

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 21 October 2015

Committee Room 6, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

Contact Officers:

Vicki Yull (Committee Officer), 01793 463603, vyull@swindon.gov.uk

Cherry Jones (Director of Public Health), 01793 444681,
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AGENDA CONTINUATION PACK

10. Joint Commissioning Group - Minutes for information and comment
(Pages 235 - 252)

11. Healthy New Towns Programme - expression of interest (Pages 253 - 270)

Date of Despatch: 13 October 2015

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Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 21 October 2015

Author:	Head of Commissioning Children and Adults
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To allow the Health and Wellbeing Board to consider the issues arising from the meetings of the Joint Commissioning Group held on 2 June, 8 July, 4 August and 1 September 2015.

2. Recommendations

The Committee is recommended to:

- 2.1 To review the discussions held and issues arising from the meetings of the Joint Commissioning Group held on 2 June, 8 July, 4 August and 1 September 2015, and where appropriate request additional information or reports in relation to issues raised.

3. Detail

- 3.1 The Health and Wellbeing Board is invited to consider issues arising from the minutes of the Joint Commissioning Group held on 2 June, 8 July, 4 August and 1 September 2015 and to request additional information and/or reports on issues raised.

4. Alternative Options

- 4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 This report has no financial or procurement implications.

Legal and Human Rights Implications

- 5.2 This report has no legal or Human Rights considerations.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 None.

Further information on the subject of this report can be obtained from Sue Wald, swald@swindon.gov.uk.

Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 21 October 2015

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment is required at this stage.

Risk Management

- 5.5 No risk management issues have been identified at this stage.

6. Consultees

- 6.1 This covering report collates the minutes of the Joint Commissioning Group at their meetings on 2 June, 8 July, 4 August and 1 September 2015. The items discussed at those meetings were / will be consulted upon as appropriate, so no further consultation is required for this report.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 - Minutes of the Joint Commissioning Group held on 2 June 2015.
- 8.2 Appendix 2 - Minutes of the Joint Commissioning Group held on 8 July 2015.
- 8.3 Appendix 3 - Minutes of the Joint Commissioning Group held on 4 August 2015.
- 8.4 Appendix 4 - Minutes of the Joint Commissioning Group held on 1 September 2015.

Joint Commissioning Group
Notes of 2nd June 2015 Meeting

Present:

Cherry Jones (CJ), Sue Wald (SW), Jackie Walker (JW), Angela Plummer (AP), Thomas Kearney (TK), Sheila Baxter (SB), Paul Bearman (PB), Peter Nathan (PN), Nicki Millin (NM), Karen Hobbs for item 4

Apologies: Joy Kennard (JK), Caroline Little (CL), Caroline Gregory (CG),

<i>Item</i>	<i>Description</i>	<i>Action</i>
1.	Matters arising and Minutes Update on actions: Cherry to bring Health Protection over view to the August meeting Autism post diagnosis support – Lynn M Camhs – does not seem to have a waiting list, issues with interface into Tier 2. Recovery Plan to be discussed at contract meeting Children's 0 – 5 JSNA to include maternity and birth ratio and will go to Health & Wellbeing Board (HWB)	CJ LM
2.	Continuing Health Care CCG taking report to governing body to engage agency to deal with original backlog of 74 cases (which has now reduced). 2 temporary staff to continue to clear. It was agreed that the current additional 100 backlog cases will also need to be cleared as soon as possible. New performance framework to be introduced by NHS England and it is hoped that the new data base will produce the information for the performance framework. Benchmarking information shows Swindon has high unit costs but overall low numbers and low spent. It is not surprising that unit costs are high as threshold is high.	
3.	Multi agency placement panels We have a number of panels for children with complex needs, mental health and CHC. There are different processes and terms of references for the different panels. Purpose of project group: Establish the audit trail for multi agency panel decision making which feeds into CCG and SBC Action All placements to be recorded on CHC data base Paul Bearman to draft scope for project group	PB
4.	Learning disability self assessment Public Health England Public Health England asks for a self assessment each year. The work has been led by the Learning Disability Partnership Board which is primarily a group of service users, carers and providers such as SEQOL.	

Item	Description	Action
	<p>There are a significant number of data items covering health.</p> <p>Action</p> <p>Self assessment to be circulated with the minutes</p> <p>Health data source to be investigated and to come back to the next meeting</p>	KH NM
5.	<p>Performance Adults</p> <p>Health Performance report was circulated with the papers of the meeting. Health outcomes and delayed discharge were discussed. GWH is starting the Choice Policy today so that patients are informed what they will be discharged from hospital at the earliest opportunity when it is safe and at this stage there may not be choice of provision.</p> <p>Children's Performance issues</p> <p>Increase in children in need causing pressure within children's social care.</p> <p>Action</p> <p>Report on SEN and completion of Education, Health and Care Plan</p>	PN
6.	<p>Finance</p> <p>End of year finance report was circulated. Children's health services delivery was break even. Children's services local authority over spent of £833k due to need for agency management staff and agency social workers. Underspent on adult social care due to savings delivered in learning disability. Public health reserve of £200k to be invested in 2015/16</p> <p>Action</p> <p>Split out detail on children's health services expenditure</p> <p>Better Care Fund expenditure to come to the next meeting as it started 2015/16</p> <p>Schools are funded through the dedicated Schools Grant which many of them use to buy additional traded services which also cover health</p>	JW
7.	<p>Public Health Outcomes Framework</p> <p>Areas of risk: years of life lost for women under the age of 65 was highlighted in particular</p>	
8.	<p>Health & Wellbeing Strategy</p> <p>Detailed report on outcomes presented to Health & Wellbeing Board (HWB). HWB believes that the priorities remain appropriate in relation to the performance and outcomes measures. A full review will be undertaken in 2016</p>	

Item	Description	Action
9.	Future Agenda items July/August Making Every Contact Count – Cherry Performance reports based on <ul style="list-style-type: none"> - Any actions off track against Joint Commissioning delivery plan - Performance against section 75 outcomes - Risk register - SEN report 	CJ PB
10.	AOB Concern about mental health residential care provider – Sheila to share with Nicky Gale SBC Contracts team Integrated Sexual health contract extension going to Cabinet 17 th June 2015 HWB Provider Forum the end of June 2015	SB CJ

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Joint Commissioning Group
Notes of 8th July 2015 Meeting

Present:

Sue Wald (SW), Jackie Walker (JW) Thomas Kearney (TK), Sheila Baxter (SB) Peter Nathan (PN), Nicki Millin (NM), Mark Thomas, Louise Tapper (LT)

Apologies: Joy Kennard (JK), Caroline Little (CL), Caroline Gregory (CG), Cherry Jones (CJ), , Paul Bearman (PB), , Angela Plummer (AP), Matthew Hawkins (MH)

<i>Item</i>	<i>Description</i>	<i>Action</i>
1.	<p>Matters arising and Minutes</p> <p>Update on actions:</p> <p>Cherry to bring Health Protection over view to the next meeting</p> <p>Autism post diagnosis support – Lynn M</p> <p>Camhs – Sue updated colleagues on the Children and Adolescent Mental Transformation programme. There will be an announcement next week on funding for children's mental health through NHS England. This will require a Transformation Plan to be produced for September 2015 outlining the schemes to be funded in Swindon for targeted and specialist services. Priority for eating disorder services, looked after children and children who suffered abuse, neglect, sexual exploitation and require therapeutic support</p> <p>Children's 0 – 5 JSNA draft has been circulated</p> <p>CHC: CCG agreed to contract out retrospective claims and to use funding for existing staff to clear backlog of other outstanding claims. CCG to lead discussion on fast Track claims. Placements recorded on database</p> <p>Multi agency panel: CHC to be attended by PB. LD data issues: Karen H to meet with Nicki M and Tracy Iles to discuss</p> <p>Provider Forum: Positive first meeting, well facilitated by external resource. Agreed purpose of the group 'to develop and strengthen connections in a less formal environment between providers which results in true influence of the Health and Wellbeing Board and promotes creation of innovative solutions to Swindon's challenges. Nicki raised that there needs to be coordination with the Strategic Planning Group who has already established a working group on workforce development and capacity planning and the Provider Forum.</p> <p>Action:</p> <p>Transformation Plan guidance for mental health and development of Transformation plan to come to the next meeting which will be based on</p>	<p>CJ LM</p> <p>NM</p>

Item	Description	Action
	<p>JSNA. Caroline Little and Frances Mayes working on draft plan</p> <p>Sexual Health contract: deferred from going to Cabinet until SBC knows the impact of in year budget reductions.</p>	
2.	<p>Finance</p> <p>Finance reports for April/May circulated as well as Better Care Fund report.</p> <p>Adults: projection break even, BCF: projection break even and recognition that CCG would want to invest additional resources into managing data flow within GWH to reduce hospital discharge</p> <p>Children: Health (break even), SBC projected overspent due to agency costs and placements of £2m. Social work manager recruitment remains a challenge. Microsite for recruitment established for children and adult services within SBC.</p> <p>Action</p> <p>Breakdown of any areas that have a considerable overspent. Agreed to add additional investment from CCG into BCF to for hospital discharge to improve data flow and systematically reduce delays. Nicki to raise at Health & Wellbeing Board and seek agreement from CCG Governing Body. This investment would go to GWH to improve data flow.</p>	<p>JW</p> <p>NM</p>
3.	<p>Performance Adults</p> <p>Report circulated, health improvement information still to come Health Performance report was circulated with the papers of the meeting. Health outcomes and delayed discharge were discussed. Delayed discharge: Louise to discuss weekly delayed discharge meeting on Swindon Intermediate care centre (SWICC) with Sharon Gerry and Angela Plummer. New social work manager appointed to joint SEQOL as hospital social work lead due to start in 8 weeks time.</p> <p>Children's Performance issues</p> <p>Early help end of year data circulated. Further details on health visiting baseline data to be circulate</p>	<p>LT</p> <p>SW</p>
4.	<p>Report on SEN and completion of Education, Health and Care Plan</p> <p>High numbers of children with a statement in Swindon. The new system is now that Education Health & Care Plan, which will need sign off by all the agencies committing resources. Recently we have had an increasing number of complaints on this.</p> <p>Good education provision in Swindon, particularly in special schools such as Uplands. Specific areas are to develop schemes to improve the independence of children and develop their life skills such as review of</p>	

Item	Description	Action
	<p>transport.</p> <p>A further area of work is the focus on mainstream schools to include children with special needs such as autism</p> <p>Health provision: There is a potential issue of schools buying additional services from Traded Services for speech and language , paediatric therapy services to enable children to access the curriculum. Post 16 education provision and health provision: monitor the cases where education providers ask for support for specific young people to meet their health needs whilst accessing education. Caroline to feed back if there are systemic issues</p>	CL
5.	<p>Risk register The following risks have been identified to be monitored in agreed risk register Delayed Discharge Personalisation and mental health Domiciliary care capacity Residential care for dementia patients Transition from children to adult services for health provision in post 16 year olds In year Budget savings based on spending review</p>	
6.	<p>Newton Europe Sue updated on Newton Europe research which is due to start next week. Programme in place and data submitted</p>	
7.	<p>Future Agenda items July Making Every Contact Count – Cherry Performance reports based on</p> <ul style="list-style-type: none"> - Any actions off track against Joint Commissioning delivery plan - Performance against section 75 outcomes - Risk register 	CJ PB
8.	<p>AOB Concern about mental health residential care provider – Sheila to share with Nicky Gale SBC Contracts team</p>	SB CJ

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JCG Minutes

4th August 2015 - 900-1030 Meeting Room 2

Present: Nicki Millin, Louise Tapper, Angela Plummer, Sheila Baxter,
Thomas Kearney, Paul Bearman, Gill May

ACTION BY

1. Apologies

Sue Wald, Jackie Walker, Cherry Jones

2. Minutes of last meeting/matters arising

- Health protection overview – c/fwd to next meeting **CJ**
- Autism post diagnosis support – proposals to come to a future meeting; MIND has not been able to pick up referrals for mental health/autism dual diagnosis
- Delayed Transfer of Care – SWICC data still to be verified, Raised by AP at contract board, will follow up **AP**
 - Post 16 Education health provision – information has been Provided to PN

3. Finance Report

3.1. Childrens – no finance or childrens rep at the meeting. The group noted the report, it was queried how the figures in the year end table of £1.7m correlated to the summary position which states projected £2.262m overspend. This needs to be clarified on the next report.

3.2. Adults – AP highlighted the current position is showing an under-spend of £383k. The majority of this is attributable to LD packages. Some savings are within staffing, however, posts are being recruited to so this is a part year saving only.

There was a discussion in relation to people with a dual diagnosis of mental health and LD where it was noted that providers will pass individuals between services, there is no clarity who is the lead agency taking responsibility for care. TK reported there is some work looking at this through the Mental Health Programme Board. It was agreed this risk should be added to the risk register and would be an agenda item for discussion next time.

TK/SB

SBC faces further budget challenges for 2016/17 of circa £5m, this will mean an additional £2.5m saving requirement or this financial year.

Increased demand in domiciliary care packages in terms of

numbers and required input (4 visits with 2 carers per day) is being seen. Further discussions required to review what is the maximum resource per client per day that can be feasibly sourced from current capacity.

3.3. Better Care Fund – current report shows planned expenditure in line with budgets.

4. Performance Reports

4.1. Childrens – main concern noted related to Look After Children, the time being taken for assessment, queries are not being resolved between panel meetings and expected outcomes are not clear. Placements are complex, there is a need to look at how we commission around the individual. LAC wait times to be added to the risk register.

4.2. Adults – AP drew the groups attention to the following highlights:

- Domiciliary reablement bed days up on previous year although numbers of patients down (LoS is up)
- Access to personal budgets is better than last year, but requires further improvement
- Admissions to residential & nursing care remain within plan. This may account for some of the increased pressure in care packages.
- DTOCS – numbers are high, to help improve flow a new link worker post is being developed. We have seen a higher level of assessment being completed whilst patients in hospital that are leading to over prescription of high intensity packages. Further work to look at how telehealth and telecare can support patients at home and reduce care requirements. AP due to meet with SEQOL to discuss reablement services. DTOCS to be added to the risk register.

AP

5. Risk Register

The following new risks were agreed to be added to the risk register:-

- Management of dual diagnosis mental health and learning Disability clients/patients across providers
- Looked after children: waiting times for assessment
- Delayed transfers of care – high levels due to time for Assessment and Dom Care Capacity

**TK
S Pells**

AP

6. Update on Newton Europe Research

NM feedback that Newton had provided a briefing in the previous week. The slides were not yet available but would be shared with this group. Efficiencies in the system pathways were identified which if realised could release 60 acute beds. Areas for review included:-

- Falls prevention service
- Increased use of telehealth/telecare

- Skill mix review of community nursing case loads

This will be picked up for further discussion at the next meeting.

7. CAMHS Transformation Plan

TK outlined current issues within CAMHS commissioning and service Delivery.

- National documents published and a requirement to submit a transformation plan by the end of September. This would need to go to H&WBB. It focuses on IAPT, Eating Disorders and perinatal care.
- JSNA has been completed and identifies local needs, particularly in relation to capacity and flow between CAMHS and TAMHS (and vice versa).
- As picked up in Quality Premium Indicators there is a need to focus on reducing attendances and admissions for those who self harm. This is being led by Mental Health Programme Board.
- A need to look at data collection now, but also use of KPI's and outcome measures in the future.

8. AOB

8.1. CHC – noted that PUPOC cases are being managed through CHS.

Urgent consideration being given to identifying the model for managing CHC cases in the future. The existing team is carrying vacancies & sickness and the position is unsustainable.

PB/AP

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Joint Commissioning Group
Notes of 1st September 2015 Meeting

Present:

Sue Wald (SW), Thomas Kearney (TK), Sheila Baxter (SB), Nicki Millin (NM), Cherry Jones (CJ), Paul Bearman (PB),

Apologies: Joy Kennard (JK), Caroline Little (CL), Caroline Gregory (CG), Angela Plummer (AP), Peter Nathan (PN), Louise Tapper (LT), Matthew Hawkins (MH), Jackie Walker (JW)

<i>Item</i>	<i>Description</i>	<i>Action</i>
1.	<p>Matters arising and Minutes</p> <p>Update on outstanding actions :</p> <p>Cherry to bring Health Protection over view to the next meeting</p> <p>Sue apologised that there was no children's representative at the last meeting due to holidays. The finance report was explained below under Finance</p> <p>Residential provider: Sheila to meet Nicky Gale</p> <p>Delayed Transfer of Care – SWICC validated data – process, still not agreed. Raised by AP at contract board, Sue to follow up with SEQOL.</p>	CJ
2.	<p>Finance</p> <p>Finance reports circulated as well as better care Fund report.</p> <p>Adults: projection £ 600k early delivery of savings in learning disability and staffing. Over spent in older people relating to demand for hospital discharge.</p> <p>BCF: projection break even. There has been an increase of net 17 admissions to residential and nursing care and pressure in capacity in domiciliary care.</p> <p>Children: Health (break even), Sue explained that the Finance report outlines the financial position for SBC Services in the first paragraph. The SBC projected overspent is due to agency costs and placements of £2m within children's social care. Social work manager recruitment remains a challenge. Microsite for recruitment established for children and adult services within SBC. The detailed breakdown in the finance report relates to CCG commissioned services only and shows break even.</p> <p>Action</p> <p>Breakdown of social care budget for children and amend text of report to</p>	SW

Item	Description	Action
	reflect detailed breakdown is for CCG funded health services	
3.	<p>Performance Adults Report circulated, Contact information discussed and Sue to investigate contact source in more detail. Delayed discharge: Delayed discharge figures are still high. Social care has commissioned additional capacity for domiciliary care, discharge to assess beds and residential care. The discharge to assess beds purchased from Goatacre are not being filled. SBC has therefore reduced to three with the possibility of spot purchasing beds. New social work manager to start in hospital 14th September. Social care to recruit senior broker for hospital discharge. Recovery plan on discharge to be taken to SRG. September. Awaiting new definition of delayed transfer of care which could increase numbers.</p> <p>Action</p> <p>Recovery plan on discharge to be taken to SRG</p> <p>Investigate source for social care contacts in more detail with breakdown on community and diversion from hospital</p>	<p>NM</p> <p>SW</p>
4.	<p>Risk register Risk register to be circulated by Jackie with update to be completed by each member of JCG</p>	JW
5.	<p>Dual Diagnosis It is agreed that AWP will be managing a single point of contract (PCLS) for mental health and learning disability (dual diagnosis) . SBC to give a named contact to AWP and Thomas K for this. This raises the need for a single care coordinator for case management</p>	
6.	<p>Children's mental health transformation plan Draft submission template was circulated . Financial allocation will be used to fund capacity across Tier 2 and their 3</p>	TK
7.	<p>Newton Europe Follow up meeting has taken place with Strategic Planning Group. An action plan will be circulated and taken to SRG with identified leads. A number of questions have been raised with Newton Europe which we are awaiting clarification on.</p>	NM/ SW
8.	<p>0 – 5 age Commissioning Transfer Plan Circulated for information with commissioning part of local authority public commissioning. All plans are in place. The only change is that the service will be for the LA resident population and not the GP registered population</p>	

<i>Item</i>	<i>Description</i>	<i>Action</i>
	affecting 400 families. Louise Campion is the lead for re-validation of staff with NMC	
9.	CHC update Governance strengthened with CCG attendances at panel and performance information at panel. Paul leading on Choice Policy for CHC. Finance administration to return to CCG in September 2015. Staff vacancies covered by agency staff. Service specification developed for future management of the service from 1 st April 2016	PB
10.	AOB Rethink: joint meeting with provider on improving quality of service AWP: Letter sent on quality of service , follow up in contract meeting over sustainability of improvements Public health Allocations consultation – Swindon response to Department of Health is on distance to target as Swindon's public health budget is underfunded by circa. £1m Healthy New Towns Expression of Interest drafted Diabetic prevention programme bid drafted	
11.	Future Agenda items Health protection	CJ

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Healthy New Towns Programme – expression of interest

Health and Wellbeing Board

Date: 21 October 2015

Author: Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The NHS is seeking to establish up to five ambitious, long-term partnerships with local areas through which to develop healthier neighbourhoods and towns and have launched a Healthy New Towns initiative and have invited areas to put forward expressions of interest in the scheme. Swindon has submitted an application proposing the New Eastern Villages (NEV) development to be part of this Healthy Towns Initiative. The bid has been led by Swindon Borough Council with support from NHS Swindon Clinical Commissioning Group, Great Western Hospitals NHS Trust, SEQOL and Swindon and Wiltshire Local Enterprise Partnership.
- 1.2 The *NHS Five Year Forward View* published in October 2014, set out three gaps the health service must close in order to be sustainable into the future. Firstly, to close the health gap by radically upgrading prevention efforts. Secondly, through the New Models of Care programme, (redesigning how health and social care services are delivered). Thirdly, by 2020/21 close a financial gap by delivering efficiencies of 2-3% across the NHS's entire funding base.
- 1.3 Building strong communities and healthy places to live can contribute to each of these three gaps. Good urban and housing design promotes healthy lifestyles and can help prevent illness. It can also keep older people independent and healthy, supported by the latest technology to live in their own homes rather than in care homes. New developments provide an opportunity to radically reshape health and care services, testing what can be achieved with fewer legacy constraints. By keeping people well and providing services in better, more productive ways, healthy places to live can also contribute to the long term financial sustainability of the NHS.
- 1.4 This directly links with the Health and Wellbeing Strategy vision 'Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.'

2. Recommendations

The Board is recommended to:

- 2.1 Approve the Swindon Expression of Interest submission attached at Appendix 1 to this report.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk.

3. Detail

- 3.1 The programme (Appendix 2) has three core objectives:
- 3.1.1 To develop new and more effective ways of shaping new towns, neighbourhoods and strong communities that promote health and wellbeing, prevent illness and keep people independent;
 - 3.1.2 To show what is possible when we radically rethink how health and care services could be delivered, freed from the legacy constraints (i.e. existing services) that operate in other areas. This will support the New Models of Care programme by adding to the learning about how health and care services could be integrated to provide better outcomes at the same or lower cost;
 - 3.1.3 To accomplish the first two objectives in a way that can be replicated elsewhere, making learning available to other national programmes as well as other local areas.
- 3.2 The NHS is seeking to establish up to five ambitious, long-term partnerships with local areas through which to develop healthier neighbourhoods and towns.
- 3.3 The NHS are offering a package of support to areas that could include the following:
- 3.3.1 Convening expertise such as national policymakers, global leaders in healthy built environments, cutting-edge designers, behavioural economists and leading academics, technologists and other innovators.
 - 3.3.2 Removing barriers at the national level, by coordinating between government departments and escalating problems to the right decision-makers.
 - 3.3.3 Specialist input into design of local health and care services, drawing on the New Models of Care programme, national clinical leaders and other global experts.
 - 3.3.4 Working with local experts in public health to ensure that we maximise opportunities for health promotion and disease prevention.
 - 3.3.5 Helping to bring enterprise and innovators to the table with tangible offers of assistance and investment.
 - 3.3.6 National sponsorship including assistance with problem-solving and opportunities for national and international showcasing.
 - 3.3.7 Supporting the design of technology-enabled ‘smart’ developments that support digital and mobile health.

-
- 3.3.8 Supporting planning by providing capacity and expertise at key points in the process, and supporting alignment between planners and developers. Where necessary, this may involve some funding support to local government partners.
- 3.3.9 Identifying viable methods for evaluating impact on health, wellbeing and other outcomes.
- 3.4 Following submission of the Expression of Interest the NHS will have face-to-face discussions with interested sites to better understand their plans. They aim to announce their potential partners in the Autumn.

4. Alternative Options

- 4.1 Not to proceed further with the submission.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 At this initial stage there are no implications however should the Swindon Expression of Interest be successful this will need to be determined before proceeding to the next stage based on more detailed information and an understanding of expectations from the NHS.

Legal and Human Rights Implications

- 5.2 None.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 At this initial stage there are no implications however should the Swindon Expression of Interest be successful this will need to be determined before proceeding to the next stage based on more detailed information and an understanding of expectations from the NHS.

Diversity Impact Assessment

- 5.4 Not completed at this stage.

Risk Management

- 5.5 A full risk assessment will be conducted should the Swindon Expression of Interest be successful.

6. Consultees

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

Healthy New Towns Programme – expression of interest

Health and Wellbeing Board

Date: 21 October 2015

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 Swindon's joint Partnership Registration of Interest for Healthy New Towns Programme.

8.2 Appendix 2 The Forward View into Action – registering interest to join the healthy new towns programme.

Forward View into Action

REGISTRATION OF INTEREST FOR HEALTHY NEW TOWNS PROGRAMME

Q1. Who is making the application?

(Who is the lead partner and who are the other organisations involved in the partnership? Interested areas may want to list wider partnerships in place. Please include the name and contact details of a single CEO best able to field queries about the application.)

The lead partner for this application is Swindon Borough Council with support from NHS Swindon Clinical Commissioning Group, Great Western Hospitals NHS Trust, SEQOL and Swindon and Wiltshire Local Enterprise Partnership. There is cross Council support for the application included from elected members, Planning, Housing, Economic Development and Public Health.

Swindon has a strong record of partnership working and delivering innovation cross organisation. This includes via the One Swindon Board, a multi-agency local strategic partnership which published A Shared Vision for Swindon 2008-2030, Swindon's Community Strategy in 2008 and involves Chief Executives and Chairs of Boards of the main public service organisations as well as representatives from DWP, Great Western Hospital, SEQOL, the social enterprise delivering adult care solutions, Influence, the voice of business in Swindon and Voluntary Action Swindon. They drive forward a shared vision of Swindon in 2030 as a great place to live and where local people achieve aspirations for training and work, good health, positive relationships, feeling safe and a sustainable environment. This includes a vision specifically of a healthy, caring and supportive community with neighbourhoods designed with opportunities for physical activity, locally grown food, smoke free environments and community cohesion with locally based and responsive personalised health and social care services. Swindon's effective partnership ethos can be evidenced by its selection and participation in the National Public Sector Transformation Programme - Swindon was one of nine areas in the country chosen to pilot the way public sector partners can work together differently to achieve savings, whilst maintaining or improving outcomes. This resulted in the successful formation of the multi-agency Swindon Public Services Transformation Team and the delivery of 12 cross sectoral multi agency programmes,

Swindon has an effective Health and Wellbeing Board which uses a focused and innovative programme of Joint Strategic Needs Assessments to deliver the vision that "Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities." This includes addressing inequalities, promoting mental health and wellbeing and recognising the importance of transport, green spaces and the built environment. Swindon CCG's five year strategic plan outlines how people in Swindon and Shrivenham will live healthier and longer lives, supported by their community, and with life-long health plans and a greater emphasis on preventative services. This expression of interest has the full support of the Swindon Health and Wellbeing Board.

Swindon is a growing town, built initially on the railway industry and among the top 10 highly innovative areas in the UK. Swindon's organisations and headquarters include the UK Space Agency, B&Q, English Heritage, the National Trust, Honda of the UK Manufacturing, BMW Group, WHSmith, Intel, Zurich and Nationwide Building Society. Over the next 20 years there are plans for over 20,000 new homes across Swindon via five urban extensions (Local Plan) – a fantastic opportunity to develop Swindon as a healthy, exciting sustainable and desirable location to live, work and play throughout the lifecourse.

The CEO for Swindon Borough Council is Gavin Jones, gjones@swindon.gov.uk, telephone 01793 463008.

Q2. Please provide a brief description of the site. (500 words max.)

Please outline the name, location, total planned size (in housing units) as well as naming the local planning authority for the site. Please also outline the phase of the planning process, expected build-out rate and completion date for this site.

Swindon is proposing its New Eastern Villages (NEV) development to be part of the Healthy Towns Initiative. The NEV is an urban extension to the east of Swindon comprising interconnected distinct villages with c.8000 homes, making it the largest planned green field development in England. The local planning authority for the site is Swindon Borough Council.

The NEV is a mixture of housing, employment, high quality public realm, sustainable transport links, an extensive green infrastructure, sports and leisure facilities, retail, education, health and community facilities. Approximately 1,500 dwellings will be located at Rowborough - a new village north of the A420 (which runs from Swindon to Oxford), 500 new homes within the village of South Marston and approximately 6,000 dwellings south of the A420 adjacent to the A419 and connecting to the M4.

The density of the new villages will vary according to their character and location – they will be more compact around the district centre and the primary movement network and have lower density toward the rural fringe of the development and edges of villages. The District Centre will provide a key connection point for an Express Bus Network which will link Swindon Town Centre and a new NEV park and ride site. The development is planned in three phases: phase 1 to the north between 2015/16 and 2020/21, phase 2 in the middle between 2019/20 and 2023/24, and phase 3 to the south between 2021/22 and 2025/26. The build out rate is anticipated to be c400 units over the first 2 years, peaking at 800 homes per annum between 2019/20 and 2024/25.

Key Principles of the development are to:

- Create vibrant, attractive places that are functional, durable and capable of adapting to accommodate changing lifestyles in line with sustainable communities;
- Ensure the timely delivery of necessary facilities to support these sustainable communities;

- Conserve and enhance natural systems, watercourses, biodiversity and landscape settings, including integration with green infrastructure to help mitigate and facilitate adaptation to climate change;
- Conserve and enhance Swindon's historic assets and cultural heritage, allowing their use and enjoyment without harming them for future generations;
- Ensure the development becomes part of the wider town and supports the physical, social and economic regeneration of East Swindon.
- Contribute to an improved strategic transport network for Swindon and facilitate public transport priority for journeys into the Town Centre;
- Encourage walking and cycling, within the development and ensure high levels of accessibility and connectivity within and beyond the new Eastern Villages; and,
- Enhance the image of Swindon by maximising place-making opportunities particularly around key nodes, gateways and frontages.

The NEV development is ideal for this initiative because it is part of the Swindon 2015 Local Plan but at a stage where there is opportunity to shape and inform with an innovative approach to create healthy, strong and connected communities, inspiring people to choose Swindon as a destination of choice for lifelong living.

Q3. How would your scheme promote health and wellbeing through the built environment? How could the NHS support you to deliver your ambition?

The vision for the New Eastern Villages (NEV) development is to create sustainable well-designed places where people want to live work and spend time. This involves taking a lifecourse approach to promoting health and introducing from the beginning the concept of a healthy town with a clear set of expectations and support from birth to end of year. For example:

- 22% of children in Swindon are overweight or obese by age 5 – we will look for innovative ways to address this through green infrastructure, food access, public realm that encourages play and activities, and a culture of being outside and active as a first choice. This fits with the theme on active, healthy and safe lifestyles from the Local Plan
- Swindon has one of the most successful health walks and Parkrun initiatives in the country and is keen to design in opportunities for physical activity wherever possible for all ages and abilities.
- 19.4% of people in Swindon smoke; The NEV will develop smokefree open spaces, and community stop smoking services
- The NEV will be dementia friendly but also older people friendly – with intergenerational living and integration as a norm, seeing older people as a key part of the community and developing lifelong homes. Swindon is already doing some innovative work on later life housing at another development at Wichelstowe so we are keen to build on this.
- A key driver in Swindon is to promote independent living and the opportunity to remain at home as long as possible through strong community networks, personalised support and an environment that balances autonomy and safety. Swindon has taken an innovative approach to community engagement via its localities team which includes health and learning ambassadors and community navigators working with local people to set goals and improve their health. Inclusive public spaces and community facilities will be designed in from the beginning so people can make links and see their local area as a community from

day one.

- Celebrating Swindon's past by strong heritage designs and promoting public transport to link to the electrification of the railway which is a key part of its identity, and looking to the future by utilising technology to ensure fast effective connections for assistive technology and good communications.
- We are also conscious of the need not to increase inequalities but to promote Swindon as a cohesive town. A key part of the NEV plan is how it integrates with existing communities and provides facilities for people to be drawn into the area from elsewhere in Swindon.

The Swindon local plan sets out an expectation that developments will be designed to promote social inclusion and community cohesion. It also promotes the concept of Lifetime Homes and Lifetime Neighbourhoods. Lifetime Homes aim to ensure a home is flexible enough to meet existing and changing needs of most households, from young families to older people and those with temporary or permanent physical impairments. Lifetime Neighbourhoods are welcoming, accessible, and inviting for everyone, regardless of age, health or disability. They are sustainable in terms of changing climatic conditions, and provide housing, transport, service, public services, civic space and amenities which make it possible for everyone to take part in the life of the community around them. Working as part of the Healthy Towns Initiative to make this a reality in the NEV development would have significant potential for local benefit and replicable learning.

We are looking to the NHS to provide challenge and further innovation, to draw on examples of evidenced effectiveness and work with us to adapt and deliver these for people in Swindon. The input of both leading designers and experts in the built environment together with insight into behavioural economics would enable us to work with developers to design a community which meets the needs of all stakeholders. Swindon has developed significantly over the last 20 years and so coupling local and national learning on what works well and what could be improved makes the NEV an ideal site for the NHS Forward View to become a reality.

Q4. What opportunities are there to redesign how health and social care is delivered in your development? How could the NHS support you in delivering this?

This development of circa 8000 homes represents a small town, providing an exciting opportunity to design services around populations without the constraints of existing estate or infrastructure. The CCG and Borough Council are currently reviewing community services provision for Swindon. This is in the context of The Five Year Forward View and New Models of Care initiatives, with a view to further improving integration of services across health and social care for acute and community sectors, placing a greater emphasis on prevention, self care and care wrapped around communities. The aim is to move to services commissioned using population based budgets.

The New Eastern Villages (NEV) development will enable the NHS commissioners and providers to move away from more traditional models based solely around GP surgeries and hospital beds and look at models of delivery based around community

hubs, with health, social care and voluntary sector organisations providing an enhanced menu of supportive services. Step-up services where provided could be offered in partnership with other organisations such as the housing association sector, rather than NHS estate. This would enable greater flexibility to increase bedded capacity to meet demand at peak times of need.

We are keen to design services which support individuals to remain in their community in time of crisis or a deterioration in their health.

Changing expectations of the public to move away from traditional models based around a hospital campus will be a key part of the design and implementation programme. Involving partners early in the design and planning is key and would be facilitated through this vanguard. Looking at national and international examples of best practice and the impact on populations will be key to enabling the NHS to design services with confidence enabling sufficient capacity to be built in to meet predicted requirements.

Partners in the NHS, local government and business sector in Swindon are committed to thinking innovatively about the integration of health and social care and see Eastern Villages as an opportunity to deliver this with national support. Swindon has recently had input from Newton Europe to look at areas where joined-up working is already reaping rewards and explore further opportunities to improve health and social care outcomes through integration.

Please send the completed form to the Healthy New Towns Team at (england.fiveyearview@nhs.net) by **30 September 2015**

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The background of the page features a large, diamond-shaped inset image. Inside this diamond, an elderly woman with short grey hair and glasses is seated at a table, focused on painting a colorful floral design on a piece of paper with a red paintbrush. Standing next to her is a younger woman with dark hair and glasses, wearing a grey cardigan over a dark top and a long orange beaded necklace. She is looking down at the painting, observing the elderly woman's work. The entire scene is overlaid with a semi-transparent blue geometric pattern of various shades of blue triangles and diamonds. The text 'THE FORWARD VIEW INTO ACTION:' is written in white, bold, sans-serif capital letters across the middle of the diamond image.

THE *FORWARD VIEW* INTO ACTION:

Registering interest to join the
healthy new towns programme

Introduction

1. The [NHS Five Year Forward View](#) published in October 2014, set out three gaps the health service must close in order to be sustainable into the future. Firstly, we must close the health gap, by radically upgrading our prevention efforts. Secondly, through the [New Models of Care programme](#), the NHS and its partners are already taking the first steps towards closing the care gap by redesigning how we deliver health and social care services. Thirdly, by 2020/21 we must close a financial gap by delivering efficiencies of 2-3% across the NHS's entire funding base.
2. Building strong communities and healthy places to live can contribute to each of these three gaps. Good urban and housing design promotes healthy lifestyles and can help prevent illness. It can also keep older people independent and healthy, supported by the latest technology to live in their own homes rather than in care homes. New developments also give us the opportunity to radically reshape health and care services, testing what can be achieved with fewer legacy constraints. By keeping people well and providing services in better, more productive ways, healthy places to live can also contribute to the long term financial sustainability of the NHS.

“New town developments and the refurbishment of some urban areas offer the opportunity to design modern services from scratch, with fewer legacy constraints - integrating not only health and social care, but also other public services such as welfare, education and affordable housing.” NHS Five Year Forward View (October 2014)

Objectives of the programme

3. Many areas already promote health and wellbeing through “place-shaping”, including through better housing and urban design, and access to well-designed public spaces and facilities. The ambition of this programme is to go beyond existing good practice, developing new and creative approaches that offer the potential to make a substantial contribution to closing the three gaps. It is also to drive closer collaboration between local authorities, planners, developers and the NHS. In our early discussions, we have heard that this collaboration is often lacking or comes too late in the process.
4. More specifically, the programme has three core objectives:
 - a. To develop new and more effective ways of shaping new towns, neighbourhoods and strong communities that promote health and wellbeing, prevent illness and keep people independent;
 - b. To show what is possible when we radically rethink how health and care services could be delivered, freed from the legacy constraints (i.e. existing services) that operate in other areas. This will support the New Models of Care programme by adding to the learning about how health and care services could be integrated to provide better outcomes at the same or lower cost;
 - c. To accomplish the first two objectives in a way that can be replicated elsewhere, making learning available to other national programmes as well as other local areas.

5. Of course the NHS can't accomplish these objectives alone. So we are inviting areas with future population growth and housing needs to work with us to develop these radical new approaches to shaping the built environment. This may include but won't be limited to:
- Building healthier homes and environments that support independence at all stages of life. We would like to explore new ways of integrating housing, care and communities to keep people independent and in their own homes. For those who do need support, more innovative residential care facilities may be combined with flexible housing options and step-up or respite care.
 - Tackling unhealthy (and "obesogenic") environments by creating walkable neighbourhoods, delivering radically improved infrastructure for safe active travel and more accessible public transport, and by providing easy access to healthy and affordable food in the local area.
 - Implementing a new 'operating system' for health and care that achieves "triple integration" between primary and secondary care, mental and physical health, and health and social care. This means developing a flexible health and care infrastructure that is linked to specialist care when needed, but provides many more services in the home, in primary care and alongside other public services. This infrastructure would also provide a strong platform for people to manage their own health and care, together with their peers and the voluntary sector, by making the most of mobile and digital channels.
 - Creating connected neighbourhoods, strong communities and inclusive public spaces that enable people of all ages and abilities from all backgrounds to mix. Examples include 'dementia-friendly' design or ensuring that public spaces include features such as public toilets or benches that can make the difference between people being able to get out and about and being confined to their homes.
 - Designing healthy workplaces, schools and leisure facilities that make the most of opportunities to encourage physical activity, healthy eating and positive mental health and wellbeing.
6. The potential of this programme stretches beyond the health and care sector. Digitally-enabled 'smart' towns and neighbourhoods, supported by integrated and effective public services, are attractive places to live and work. They are also attractive to businesses and entrepreneurs, offering to encourage innovation and economic growth.

Our offer to interested sites

7. The NHS is seeking to establish up to five ambitious, long-term partnerships with local areas through which to develop healthier neighbourhoods and towns.
8. We invite expressions of interest from sites across England that are considering developments at different scales. Larger sites (for example, around 10,000 homes) are able to think radically about future health 'operating systems' and fundamental aspects of healthy place-making, such as transport infrastructure, housing or access to open space. Smaller sites, down to neighbourhoods of 250 homes, might focus on meeting the

needs of particular groups or experiment with particular design features; for example, the use of 'behavioural nudges' to encourage healthy behaviours.

9. We are particularly interested in hearing from partnerships that include NHS organisations considering how to make better use of underutilised estate. Some NHS organisations have large asset holdings that could be suitable for neighbourhood level developments including supported housing. Rather than disposing of these assets, it may make more sense to partner with local authorities and developers to create a longer term revenue stream that also contributes new housing.
10. We will develop a national offer of support with the aim of helping to reduce barriers to progress and accelerate healthy developments. Although we want to develop this offer alongside our partner sites, we envisage a package that could include the following:
 - Convening expertise such as national policymakers, global leaders in healthy built environments, cutting-edge designers, behavioural economists and leading academics, technologists and other innovators.
 - Removing barriers at the national level, by coordinating between government departments and escalating problems to the right decision-makers.
 - Specialist input into design of local health and care services, drawing on the New Models of Care programme, national clinical leaders and other global experts.
 - Working with local experts in public health to ensure that we maximise opportunities for health promotion and disease prevention.
 - Helping to bring enterprise and innovators to the table with tangible offers of assistance and investment.
 - National sponsorship including assistance with problem-solving and opportunities for national and international showcasing.
 - Supporting the design of technology-enabled 'smart' developments that support digital and mobile health.
 - Supporting planning by providing capacity and expertise at key points in the process, and supporting alignment between planners and developers. Where necessary, this may involve some funding support to local government partners.
 - Identifying viable methods for evaluating impact on health, wellbeing and other outcomes.

What are we looking for in our partners?

11. We are seeking to partner with local partners that are ambitious as us about developing radical new approaches to developing new healthy neighbourhoods and towns. We are particularly looking for areas that:
 - Have ambitious ideas about how to collaborate with the NHS to promote healthy environments – and would benefit from closer engagement both nationally and locally from NHS organisations.

- Are in areas identified for future population growth or housing need (e.g. in regional or local plans).
- Are in the pre-application, pre-masterplanning or masterplanning phase.
- Are planning schemes of at least 250 homes (with no upper limit on the size of a development).
- Have the active backing of the relevant local authorities even if subsequent planning decisions are outstanding.
- Are keen to engage the expertise of globally recognised designers, clinical experts, public health specialists, technologists and from other innovators.
- Are interested in working with other sites with similar ambitions to solve common problems.

12. Additionally, we want to engage with a diverse set of schemes, including:

- Different types of communities or contexts (e.g. rural and urban areas);
- Different types of developments (e.g. urban extensions, regeneration projects);
- Developments of different scales and at stages of development that offer both shorter and longer term benefits realisation. We aim to partner with at least one site of 10,000 homes or more, but will consider neighbourhood schemes as small as 250 homes.

How to express interest

13. Expressions of interest (EoIs) should be sent to england.fiveyearview@nhs.net by 30th September at 1700 BST. The EoI form is two pages long in order to minimise the burden.
14. Interested sites are asked briefly to outline their development plans, with reference to paragraph 11 and 12. They are also asked to describe the size, type, location and stage of their development, with information about build-out time and scheme trajectory.
15. EoIs should identify a lead partner for the proposal, as well as other key stakeholders who could form a broader coalition or partnership, including the Local Planning Authority. Where lead partners are not local authorities or other statutory planning bodies (e.g. Development Corporations), they may be housing associations and registered social landlords, NHS Trusts and Foundation Trusts with land they wish to develop, or private developers and land owners.
16. Following submission of the EoIs we would like to have face-to-face discussions with interested sites to better understand their plans. We aim to announce our partners in the Autumn.

Forward View into Action

Registration of interest for healthy new towns programme

Q1. Who is making the application?

Who is the lead partner and who are the other organisations involved in the partnership? Interested areas may want to list wider partnerships in place. Please include the name and contact details of a single CEO best able to field queries about the application.

Q2. Please provide a brief description of the site. (500 words max.)

Please outline the name, location, total planned size (in housing units) as well as naming the local planning authority for the site. Please also outline the phase of the planning process, expected build-out rate and completion date for this site.

Q3. How would your scheme promote health and wellbeing through the built environment? How could the NHS support you to deliver your ambition?

Q4. What opportunities are there to redesign how health and social care is delivered in your development? How could the NHS support you in delivering this?

