

Pete Rowe
Manager

Appendix 1: Master Questionnaire

Have Your Say on Health and Social Care in Swindon

Healthwatch Swindon is a completely independent organisation who gathers people's views in order to influence the design and delivery of health and social care services in Swindon.

With so much in the media regarding the state of health and social care in England, we would like to gain an insight into your thoughts regarding services here in Swindon.

Please select your Top 3 priority areas for Healthwatch Swindon to focus on in 2015/2016:

- ☐ Access to Primary Care Services (including GPs)
- ☐ Hospital Discharge
(Discharge from hospital is at the point when a patient leaves and either returns home or is transferred to another facility such as rehabilitation or a nursing home)
- ☐ Involvement of children and young people in health and care decisions
- ☐ Quality of care homes / residential care
- ☐ Access to children's and adolescent mental health services (CAMHS)
- ☐ Access to adult mental health services
- ☐ Learning Disability
- ☐ Dementia Care
- ☐ Domiciliary Care
- ☐ NHS Complaints
(Raising awareness of where and how to make a complaint about an NHS service, and improving the process so that it is easier and more transparent)
- ☐ Other, please specify what area(s)

It would be helpful for us to know why you think these are priority areas, please tell us here:

In order to gain a better understanding of our sample base for this survey we would like to ask you for your demographics. The details you provide will not be shared with anyone or any organisation outside Healthwatch Swindon to ensure confidentiality and anonymity.

Gender:

- Male ☐
- Female ☐
- Transgender ☐

Ethnic Origin:

- | | |
|--|--|
| British <input type="radio"/> | Indian <input type="radio"/> |
| Irish <input type="radio"/> | Pakistani <input type="radio"/> |
| Any other White Background <input type="radio"/> | Bangladeshi <input type="radio"/> |
| White and Black Caribbean <input type="radio"/> | Caribbean <input type="radio"/> |
| White and Black African <input type="radio"/> | African <input type="radio"/> |
| White and Asian <input type="radio"/> | Chinese <input type="radio"/> |
| Other Mixed Background <input type="radio"/> | Gypsy/Traveller <input type="radio"/> |
| Other Asian Background <input type="radio"/> | Other Ethnic Group <input type="radio"/> |
| Other Black Background <input type="radio"/> | |

Age Range:

- 17 and under ☐
- 18 to 24 ☐
- 25 to 49 ☐
- 50 to 64 ☐
- 65 to 79 ☐
- 80+ ☐
- Prefer Not To Say ☐

First part of your postcode (SN0 or SN00):

SN_____

Do you consider yourself to have a disability?

Yes ☐ No ☐ Prefer Not To Say ☐

If you would you like to know more about Healthwatch Swindon then please provide your email address below and join our monthly e-bulletin mailing list. Our e-bulletin has all the latest health and social care stories both locally and nationally:



Healthwatch Swindon



@ HealthwatchS

Email: info@healthwatchswindon.org.uk

Website: www.healthwatchswindon.org.uk

Telephone: 01793 497777

Office Address:

Swindon Advice and Support Centre, Sanford House, Sanford Street, Swindon, SN1 1QH

Appendix 2: Demographics

Gender:

Answer Options	Response Percent	Response Count
Female	64.3%	74
Male	25.2%	29
Transgender	0.0%	0
Prefer not to say	10.4%	12
<i>answered question</i>		115

Age:

Answer Options	Response Percent	Response Count
17 and under	7.0%	8
18 to 24yrs	3.5%	4
25 to 49yrs	13.9%	16
50 to 64yrs	21.7%	25
65 to 79yrs	40.9%	47
80 and over	2.6%	3
Prefer not to say	10.4%	12
<i>answered question</i>		115

Ethnic Background

Answer Options	Response Percent	Response Count
Arab	1.7%	2
British	79.1%	91
Irish	0.9%	1
Any other White Background	1.7%	2
White and Black Caribbean	0.0%	0
White and Black African	0.0%	0
White and Asian	0.0%	0
Any other Mixed Background	0.0%	0
Indian	0.0%	0
Pakistani	0.0%	0
Bangladeshi	0.0%	0
Any other Asian Background	1.7%	2
Caribbean	0.0%	0
African	2.6%	3
Any other Black Background	0.0%	0
Chinese	0.0%	0
Any other Ethnic Group	1.7%	2
Gypsy/Traveler	0.0%	0
Prefer not to say	10.4%	12
<i>answered question</i>		115

Do you consider yourself as disabled?

Answer Options	Response Percent	Response Count
Yes	11.3%	13
No	65.2%	75
Learning Disability/Difficulty	0.0%	0
Long-standing illness	1.7%	2
Mental Health condition	0.9%	1
Physical	0.9%	1
Sensory	0.0%	0
Other	0.9%	1
I don't wish to disclose	19.1%	22
<i>answered question</i>		115

Postcode

Answer Options	Response Percent	Response Count
SN1	17.4%	20
SN2	3.5%	4
SN25	6.1%	7
SN3	17.4%	20
SN4	3.5%	4
SN5	16.5%	19
Other	13.9%	16
I don't wish to disclose	21.7%	25
<i>answered question</i>		115

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Healthwatch Swindon

Annual
Report

2014/2015





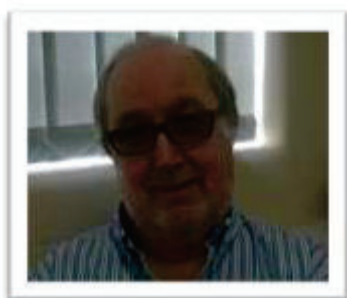


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Note from Will Evans, Chair



In championing the consumer voice, we will, at every stage, be led by what people tell us about the services they receive. Healthwatch Swindon can only be effective if we hear what local people are saying. Please get in touch and let us know how you feel about health and social care services in SWINDON.

Welcome to the second Healthwatch Swindon Annual Report, which I believe, demonstrates the importance of our role in ensuring local people have the opportunity to influence and improve local services and how we enable people to make informed choices about their health and social wellbeing.

This has been an exciting year building on the positive start of last year with not only the further development of the board but also ensuring we have the skilled staff in place to effectively deliver the functions of Healthwatch Swindon.

Our vision is that Healthwatch Swindon will empower people and communities to improve health and social care services together and be a strong, independent and effective voice and a champion for local people, supporting people to exercise informed choice about their health and social care services and influencing health and social care service delivery for local people.

This is the most vital part of our role by representing the views of people who use health and social care services to commissioners and service providers.

To do this we have continued to build on the strong foundations with key stakeholders as well as engaging with patients, carers, public and voluntary sector organisations to ensure we hear the voice of local people who are using health and care services.

In order for Healthwatch Swindon to achieve this we have throughout the year, set up opportunities to listen to views from local people and organisations by hosting public consultation events, undertaking surveys regarding specific needs such as the Mental Health Survey, the first volunteer workshop as well as providing a range of ways of accessing Healthwatch Swindon.

I would like to thank all the Healthwatch Swindon board members, who give their time entirely voluntarily; Healthwatch Swindon staff who have worked tirelessly throughout the year, the volunteers who bring a wide variety of skills and experience into our work and of course all the people who contacted us during the year.



Summary from Pete Rowe, Manager



Our second year has built on the foundations laid during the first 12 months as well as focussing on establishing a fully functional Healthwatch Swindon board to lead us strategically forward.

Being in the role of manager for a full 12 months, I have been able to review our achievements with pride and satisfaction, which is tribute to the whole Healthwatch Swindon team, including our family of volunteers.

Following the first 12 months, it became evident that the priority should be to recruit further members to the board to help support and develop Healthwatch Swindon. I am therefore delighted to report the board has grown significantly and, as at March 2015, stands at seven members.

It was also apparent that, for us to continue to be effective and efficient in reaching our goals, we would need to utilise our dedicated pool of volunteers.

May 2014 saw the first of our volunteer workshops to help establish a Volunteer Action Programme, which resulted in our volunteers dedicating over 400 hours during the year.

Whether it has been *providing administration support, attending meetings on our behalf, undertaking patient led audits, reviewing documents or helping us engage with the people of Swindon*, we recognise and appreciate their valuable time and support.

This year has seen us involved in a wide range of projects, activities and forums to ensure that we strategically focus on relevant issues and the current provision of health and social care services in Swindon.

As well as building on our relationships with service providers, commissioners and monitoring bodies, we have also made further efforts to explore opportunities with fellow Third Sector and Community and Voluntary Support Groups, which has been enhanced with our move to the Swindon Advice and Support Centre in Sanford Street.

The future....

The next 12 months will continue to be full of opportunities and challenges and I look forward to developing Healthwatch Swindon further ensuring, at all times, that our service is **ACCESSIBLE** to as many **ELIGIBLE** people at the **FIRST** time they may need it and the insight we gather is **REPRESENTATIVE**.

I hope you enjoy reading our Annual Report and that it gives you an insight in to our work and the positive impacts that have been achieved.



About Healthwatch Swindon

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

Our work plan priorities.

In December 2014, the newly formed Healthwatch Swindon board wanted to ensure that the work plan priorities for 2015/16 incorporated the views of the local people of Swindon.

The views and comments we received were reviewed and identified our work plan priorities from the major topics, being:

1. Access to Primary Care.
2. Quality of Care in Care Homes.
3. Dementia Services.
4. Hospital Discharge.
5. Children and Young People.



Our guiding principles.

- **Gathering and representing the views and experiences** of people who use Health and Social Care services in Swindon, including carers and the public.
- **Offering a free, confidential and independent complaints advocacy service**, which includes supporting people to make a complaint about NHS commissioned services.
- **Creating and developing an effective partnership approach** to work with commissioning organisations, community groups, service user groups and service providers to raise awareness and identify opportunities to champion the voice of the people.
- **Signposting people to appropriate Health & Social Care Service(s)** to help them understand the appropriate options and make an informed choice.
- **Reporting information and making recommendations** to commissioning groups, scrutiny committees, quality monitoring bodies and organisations using evidence based insight.

A vital key to our success is the number of people we engage with, which is why we have continued to develop our digital media programme further.

This has resulted in nearly 15,000 hits to our website, a post reach of over 27,000 on Facebook and 1,900 followers on Twitter.



Engaging with people who use health and social care services

From April 2014 to March 2015, we received over 1000 views, comments and complaints. Although an open-door service, the majority has come through planned activity, including:

- **Attendance at over 100 local engagement events and support forums, including:**
 - Queens Park Community Day;
 - Pop-up stall at the Brunel Plaza Shopping Mall and Great Western Hospital;
 - Community and Voluntary Sector Christmas Fayre;
 - Monthly slot on health programme on community radio; and
 - Facilitating the Patient Participation Group forum.
- **Undertaking and supporting focussed projects driven by evidence based insight and local influences, covering:**
 - Access to mental health services;
 - Confusion regarding where patients and their families can go to make a complaint about an NHS service;
 - Learning Disability Partnership Board survey; and
 - Defining a work plan based on the priorities of local patients and residents of Swindon.

Following concerns identified by Healthwatch England, we asked people if they knew where to go to make a complaint about an NHS service.

Nearly two-thirds [62%] said No.

As Healthwatch Swindon, it is imperative that we are representative of the whole community and have focussed on particular projects to ensure we engage and involve:

- **Children and Young People;**
- **Seldom Heard Groups; and**
- **Disadvantaged and/or Vulnerable People.**

Children and Young People.

Attendance at the Health and Wellbeing Week at the New College saw Healthwatch Swindon engage with over 100 students, where we focussed on young people's views on involvement and feedback in healthcare. This also resulted in work experience placements for 4 students over a 10-week period.

Being involved in the Healthy Weight Implementation Group presented an opportunity to be involved in a project to develop health and wellbeing awareness in primary schools. The event, aimed at Years 5 and 6 students, saw over 10 primary schools attend and take part. Further work is being explored to develop Health Ambassadors within this age group.

Seldom Heard Groups.

As well as regularly attending forums that represent seldom heard groups, such as the Harbour Project's Refugee & Asylum Seekers forum, we have made a good link within the Lesbian, Gay, Bi-sexual and Transgender community.

As well as identifying a range of concerns in terms of accessing healthcare and support organisations, it has also highlighted the lack of involvement of this community in the planning and influencing of the delivery of commissioned services.

Disadvantaged and/or Vulnerable People.

Following the promoting and publicising of the survey conducted by the Learning Disability Partnership Board (LDPB), Healthwatch Swindon collated, analysed and presented the findings. Key points identified formed the focus of planning for the LDPB forum in November 2014.

Healthwatch Swindon also attended the Discover Autism Spectrum Happiness AGM, where anxieties were raised about the development of the Swindon Autism Strategy. We have contributed appropriately to promote and publicise the Swindon Autism Survey and ensure involvement in the draft Autism Joint Strategic Needs Assessment.

Enter & View.

Local Healthwatch organisations have a statutory power for authorised representatives to “Enter and View” provider premises to observe matters relating to health and social care services.

During 2014, Healthwatch Swindon did not exercise its right to “Enter and View” any provider premises.

However, in January 2015, we conducted a recruitment and selection event for potential “Enter and View” candidates, which was well attended.

This will not only allow us to develop an “Enter and View” programme but also means we will pro-actively react to any concerns or issues raised where it is felt an “Enter and View” visit is required.

During 2014/2015, our volunteers also participated in the Patient Led Assessment of the Care Environment (PLACE) visits at the Great Western Hospital.

Dying Matters.

Healthwatch Swindon has actively encouraged patient and public participation and feedback in end of life care, including attendance at the Long Term Conditions service redesign.

In January 2015, we recruited patients with an interest in end of life care to discuss and feedback on new documentation being prepared to ensure appropriate care and information for people at or towards the end of their life, and to support those who are important to them.

Healthwatch Swindon is also committed to continue its support for the Dying Well Charter and look forward to contributing to and promoting involvement in the Dying Matters Awareness Week in May 2015.

Exploring further opportunities.

It is essential that Healthwatch Swindon continue to explore opportunities and develop relationships to further gather experiences and views and ensure the people of Swindon are involved and engaged in matters relating to health and social care.

From April 2015, Healthwatch Swindon will be identifying opportunities to develop outreach “drop-in” stations to access communities and locations.

It is also important that we strengthen the connection with the Community and Voluntary Sector, and meetings have already taken place with key contacts.

It is also important to recognise that there are patients and members of the public who live outside Swindon but use health and social care services within Swindon. Therefore, we will develop a workplace engagement strategy and build on previous joint ventures with neighbouring Healthwatch.



Providing information, signposting and support for people who use health and social care services

Helping people get what they need from local health and social care services.

As part of our service, Healthwatch Swindon provides people with information and advice to help them access the right services and make informed decisions about their care.

The move to Swindon Advice and Support Centre (SAASC) in October 2014 has allowed us to be part of a central point of information and signposting for health, well being and social care.

We also welcome, and actively promote, the My Care My Support website (mycaremysupport.co.uk), which has been developed to act as a one-stop source about care and support choices available to residents of Swindon.

As with the previous year, the Non-Emergency Patient Transport Service (NEPTS) has been central to the majority of enquiries. We have helped to:

- Provide an understanding as to why the patient is not eligible, even if they had been previously; and
- Ensure, where special allowances for eligibility exist (even if the patient does not meet the standard criteria), NEPTS is provided; and
- Where the patient is not eligible, signpost them to relevant alternatives and advise of the NHS Healthcare Travel Costs Scheme.

Due to the frequency of this enquiry, we have also uploaded detailed information on our website.

Healthwatch Swindon has also continued to host the NHS Health Checks at SAASC, where a community based Health Ambassador is also on hand to offer 1-2-1 support and advice on how to improve your health, your way.



Access to out of hours and urgent care has also been topical, particularly with the awareness of the increased demand on the Emergency Department.

Healthwatch Swindon supported and publicised the work initiated by the Swindon Clinical Commissioning Group to inform people of alternatives to the Emergency Department as well as highlighting the most appropriate health service based on the medical emergency.

Once again, we publicised the information through our website and social media.



Independent NHS Complaints Advocacy Service.

Part of the contract is to provide an independent NHS complaints advocacy service. In April 2014, Healthwatch Swindon brought the advocacy service in-house, which has allowed a higher level of support and signposting.

Between April 2014 and March 2015, Healthwatch Swindon have managed 71 cases, which have ranged from empowering clients to navigate their own way through the complex complaints system to supporting clients to submit the complaint to the Parliamentary Health Service Ombudsman.

In terms of issues raised, the following providers have featured most: **hospital trusts (46%), GP surgeries (26%) and mental health service providers (19%).**

Acknowledging the type of providers mentioned above, it is imperative that we continue to establish and maintain a working relationship with the appropriate Patient Advice and Liaison Teams (PALS).

In terms of complaint classification, the following have featured most: **Treatment (22%), Diagnosis (17%) and Communication (14%).**

Of the 71 cases, 13 cases have been satisfactorily resolved and 5 cases have been supported through to the Parliamentary Health Service Ombudsman.

The work of Healthwatch Swindon, especially within the advocacy provision, continues to be diverse due to the wide range of health and social comments received.

Furthermore, as we always encourage clients to seek local resolution first - supporting them as required - impact and resolution may have occurred that we may not necessarily be aware of.

The provision of the Independent NHS Complaints Advocacy service is a key part of our role, especially as evidence released by **Healthwatch England** estimated that 250,000 incidences go unreported due to the complexity of the complaints process.

As we look to define the service further, we welcome and support the work by **Healthwatch England** to develop a national standard for independent complaints advocacy.

Other information provided.

Being based at SAASC, we have been able to refer and signpost appropriately to **Citizens Advice Bureau, Swindon Advocacy Movement, Swindon Carers Centre and Swindon Mind** amongst others.

We have also provided information and guidance around:

- Continuing Health Care Plans
- Patient Participation Groups
- Managing Anxiety and Stress
- Registering for Primary Care Services
- Voluntary Support Groups
- Safeguarding Awareness and Alerting
- Local News and Events
- Bordering Healthwatch

During 2015, Healthwatch Swindon will look to establish itself as a physical presence of the My Care My Support website.

We also welcome the introduction of the new pilot model for Community Navigators and look forward to supporting and assisting them in their role to help patients and public navigate the health and social care system.



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Healthwatch Swindon continues to utilise our role on the **Health and Wellbeing Board** and **Health, Adult and Children Services Overview and Scrutiny Committee** to provide an update of our work and raise areas of concern for their consideration, including:

- Access to primary care;
- The delivery of mental health services; and
- The non-emergency patient transport service.

Working with Delivering Health and Independence, Healthwatch Swindon conducted a training needs analysis of personal assistants. The results were used to bid for additional funding to provide training for personal assistants.

Putting local people at the heart of improving services.

Through our role on the Joint Strategic Needs Assessment (JSNA) Steering Group, we have been able to contribute appropriately and involve service users and carers to inform JSNAs.

- Wiltshire Sight (formerly Wiltshire Blind Association) raised their concerns to Healthwatch Swindon regarding the provision of Eye Health in Swindon, particularly with no indication of a JSNA Sight Loss review. We introduced Public Health Swindon to Wiltshire Sight and other sight loss support groups within Swindon, which resulted in service user's experiences and views informing the draft Sight Loss JSNA.

Working with others to improve local services.

During the past 12 months, we have built on our existing relationships to work together with key organisations to ensure patients and local people are involved in improving services.

During 2014, Healthwatch Swindon concluded the work to develop a framework to utilise patient and carer experiences to improve the service quality in GP Practices through Patient Participation Groups.

The completion of this framework, funded by NHS England Regional Team, is a celebration for Healthwatch Swindon and plans are underway to coincide a national and local launch of the framework with NHS England.

Care Quality Commission (CQC)

The CQC monitor services' performance against national standards and regulate health and social care providers. In September 2014, prior to the inspections locally amongst GP practices, we met with the CQC and reported comments, both good and bad.

As well as helping to inform the inspections, we worked very closely with the relevant Patient Participations Groups (PPGs) to advise them how they could assist the CQC. Now that all the planned inspections have been completed and the reports produced, Healthwatch Swindon will be looking to support relevant PPGs to review the reports and recommendations.



Swindon Clinical Commissioning Group (SCCG).

As well as being actively involved in and promoting health service redesigns in the last 12 months, we have also worked with the engagement team of SCCG to enhance their opportunities to engage with the people of Swindon.

- In February 2015, we hosted a pop-up stall in the Brunel Plaza Shopping Mall and invited SCCG to attend to gain feedback on their commissioning intentions update.
- Following Healthwatch Swindon attendance at the Eye Health Service Redesign, we supported and continue to participate in the Eye Health Patients Reference Group, which reviews and monitor eye health services in Swindon.

Healthwatch Swindon has also provided reports to the SCCG regarding comments received about the Non-Emergency Patients Transport Service.

This feedback has assisted SCCG to review the performance of the service and the contractor, Arriva Transport Solutions.

We look forward to identifying further opportunities to work together and also to act as a critical friend.

Great Western Hospital Foundation Trust (GWH)

As the biggest provider of secondary health care services within Swindon, it is key that we developed a working relationship with GWH as an independent and critical friend.

With over 35% of all contacts received by Healthwatch Swindon during 2014/15 relating to GWH, it is clear that we need to ensure a transparent relationship and develop an effective engagement and reporting strategy.

Healthwatch Swindon has continued to actively support and be involved in the **Nutrition and Hydration Steering Group, Cancer User Forum, End of Life Care and the Eye Health Patients Reference Group.**

We co-hosted the “**Spotlight on GWH**” event with GWH in June 2014 and spent a week in February 2015 with a pop-up stall in the reception area. Both these events were valuable opportunities to engage and involve patients and members of the public.

For 2015/16, Healthwatch Swindon, in partnership with Healthwatch Wiltshire, has proposed monthly engagement activities with the GWH, which will focus on key areas and departments.

To ensure an effective feedback mechanism, we have also organised quarterly meetings to highlight both concerns and report positive feedback.

Local Safeguarding Boards.

With the introduction of the Care Act 2014, Healthwatch Swindon continues to recognise the importance of its role in terms of safeguarding and now sees the Chair, Will Evans, taking a very active role in both the adult and children safeguarding boards.

Attendance at the Local Safeguarding Adult Board (November 2014) identified an opportunity to re-engage third sector organisations in the safeguarding vulnerable adults awareness sessions. Including volunteers, Healthwatch Swindon organised a session for over 30 attendees of various third sector organisations.

Two Healthwatch Swindon volunteers also sit on the Safeguarding Service User Forum.



Impact Stories

Case Study One: Reviewing Mental Health Services in Swindon

Project Lead: Pete Rowe

An independent survey by a local service user network group gave cause for concern about the experience of service users of some mental health services provided by Avon & Wiltshire Mental Health Partnership NHS Trust (AWP).

As a result of the survey and direct feedback received regarding accessing mental health services, Healthwatch Swindon developed a project to explore:

- are the results and comments of both the independent survey and direct feedback received representative of those who access mental health services in Swindon;
- is there a platform for those who support the service user to also voice their comments and concerns; and
- are there any gaps or failings in the current provision of mental health services?

February 2015 saw the first of three focus groups, which was completely service user and carer led. The objective of the focus groups was to develop a questionnaire by service users and carers to understand what works well, what does not work well and what needs to change.

The questionnaire has been developed and will be trialled amongst the focus group before circulation to as many service users, carers and family members as possible.

Further to the focus groups, we have also arranged staff involvement workshops, where the same questions will be asked.

1 in 4 people in the UK will experience a mental health problem each year.

The focus groups and staff involvement workshop has already identified key areas, which we believe will be further supported by the questionnaire responses, including:

- clearer support and information for carers;
- immediate access and support when experiencing a mental health crisis;
- appropriate support and review to ensure safe discharge; and
- training and awareness sessions to assist health care staff in a non-mental health setting.

The project has already seen service users invited to review the re-commissioning of a local service and an invite to hold regular drop-ins at a service user network group.

Once the final report with recommendations has been completed, it will be presented to the Health and Wellbeing Board, Swindon Clinical Commissioning Group and AWP.





Case Study Two: Non-Emergency Patient Transport Service

Project Lead: Jason Ferris

Since the Non-Emergency Patient Transport Service (NEPTS) contract began, the nature of enquiries has changed, but since September 2014, the main reason has been around eligibility.

The misconception that Healthwatch can book, amend or cancel transport has also featured as a common nature of enquiries.

As a result, and due to an increase in calls, Healthwatch Swindon reviewed the feedback and engaged with patients and public to understand further the key factors behind the comments.

From this exercise, we identified the key areas of concern being:

- No understanding or explanation given as to why the patient is not eligible, even if they had been previously; or
- Inconsistent communication regarding special allowances for eligibility even if the patient does not meet the standard criteria i.e. going out of area due to a service temporarily unavailable; or
- Implication given that Healthwatch Swindon would provide non-emergency patient transport as opposed to actually signposting to alternatives.

“Thanks to Healthwatch Swindon, I was able to make sense of the NEPTS and allowed me to feedback my experience.”

Mr L, Swindon Resident

Talking with local Healthwatch, it was clear that they were receiving similar feedback so it has been a collaborative effort to address.

Short Term Solutions.

Healthwatch Swindon has supported residents to understand the service, the eligibility criteria and, where appropriate, either challenge the decision on their behalf or empower them to do it themselves. We have also signposted appropriately, provided information on alternative options and featured as a regular item on our [website](#).

Between December 2013 and February 2015, nearly 40% of NEPTS enquiries were regarding eligibility.

In cases where special allowances exist, i.e. ophthalmology referrals, we have clarified and raised the criteria to the patients and Arriva Transport Solutions (ATS) to ensure that transport was provided, as agreed with the Swindon Clinical Commissioning Group (SCCG).

We regularly report to the SCCG and have supported ATS to identify ways to deliver a clearer and more informative service to patients. This has included a patient information card.

Long Term Actions.

As well as raising our concerns with the appropriate monitoring bodies, Healthwatch Swindon will be conducting its own work in September 2015. The project will look to explore these initial findings further and review the impact of the short-term solutions as well as gaining user feedback regarding the service.



Our plans for 2015/16

Our work plan priorities will define our activity for 2015/16 in addition to the projects we are currently committed to.

However, it is essential that we remain flexible enough to pro-actively respond to other comments or issues raised outside our work plan.

In addition to this, Healthwatch Swindon is still in its infancy and therefore further work is required to build on our previous activity to raise awareness of our guiding principles, especially the Independent NHS Complaints Advocacy Service.

We have continued to make steady and credible progress based on relationships of mutual respect. However, we must not forget that we have a role to play as a critical friend to those that commission and provide health and social care services.

Work Plan Priorities in Detail.

Access to Primary Care.

Primary care related comments, particularly around GP surgeries, continue to feature for Healthwatch Swindon, whether it is access to, concerns about reduction of hours or visibility of the complaints process.

Healthwatch Swindon is currently developing a work programme, which builds on previous activity involving its Patient Participation Group Forum and a project, which reviewed how user-friendly and informative GP surgeries websites are.

We also look forward to taking our seat on the Primary Co-commissioning Board from July 2015.

Quality of Care in Care Homes.

January 2015 saw our first training of potential “Enter and View” authorised representatives. We recognise the concerns perceived by the public regarding Care Homes, particularly where Care Quality Commission’s inspections have highlighted improvements required.

Through “Enter and View”, we look forward to exploring the unique opportunity we have to gain insights from a resident and family’s perspective.

Hospital Discharge.

Healthwatch England’s special enquiry into unsafe discharge matched the feedback we received direct.

From July 2015, we will be holding quarterly meetings with Great Western Hospital and monthly engagement events, which will focus on several topics including hospital discharge and dementia services.

Healthwatch Swindon is also pleased to announce that it will be involved in the review of the pilot Home from Hospital scheme.

Children and Young People.

It remains a challenge to engage Children and Young People to give their views and feedback on health and social care services. We will continue to explore opportunities following our involvement with the School Sports Partnership as well as participate in the steering groups for the Special Education Needs Disability Reforms and provision of services for those going through transition - from childhood to adulthood.





Our governance and decision-making

Our board

One of the main priorities through 2014 was to appoint a Chair and recruit further board members. This was achieved and now the board is made up as follows:

- **Will Evans (Chair)**
- **Carol Burns (Vice Chair)**
- **Ben Curtis (Director)**
- **Iain Watts (Director)**
- **Valerie Vaughan (Director)**
- **Mary Cosker (Director)**
- **Julie Margerum (Director)**

Every member of the board is a volunteer and appointed due to their skills and experience.



The newly formed board met in December 2014 and since has held regular monthly meetings that are publicised.

The board members continue to become involved further in the strategic direction of Healthwatch Swindon as well as specific areas.

How we involve lay people and volunteers

Informing patients, public and volunteers of what we are doing or what we plan to do is essential.

We have nearly 2,000 individuals that we communicate regularly through monthly e-bulletins and social media updates.

Our volunteers also receive a weekly update to ensure they are aware of any opportunities or future activities.

A summary of issues and trends is produced by operational staff for the monthly board meetings to allow the board to make informed decisions based on evidence gathered.

In addition to this, Healthwatch Swindon continue to work closely in an independent capacity with service providers, commissioners, service user groups and third sector organisations to identify and highlight potential areas of focus.

“Volunteering at Healthwatch Swindon is a great way to utilise your time and skills to do something positive. I've gained a deeper understanding of how the Health and Social Care organisations are run and how they work together, behind the scenes.”

Ms. P, Volunteer



Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		£151,000
Additional income		
• Funding for Schools Sport Partnership Event		£ 150
Total income		£151,150

EXPENDITURE		
Office costs		£ 17,941
Staffing costs		£102,782
Direct delivery costs		£ 30,427
Total expenditure		£151,150
Balance brought forward		£ 0



Contact us

- Healthwatch Swindon is a company limited by guarantee.
- Registered in England and Wales No. 08429563.

Get in touch

Address: Swindon Advice and Support Centre
Sanford Street
Swindon
SN1 1QH

Phone number: 01793 497777

Email: info@healthwatchswindon.org.uk

Website URL: www.healthwatchswindon.org.uk

Twitter: #HealthwatchS

Facebook: Healthwatch Swindon

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Swindon Clinical Commissioning Group, Health and Wellbeing Board, Overview and Scrutiny Committees and Swindon Borough Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at the address above.

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NHS England South priority programmes for 2015/16

NHS England South
Rachel Pearce – Director
Commissioning Operations
South Central



Our four pivotal roles

Assurance and support of the commissioning system

- We allocate resources between commissioners – both between national and local, and between geographies
- We support commissioners to commission services that deliver the best possible health outcomes for their communities and that uphold the NHS Constitution
- We assure that local commissioners are delivering improving health outcomes and commitments in the NHS Constitution

Direct Commissioning

- We directly commission primary care, armed forces healthcare, public health services, health care in the justice system, and specialised services including high security psychiatric services.
- We work collaboratively with local commissioners to design these services so that they meet the needs of communities
- We ensure that the services we commission are delivering improving health outcomes and commitments in the NHS Constitution



National policy and strategy

- We work with partners nationally and locally to set the strategic direction to ensure the future sustainability of the NHS.
- We identify priorities for change and improvement and we use the tools and levers at our disposal to drive the delivery of those priorities
- We work with partners nationally and locally to develop policies in relation to how the commissioning system and commissioners operate.

Leadership

- We provide leadership to the commissioning system through the exercise of our functions
- We work with national and local partners to provide leadership to the wider health and care system
- We plan for and provide leadership during civil emergencies and ensure the NHS is resilient



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What we have to deliver

- ❑ Business as usual activities – delivering our statutory functions with a view to improving outcomes and upholding the NHS Constitution: commissioning services, providing support and assurance to CCGs, emergency planning and resilience, financial planning and monitoring,
- ❑ Clinical priorities – delivering our priorities for improving quality and outcomes: those set out for us in the Mandate (e.g. dementia, IAPT access and recovery, 10,000 lives from avoidable causes), and those we have identified for ourselves (e.g. Sepsis, Acute Kidney Injury, cancer, diabetes prevention, genomics)
- ❑ Transformational change – delivering new models of care: transformational programmes that are already being rolled out (urgent and emergency care, seven day services mental health services, genomics) and those that have been outlined in the 5YFV (multispecialty community providers, primary and acute care systems, viable smaller hospitals, enhanced health in care homes)



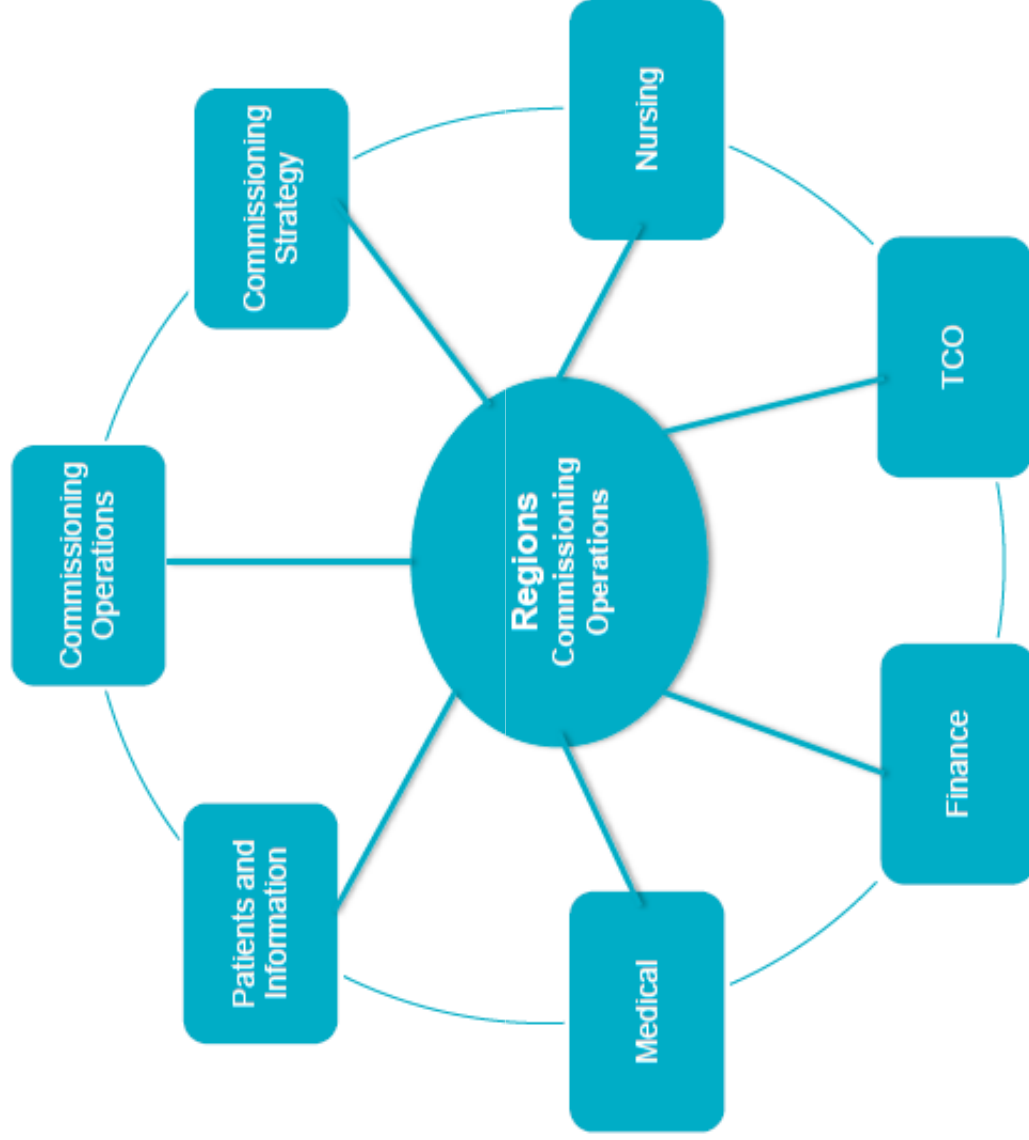
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Our Organisation



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NHS England business plan 2015/16

NHS England has just completed a process to agree the business plan for 2015/16. NHS England now has an agreed set of corporate priorities and each directorate, functional directorates and commissioning operations, also have an agreed set of objectives.

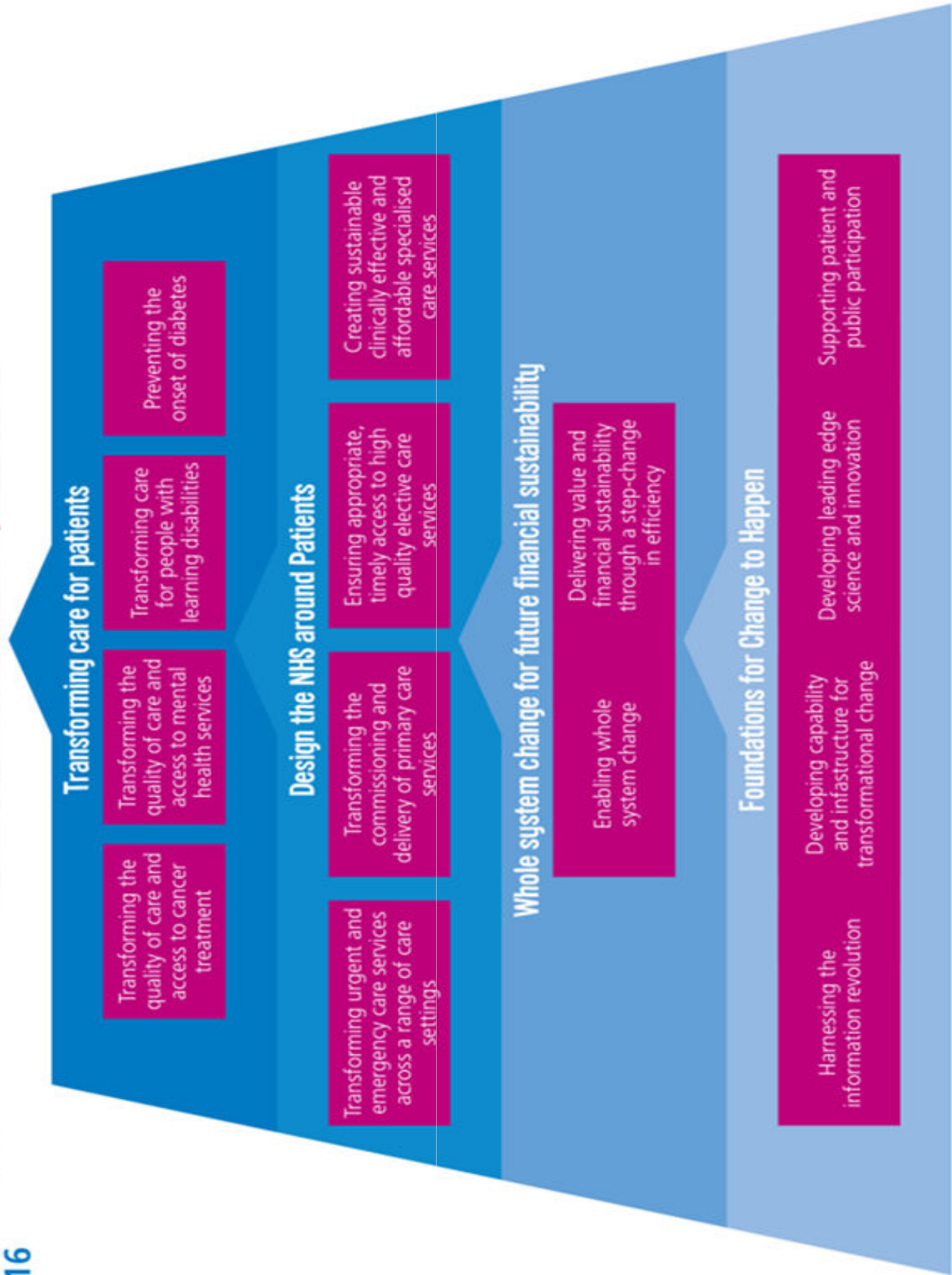
For 2015/16 there are ten corporate priorities.

- Four of our priorities aim to transform care for patients:
 - Cancer
 - Mental health
 - Learning disabilities
 - Diabetes
- Four of our priorities aim to design the NHS around patients and what they need most:
 - Urgent and emergency care services
 - Primary care
 - Elective care
 - Specialised care
- Two of our priorities focus on clinical and financial sustainability:
 - Whole system change
 - Financial sustainability

Supporting delivery of these priorities there are four further programmes of work; building on using data and technology more effectively, encouraging science and innovation, building the capability and infrastructure, engaging with patients and the public.

The NHS England Business Plan 2015/16 is available via: <http://www.england.nhs.uk/about/business-plan/>

High quality health care for all patients and citizens, now and for future generations.

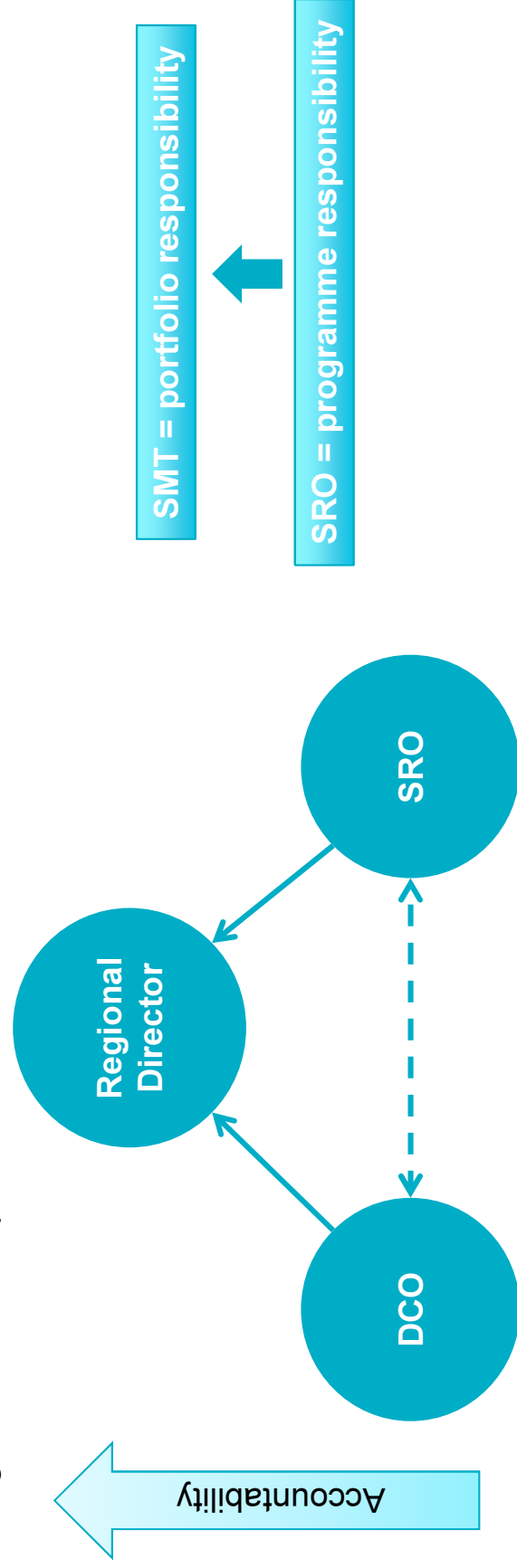


Delivering south priority programmes (1)

The **South SMT** will set the priorities across the south, requiring programmes to be established for each. The South SMT will sign off priority deliverables and receive regular progress and exception reports. In management terms, the SMT has oversight of the **portfolio of priority programmes**.

The **SRO** will be the visible owner of a south priority programme; and the key leader in driving it forward as a programme of work. The SRO must ensure that their programme board maintains focus, has clear authority and that the overall context, including risk, is actively managed.

The **Directors of Commissioning Operations (DCO)** are responsible for local oversight and delivery. In relation to performance problems that are also south priority programmes, the DCO (and their team) should contribute to overarching regional plans and work with the SRO and programme manager to deliver the plan.



NHS England South delivery chain

The national delivery chain continues across the south and the development of the priority programmes supports our local implementation. These arrangements dovetail together, as summarised below:

- Each corporate priority has a **National Oversight Group** which has one regional representative to represent all four regions. South SROs will be in regular contact with the relevant regional representative on the National Oversight Group to ensure that we are linked into the work this group is undertaking.
- The **Delivery Sub Group** will have a representative from each region. Our representative will be the SRO for the relevant south priority programme.
- The SRO will chair a south **Programme Board** to develop and oversee the south plan, ensure alignment with the national Delivery Sub Group and oversee the day to day co-ordination between regional/local activities.
- Each **DCO team** will be represented on the programme boards. The DCOs have nominated a suitable representative from their team to be a member of each Programme Board. This individual will be responsible for local implementation and ensuring the relevant DCO team is fully briefed on operational implementation.

Commissioning Ops Objectives - approach to grouping to support personal objective setting?

Joint (Regional and Central Team objectives)			
	Commissioning Ops Objectives - approach to grouping to support personal objective setting?		
1	Create and maintain an effective and efficient infrastructure, through the regions and the coordination of their work at a national level, which supports the delivery of all key NHS England priorities, including those coordinated in other national directorates, e.g. IAPT and dementia.		
2	Ensure that services are commissioned in a way that delivers access to treatment in line with rights in the NHS Constitution.		
3	Provide assurance that CCGs are capable and achieving better outcomes for patients.		
4	Ensure NHS England and the NHS in England remains compliant with statutory EPRR duties.		
5	Redesigning services to improve access and ensure excellence in service delivery <ul style="list-style-type: none"> Transforming urgent & emergency care services across a range of settings Oversee the development and delivery of the NHS 111 service. Oversee the delivery of the Better Care Fund [BCF] plans. Ensuring access to high quality, accessible elective care services 		
6	Ensure that all CCG and SRG operational plans for 2016/17 are robust and delivered.		
7	Effectively commission public health services under the NHS Public Health Functions Agreement 2015/016 [known as the s.7A agreement]. <ul style="list-style-type: none"> Effectively commission healthcare services for service users in secure and detained settings. Effectively commission healthcare services for Armed Forces personnel and their families, in accordance with the Armed Forces Covenant. Creating sustainable, clinically effective and affordable specialised care services 		
8	Maintain active assurance oversight of all service reconfiguration schemes.		
9	Ensure the directorate is a great place to work and runs efficiently		
Regional Team objectives		Central Team objectives	
10	Transforming clinical quality and care for children and young people, adults and older people <ul style="list-style-type: none"> Transforming the quality of care and access to cancer treatment Transforming the quality of care and access to mental health services Transforming care for people with learning disabilities Preventing the onset of diabetes 	11	Deliver comprehensive commissioning support services through Commissioning Support Units
12	Delivering financial sustainability through a step-change in efficiency and achievement of balance		
13	Developing information capabilities and infrastructure, and patient engagement to enable whole system change <ul style="list-style-type: none"> Harnessing the information revolution Developing capability and infrastructure for transformational change Supporting patient and public participation Driving leading edge science & innovation Enabling whole system change 		
14	Transforming the commissioning and delivery of primary care services		

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