

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 15 March 2017

Committee Room 6, Civic Offices

At 1.00 p.m.

Contact Officers:

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

Cherry Jones (Director of Public Health), 01793 444681,

cherryjones@swindon.gov.uk

Swindon Borough Council can be contacted at the Civic Offices, Euclid Street, Swindon, SN1 2JH (Telephone 01793 445500)

AGENDA

1. Apologies for Absence

2. Declarations of Interest

Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.

3. Minutes (Pages 3 - 10)

To receive the minutes of the meeting held on 14 December 2016.

4. Public Question Time

Please refer to the explanatory notes below.

5. Health and Wellbeing Strategy Refresh 2017 (Pages 11 - 26)

6. Joint Strategic Needs Assessment Summary 2016/17: An overview of Health and Wellbeing in Swindon (Pages 27 - 76)

7. Swindon Substance Misuse Joint Strategic Needs Assessment (Pages 77 - 92)

8. Diabetes Joint Strategic Needs Assessment 2017 (Pages 93 - 104)

9. Update on Swindon's Economic Strategy (Pages 105 - 154)

10. Swindon Tobacco Control Strategy 2017-2022 (Pages 155 - 182)

11. Sustainability and Transformation Plan - update (Pages 183 - 202)

12. Healthwatch Swindon Update - Winter 2016 (Pages 203 - 208)

13. **Update on Mental Health Crisis Care Concordat** (Pages 209 - 224)
14. **Joint Commissioning Group - Minutes for information and comment / Better Care Fund update** (Pages 225 - 256)

Date of Despatch: 7 March 2017

Public Question Time - Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above, or to the Director of Law and Democratic Services. We will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available from the Committee Officer named above or on the Council's Website at:

(<http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0>).

Access Arrangements - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you have any special requirements to enable you to attend the meeting, or would like to receive any of the pages contained in this agenda in a larger print size, please contact the Committee Officer as soon as possible prior to the date of the meeting.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 14 DECEMBER 2016

PRESENT:- Brian Mattock (Lay Member) (Chair), Councillors Ray Ballman, Fionuala Foley, and Brian Ford (Swindon Borough Council), Mark Edwards (Healthwatch Swindon), Julie Hughes (Head of Public Health, NHS England South (South Central)), Dr Peter Mack (Chair, Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), Nicki Millin (NHS Swindon Clinical Commissioning Group) and David Wray (Voluntary Action Swindon).

Also in attendance were: Tom Frost (Senior Public Health Intelligence Analyst), Cherry Jones (Director of Public Health, Swindon Borough Council), Dr Rebecca Maclean (Public Health Consultant, Swindon Borough Council), Karen Reeve (Director of Children's Services, Swindon Borough Council), Sue Wald (Director of Adult Social Services, Swindon Borough Council), and Alex Walters (Independent Chair of the Swindon Local Safeguarding Children's Board).

Apologies for absence were received from John Gilbert (Chief Executive, Swindon Borough Council) and Angus Macpherson (Police and Crime Commissioner).

39. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

40. Public Question Time

There were no public questions.

41. Minutes

Resolved – That the minutes of the meeting held on 12th October 2016, be confirmed and signed as a correct record.

42. Appointment of Vice-Chair

Resolved – That Dr Peter Mack (Clinical Chair of the NHS Swindon Clinical Commissioning Group) be appointed Vice-Chair of the Board.

43. Swindon's Joint Health and Wellbeing Strategy Evaluation Report

The Board considered a report that reviewed the Swindon's Joint Health and Wellbeing Strategy: Evaluation Report for December 2016.

Cherry Jones, Director of Public Health introduced the report highlighting key issues including:

- The current direction of travel, evaluation criteria and progress or otherwise in key categories.
- The outcome of a number of indicators that were significantly better than

- national figures and comparator authorities.
- Challenges still facing Swindon in a number of areas and in particular work relating to preventing domestic violence and preventing suicides.

Following the Director's introduction of the report she responded to the Board members' questions and observations on the following issues:

- Hospital admissions resulting from self-harm and work being undertaken with mental health providers and Public Health England to tackle this problem.
- Improvements to service delivery made during the year which were positive given the financial constraints facing health organisations.
- The gathering of information/data to allow for better intervention in service delivery to help reduce long term financial pressures.
- The use of statistics and amount of data available when evaluating the direction of travel of the key objectives set out within the report.
- The inclusion of data, collected by Swindon Borough Council, on child protection plans.
- The accumulation of key data which was held nationally and locally by a number of organisations.

Resolved – (1) That, subject to amending the summary of outcome trends table for child protection plans to provide additional clarification, the Joint Health and Wellbeing Strategy Evaluation Report for December 2016 be noted.

(2) That progress made against the priority outcomes, and the areas where particular challenges still lie to achieve the long term aims and overall vision, be noted.

(3) That it be noted that a further report reviewing the refreshed Joint Health and Wellbeing Strategy 2017/2022, and reflecting the latest Joint Strategic Needs Assessment finding would be submitted to the March 2017 Board meeting.

44. Local Safeguarding Children's Board Annual Report 2015-16

The Board considered the Annual Report for the Swindon Local Safeguarding Board (LSCB) for 2015/16. It was noted that the Annual Report is a statutory requirement and details progress towards the Annual Business Plan for the LSCB.

Alex Walters, Chair of the LSCB, introduced the report highlighting key issues including:

- The Board's recognition of the key areas and issues facing it, including effective responses to specific safeguarding concerns, effective early intervention and safeguarding, communication and engagement, and performance management.
- The work of the statutory partnerships enabling the LSCB's work in case reviews, and safeguarding those at risk from domestic abuse or child exploitation.
- Progress made against the key objectives set out within the LSCB's 2015/16 Business Plan together with additional actions required.
- Scrutiny and challenge within the key areas of Routine analysis of data and information in respect of core safeguarding requirements; Regular reports on core safeguarding arrangements; "Section 11" scrutiny of local agencies/agencies commissioned by Swindon agencies; Local case review notifications; Local case reviews; and serious case reviews; and Learning

- from multiagency LSCB auditing.
- Key work undertaken by LSCB sub-groups.
- The Swindon LSCB priorities for 2016/17 including the delivery of early help, multi-agency work to prevent child exploitation, strengthening the voice of the child and their families and practitioners, and supporting the effectiveness of adults and children's services to work together to safeguard children.

Following her introduction of the report Chair of the LSCB responded to members' questions and observations on the following issues:

- The contribution of partner organisations in the Board's work and priorities set out within the report.
- The role of the Local Safeguarding Board Association in analysing the content and learning lessons arising from the Wood report.
- The need to ensure partner organisations are fully engaged with the LSCB as its work evolves in response to new legislation expected from the Department of Education.
- The need to engage the wider community in the LSCB training programme and to develop a model that raises broader public awareness of the Board's work.
- The variety of child protection training undertaken by a number of organisational governing bodies.
- The role of Wiltshire Police in child protection and their lead on issues such as missing children.

Resolved – (1) That the Chair of the Local Safeguarding Children's Board be thanked for their comprehensive report and presentation.

(2) That the Local Safeguarding Children's Board's Annual Report for 2015/16 be noted.

45. Ageing Well Joint Strategic Needs Assessment

The Board considered a report setting out (a) the recommendations of the Swindon Ageing Well Joint Strategic Needs Assessment, and (b) the development of a multi-agency Ageing Well Strategy.

Cherry Jones, Director of Public Health, introduced the report highlighting key issues including:

- The work of agencies in producing a collaborative approach to ageing issues.
- The sharp increase in the age demographics of the Swindon population and the challenges this posed to agencies when planning service provision.
- The need to understand the needs of older people as they age and putting such needs into the context of local policies.
- The key objectives of the Swindon Ageing Well Joint Strategic Needs Assessment.
- Key messages for service providers to facilitate people to live independently for a longer period.
- A breakdown of current policy provision, gaps within existing policies and future steps to improve policies for an ageing population.
- The recommendations of the Swindon Ageing Well Joint Strategic Needs Assessment as set out in paragraphs 3.22 and 3.31 of the report.

Following her introduction of the report the Director responded to members' questions and observations on the following issues:

- The need for agencies to understand the effects of long term medical conditions on service provision and sign up to preventative work which might alleviate service pressures.
- The management of future service provision in response anticipated increased demand.
- The modelling of future service provision to enable targeted preventative work.
- The benefits of preventative work.
- The difficulties associated with the capture of data on intervention work.
- The benefits of educating the public on service provision, as shown by the recent focus on the prevention of falls for older people being well received by residents within the Borough.
- The key challenges facing partner organisations individually and collectively in progressing the strategy.

Resolved – (1) That the recommendations identified in the Swindon Ageing Well Joint Strategic Needs Assessment as set out in the report be endorsed.

(2) That the development of a multi-agency Ageing well Strategy for Swindon be supported.

46. NHS England National Commissioning Intentions

The Board considered a report setting out NHS England's commissioning intentions locally in respect of (a) the armed forces and their families for 2017/18 to 2018/19, (b) Public Health Section 7a commissioning for 2017/18, and (c) prescribed services for 2017/18 and 2018/19.

Julie Hughes, Head of Public Health, NHS England South (South Central), introduced the report. She explained that the three documents were distinctly separate, referring to a number of localised projects in Swindon and were tabled to act as a reference document for members. She was happy to answer any questions members wish to email her following once they had the opportunity to consider the documents.

Following her introduction of the report the Head of Public Health responded to members' questions and observations on the following issues:

- The medical needs of the armed forces and their families and how these might impact on commissioning intentions.
- The role of General Practitioner Surgeries in providing health care for the families of people serving in the armed services.

Resolved – That the commissioning intentions for (a) the armed forces and their families for 2017/18 to 2018/19, (b) Public Health Section 7a commissioning for 2017/18, and (c) prescribed services for 2017/18 and 2018/19 be noted.

47. Sustainability and Transformation Plan - update

The Board considered a report providing an update on the progress of the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation

Plan, and the summary version of the Plan issued on 14th November 2016.

Nicki Millin, Accountable Officer at Swindon Clinical Commissioning Group introduced the report. It was noted that a copy of the NHS England Swindon Clinical Commissioning report had been emailed to Board members for information.

Ms Millin drew members' attention to the following particular matters in the report:

- The emergent plan didn't include the closure of facilities and so there was nothing in the plan that should cause concern locally.
- The plan recognised the financial challenges facing health and social care and looked at this as well as preventative work.
- The plan recognised that some work in Swindon was undertaken because it made sense to the town to do so.
- The plan made particular reference to five areas, preventative work, primary care (including pressures on G.P.s), new care models and accountability, better management of workforce and collaboration between provider organisations.
- There would be a three month consultation period with partners, the public and the voluntary sector on the plan contents and priorities.

Following her introduction of the report Ms Milin responded to members' questions and observations on the following issues:

- Scrutiny of the plan and the benefits of early engagement and consultation.
- The frank conversation that needed to be included as part of the engagement and consultation process in relation to the development of the plan.
- Engaging with the public and the benefit of including a single page summary of the proposals in the consultation document.
- The need for transparency since most people are not aware of the Sustainability and Transformation plans which are at different stages across the country.
- The difficulty of forming a coherent policy, given the logistical difficulties presented by residents accessing hospital services at a number of different locations.
- Engagement with other NHS Trusts in responding to problems of resourcing and service availability.

Resolved – That the Sustainability and Transformation Plan Summary be noted and that a further update on the Plan be submitted to the next meeting of the Board in March 2017.

48. Swindon Oral Health Strategy

The Board considered a report setting out the Swindon Oral Health Strategy, built upon the 2016 Joint Strategic Needs Assessment on oral health in Swindon and outlining the proposed approach to improving the oral health of Swindon residents.

Dr Rebecca Maclean, Public Health Registrar at Swindon Borough Council, introduced the report and highlighted the priority outcomes for the strategy and the challenges faced locally in promoting oral health. Dr Maclean advised on the impact of poor oral health can have on those people with long term health conditions. She also advised on problems with children's oral health including that 35% of five year

old children had five or more decayed teeth and there had been 300 hospital admissions in the last year for child tooth removal.

Following her introduction of the report the Dr Maclean responded to members' questions and observations on the following issues:

- The apparent continuing increase in oral health inequalities in Swindon.
- The priorities set out within the Oral Health Strategy Action Plan and the work of the Steering Group on Oral Health.
- The data on oral health provided by NHS England.
- The need for more collaborative working between dentists, General practitioners and primary care bodies.

Resolved – (1) That the Swindon Oral Health Strategy 2016/2021 attached as Appendix 1 to the report, be approved.

(2) That the Cabinet and Clinical Commissioning Group be recommended to adopt the Swindon Oral Health Strategy for 2016/2021.

(3) That the establishment of an Oral Health Steering group to monitor the Swindon Oral Health Strategy and the Swindon Oral Health Action Plan be supported.

49. Steady Steps to Staying Active for Life: A Falls and Bone Health Strategy for Swindon

The Board considered a report concerning the draft Falls and Bone Health Strategy for Swindon Strategy which focuses on falls prevention and promoting mobility, independence and keeping active in a safe way for older people.

Cherry Jones, Director of Public Health, introduced the report highlighting key issues, including:

- The development of the policy as a collaborative effort by multi-agency groups led by Swindon Borough Council and the NHS Swindon Clinical Commissioning Group.
- Falls and fall related injuries are a serious problem for older people, with 30% of over 65s experiencing one or more falls with the figure rising to around 50% for the over 80 age group.
- The six key themes of the action plan.
- The aims and objectives of the Steady Steps to Staying Active for Life: A Falls and Bone Health Strategy for Swindon.

Following her introduction of the report the Director responded to members' questions and observations on the following issues:

- The importance of the strategy and, in particular, the preventative work included within it in order to achieve the stated objectives.
- The hope that the strategy would, over a period of time, help reduce pressure on Great Western hospital through a reduction in fall related admissions.
- The leaflet produced as part of the Falls and Bone Health Joint Strategic Needs Assessment work and its good reception locally.
- The ambitious nature of the policy and whether there were resources available to complete the five year strategy.
- The need for feedback on the strategy as this became available.

Resolved – (1) That the aims and objectives of the Steady Steps to Staying Active

for Life: A Falls and Bone Health Strategy for Swindon, attached as Appendix 1 to the report be supported.

(2) That the Cabinet and the Clinical Commissioning Governing Body be recommended to adopt the Steady Steps to Staying Active for Life: A Falls and Bone Health Strategy for Swindon.

50. Joint Commissioning Group - Minutes for Information and Comment

The Board noted the minutes of the Joint Commissioning Group meeting held on 20th July and 15th September and 13th October 2016.

The Group noted its concern that further to Minute 2 (20th July 2016) the consultation on places of safety had not yet commenced.

Resolved – That the minutes of the Joint Commissioning Group minutes held on 10 July, 15th September and 13th October 2016 be noted.

51. Future meeting dates of the Board

The Board considered a report setting out proposed dates for meetings of the Health and Wellbeing Board and Health and Wellbeing Board Chair's Advisory Group for the Municipal Year, 2017/18.

Resolved – (1) That the proposed dates for Board meetings as set out in paragraph 3.3 of the report be agreed.

(2) That it be noted that the final dates for Board meetings will be subject to agreement by Full Council in May 2017 as part of the Meetings Calendar for 2017/18.

52. Any Other Business

The Board considered a letter from the Department of Health circulated to Chairs of Health and Wellbeing Boards and Chief Constables regarding potential benefits achievable through closer collaboration between Policing and health partners.

The Board noted:

- That the Wiltshire and Swindon Police and Crime Commissioner, Angus Macpherson, was already a member of the Board.
- That Wiltshire Police already had a good working relationship across the partner organisations represented on the Board including work on drug and alcohol related issues.

The Board requested that Cherry Jones, Director of Public Health, liaise with the Wiltshire and Swindon Police and Crime Commissioner in respect of bullet points 3 and 4 within the letter and report any issues to this Board.

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Health and Wellbeing Strategy Refresh 2017

Health and Wellbeing Board

Date: 15th March 2017

Author:	Cherry Jones - Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 Swindon's first Health and Wellbeing Strategy was launched in November 2013. This three year strategy has now been refreshed for 2017 - 2022 informed by the Swindon Joint Strategic Needs Assessment (JSNA).
- 1.2 The Health and Wellbeing Board has a duty to produce a Health and Wellbeing Strategy (Health and Social Care Act 2012) informed by the needs of its population outlined in its Joint Strategic Needs Assessment.
- 1.3 The Swindon Clinical Commissioning Group (CCG), NHS England and Swindon Borough Councils plans for commissioning services are expected to be informed by the Health and Wellbeing Strategy and the JSNA.

2. Recommendations

The Committee is recommended to:

- 2.1 Adopt the refreshed Health and Wellbeing Strategy 2017 – 2022 attached at Appendix 1 to the report.
- 2.2 Support the proposal to engage further with local communities and residents to ensure our shared vision and priorities are relevant and proportionate to local opinion.
- 2.3 Recommend to Cabinet and the Governing Body of the Swindon Clinical Commissioning Group that they adopt the refreshed Health and Wellbeing Strategy 2017 - 2022.

3. Detail

- 3.1 Swindon's Health and Wellbeing strategy aims to improve the health and wellbeing of children and adults and to reduce the health inequalities that exist across Swindon.
- 3.2 The Swindon Health and Wellbeing Strategy 2017- 2022 sets out the overarching framework for health and care commissioning plans across the borough. The Health and Wellbeing Board has a duty to produce a Health and Wellbeing Strategy (Health and Social care Act 2012) informed by the needs of its population outlined in its Joint Strategic Needs Assessment (JSNA).

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

Health and Wellbeing Strategy Refresh 2017

Health and Wellbeing Board

Date: 15th March 2017

- 3.3 The strategy identifies priorities and approaches for partners including the Clinical Commissioning Group (CCG), NHS and local authority, to take into account when developing their own plans and making decisions about spending money and planning services.
- 3.4 The 2013 – 2016 Health and Wellbeing Strategy evaluation report published in December 2016 showed that since the launch of the 2013 strategy Swindon's outcomes have significantly improved in a number of areas including breastfeeding at 6-8 weeks, the number of 16-18 year olds not in education, employment or training, alcohol-related admissions to hospital (under 18's), the number of children vaccinated, fewer women continuing to smoke during pregnancy, people receiving social care who say they have advice and information, and successful completion of drug treatment by both opiate and non-opiate users. The full evaluation report is available on the Health and Wellbeing Board pages of the JSNA website <http://www.swindonjsna.co.uk/strategy>.
- 3.5 The evaluation report also highlighted those areas that continue to be an area of concern for Swindon including high levels of physical inactivity, high admission rates for older people to residential and nursing care homes, the number of adults with learning disabilities in employment, adult smoking rates and the incidence of domestic abuse.
- 3.6 This refresh of the 2013 - 2016 Health and Wellbeing Strategy, informed by the evaluation report and the Swindon JSNA, has highlighted that the strategic vision, outcomes and priorities originally identified in the 2013 – 2017 strategy remain appropriate and relevant today. Two additional priorities have been identified informed by our local need.
- 3.7 The strategic vision is that 'Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities'.
- 3.8 The five outcomes are;
- 3.8.1 Every child and young person in Swindon has a healthy start in life
- 3.8.2 Adults and older people in Swindon are living healthier and more independent lives
- 3.8.3 Improved health outcomes for disadvantaged and vulnerable communities
- There is an additional priority under this outcome to **ensure that all adults have the opportunity and support to sustain paid employment or volunteering**
- 3.8.4 Improved mental health, wellbeing and resilience for all
- There is an additional priority under this outcome to **reduce the incidence of domestic abuse**
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Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, Cherryjones@swindon.gov.uk.

Health and Wellbeing Strategy Refresh 2017

Health and Wellbeing Board

Date: 15th March 2017

3.8.5 Creation of sustainable environments in which communities can flourish

- 3.9 This strategy will be reviewed annually and an evaluation report published to show progress against the identified priorities. The measures of progress are drawn from a range of national sources including the Public Health Outcomes Framework (PHOF) and the NHS Outcomes Framework to monitor progress.

4. Alternative Options

- 4.1 Not to support the refresh of the Health and Wellbeing Strategy for 2017 – 2022.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial implications arising from the Health and Wellbeing Strategy.
- 5.2 The Health and Wellbeing Strategy will have strategic influence over commissioning decisions across health, public health and social care. It will strengthen democratic legitimacy through the involvement of democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care.

Legal and Human Rights Implications

- 5.3 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.
- 5.4 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon Health and Wellbeing Strategy and that everyone in Swindon has fair access to services and are free from discrimination.

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

- 5.5 The Health and Wellbeing Strategy provides opportunity to improve the health outcomes of the people of Swindon and reduce health inequalities that exist across Swindon.
- 5.6 There are positive implications for sustainability through increased physical activity and increased uptake of active modes of transport.
- 5.7 Promoting the development of environments in which communities can flourish and people feel safe has positive implications for the reduction of crime and disorder.

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

Health and Wellbeing Strategy Refresh 2017

Health and Wellbeing Board

Date: 15th March 2017

- 5.8 There should be no significant staffing or other implications arising from this report.

Diversity Impact Assessment

- 5.9 A Diversity Impact Assessment was completed for the 2013 Health and Wellbeing Strategy and is relevant for the 2017 strategy. This DIA identified that there was no adverse impact for any equality group and that the policy will positively impact on our most vulnerable residents.

Risk Management

- 5.10 No specific risks identified at this stage for this report.

6. Consultees

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

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 Appendix 1 - Swindon's Health and Wellbeing Strategy 2017 – 2022

Swindon's Health and Wellbeing Strategy 2017 - 2022



Swindon's Health and Wellbeing Board

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Forward

Swindon is a vibrant, diverse and growing town where we believe that everyone should have the opportunity to live a long, healthy, safe, fulfilling and independent life supported by thriving and connected communities.

This 2017-2022 refresh of our Swindon Health and Wellbeing Strategy outlines our ambition for improving health and addressing health inequalities across the borough. The priorities identified when we launched our first Health and Wellbeing strategy in 2013 are still relevant today and partners including the Clinical Commissioning Group (CCG), NHS and local authority, need to take these into account when developing their own plans and making decisions about spending money and planning services

In Swindon we have a strong culture of working together to achieve better health and wellbeing and this has led to the reduction of early mortality and increased life expectancy for our residents. The health and social care integration agenda is a key element of the NHS Sustainability and Transformation Plans (STPs) that are evolving across the country. We must continue to work together in these challenging times and with increasing demand on services to ensure that people continue to have access to high quality health and social care services. Prevention is key to improving health outcomes for people as is the need to promote earlier intervention and further integration across the health and social care system.

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Health is fundamental to every aspect of a person's life and we know that health in later life can be heavily influenced by negative childhood experiences such as exposure to domestic abuse. Other factors such as education, housing, employment, community networks and access to a wide range of leisure and cultural activities are also influential in determining an individual's ability to live a healthy, productive life and contribute positively to society.

Increasing the opportunities for children and adults to enjoy healthy, safe and fulfilling lives remains our collective ambition and this Health and Wellbeing Strategy will focus our collective energies in pursuit of that ambition.

David Renard Leader Swindon Council	Brian Mattock Chair Health and Wellbeing Board	Dr Peter Mack Clinical Director Swindon NHS Clinical Commissioning Group
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Brian
Leader of Swindon Borough Council

Swindon's Health and Wellbeing Strategy



Introduction

Leaders from across the community came together in 2013 to form Swindon's Health and Wellbeing Board. The focus of the board is on improving health and wellbeing so that individuals and communities are able to live healthier lives, and to ensure that everyone in Swindon has a positive experience of the health and care system.

Health and wellbeing is more than the absence of disease; it is the ability for everyone to fulfil their potential, make a contribution and to be resilient to life's challenges. With that in mind, we have adopted the approach that health and wellbeing is the ability to adapt and to self-manage in the face of social, physical, and emotional challenges and to function with fulfilment and a feeling of wellbeing.

The Health and Social Care Act 2012 places health and wellbeing boards at the centre of planning to transform health and social care and achieve better population health and wellbeing. Health and wellbeing boards have been given a number

of core responsibilities. These include assessing the health and wellbeing needs of the local population through the Joint Strategic Needs Assessment (JSNA) and preparing a Health and Wellbeing Strategy.

The first Swindon Health and Wellbeing Strategy was developed in 2013 in conjunction with key partners and with extensive community engagement involving a series of discussions and workshops to identify and agree our local priorities. These priorities for Swindon have not changed and remain key to delivering the vision for Swindon that everyone in Swindon lives a safe, fulfilling and independent life and is supported and connected by communities.

This 2017 – 2022 document is a refresh of the Health and Wellbeing Strategy for Swindon which sets out the vision and the long term improvements in local people's health and wellbeing that we want to achieve in Swindon. It also sets out our priorities for action and indicators that will help us measure progress. (See Appendix one for a summary table). The strategy will be monitored and reviewed by the Swindon Health and Wellbeing Board and reviewed annually informed by and reflecting the latest JSNA findings.

Vision for health and wellbeing in Swindon

Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

The aim is to improve health and wellbeing outcomes especially for those communities and groups who experience the poorest health. Health and wellbeing in Swindon is improving and we must make sure that it continues to improve. We believe by working together we can make significant differences to everyone’s health and wellbeing.

Swindon continues to face huge challenges from:

- An ageing population.
- A growing burden of lifestyle related ill-health, particularly due to physical inactivity, obesity, alcohol misuse and smoking.
- A growing need for savings across the public sector finances, including health and social care services.
- Significantly poorer health in our most disadvantaged communities.

The opportunity to build on the existing community capacity that we know exists in Swindon remains. Making better use of community assets in an ‘asset based approach’ values and uses the capacity, skills, knowledge and connections and potential that is evident within our local community. Swindon has a number of vibrant voluntary and community sector organisations which make an invaluable contribution to both the life of the local communities and the lives of individuals.

This strategy sets the context for other health and wellbeing plans and for commissioning of integrated NHS, public health, social care and children’s services. The Health and Wellbeing Board works with all partners to help align policies, services, resources and activities with the Health and Wellbeing Strategy and to ensure joined up action to tackle issues that will benefit from multi

agency working. The Health and Wellbeing Board expects that the commissioning plans of the Local Authority, the Police and Crime Commissioner, the Clinical Commissioning Group and the local NHS are consistent with this Strategy, as required by the Health and Social Care Act 2012.

Purpose of the strategy

The Swindon Joint Strategic Needs Assessment provides the evidence which tells commissioners across the health and social care system what the needs of our local communities are. The Health and Wellbeing Strategy puts the evidence and the vision into practice by providing high level priorities from which health and social care services will be planned and commissioned through joint and collective action.

“Everyone in Swindon has to play their part if we are to succeed”

The Health and Wellbeing Strategy for Swindon focuses on the health and social care issues for everyone living in Swindon, but also recognises the wider factors that affect health and wellbeing including education, employment, housing and leisure activities, all of which are under pinned by other more detailed strategies and plans.

To achieve our vision we will continue to work together across organisations and alongside our community, building on strengths of our communities, to improve the quality of life and wellbeing for all. A key element of the NHS Sustainability and Transformation Plans (STPs) that are evolving across the country is the integration of the health and social care agenda ensuring that people get the right care at the right time in the right place. Everyone in Swindon has to play their part if we are to succeed.

The vision is about improving the experience of people throughout their lives in terms of health and wellbeing, enabling individuals to make positive choices to lead healthier lifestyles and reduce inequalities.

The purpose of this strategy is to:

- Set out the vision of what we want to achieve for health and wellbeing in Swindon
- Identify the key priorities for improving health and wellbeing
- Drive and influence the delivery of health and social care
- Provide an integrated framework that aligns with other local strategies
- Improve health and wellbeing for everyone and reduce health inequalities
- Maximise the opportunities local assets afford us
- Engage with local partners and communities to ensure local needs are being met

Wider determinants of health

The wider determinants of health encompass other aspects of life such as employment, housing, education, crime and access to services. A person’s health is determined by a whole range of things including these wider determinants of health and factors such as their age and gender through to lifestyle factors and social and community networks. Some of these factors individuals can control others they cannot and it is the interaction between these various factors that can impact on health and wellbeing and lead to health inequalities. It is therefore essential that links are made to other partnership plans and strategies that impact upon the wider determinants of health such as the Police and Crime Plan, Local Transport Plan, Housing Strategy and Economic Strategy.

Although people in Swindon are living longer we can see evidence of health inequalities when we compare the life expectancy of people who live in our least deprived communities with those that live in our less affluent areas. The most recent data shows an upward trend in the difference in life expectancy for men from 9 years (2011-2013) to 9.7 years (2012-2014) between those living in our least deprived communities compared with those in our less affluent areas and in women there is a downward trend from 6.5 years to 4 years. The challenge for Swindon is to empower people of all ages to live healthy active lives and to reduce the health inequalities that exist across the town.

Swindon’s priorities

The strategy builds on a number of collaborative pieces of work undertaken in Swindon with a wide range of stakeholders that focus on working together to improve people’s health and wellbeing across the borough. In developing this strategy five high level outcomes for Swindon

have been identified. The health and wellbeing priorities were determined by the Health and Wellbeing Board based on a set of criteria (Appendix two) and following engagement with local communities, organisations and other groups who work in the area of health and wellbeing. When reviewing these priorities for this refreshed 2017-2022 strategy evidence from the Swindon Joint Strategic Needs Assessment (JSNA) has informed the process.

Outcomes:

1. Every child and young person in Swindon has a healthy start in life
2. Adults and older people in Swindon are living healthier and more independent lives
3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)
4. Improved mental health, wellbeing and resilience for all
5. Creation of sustainable environments in which communities can flourish

Measuring progress

The Health and Wellbeing Board is responsible and accountable for the Health and Wellbeing Strategy and has a critical leadership role to ensure the achievement of the outcomes. The national outcomes frameworks for Adult Social Care, the NHS and Public Health have provided the overarching framework for the Health and Wellbeing Strategy. A number of relevant indicators from these frameworks have been chosen against each of the outcomes to help measure progress. The final evaluation report (December 2016) for the 2013- 2016 strategy reviewed progress against the outcomes and priorities and is available on the JSNA website at <http://www.swindonjsna.co.uk>.

OUTCOME 1

Every child and young person in Swindon has a healthy start in life.

All children and young people in Swindon deserve the best start in life and we want them to enjoy life, establish healthy relationships, achieve, stay safe from harm, be healthy and grow up to reach their full potential making a positive contribution to society. We know that health in later life is strongly influenced by childhood experiences and focusing now on improving their emotional wellbeing and ensuring that they have the best opportunities early in life will not only improve their individual health but also that of the whole family. To have an impact on reducing health inequalities we need to address child poverty, children's access to positive early experiences, and support children and young people to take part in positive activities appropriate for their age. Helping our young people to prepare, from an early age, to be self-sufficient and develop a network of support will enable them to live independent and healthy lives and reduce negative risk taking behaviours such as smoking, drinking alcohol, self-harm and underage sex.

Focusing on pregnancy and the first few years of a child's life (especially those who are more disadvantaged and vulnerable) will ensure that every child is given the best possible start in life and benefit them for the rest of their lives. We will review and build on our services using an evidence based approach to target early help, smooth transitions (especially for children with special educational needs and disability) and preventative programmes that will ensure our young people have the best start in life and prepare them for adulthood.



“ We know that health in later life is strongly influenced by childhood experiences ”



The local issues

- GCSE attainment has risen over the years with just under 54% achieving 5 or more A*- C grades at GCSE or equivalent including English and maths in 2016 (England average is 53.5%)
- The percentage of young people who are not in education, employment or training has fallen to 4% in 2015
- Over 7,000 children aged 0-15 were known to be living in poverty 2014
- Alcohol specific admission rates for under 18 year olds are falling but slightly higher than the national average
- In 2015/16 11% of pregnant women continued to smoke throughout their pregnancy (about 1% higher than the England average)
- Almost a third of 10 to 11 year olds in Swindon are overweight and obese (2015/16 England average 34.2%)
- Over 50% of women stop breastfeeding at the 6 to 8 week stage
- High rates of hospital admissions for self-harm amongst those aged 10 to 24 years old
- Younger children have high support needs indicated by the high numbers of children in need and the small increase seen in children coming into care due to neglect
- Almost 4% of pupils have a statement or Education, Health and Care Plan (England average 2.8%)
- In 90% of domestic violence incidents a child or young person will be in the house or directly witness the incident
- High rates of first time entrants into the youth justice system for 10 -17 year olds.

Our Priorities

1. Improve the mental wellbeing of children and young people
2. Reduce risky behaviours amongst our children and young people such as smoking, drinking, self-harm
3. Keep all children and young people safe
4. Improve educational attainment of our children and young people
5. Ensure young people are able to access employment, education or training opportunities

Indicators for success

- ✓ Uptake of 2 year olds funded places
- ✓ Prevalence of breastfeeding at 6-8 weeks from birth
- ✓ Percentage meeting the expected standard; Attainment 8, Progress 8, English and maths (A*-C) at key stage 2.
- ✓ Alcohol specific hospital admission rates for under 18's
- ✓ Self-harm hospital admission rates for under 18's
- ✓ Percentage of mothers smoking at time of delivery
- ✓ Levels of excess weight amongst 10-11 year olds
- ✓ 16-18 year olds and up to 25 years for young people leaving Care and/or with learning disabilities not in education, employment or training
- ✓ Infant mortality
- ✓ Childhood vaccination coverage
- ✓ Children with second or subsequent child protection plans
- ✓ The number of children in care
- ✓ Emotional wellbeing of looked after children
- ✓ First time entrants to the youth justice system
- ✓ Percentage of children with a statement or Education Health and Care Plan (EHCP)

OUTCOME 2

Adults and older people in Swindon are living healthier and more independent lives.

More people in Swindon are living longer. Premature (early) deaths from heart disease, stroke and cancer are reducing and a greater emphasis on prevention would ensure that this reduction continues. Prevention, early diagnosis and proactive management of long term conditions are critical to improving the health and wellbeing of our population.

Many people will have one or more long term health conditions such as diabetes or heart disease in middle age, but there is scope to prevent ill health and disability in people - early action would improve their quality of life and slow down the future growth in health and social care requirements in later life. Everyone has a role to improve their health and wellbeing and that of their families and to take responsibility for their own health and wellbeing. Lifestyle choices can have a direct impact on health and wellbeing and changing behaviours such as stopping smoking, eating and drinking more healthily and being more physically active can prevent the onset of some diseases, prevent premature death from diseases such as cancer and heart disease and reduce the risk of dementia.



The age structure of our local population means that Swindon will see a significant increase in the number of older people in the future. Older people make a valuable contribution to the communities across Swindon and it is important to support, expand and grow this asset ensuring that older people with energy, skills and time to give play a role and contribute to their local community.

Our population is broadly healthier than the England average and yet a higher proportion go to hospital, with hospital stays resulting in a breakdown in self-care and personal coping strategies leading to increases in long term health and social care support from a number of different services. We need to ensure an integrated service provision that works together and focuses on regaining and promoting independence working with local communities and social networks to help people remain in their own home for as long as possible.

We want to enable people to stay independent and safe and enjoying the best possible quality of life. This priority sets out our aim to improve the quality of life and not just extend life. It recognises the need to improve the wellbeing of people with caring responsibilities in and around Swindon, creating a community where carers are recognised, valued and supported. It also acknowledges that when people are at the end of their lives they and their carers are supported in making choices about where they would like to die.

Lifestyle choices can have a direct impact on health and wellbeing



We want to enable people to stay independent and safe and enjoying the best possible quality of life

The local issues

- Average male and female life expectancy has increased over the years and is just over 80 years for men and 83 years for women, similar to the England average
- Population projections forecast a continued increase in the Borough's population with the majority of that growth in the over 65 age group
- Smoking is the single biggest contributor to shorter life expectancy and over 21% of adults continue to smoke in Swindon (England average 20%)
- Rates of hospital admissions for alcohol related harm have risen over time.
- Over 2,300 people aged over 65 years in Swindon are estimated to live with dementia and this is expected to increase as the population ages
- Approximately 13,000 adults (7%) have diabetes and this is estimated to rise to 19,000 by 2035
- An estimated 71% of our adult population in Swindon are either obese or overweight
- Over a quarter (27.4%) of our adult population are considered inactive (England average 28.7%)
- Around 250 people under the age of 75 die each year from cardiovascular disease, cancer or respiratory disease that is considered preventable

Our Priorities

1. **Strengthen integrated working between health and social care**
2. **Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices**
3. **Promote independence and reduce the need for hospital services and long term care**
4. **Ensure that carers needs are met**

Indicators for success

- ✓ New admissions of older people (over 65) into residential and nursing care
- ✓ Take up of the NHS Health Check programme by the eligible population
- ✓ Smoking prevalence rates for adults
- ✓ Hospital admissions for alcohol related harm
- ✓ Delayed transfers of care from hospital
- ✓ Rate of early death (under 75's) from
 - o cardio vascular disease (including heart disease and stroke),
 - o cancer
 - o respiratory disease.
- ✓ Carers who have their needs assessed
- ✓ Proportion of physically active adults
- ✓ Seasonal flu vaccination rates

OUTCOME 3

Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders).



There is a strong link between poverty and health; the poorer you are the unhealthier you are likely to be. This is caused by many things, including differences in housing conditions, diet, levels of smoking and drinking, access to sport and leisure, social support networks as well as barriers to accessing healthcare (such as language and literacy barriers).

We experience significant differences in life expectancy in Swindon between people living in our more affluent areas compared to those living in our less affluent areas. We also know that some of our more vulnerable communities (including the homeless, those with learning disabilities, mental health issues, victims of

violent and domestic crime, offenders and those from our black and minority ethnic communities) will experience poorer health outcomes and that they are less likely to access health services. The connection between employment and health is pivotal in enabling everyone, including those with a disability, to achieve their potential for a healthy and productive life.

Focusing on prevention and early detection of the conditions most strongly related to health inequalities such as cardio vascular disease, cancer, respiratory disease and diabetes will help to reduce the gap in life expectancy that we have in Swindon. It is important to prevent people becoming ill and developing these long term conditions. We can do this by addressing some key lifestyle factors which we know are more prevalent in the less affluent areas of Swindon as well as addressing the wider determinants of health (housing, educational attainment, employment).

“It is important to prevent people becoming ill and developing these long term conditions”



“There is a strong link between poverty and health”

The local issues

- People who live in our least deprived communities live, on average, 13 years longer in good health than those living in our most deprived communities.
- In 2011 a total of 15.5% of the borough’s resident population belonged to black and minority ethnic (BME) communities
- 17.5% of Swindon school pupils have English as a second language (up from 12% in 2011), with over 100 languages being spoken
- Accident and Emergency attendance rates are around 25% higher from the most deprived third of Swindon’s population compared to the least deprived third
- There are about 4,000 adults with learning disabilities in Swindon. Of the approximately 700 who receive a service from Adult Social Care, about a quarter are placed in nursing or residential care
- Smoking rates in routine and manual workers in Swindon are 7% higher than the general population; although both have reduced since 2011
- Emergency hospital admissions for children and young people are around 25% higher from the most deprived third of Swindon’s population compared to the least deprived

Our Priorities

1. Ensure access to information and advice that supports choice and control
2. Ensure people from disadvantaged groups receive good quality care for their physical health
3. Local economic and social policies are developed to strive to narrow social inequalities rather than widen them
4. Prevent early death and disease through healthier lifestyle choices, early detection and screening
5. Ensure that all adults have the opportunity and support to sustain paid employment or volunteering

Indicators for success

- ✓ Life expectancy rates
- ✓ Healthy life expectancy rates
- ✓ Percentage of adults with learning disability living independently
- ✓ Proportion of adults with learning disability in paid employment
- ✓ People receiving social care who say they have advice and information
- ✓ Proportion of people feeling supported to manage their condition
- ✓ The proportion of people who use services who feel safe
- ✓ The number of households prevented from becoming homeless
- ✓ Cancer screening coverage

OUTCOME 4

Improved mental health, wellbeing and resilience for all.

We want everyone in Swindon to enjoy the best possible mental health and wellbeing and have a good quality of life. This would mean that everyone has a greater ability to manage their own lives, a sense of belonging within their communities, the skills they need for living and working and a greater sense of purpose. Good mental health is fundamental to physical health, relationships, education and training, employment and to fulfilling ones potential. Mental health problems such as depression are more common in people with physical illness and having both physical and mental health problems will impact upon recovery from both. We know that people with poor mental wellbeing are more likely to smoke, drink unhealthily, be obese, eat unhealthily and be less physically active - all of which contribute to their physical health and longer term health outcomes.

Effective collaboration between many agencies is vital to ensure that a wide range of community resources are available to promote recovery, dispel the stigma and discrimination around mental health and support and sign post people appropriately.

Developing sustainable, cohesive and connected communities also has an important role in promoting good mental health. There is evidence that strong social networks help protect people against physical and mental health stress. Having safe places for children to engage in positive activities, reducing crime, reoffending and anti social behaviour, supporting people to reduce their dependencies on substance misuse, tackling domestic violence, reducing loneliness and social isolation all contribute to developing safer and supporting communities.

“ This would mean that everyone has a greater ability to manage their own lives ”



“ There is evidence that strong social networks help protect people against physical and mental health stress ”



The local issues

- At least one in four people will experience a mental health problem at some point in their life
- An estimated 29,000 people in Swindon have a common mental health disorder
- In Swindon, there are around 700 hospital admissions a year for self-harm. Swindon has a much higher rate than the England average
- An average of 16 Swindon residents a year died of suicide or undetermined causes from 2003 to 2015, with three quarters of these being men
- There are strong links with deprivation and social fragmentation for both suicide and self-harm
- There are estimated to be about 530 injecting drug users in Swindon
- There were around 500 first time receiving their first conviction, caution or youth caution in Swindon in 2015

Our Priorities

1. Reduce the incidence of Domestic Abuse
2. Increase the opportunities, through effective pathways, for people with mental health problems to access support services and community facilities aimed at promoting recovery (including education, debt management, housing, leisure services, health promotion)
3. Promote positive mental health and recognise that mental health is everyone's business
4. Reduce the stigma and discrimination associated with mental ill health

Indicators for success

- ✓ First time entrants to the youth justice system
- ✓ Successful completion of drug treatment
- ✓ Suicide rate
- ✓ Self reported wellbeing
- ✓ Incidences of domestic violence
- ✓ Proportion of adults in contact with secondary mental health services on paid employment

OUTCOME 5

Creation of sustainable environments in which communities can flourish.

We will focus on developing communities that have a positive impact on the way people live and how they feel about their neighbourhood. We know that well connected and vibrant communities provide a resilient and supportive local environment.

It is important to appreciate and mobilise individual and community talents, skills and assets and not just focus on problems and needs. This helps to empower communities to use their own resources and skills and helps combat the idea that people are passive recipients of services.

Community assets are more than just the physical assets such as parks, leisure facilities, open spaces but are also the skills of local residents, the power of local associations and the supportive functions of local institutions. Local assets can be considered to be the primary building blocks of sustainable community development and as such have a vital contribution to make to the health and wellbeing of the community. Drawing upon existing community strengths will ensure the building of stronger more sustainable communities for the future.

It is recognised that transport, green spaces and the built environment play a key role in determining our health and wellbeing as does feeling safe and free from the fear of crime. Sustainable communities are places in which people want and are able to live and work, now and in the future. They meet the diverse needs of existing and future residents, are sensitive to their environment and contribute to a high quality of life. They are safe and inclusive, well planned, built and run, offering equality of opportunity and good services for all.



“Community assets are more than just the physical assets”



“green spaces and the built environment play a key role”

The local issues

- Around one fifth of Swindon's population are utilising outdoor space for health or exercise reasons
- Volunteering can help solve local problems; does good for others and the community, provides a natural sense of accomplishment and increases self-confidence. Almost 50% of people volunteer at least once a year
- In Swindon, around 70 people are killed or seriously injured on the roads each year
- There are over an estimated 1,000 complaints about noise in Swindon each year.
- 84% of Swindon residents walk somewhere and 17% cycle somewhere at least once a month

Our Priorities

1. Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion and promote social inclusion of marginalised groups and individuals.
2. Work with our local communities to develop creative solutions for local issues
3. Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term
4. Promote the use of green, open spaces and activities such as walking and cycling
5. Promote effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities

Indicators for success

- ✓ Utilisation of green spaces
- ✓ Self reported wellbeing
- ✓ Adult social care service users feel they have the amount of social contact they want
- ✓ Levels of reoffending
- ✓ Anti-social behaviour rates

<div><div>Vision</div><div>Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities</div></div>		
Outcomes	Our Priorities	Indicators for success
1. Every child and young person in Swindon has a healthy start in life	<div><div>1.</div><div>Improve the mental wellbeing of children and young people</div></div> <div><div>2.</div><div>Reduce risky behaviours amongst our children and young people such as smoking, drinking and self harm</div></div> <div><div>3.</div><div>Keep all children and young people safe</div></div> <div><div>4.</div><div>Improve educational attainment of children and young people</div></div> <div><div>5.</div><div>Ensure young people are able to access employment, education or training opportunities</div></div>	Uptake of 2 year olds funded places;Prevalence of breastfeeding at 6-8 weeks from birth; Percentage meeting the expected standard,Attainment 8, Progress 8, English and maths (A*-C) at Key Stage 2; Alcohol specific hospital admission rates for under 18’s; Self-harm hospital admission rates for under 18’s; Percentage of mothers smoking at time of delivery; Levels of excess weight amongst 10-11 year olds; 16-18 year olds not in education, employment or training; Infant mortality; Childhood vaccination coverage; Children with second or subsequent child protection plans; The number of children in care; Emotional wellbeing of looked after children; First time entrants to the youth justice system; Percentage of children with a statement or Education health and Care Plan (EHCP)
2. Adults and older people in Swindon are living healthier and more independent lives	<div><div>1.</div><div>Strengthen integrated working between health and social care</div></div> <div><div>2.</div><div>Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices</div></div> <div><div>3.</div><div>Promote independence and reduce the need for hospital services and long term care</div></div> <div><div>4.</div><div>Ensure that carers needs are met</div></div>	New admissions of older people (over 65) into residential and nursing care; Delayed transfers of care; Take up of the NHS Health Check programme by the eligible population; Smoking prevalence rate for adults; Hospital admissions for alcohol related harm; Rates of early death (under 75’s) from; cardio vascular disease (including heart disease and stroke); cancer; respiratory disease; Carers who have their needs assessed; Proportion of physically active adults; Seasonal flu vaccination rates
3. Improved health outcomes for disadvantaged and vulnerable communities	<div><div>1.</div><div>Ensure access to information and advice that supports choice and control</div></div> <div><div>2.</div><div>Ensure people from disadvantaged groups receive good quality care for their physical health</div></div> <div><div>3.</div><div>Local economic and social policies are developed to strive to narrow social inequalities rather than widen them</div></div> <div><div>4.</div><div>Prevent early death and disease through healthier lifestyle choices, early detection and screening</div></div> <div><div>5.</div><div>Ensure all adults have the opportunity and support to sustain paid employment or volunteering</div></div>	Percentage of adults with Learning Disability living independently; Proportion of adults with learning disabilities in paid employment; People receiving social care who say they have advice and information; Proportion of people feeling supported to manage their condition; The proportion of people who use services who feel safe; Cancer screening coverage; Life expectancy rates; Healthy life expectancy rates; the number of households prevented from becoming homeless
4. Improved mental health, wellbeing and resilience for all	<div><div>1.</div><div>Reduce the incidence of Domestic Abuse</div></div> <div><div>2.</div><div>Increase the opportunities, through effective pathways, for people with mental health problems to access support services and community facilities aimed at promoting recovery (including education, debt management, housing, leisure services, health promotion)</div></div> <div><div>3.</div><div>Promote positive mental health and recognise that mental health is everyone’s business</div></div> <div><div>4.</div><div>Reduce the stigma and discrimination associated with mental ill health</div></div>	First time entrants to the youth justice system; Successful completion of drug treatment; Suicide rate; Self reported wellbeing; Incidences of domestic violence; Proportion of adults in contact with secondary mental health services in paid employment
5. Creation of sustainable environments in which communities can flourish	<div><div>1.</div><div>Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion and promote social inclusion of marginalised groups and individuals.</div></div> <div><div>2.</div><div>Work with our local communities to develop creative solutions for local issues.</div></div> <div><div>3.</div><div>Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term</div></div> <div><div>4.</div><div>Promote the use of green, open spaces and activities such as walking and cycling</div></div> <div><div>5.</div><div>Promote effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities</div></div>	Utilisation of green spaces: Self reported wellbeing; Adult social care service users feel they have the amount of social contact they want; Levels of reoffending; anti-social behaviour rates

Appendix two

Criteria for prioritisation

The priorities outlined in this Health and Wellbeing Strategy have been chosen because they:

- deliver the most benefit to our population
- impact upon health inequalities
- have the potential to improve health and wellbeing
- affect a large number of people across all age ranges
- require strong leadership and coordinated action across organisations and our communities in order to secure change
- are informed and based on evidence identified by our JSNA and the views of stakeholders

Reviewing Progress

We will continue to monitor local progress against the range of indicators identified for each of the priorities and link with other key strategies to see we are making a difference. Successful implementation of the health and Wellbeing Strategy requires a partnership approach enabling Health and Wellbeing Board members to hold their respective organisations and each other to account across service planning, commissioning and service delivery.

The strategy will be monitored and reviewed by the Swindon Health and Wellbeing Board and reviewed annually informed by and reflecting the latest JSNA findings.

References

Swindon Joint Strategic Needs Assessment

<http://www.swindonjsna.co.uk/>

Public Health Outcomes Framework

<http://www.phoutcomes.info/>

Adult Social Care Outcomes Framework

<https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascof-2015-to-2016>

NHS Outcomes Framework

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017>

The Swindon Council Plan

[http://www.swindon.gov.uk/a to z/service/211/council plan 2016-2020](http://www.swindon.gov.uk/a%20to%20z/service/211/council%20plan%202016-2020)

Wiltshire and Swindon Police and Crime Plan 2013 - 2017

[https://cms.wiltshire.gov.uk/documents/s58132/Police%20and%20Crime%20Plan%20-%20Appendix%201%20-%20Police%20and%20crime%20plan DRAFT.pdf](https://cms.wiltshire.gov.uk/documents/s58132/Police%20and%20Crime%20Plan%20-%20Appendix%201%20-%20Police%20and%20crime%20plan%20DRAFT.pdf)

This information is available on the internet at www.swindon.gov.uk. It can be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.

Tel: 01793 445500

Fax: 01793 463982

E-mail: customerservices@swindon.gov.uk

Joint Strategic Needs Assessment Summary 2016/17: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 15th March 2017

Author:	Tom Frost - Public Health Senior Information Analyst
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon, and is the principal work stream to inform the Joint Health and Wellbeing Strategy. The Swindon JSNA is an on-going iterative process led by Swindon Borough Councils public health team and involving a wide range of stakeholders.
- 1.2 The JSNA informs decisions about how services are commissioned and designed.
- 1.3 The 2016/17 JSNA Summary (attached at Appendix 1) provides an overview of the current and future health and wellbeing needs of people in Swindon and provides an update to the 2014/15 and 2015/16 versions. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework, and a range of other local and national data sources. This report presents key facts, intelligence and issues for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and needs for many of these topics are examined in more detail in separate JSNA reports.

2. Recommendations

The Board is recommended to:

- 2.1 Note the 2016/17 Joint Strategic Needs Assessment Summary report attached at Appendix 1 to the report.
- 2.2 Endorse its use in commissioning and strategy preparation, including the Joint Health and Wellbeing Strategy.

3. Detail

Statutory duty

- 3.1 The production of an annual JSNA was made a statutory requirement in the establishment of the Local Government and Public Involvement in Health Act

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

Joint Strategic Needs Assessment Summary 2016/17: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 15th March 2017

2007. In April 2013, the statutory responsibility for producing JSNAs passed to HWBs. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon.

Purpose and use

- 3.2 The JSNA work programme is commissioned by the HWB and supports an overall approach to using evidence and intelligence to identify priorities in order to help us all improve health and wellbeing in Swindon.
- 3.3 The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities. Users of JSNA include partnership bodies such as the HWB and commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group, as well as a much wider range of agencies and individuals who contribute to improving health and reducing inequalities.
- 3.4 The JSNA is used to guide strategy including the Swindon Health and Wellbeing Strategy. This summary document provides an overview of key issues and should be used alongside other JSNA reports and bulletins, and other supporting evidence.

JSNA Framework

- 3.5 This summary report is only one part of the JSNA framework. The JSNA suite of documents and sources of information also includes:
 - More detailed JSNA reports and bulletins on specific topics.
 - Demographic profiles and population projections.
 - Evidence reviews.
 - Health and wellbeing profiles and key documents from Public Health England.
- 3.6 The JSNA website hosts these documents and can be found online at: <http://www.swindonjsna.co.uk>.

JSNA Summary 2016/17: An overview of health and wellbeing in Swindon

- 3.7 The report includes a one page summary of 26 health and wellbeing topics following a set template which includes a key fact; two key indicators; key information and key issues. The topics are the same as during 2015/16 apart from the addition of Ageing Well.
- 3.8 The 26 topics are:
 - Population
 - Life expectancy

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

Joint Strategic Needs Assessment Summary 2016/17: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 15th March 2017

- Deprivation and health inequalities
- Long term conditions
- Cardiovascular disease
- Diabetes*
- Cancer
- Communicable disease and immunisation
- Physical and sensory disabilities
- Mental health and wellbeing
- Learning disabilities
- Dementia
- Falls and bone health, accidents and injuries
- Maternity and breastfeeding
- Obesity, healthy eating and physical activity
- Sexual health
- Substance misuse
- Safeguarding
- Carers
- Community safety
- Housing, transport and the environment
- Education, skills and the economy
- Leisure, arts and culture
- Ageing well
- Children and young people summary
- Equalities

3.9 Key Facts (*data updated, ** new key fact)

- 3.9.1 Swindon Council projections estimate that Swindon's population could increase by 14% from 2011 to 2021, and a further 10% from 2021 to 2031
- 3.9.2 In Swindon, in 2013-15, average life expectancy was 79.6 years for males and 82.8 years for females, which is similar to England*
- 3.9.3 In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas**
- 3.9.4 Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives**
- 3.9.5 Four in five people aged over 30 in England have a heart age older than their chronological age, making them more at risk of a heart attack or stroke**

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

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- 3.9.6 Around 18,500 people in Swindon have blood sugar levels indicating a high risk of developing Type 2 Diabetes
- 3.9.7 One in two people born after 1960 will be diagnosed with some form of cancer during their lifetime
- 3.9.8 In 2014/15, in Swindon, 96% of girls aged 12-13 received one dose of the HPV vaccine*
- 3.9.9 In Swindon, 10,500 people are estimated to have a moderate disability and a further 3,000 to have a severe disability
- 3.9.10 Four in ten people aren't getting enough sleep, while one in five sleep poorly most nights, representing the second most common health complaint after pain**
- 3.9.11 People with learning disabilities are at increased risk of developing dementia as they age, compared with others without a learning disability**
- 3.9.12 Physical activity is the most effective intervention to reduce the risk of dementia**
- 3.9.13 In Swindon, it is estimated that 10,000 people over the age of 65 will fall each year and approximately 4,000 people will fall twice or more
- 3.9.14 Almost 3,000 babies were born in Swindon UA in 2015, 25 to women under 18 and 101 to women aged 40 or above*
- 3.9.15 Surveys found that in 2013-15, 71% of adults in Swindon were categorised as having excess weight; for those aged 65 plus it is around 80%**
- 3.9.16 In Swindon, there were 13 conceptions to under 16s in 2014**
- 3.9.17 In Swindon, smoking prevalence among routine and manual workers is now lower than it was in the overall Swindon population just eight years ago**
- 3.9.18 Physical abuse and neglect are the main types of alleged abuse of adults with care and support needs** Neglect and Emotional abuse are the main categories leading to a child protection plan
- 3.9.19 Three in five people will be carers at some point in their lives**
- 3.9.20 In Swindon, approximately 1,000 children and young people are exposed to domestic abuse each year**

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

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3.9.21 340 new affordable homes are needed each year in Swindon to meet demand**

3.9.22 47% of those with 10 or more GCSEs from Swindon do not progress to Higher Education by the age of 19 compared with 26% in England**

3.9.23 Sport provides around an estimated £80m in added economic value to Swindon by way of improved quality and length of life plus health care costs avoided

3.9.24 There are 33,000 people over the age of 65 years living in Swindon, 15% of the population**

3.9.25 In Swindon, 28% of 5-year olds have experienced dental decay and these children have an average of around 3 decayed, missing or filled teeth. This is similar to England**

3.9.26 In 2015/16, in the Wiltshire and Swindon Police Force area, hate crimes were up 58% compared to 2014/15**

Key issues from data

- 3.10 Evidence suggests that in many ways the health of Swindon's population is similar to England as a whole. This in itself presents many challenges. While average life expectancy and smoking levels are, on the whole, improving there are still wide inequalities amongst our population and no sign that the health gap is being reduced.
- 3.11 Like other places across the country, Swindon people have been damaged by the economic recession and associated austerity measures and also by growing problems of obesity and physical inactivity and the rise in Type 2 diabetes. The JSNA summary also highlights some local issues such as the particularly large increase in numbers of older people projected into the future, high levels of inactivity and excess weight amongst adults, a low uptake of the NHS Health Check, and a worrying number of young people being admitted to hospital for reasons connected to alcohol, substance misuse and self-harm.
- 3.12 The increasing prevalence of long term conditions is also highlighted, in particular people having two or more conditions. The financial pressures facing the public sector in the coming years indicate a radically new approach is required, to be adopted by services and the public alike, to tackle this trend.
- 3.13 There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs. People are more

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

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than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.

4. Alternative Options

- 4.1 There are no alternative options proposed.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The JSNA programme is delivered within the current financial position. There are no known financial implications.

Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.
- 5.3 The Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012, places a statutory obligation on the Council, in cooperation with its partners, to prepare an assessment of relevant needs within the Council's area. The Joint Strategic Needs Assessment meets this obligation.

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

- 5.4 There should be no significant staffing or other implications arising from this report.

Diversity Impact Assessment

- 5.5 Equality and diversity issues were considered within the JSNA. All JSNA documents are in the public domain.

Risk Management

- 5.6 No specific risks were identified.

6. Consultees

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

Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

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7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Joint Strategic Needs Assessment Summary 2016/17: An Overview of Health and Wellbeing in Swindon.

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Joint Strategic Needs Assessment

An Overview of Health and Wellbeing in Swindon

JSNA Summary 2016/17



Swindon Health and Wellbeing Board

Publication date

March 2017

Authorship

This report has been produced on behalf of and at the request of the Swindon Health and Wellbeing Board by Cherry Jones, Director of Public Health, Swindon Borough Council.

Acknowledgements

The JSNA summary has been compiled by Tom Frost (Senior Public Health Intelligence Analyst) and Debbie Stott (Public Health Intelligence Analyst) with the able assistance of a multitude of colleagues from the Public Health team and other teams in Swindon Borough Council. A full list of contributors and reviewers is appended to the data guide document.

Photo credits

Students at Holy Family Catholic Primary School (HFCP) celebrating Change 4 Life sugar swaps: As part of the Change 4 life campaign HFCP decided to reduce whole school sugar intake by trialling the sugar swaps programme for almost 12 weeks. It produced fantastic results, such as improving concentration in the classroom, improved lunch boxes, improved snack choices in the canteen and some staff weight reduction. HFCP recently achieved their Silver healthy schools award on the basis of running this project and are now aiming for the Gold HS award by sustaining this project next term and introducing a daily 10min 'shake-up activity'.

SOBS – Survivors of Bereavement by Suicide (<http://uk-sobs.org.uk/support-group/swindon/>): SOBS is the only national charity providing dedicated support to adults who have been bereaved by suicide. SOBS is a self-help organisation and aims to provide a safe, confidential environment in which bereaved people can share their experiences and feelings, so giving and gaining support from each other.

Swindon Mind Innovation and Learning Enterprise (SMILE) training day: Swindon Mind (<http://swindonmind.org/>) provide a range of mental health and dementia related training via SMILE. Swindon Mind works for better mental health in Swindon and provides advice, support and services to empower anyone experiencing a mental health problem in Swindon. They campaign to improve services, raise awareness and promote understanding.

Participants in Be Active Football in the Community course: This free 10 week course delivered by Swindon Town Football Club is one of a range of activities that are part of the new Swindon Mind Be Active programme which aims to offer access to physical activity for people in Swindon in order to aid wellbeing and support good mental health. <http://swindonmind.org/be-active/>

Mental Health Awareness Day at TWIGS (therapeutic work in gardening in Swindon): As part of mental health awareness week TWIGs (<http://twigscommunitygardens.org.uk/>) held an event at Manor Garden Centre involving a number of local charities (Mind, Rethink, Samaritans and Survivors of Bereavement by Suicide). The day included relaxation sessions, planting seedlings and a performance from youngsters from Crowdys Hill special school.

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1	Population
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3	Deprivation and health inequalities summary
4	Long-term conditions (LTCs)
5	Cardiovascular disease (CVD)
6	Diabetes
7	Cancer
8	Communicable disease and immunisation
9	Physical and sensory disabilities
10	Mental health and wellbeing
11	Learning disabilities
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Appendix A: Priorities

40

Introduction

The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon and is the principal workstream to inform the Joint Health and Wellbeing Strategy (JHWS).

The JSNA Summary 2016/17 provides an overview of the current and future health and wellbeing needs of people in Swindon. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework and a range of other local and national data sources. This report presents key facts, intelligence and challenges for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and needs for many of these topics are examined in more detail in separate JSNA reports.

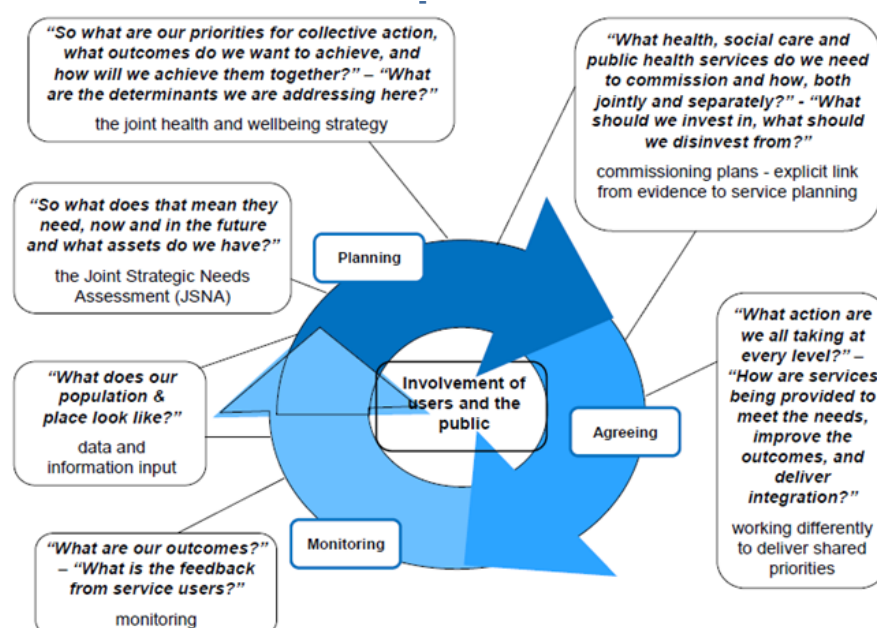
Purpose and use

The JSNA supports an overall approach to using evidence and intelligence to identify priorities in order to help us all improve health and wellbeing in Swindon – it is not an end in itself.

The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities. Users of JSNA include partnership bodies such as the HWB and One Swindon, commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group and a much wider range of agencies and individuals who contribute to improving health and reducing inequalities.

The JSNA is used to guide strategy. This summary document provides an overview of key challenges and should be used alongside other JSNA reports and bulletins and other supporting evidence. Whilst it is hard to summarise complex forces that interact with each other, it provides an important focus for strategy development.

Figure 1 shows how the commissioning cycle and JSNA and JHWS fit together



The following agreed priorities for Swindon have been articulated in the JHWS:

- Every child and young person in Swindon has a healthy start in life.
- Adults and older people in Swindon are living healthier and more independent lives.
- Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems and offenders).
- Improved mental health, wellbeing and resilience for all.
- Creation of sustainable environments in which communities can flourish.

Priorities for One Swindon, NHS Swindon CCG, Swindon Borough Council, Public Health England, NHS England and Bath and NE Somerset, Swindon and Wiltshire STP can be found in Appendix A.

JSNA Framework

This summary report is only one part of the JSNA framework. The JSNA suite of documents and sources of information also includes:

- More detailed JSNA reports and bulletins on specific topics
- Demographic profiles and population projections
- Evidence reviews
- Health and wellbeing profiles and key documents from Public Health England

The documents comprising the JSNA framework for Swindon can be found on the Swindon JSNA website: www.swindonjsna.co.uk

JSNA Summary 2016/17: An overview of health and wellbeing in Swindon

The summary document is arranged in 3 parts:

- Part 1: a short introduction which explains what the document is for and what it contains along with a selection of key facts and challenges and priorities.
- Part 2: a 1 page summary of 26 health and wellbeing topics following a set template which includes a key fact; two key indicators; key information and key challenges.
- Part 3: a separate further information appendix which signposts readers to key resources, including the existing suite of JSNA topic reports.
tinyurl.com/SwindonJSNA-Resources

Main sources of information

Important resources that have been used to compile the JSNA include:

- Swindon JSNA website: www.swindonjsna.co.uk
- Public Health Outcomes Framework (PHOF): <http://www.phoutcomes.info/>
- Public Health England (PHE) knowledge and data gateway: <http://datagateway.phe.org.uk/>
- PHE General Practice profiles: <http://fingertips.phe.org.uk/profile/general-practice>
- National Child and Maternal Health Intelligence Network (Chimat): <http://www.chimat.org.uk/>
- Local authority interactive tool (LAIT) (An interactive spreadsheet for comparing data about children and young people across all local authorities in England): <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>
- Quality and Outcomes Framework (QOF): <http://content.digital.nhs.uk/qof>
- Projecting Adult Needs and Service Information (PANSI): <http://www.pansi.org.uk/>
- Projecting Older People Population Information (POPPI): <http://www.poppi.org.uk/>
- Health and Social Care Information Centre website: <http://content.digital.nhs.uk/home> and Indicator Portal: <https://indicators.hscic.gov.uk/webview/>
- Office for National Statistics: <http://www.ons.gov.uk/ons/index.html>
- Swindon Borough Local Plan 2026: <http://ww1.swindon.gov.uk/ep/ep-planning/planningpolicy/ep-planning-localdev/Pages/ep-planning-localdev-localplan.aspx#>
- Nomis (official labour market statistics): <http://www.nomisweb.co.uk/>
- English Indices of Deprivation 2015: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

Additional background information, data and intelligence for each of the 26 topics can be found in the accompanying 'Further Resources' appendix.

tinyurl.com/SwindonJSNA-Resources

Key facts

Swindon Council projections estimate that Swindon's population could increase by 14% from 2011 to 2021, and a further 10% from 2021 to 2031

In Swindon, in 2013-15, average life expectancy was 79.6 years for males and 82.8 years for females, which is similar to England

In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas

Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives

Four in five people aged over 30 in England have a heart age older than their chronological age, making them more at risk of a heart attack or stroke

Around 18,500 people in Swindon have blood sugar levels indicating a high risk of developing Type 2 Diabetes

One in two people born after 1960 will be diagnosed with some form of cancer during their lifetime

In 2014/15, in Swindon, 96% of girls aged 12-13 received one dose of the HPV vaccine

In Swindon, 10,500 people are estimated to have a moderate disability and a further 3,000 to have a severe disability

Four in ten people aren't getting enough sleep, while one in five sleep poorly most nights, representing the second most common health complaint after pain

People with learning disabilities are at increased risk of developing dementia as they age, compared with others without a learning disability

Physical activity is the most effective intervention to reduce the risk of dementia

In Swindon, it is estimated that 10,000 people over the age of 65 will fall each year and approximately 4,000 people will fall twice or more

Almost 3,000 babies were born in Swindon UA in 2015, 25 to women under 18 and 101 to women aged 40 or above

Surveys found that in 2013-15, 71% of adults in Swindon were categorised as having excess weight; for those aged 65 plus it is around 80%

In Swindon, there were 13 conceptions to under 16s in 2014

In Swindon, smoking prevalence among routine and manual workers is now lower than it was in the overall Swindon population just eight years ago

Physical abuse and neglect are the main types of alleged abuse of adults with care and support needs. Neglect and emotional abuse are the main categories leading to a child protection plan

Three in five people will be carers at some point in their lives

In Swindon, approximately 1,000 children and young people are exposed to domestic abuse each year

340 new affordable homes are needed each year in Swindon to meet demand

47% of those with 10 or more GCSEs from Swindon do not progress to Higher Education by the age of 19 compared with 26% in England

Sport provides around an estimated £80m in added economic value to Swindon by way of improved quality and length of life plus health care costs avoided

There are 33,000 people over the age of 65 years living in Swindon, 15% of the population

In Swindon, 28% of 5-year olds have experienced dental decay and these children have an average of around 3 decayed, missing or filled teeth. This is similar to England

In 2015/16, in the Wiltshire and Swindon Police Force area, hate crimes were up 58% compared to 2014/15

Key challenges

Introduction

Evidence suggests that in many ways the health of Swindon's population is similar to England as a whole. This in itself presents many challenges. While average life expectancy and smoking levels are, on the whole, improving there are still wide inequalities amongst our population and no sign that the health gap is being reduced.

Like other places across the country, Swindon people have been damaged by the economic recession and associated austerity measures and also by growing problems of obesity and physical inactivity and the rise in Type 2 diabetes. The JSNA summary also highlights some local issues such as the particularly large increase in numbers of older people projected into the future, high levels of inactivity and excess weight amongst adults, a low uptake of the NHS Health Check, and a worrying number of young people being admitted to hospital for reasons connected to alcohol, substance misuse and self-harm.

The increasing prevalence of long term conditions is also highlighted, in particular people having two or more conditions. The financial pressures facing the public sector in the coming years indicate a radically new approach is required, to be adopted by services and the public alike, to tackle this trend.

There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs. People are more than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.

Key challenges from topic sections

This report contains 26 topic pages which each highlight some key challenges for that topic. The following pages provide a summary of some of these challenges grouped under six broad headings. They are not the only, nor necessarily the most important ones, but are shown in this format to highlight the range of issues that Swindon is facing at the present time and how they are interconnected.

General

The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.

The ambition of increasing the length of time and percentage of life spent in good health, adding life to years not just years to life, needs to be delivered.

Action to reduce health inequalities will need continued investigation to understand and address:

- The extent and causes of deprivation in the Swindon LSOAs experiencing the most extreme and persistent deprivation.
- The extent and causes of education, skills and training deprivation in Swindon.

- The specific reasons for health service usage being higher in more deprived communities.

The population of Swindon is becoming more ethnically diverse and may require services more sensitive to the risk profile and needs of different groups.

Good start in life

The challenges facing children and young people with Special Educational Needs and Disabilities need to be better understood along with why they experience poorer outcomes.

A key prevention priority around domestic abuse is to tackle the hidden harm of abuse within the home that significantly impacts the health and well-being of children witnessing violent acts; on the mental health of victims; risk of suicide; and substance misuse issues, including smoking.

The effectiveness of the response to children and young people who are at risk from criminal exploitation including, but not limited to, child sexual exploitation must be continued to be developed.

Educational attainment in Swindon needs raising at the end of secondary school to the England average and the attainment gap between disadvantaged pupils and their peers addressing.

Healthy and risky behaviours

The NHS Diabetes Prevention Programme will be rolled out in 2017 which will focus on weight loss, physical activity and diet.

The built environment needs to be designed so that being active becomes an easy choice for Swindon residents.

There needs to be open access to contraceptive services and specialist young people sexual and reproductive health outreach services.

The overall smoking prevalence, the number of people starting smoking, those smoking during pregnancy and the higher prevalence rates in routine and manual occupation groups all needs to be reduced.

Through the Active Swindon Partnership, health and wellbeing should be improved for all by increasing and widening participation in sports, leisure and cultural activities.

Healthy ageing including physical activity needs promoting along with other healthier lifestyle choices as protective factors for falls and osteoporosis. Those at high risk of a fall need identifying and considering for their ability to benefit from interventions to improve strength and balance.

Mental health and wellbeing

There needs to be a focus on young women, who have emerged as a high-risk group, with high rates of common mental disorders (CMDs), self-harm, and positive screens for post-traumatic stress disorder (PTSD) and bipolar disorder.

The care pathway for women with maternal mental health difficulties including those with chronic low-level problems needs improving.

There is a need to coordinate early, multi-agency engagement with young people to plan their transitions to adulthood, considering ambitions, skills and support needs to enable each individual to fulfil their potential.

Dementia needs diagnosing in a timely fashion and support services must be in place for people who need them post diagnosis.

Burden of ill-health

With increasing prevalence of long term conditions, in particular people having two or more conditions, and the financial pressures facing the Health Services in the coming years, a radically new approach is required, to be adopted by services and the public alike, to tackle this trend.

The percentage of patients with a serious heart attack who are reached by ambulance services and provided with primary angioplasty treatment within the 150 minute target needs to be increased to the England average.

The public's awareness of the availability and eligibility for cancer screening programmes should be raised and health professionals empowered to promote awareness and early diagnosis.

Health services need to respond to the increasing numbers of older people with a range and a combination of disabilities.

There is increasing demand for social care: promoting being active, strength and balance and good social networks will allow people to be more resilient and live independently for longer.

Carers need to be supported to care effectively and safely; look after their own health and wellbeing, fulfil their education and employment potential, and have a life of their own alongside caring responsibilities.

Health protection and safeguarding against harm

Pneumococcal Polysaccharide Vaccine (PPV) coverage needs increasing to the target levels (previous year's England value) and the percentage of at risk individuals vaccinated against seasonal flu increasing to the target of 75%.

Homelessness need to be reduced and prevented and the use of temporary accommodation limited by focusing on those exiting the private rented sector.

Reporting of domestic abuse is increasing, enabling more effective harm reduction interventions. However, given its hidden nature, the levels could be much higher than currently reported.

Notes on the data

Detailed information on the data sources used in this report will be published separately alongside any methodological notes. However, please note the following:

- All data refers to Swindon Unitary Authority area unless otherwise stated.
- All data is the most recent data at the time of compilation (November 2016); newer data may have been published since that time.
- All differences labelled as statistically significant or significant have been tested at a 5% significance level.

A Data Guide to the JSNA Summary 2016/17 has also been compiled to show where all the data used in the Summary has originated. This will be published alongside the Summary.

1. Population

Key Fact

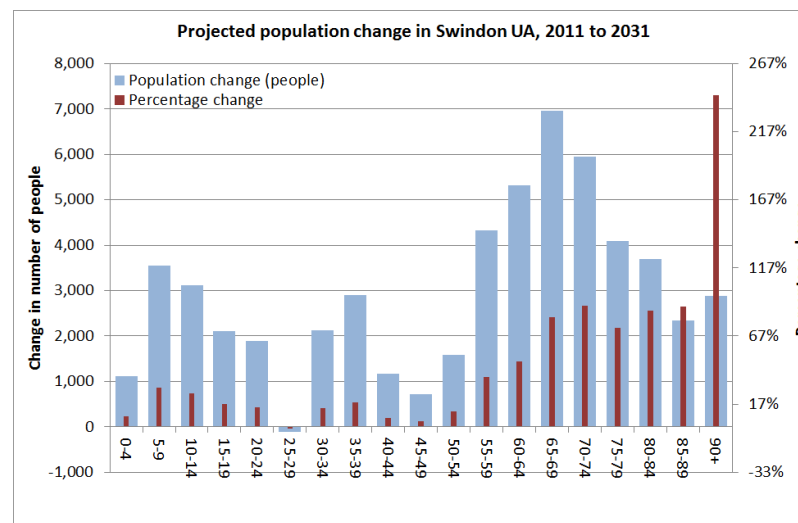
Swindon Council projections estimate that Swindon's population could increase by 14% from 2011 to 2021, and a further 10% from 2021 to 2031

Key Indicator

ONS population estimates

Area	Population	Period
Swindon Unitary Authority (people living within the SBC boundaries)	217,160	Mid 2015
Swindon CCG residents (people living within the SBC boundaries or in Shrivenham ward)	222,769	Mid 2015
Swindon CCG registered patients (patients registered with a Swindon CCG GP, irrespective of where they live)	230,844	1/04/2016

Key Indicator



Key Information

- Figures from mid-2015 for Swindon UA show that there were 49,026 under 18s (22.6%); 135,068 aged between 18 and 64 (62.2%) and 33,066 aged 65 or older (15.2%).
- Policy-led projections produced by Swindon Borough Council indicate that almost half (25,900 people) of the population growth between 2011 and 2031 will be in the 65 plus age group. Population increases are driven by people living longer and (net) internal migration.
- In 2013, it was estimated that the catchment population for the Great Western Hospitals NHS Foundation Trust was 371,663.

Key Challenges

- The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.
- Providing appropriate services, without a large increase in available resources, and helping residents live healthily and independently for longer.
- The structure and characteristics of the population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.

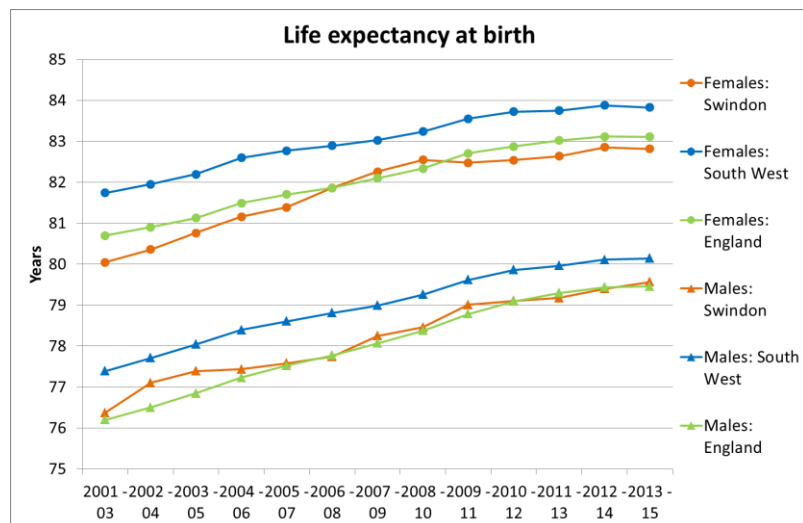
Key resources: tinyurl.com/SwindonJSNA-Resources

2. Life Expectancy

Key Fact

In Swindon, in 2013-15, life expectancy is 79.6 years for males and 82.8 years for females, which is similar to England

Key Indicator

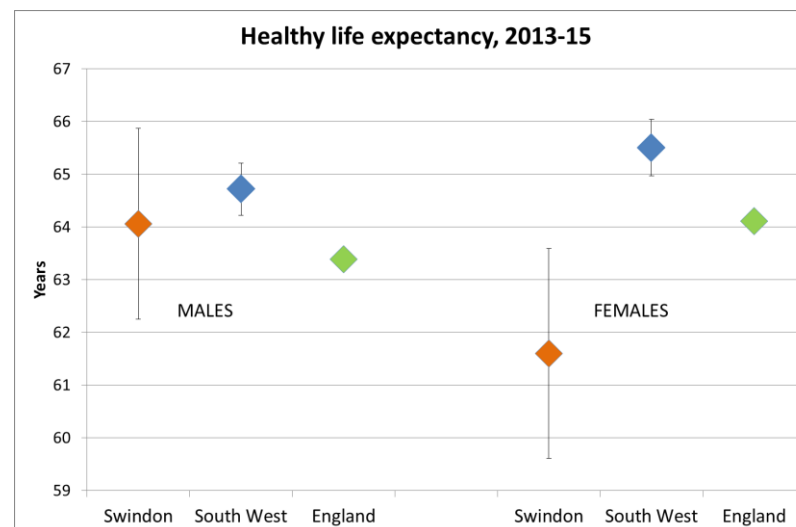


Key Information

- Males in Swindon will spend 80.5% of their lives in good health, whereas females will only spend 74.4% in good health.
- At age 65, life expectancy for males in Swindon is an additional 18.5 years compared to 20.9 years for females. Again, males will spend more of their remaining time in good health than females (12.2 years for males compared to 11.2 years for females).
- Causes of premature mortality in Swindon are changing. In 2001-03, 36% of deaths under 75 were from cancer and 30% from cardiovascular disease (CVD) but by 2012-14, 41% were from cancer and 23% from CVD.

Key Indicator

Healthy life expectancy is an estimate of how many years a person can expect to spend in "Very good" or "Good" health and is based on survey data on how individuals perceive their general health.



Key Challenges

- As life expectancy is a key health indicator, maintaining an upward trend is important.
- Reducing the inequality in life expectancy between men and women.
- Maintaining the downward trend in infant mortality rates and remaining significantly lower than England.
- Increasing the length of time and percentage of life spent in good health, adding life to years not just years to life. The apparently low HLE for females in Swindon has been investigated. It was found to be mainly a result of poor self-reported health confined to the youngest age group surveyed and within expected limits, but which has disproportionately impacted the overall figure.



Key resources: tinyurl.com/SwindonJSNA-Resources

3. Deprivation and health inequalities

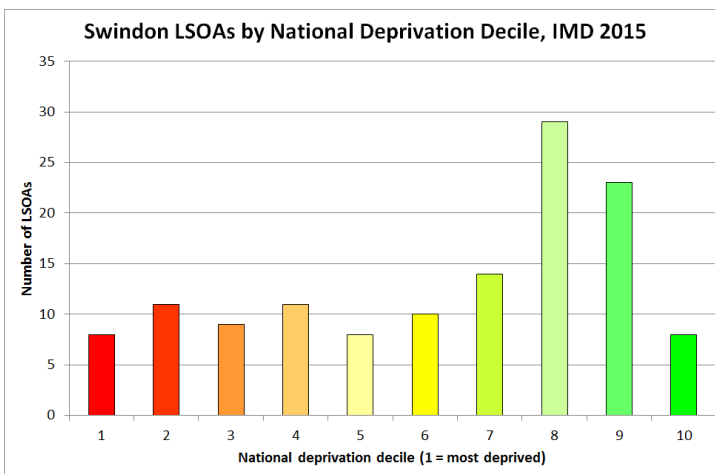


Key Fact

In the most deprived areas of Swindon, men live on average 14.1 years less in good health and women 12.1 years less than those in the least deprived areas



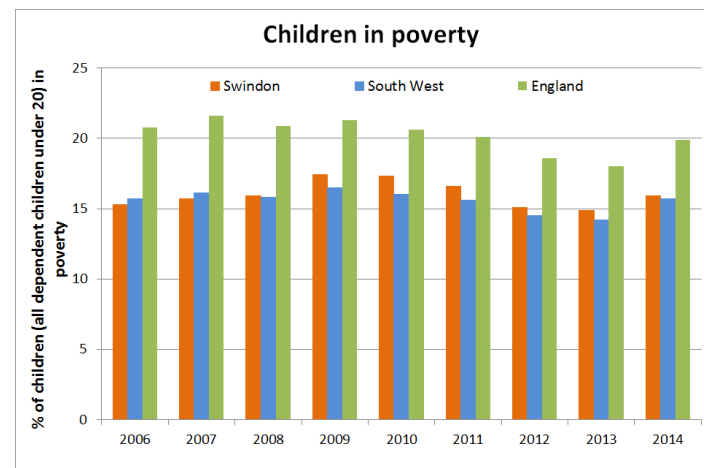
Key Indicator



Lower Super Output Areas (LSOAs) contain around 1,500 people and are standard geographical units created and used by the Government and Office for National Statistics (ONS).



Key Indicator



The UK Government defines child poverty as children living in households with less than 60% of the median UK income. Other definitions are used elsewhere.



Key Information

- The Index of Multiple Deprivation (IMD) ranks the 32,844 Lower Super Output Areas (LSOAs) in England in terms of deprivation. The IMD 2015 shows 19 Swindon LSOAs are in the most deprived 20% nationally.
- In Swindon, as in England as a whole, people in more affluent groups have better life chances and better health than deprived people.
- In the most deprived areas of Swindon, men die on average 9.7 years earlier and women 4.0 years earlier than those in the least deprived areas.
- People in the most deprived groups have a shorter life-expectancy, more emergency hospital admissions before retirement age, and more long term illness before retirement age, compared with more affluent people.
- In Swindon, being a child in a lone parent family increases the likelihood of child poverty from 9% to 64%.



Key Challenges

- Continue to investigate, understand and address the extent and causes of deprivation in the Swindon LSOAs experiencing the most extreme and persistent deprivation.
- Continue to investigate, understand and address the extent and causes of education, skills and training deprivation in Swindon.
- Investigate the specific reasons for health service usage being higher in more deprived communities and address them.
- Consider how to evaluate current services and interventions in Swindon that are designed to reduce inequalities so that effectiveness and cost-effectiveness can be determined and compared.



Key resources: tinyurl.com/SwindonJSNA-Resources

4. Long-term conditions (LTCs)

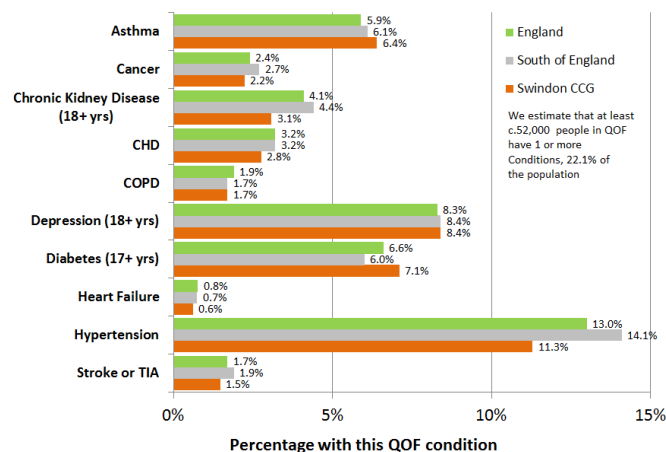
A LTC is a condition that cannot be cured, at present, but can be controlled by medication and other therapies. This overview looks at some individual LTCs and the overall picture. Specific LTCs are also considered in other sections, e.g. cancer, CVD, diabetes and mental health.

Key Fact

Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives

Key Indicator

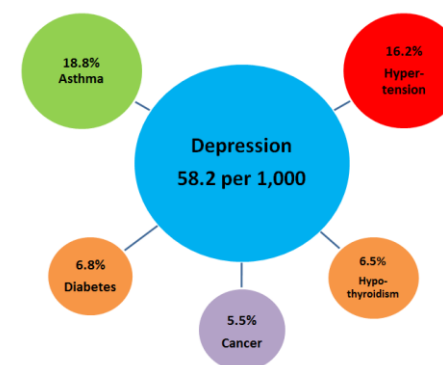
Prevalence of People of All Ages with Selected QOF Conditions 2016



Key Indicator

Locally modelled statistics suggest that about a third of people with LTCs, (11.2% of the population) have co-morbidities, i.e. at least 2 LTCs. This chart estimates the morbidities that people with depression in the Swindon population are also living with.

Prevalence of Depression with its five most common Co-Morbidities in Swindon UA 2015



Source: Imputed through Symphony Matrix Model 2015.

Locally modelled data suggests that 47% of people in Swindon with depression also have 1 or more other conditions.

Key Information

- The two key factors for developing a LTC are lifestyle and ageing.
- There are various ways of estimating the prevalence of LTCs. Clinically-based QOF data suggests 22% of people have a LTC. However, local modelled statistics suggest this could be higher (32%).
- The modelled statistics also suggest that 69% of people aged 65+ years have a LTC.
- People with physical LTCs often have psychological concerns too. In Swindon, GPs can refer them to the LIFT Psychology service.
- Calculations based on national prevalences estimate that 2,900 people in Swindon are living with the neurological conditions of Multiple Sclerosis, Parkinson's, Motor Neurone Disease or epilepsy.

Key Challenges

- In order to improve understanding of LTCs, we are working with local and regional colleagues to look at characteristics of people who develop LTCs, to better organise health and social care services, including public health programmes.
- Focus on prevention by making healthy choices and reducing risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating which all increase the risk of developing a LTC.
- Delaying onset and slowing progression of LTCs can happen through improved public health, messaging/targeting, personalised care planning, information and supported self-care.

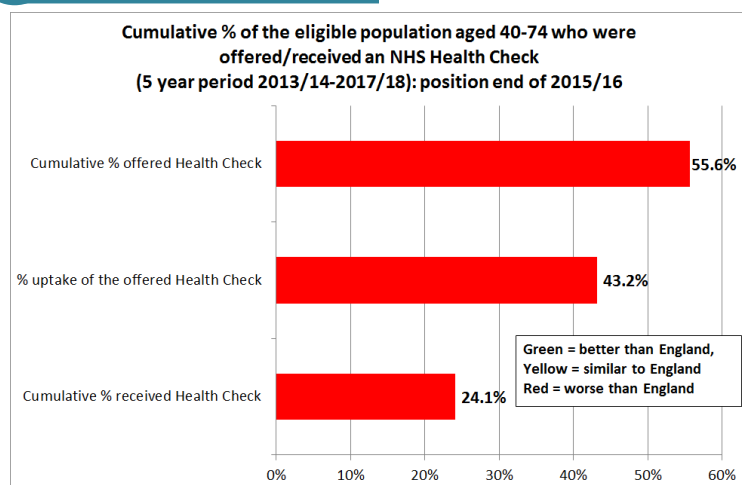
Key resources: tinyurl.com/SwindonJSNA-Resources

5. Cardiovascular disease

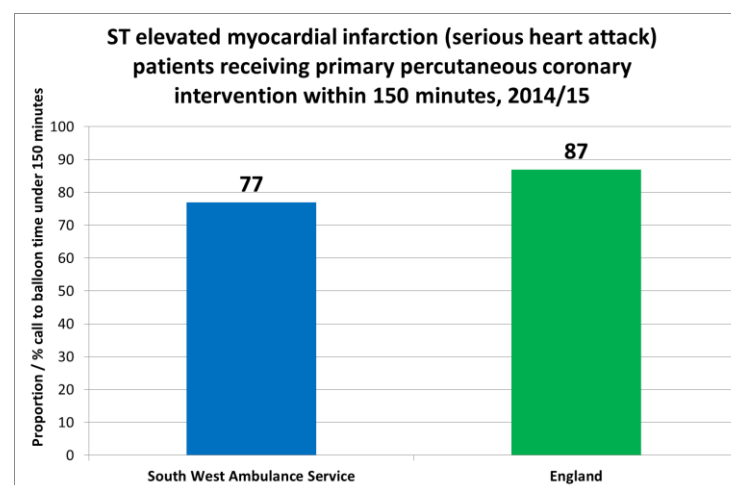
Key Fact

Four in five people aged over 30 in England have a heart age older than their chronological age, making them more at risk of a heart attack or stroke

Key Indicator



Key Indicator



Key Information

- In 2015/16, in Swindon CCG, there were 6,370 people with diagnosed Coronary Heart Disease (2.76%) and 3,395 people with diagnosed stroke (1.47%).
- 371 people under 75 died from cardiovascular disease (CVD) in Swindon UA in 2013-15, a rate of 75.9 per 100,000, similar to England. Of these, 243 people died from CVD considered preventable, a rate of 49.9 per 100,000, also similar to England.
- Hospital admissions for heart disease and stroke have decreased between 2011/12 to 2014/15 and rates are now significantly lower than England which suggests Swindon is managing these conditions better.

Key Challenges

- Tackling the behavioural risk factors that are responsible for 80% of heart disease and strokes and preventable by addressing activities such as tobacco use, unhealthy diet, obesity and physical inactivity.
- Continue to more positively encourage uptake of Health Checks.
- Promote the use of statins and anti-hypertensive medication to reduce cholesterol and lower blood pressure for those at high risk to drive down premature death from CVD in deprived areas.
- Increase the percentage of patients with a serious heart attack who are reached by ambulance services and provided with primary angioplasty treatment within the 150 minute target.

Key resources: tinyurl.com/SwindonJSNA-Resources

6. Diabetes

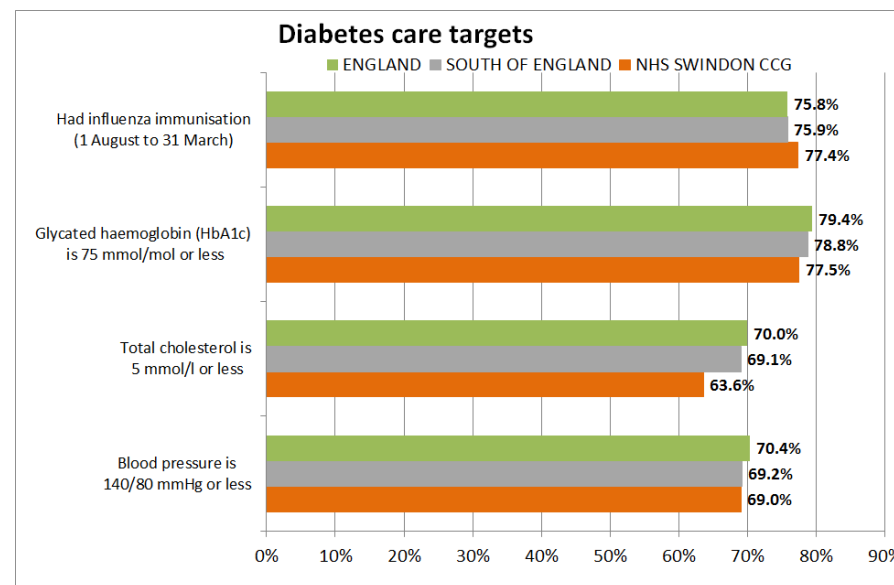
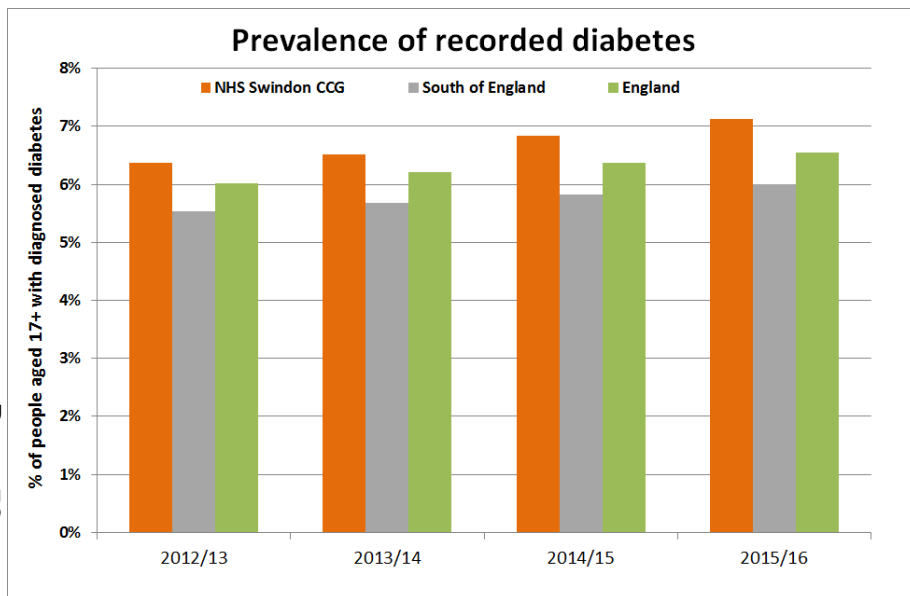
Key Fact

18,535 people in Swindon have blood sugar levels indicating a high risk of developing Type 2 Diabetes

Key Indicator

Key Indicator

Page 53



Key Information

- At the end of 2015/16, 12,924 adult Swindon CCG patients were living with diagnosed diabetes. It is likely there are around 1,000 more people in Swindon who have undiagnosed diabetes.
- If current levels of obesity continue, in Swindon UA, there will be around 18,850 people with diabetes by 2035. However, if the current level of obesity increases by 5% each 5 years, the number could be 1,700 (9%) higher.
- NICE recommend 9 care processes for primary care patients with diabetes. 62% of Swindon CCG Type 2 diabetes patients received 8 out of these 9 in 2014/15, higher than the England level of 59%. However, the levels varied by GP practice from 17% to 85%.
- In 2014/15, 74% of diagnosed type 2 diabetes patients in Swindon were offered structured education (79% in England) with less than 1% having a record of attending (6% in England).

Key Challenges

- Tackling preventable risk factors for Type 2 Diabetes including being overweight or obese and being physically inactive.
- Identify and support people in Swindon who have diabetes that has not been diagnosed.
- Reduce inequalities by ensuring services enable all people to reduce their risk of diabetes and the complications of diabetes by following NICE recommended treatment targets and supporting access to structured education on diabetes.
- Support the roll out of the NHS Diabetes Prevention Programme in 2017 which will focus on weight loss, physical activity and diet.
- Supporting and planning for on-going care and improved self-management for young people with diabetes transitioning to adult services.

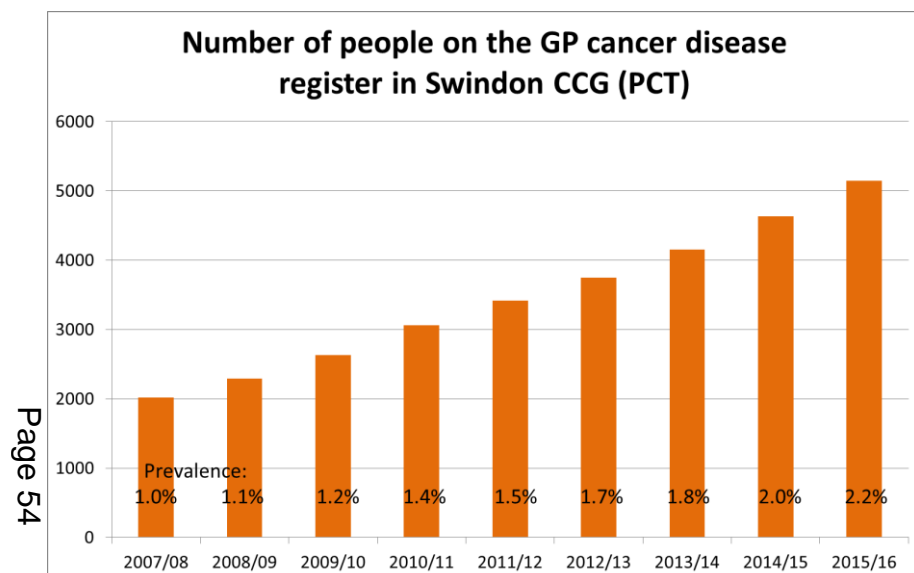
Key resources: tinyurl.com/SwindonJSNA-Resources

7. Cancer

Key Fact

1 in every 2 people born after 1960 will be diagnosed with some form of cancer during their lifetime

Key Indicator

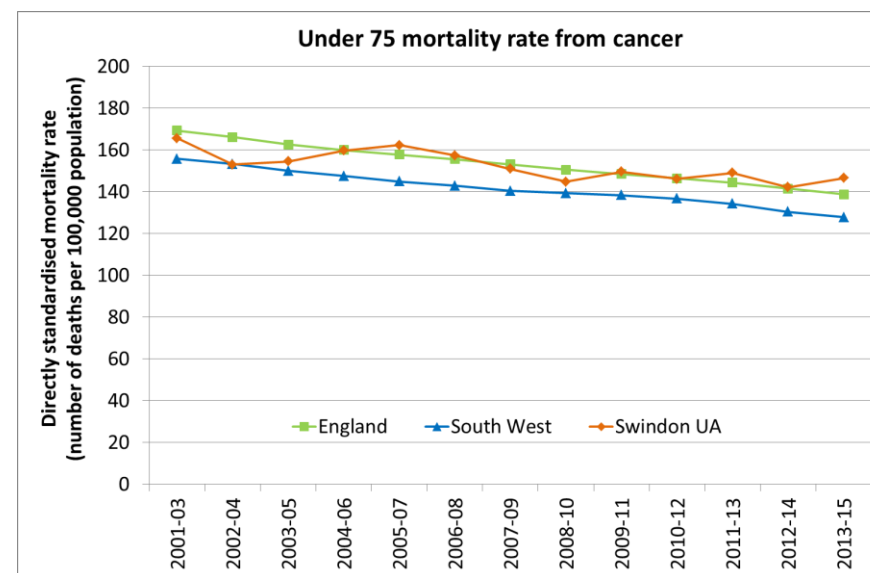


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Key Information

- Cancer is the leading cause of death in Swindon. In 2014, 480 people in the LA area died from cancer, 30% of total deaths. Lung, breast, prostate, oesophageal, pancreatic and rectal cancer are the most common cancers.
- Incidence is stable over the last 20 years but mortality rates are falling. This is mainly due to earlier detection and better treatment and means there are more cancer survivors needing support.
- Around 40% of cancers can be prevented by making changes to habits around smoking, alcohol, diet and physical activity.
- Early awareness of symptoms and early detection, e.g. by screening, is also important. Cervical screening coverage was lower in Swindon (72.4%) than England (72.7%) and the South West (75.1%) in 2015/16.

Key Indicator



Key Challenges

- Primary prevention through healthy lifestyle messages and services.
- Raising public awareness of the early symptoms of cancer and encouraging people to seek medical advice.
- Raising awareness of the public on availability and eligibility for cancer screening programmes and empowering health professionals to promote awareness and early diagnosis.
- Increasing capacity for diagnosis and treatment, including development of a new Radiotherapy Unit at GWH.
- Supporting those who survive cancer to live active healthy lives.
- Predicting growth in numbers of cancer patients in Swindon.

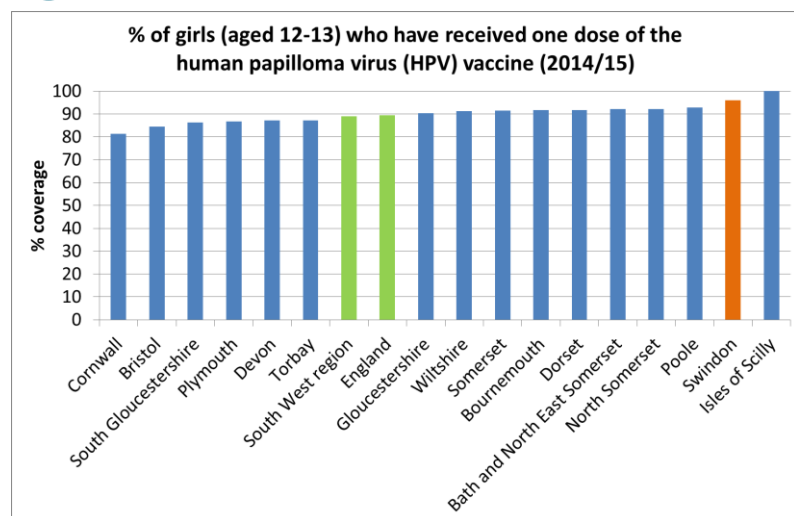
Key resources: tinyurl.com/SwindonJSNA-Resources

8. Communicable disease and immunisation

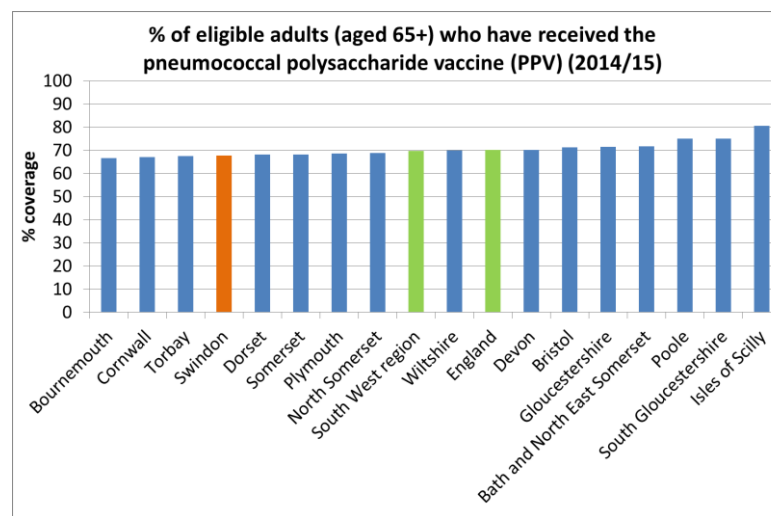
Key Fact

In 2014/15, in Swindon, 96.1% of girls aged 12-13 received one dose of the HPV vaccine

Key Indicator



Key Indicator



HPV: Human Papilloma Virus

TB: Tuberculosis

PPV: Pneumococcal Polysaccharide Vaccine

MMR: measles, mumps and rubella

Dtap: Diphtheria, pertussis (whooping cough) and tetanus

IPV: inactivated polio vaccine

Hib: Haemophilus influenzae type b

Key Information

- In Swindon, in 2013-15, there were 70 deaths from communicable diseases which is equivalent to 14.1 per 100,000 people and significantly higher than the England rate (10.5 per 100,000).
- Swindon has significantly higher coverage rates than England for the majority of routine immunisations (e.g. MMR and Dtap / IPV / Hib.)
- There were 69 cases of TB in Swindon in 2013-15, the rate (10.7 per 100,000 people) is similar to the England average (12 per 100,000 people).
- In Swindon, 61% of people newly diagnosed with HIV (2013-15) are diagnosed at a late stage, this is worse than the England average (40.3%).

Key Challenges

- Maintain high rates of HPV coverage.
- Increase PPV coverage to the target levels (previous year's England value).
- Increase percentage of at risk individuals vaccinated against seasonal flu to the target of 75%.
- Maintain low incidence of TB.
- Testing and diagnosis of hepatitis B and C needs to expand, and access to treatment needs to improve, in order to prevent further infections and unnecessary liver disease and deaths.
- Develop a plan to reduce to reduce late diagnosis of HIV.

Key resources: tinyurl.com/SwindonJSNA-Resources

9. Physical and sensory disabilities

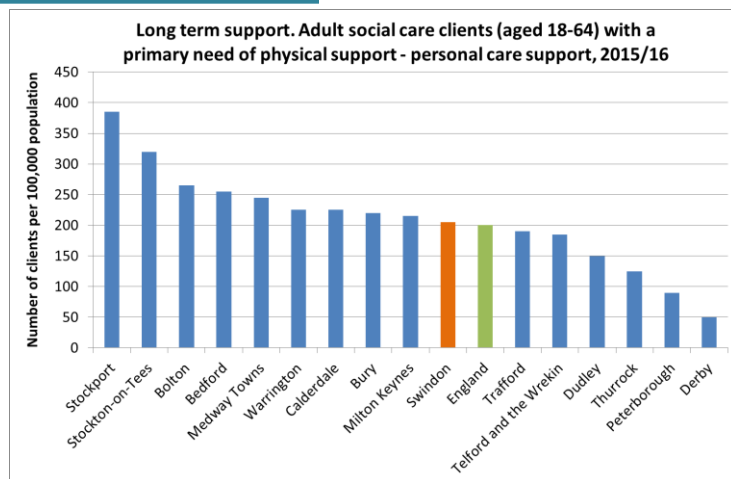


Key Fact

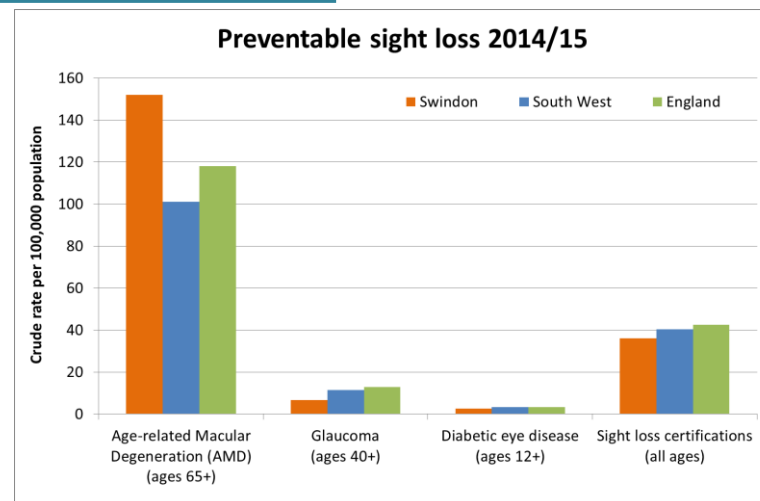
In Swindon UA, 10,500 people are estimated to have a moderate disability and a further 3,000 to have a severe disability



Key Indicator



Key Indicator



Key Information

- Each year Swindon Social Services receive requests for support for new clients. In 2015/16 there were 4310 new requests per 100,000 adults, which is slightly higher than the England value of 4200.
- The 2011 Census found long term health problems or disability limited the day to day activities of 15.4% (32,302) of people in Swindon.
- There are an estimated 6,050 people (2.8%) living with sight loss in Swindon compared to 3.1% across England. There are an estimated 91 blind or partially sighted children aged 0-16 and 45 aged 17-25.
- In Swindon, there are an estimated 19,000 people with a moderate or severe hearing impairment and 410 with a profound impairment.
- Let's Loop Swindon is a community project that was established to improve both awareness and the provision of hearing loops in the town.



Key Challenges

- Responding to the increasing numbers of older people with a range and a combination of disabilities
- Prevent sight loss by diagnosing and treating eye problems in a timely fashion.
- Improving awareness of the need for eye tests amongst young people and their parents / carers.
- People with hearing loss are less likely to seek help: on average people wait 10 years before seeking help and it is estimated three times as many people could benefit from hearing aids as have them.



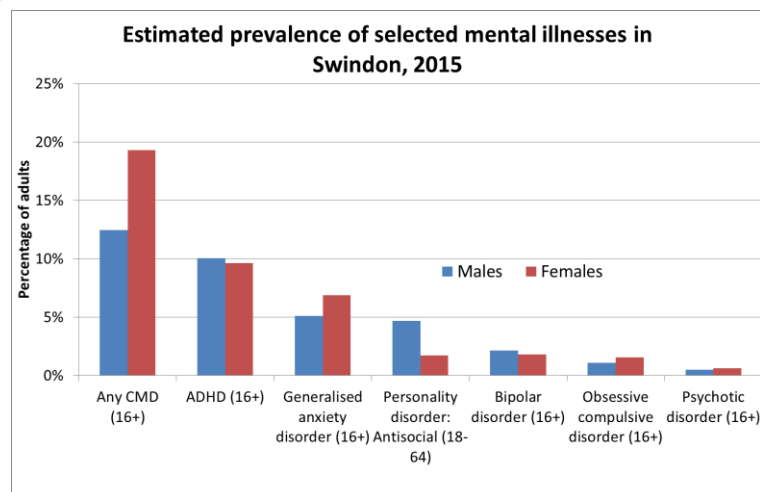
Key resources: tinyurl.com/SwindonJSNA-Resources

10 Mental Health and Wellbeing

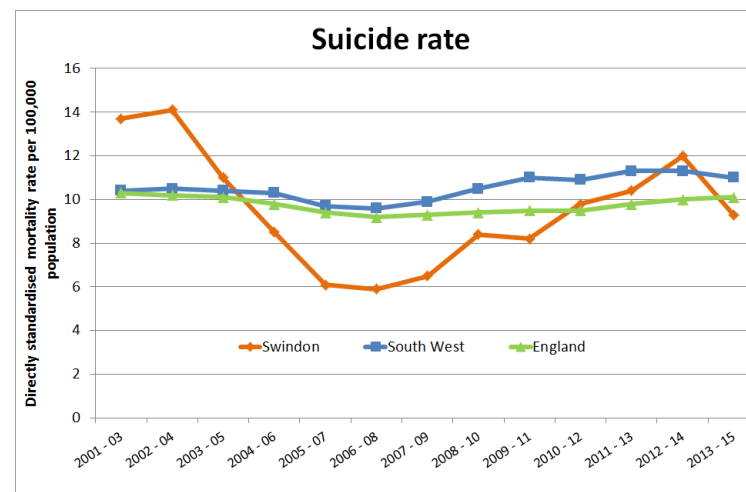
Key Fact

Four in ten people aren't getting enough sleep, while one in five sleep poorly most nights, representing the second most common health complaint after pain

Key Indicator



Key Indicator



Key Information

- In Swindon, there are an estimated 16,900 females and 10,700 males with common mental health problems of a level likely to benefit from identification and possible intervention. Six percent of these suffer from a general anxiety disorder and 2.5% from phobias.
- Data indicates that in 2015/16, Swindon had around 15,000 people with diagnosed depression (8.4% of adults), an increase of over 1,500 from 2014/15.
- In Swindon, between 2012/13 and 2014/15, the rate of emergency hospital admissions due to self-harm was significantly higher than the England rate.
- In Swindon, 9.2% of 5 to 16 year olds are estimated to have a mental health disorder, which is similar to England.

Key Challenges

- Promote and implement the 'Five ways to Wellbeing' (connect; be active; keep learning; take notice; and give), as part of strategy to prevent mental health problems and develop mental resilience of the population.
- Focus on young women, who have emerged as a high-risk group, with high rates of common mental disorders (CMDs), self-harm, and positive screens for post-traumatic stress disorder (PTSD) and bipolar disorder.
- Reduce hospital admissions for self-harm in young people and the general population. Focus on men to prevent suicidal intent.
- Ensure access to high quality mental health services for all those who require them, and particularly those with a history of self-harm and/or recorded suicide intent.

Key resources: tinyurl.com/SwindonJSNA-Resources

11 Learning Disabilities (LD)

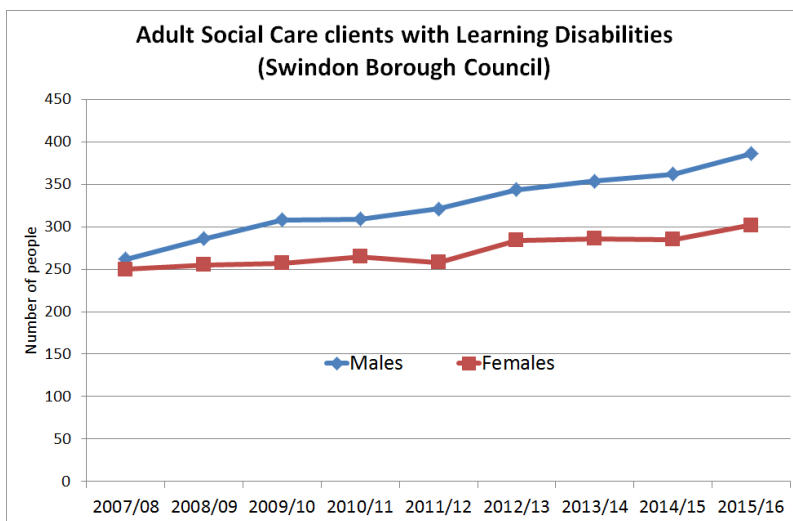


Key Fact

People with learning disabilities are at increased risk of developing dementia as they age, compared with others without a learning disability



Key Indicator



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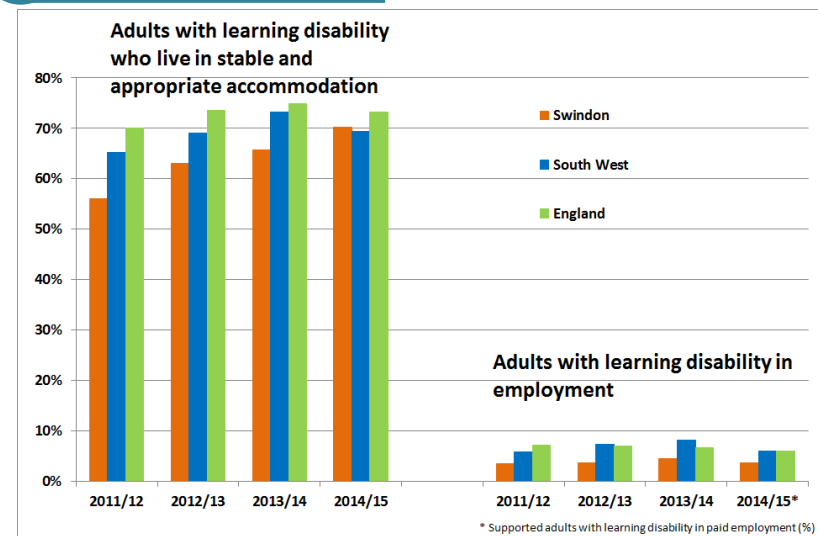


Key Information

- There are about 4,000 adults with Learning disabilities (LD) in Swindon ranging from mild to severe disability. Only a proportion of people with LD need support from social care services.
- Swindon Adult Social Care had almost 700 clients with learning disabilities in March 2016. Most of these would have been people with moderate or severe LD. Of those receiving a service, 28% are placed in residential or nursing care with 54% of these being outside Swindon.
- In Swindon, 70.3% of adults with LD live in stable and appropriate accommodation which is similar to England (73.3%) and the South West (69.4%).



Key Indicator



Key Challenges

- Early, multi-agency engagement with young people to plan their transitions to adulthood, considering ambitions, skills and support needs to enable each individual to fulfil their potential.
- Addressing challenging behaviours and mental health problems.
- Increase in people with LD who are in sustainable employment.
- Ensure people with learning disabilities have access to housing with the appropriate level of support.
- Ensure people with learning disabilities do not suffer discrimination in terms of their physical healthcare.



Key resources: tinyurl.com/SwindonJSNA-Resources

12 Dementia

Key Fact

Physical activity is the most effective intervention to reduce the risk of dementia

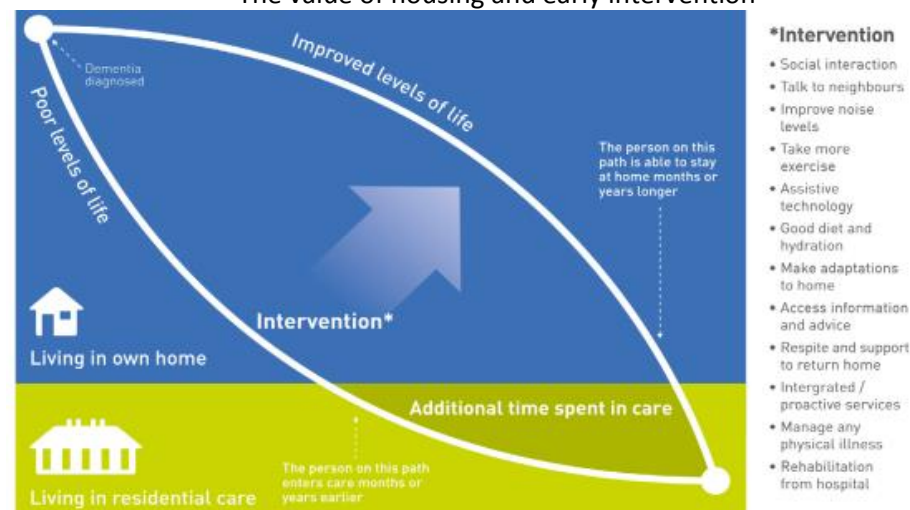
Key Indicator

Risk factors for developing dementia



Key Indicator

The value of housing and early intervention



© Dementia Services Development Centre 2013

Key Information

- Estimates suggest there are about 2,300 people aged 65+ living with dementia in Swindon based on the Dementia UK Update 2014 Report, nearly half of whom are over 85. This equates to about 7% of the total population over 65.
- In Swindon, 1,395 people are recorded as living with dementia; 76% of whom have had their care reviewed by their GP in the last 12 months.
- Research suggests people wait an average of 3 years after first symptoms of dementia before contacting their GP.
- Two thirds of people with dementia have three or more other conditions. People with dementia often have high levels of depression and an increased risk of falling.
- There are nearly 3,500 people signed up to be a Dementia Friend in the Swindon area.

Key Challenges

- Improving timely diagnosis and ensuring support services are in place for people who need them post diagnosis
- Raising awareness of dementia for everyone to try and make Swindon a Dementia Friendly Community.
- Increasing community clinical support for people living with dementia.
- Providing information and support for carers of people living with dementia.
- Reducing avoidable hospital and care home admissions and reducing length of stay.
- Safeguarding people living with dementia.

Key resources: tinyurl.com/SwindonJSNA-Resources

13 Falls and bone health, accidents and injuries

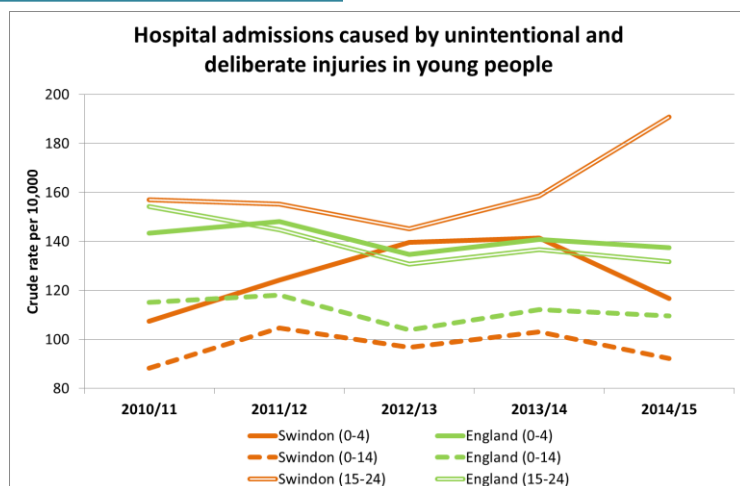


Key Fact

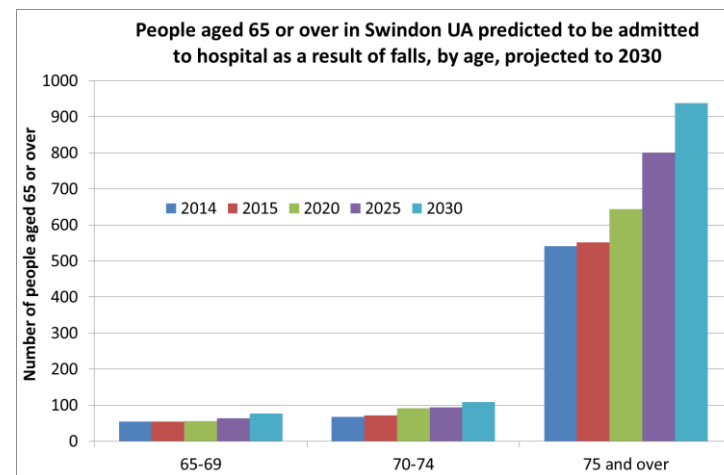
In Swindon it is estimated that 10,000 people over the age of 65 will fall each year and approximately 4,000 people will fall twice or more



Key Indicator



Key Indicator



Key Information

- In Swindon, in 2014/15, there was a rate of 2,071 hospital admissions (per 100,000 population) for injuries due to falls in people aged 65 plus. For the 80 plus age group, the rate was 5,141 per 100,000. Both of these were similar to the England rate.
- In Swindon, in 2014/15, there were 377 hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14. The rate of these admissions was below the England rate. In those aged 15-24, the number of admissions was 463. The rate of admissions in this age group is significantly higher than the England rate.
- Over 2012-14, 213 people from Swindon were killed or seriously injured in road collisions. This equates to 33.2 per 100,000 and is significantly lower than the England rate of 39.3 per 100,000.



Key Challenges

- Promote healthy ageing including physical activity and other healthier lifestyle choices as protective factors for falls and osteoporosis, and ensure those at high risk of a fall are identified and considered for their ability to benefit from interventions to improve strength and balance.
- Tackle the leading, preventable causes of death and serious long-term harm in children under the age of five: choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning.
- Reduce road traffic injuries by the continued provision of road safety and awareness training and campaigns, to the public, and especially for children travelling to and from school.



Key resources: tinyurl.com/SwindonJSNA-Resources

14 Maternity and breastfeeding



Key Fact

2,847 babies were born in Swindon UA in 2015, 25 of these were born to women aged under 18 and 101 to women aged 40 or above



Key Indicator

Estimated prevalence of perinatal mental illnesses in Swindon

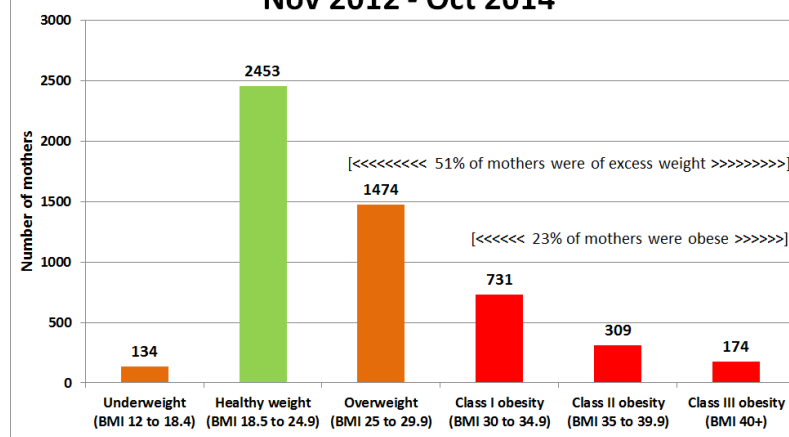
Perinatal psychiatric disorder	Rate per 1,000 maternities	Estimated numbers in Swindon based on approx. 3,000 maternities/year
Postpartum psychosis	2	6
Chronic serious mental illness	2	6
Severe depressive illness	30	90
Mild-moderate depressive illness and anxiety states	100-150	300-450
Post-traumatic stress disorder	30	90
Adjustment disorders and distress	150-300	450-900

Source: Joint Commissioning Panel for Mental Health Guidance for commissioners of perinatal mental health services.



Key Indicator

Number of mothers by weight category, Nov 2012 - Oct 2014



Key Information

- Swindon's total fertility rate in 2015 was 1.97 – this is average number of children a woman in Swindon is estimated to have. This was higher than England (1.82). In Swindon, 53.5% of births were within marriage or a civil partnership; similar to England (52.5%).
- Smoking at the time of delivery was down from 14.1% in 2013/14 to 11.4% in 2015/16 which is similar to England (10.6%).
- In Swindon in 2014/15, 76.3% of women initiated breastfeeding (higher than the England rate (74.3%)). However, by the 6-8 week health visitor check only 47.8% of babies were being breastfed in Swindon in 2015/16 – similar to the national rates.



Key Challenges

- Increase the number of women who initiate breastfeeding and support those who start to sustain breastfeeding for longer, especially in areas of deprivation which have lower breastfeeding prevalence rates.
- Maintain continuity of care and appropriate staffing levels despite a rising birth rate, increasing complexity and financial constraints.
- Improve maternal nutrition and reduce maternal obesity levels.
- Improve the care pathway for women with maternal mental health difficulties including those with chronic low-level problems.
- Reduce smoking in pregnancy to 9% by 2020 and 6% by 2025.



Key resources: tinyurl.com/SwindonJSNA-Resources

15 Healthy weight, health eating & physical activity

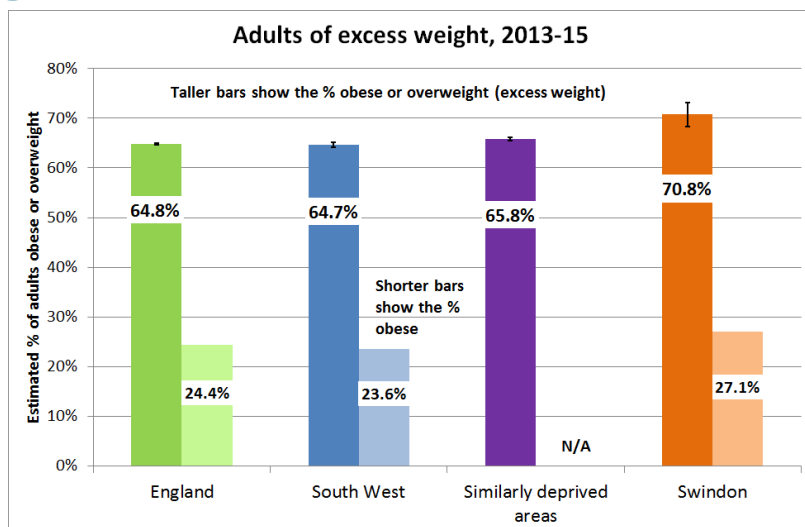


Key Fact

Surveys found that in 2013-15, 70.8% of adults in Swindon were categorised as having excess weight; for those aged 65 plus it is around 80%



Key Indicator



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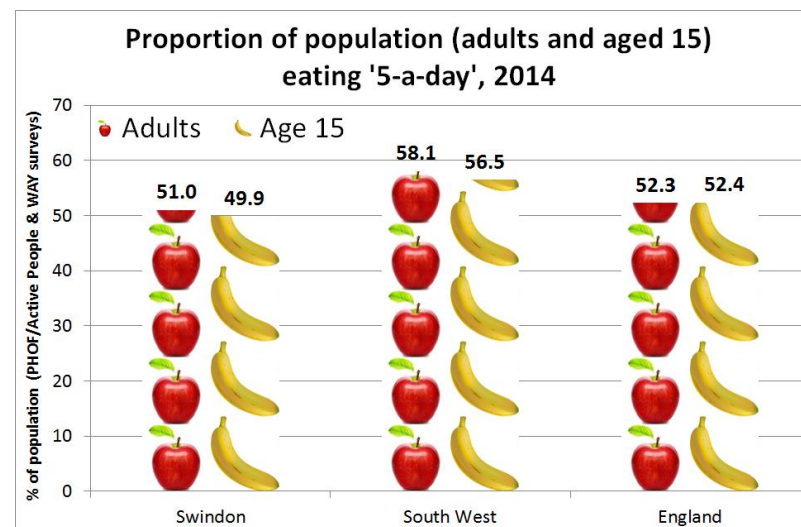


Key Information

- Surveys found, in 2015, 56.4% of adults in Swindon were physically active (up from 52.9% in 2012) but 27.4% were inactive (down from 32.7% in 2012). These rates are similar to national and regional averages.
- People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.
- Adults in Swindon eat an average of two and a half portions of fruit a day and two and a third portions of vegetables. This is similar to England but lower than the South West. These consumption levels are slightly higher than those for 15-year olds in Swindon.



Key Indicator



Note that dietary data presented here from the Active People and WAY surveys cannot be compared with other sources / surveys.



Key Challenges

- The high rates of obesity in Swindon and resulting ill health.
- Making physical activity and healthy eating desirable and part of everyday life.
- Influencing the built environment so that being active becomes an easy choice for Swindon residents
- Encouraging physical activity and healthy eating within Swindon's workplaces.
- Tackling perceived barriers around eating healthier and doing more physical activity, e.g. price of healthy food and lack of time to exercise.
- Developing an ethos of taking responsibility for the health of yourself and your family with support when needed.



Key resources: tinyurl.com/SwindonJSNA-Resources

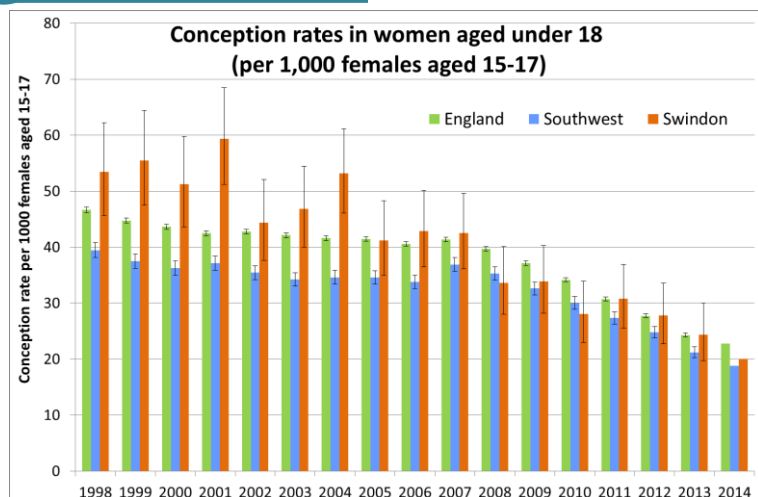
16 Sexual health

Sexual health covers a wide range of areas including contraception, sexually transmitted infections (STIs), teenage pregnancy, abortions and sexual offences and is important across the whole life course.

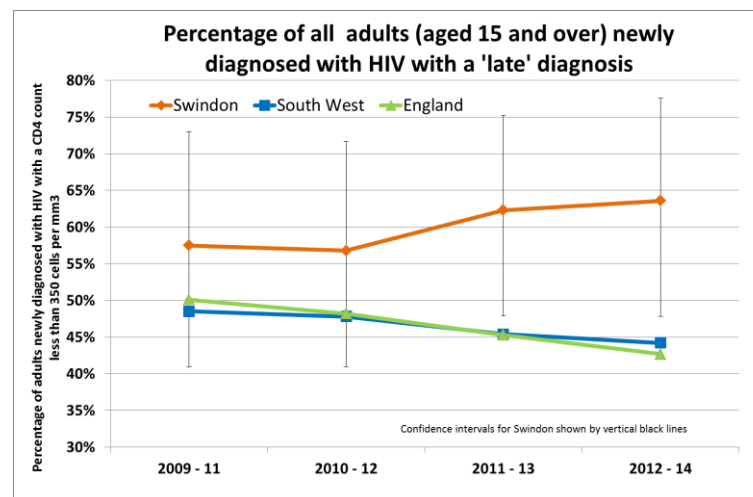
Key Fact

In Swindon, there were only 13 conceptions to under 16s in 2014

Key Indicator



Key Indicator



Key Information

- There were 1,581 new STI diagnoses in Swindon in 2015. The diagnosis rate is significantly down from 2013 when 1,879 new STIs were diagnosed.
- In Swindon, in 2015/16, 480 young people (aged 15-24) received Chlamydia treatment after testing positive, a similar detection rate to England.
- In Swindon, there were 9 new cases of HIV diagnosed in 2015 and 206 people with diagnosed HIV being seen at Swindon HIV services. HIV testing was accepted in 71.9% of cases it was offered in genitourinary clinics.
- In Swindon, in 2015, 27.3% of abortions in women aged under 25 were repeat abortions; similar to 26.5% in England overall.
- The rate of GP prescribed long acting reversible contraception (LARC) (excluding injections) was 32.0 per 1,000 women (aged 15-44); similar to the England rate (32.3 per 1,000).

Key Challenges

- Ensuring open access to contraceptive services and specialist young people sexual and reproductive health outreach services.
- Ensuring high quality, progressive sexual and reproductive education in Swindon schools.
- Aspiration to test 100% of men who have sex with men for HIV through continuous engagement. Continue to increase the overall coverage rate for HIV testing with a broader focus than men who have sex with men.
- Reduce the percentage of late diagnoses of HIV.
- Work with primary care to improve the proportion of young people aged 15 – 24 screened for Chlamydia.
- Ensuring access and rapid treatment for sexually transmitted infections along with high partner notification rates to reduce onward infection.

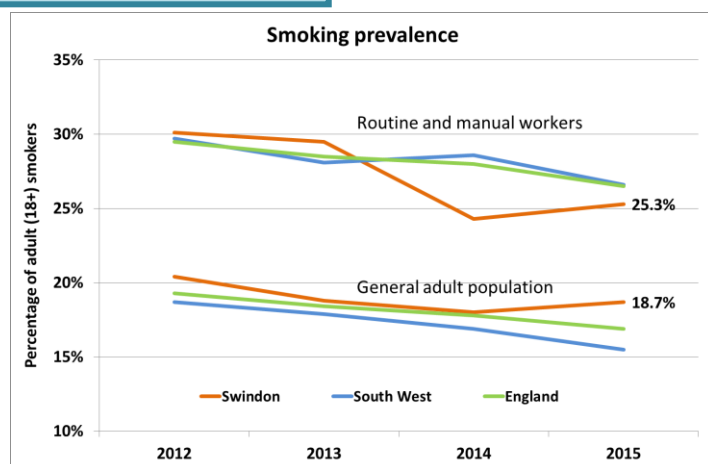
Key resources: tinyurl.com/SwindonJSNA-Resources

17 Substance misuse

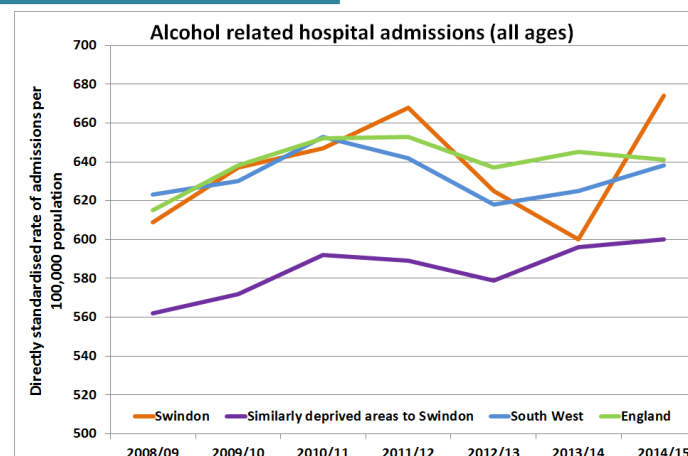
Key Fact

In Swindon, smoking prevalence among routine and manual workers is now lower than it was in the overall Swindon population just eight years ago.

Key Indicator



Key Indicator



Key Information

- Smoking prevalence in adults in Swindon in 2015 was 18.7%, down from 20.4% in 2012. Smoking amongst routine and manual workers was also down from 30.1% in 2012 to 25.3% in 2015 representing a narrowing of the inequalities gap between occupational groups.
- In Swindon, 20% of clients entering drug treatment were living with children (either their own or other) compared with 19% nationally.
- In Swindon, 9.5% of opiate users and 41.5% of non-opiate users successfully completed their drug treatment in 2015/16, above the national averages.
- There were 371 admissions to hospital related to alcohol for over 65s from Swindon. This equates to a rate of 225 per 100,000 people and is significantly higher than England (191 per 100,000) and the South West (183 per 100,000).

Key Challenges

- Reducing the overall smoking prevalence; the number of people starting smoking; those smoking during pregnancy and prevalence rates in routine and manual occupation groups.
- Increased focus on systematic prevention, brief and early interventions.
- Improve understanding and response of increasing new opiate presentations.
- Build a prevention and treatment strategy which can adapt to changing profiles of drug use and with regard to diversity
- Improve partnership work including data sharing to inform prevention strategy and use remaining resources in the best way.
- Tackling the harms associated with long-term alcohol overuse.
- Monitoring and managing the safe use of e-cigarettes as a means of reducing the prevalence of smoking.

Key resources: tinyurl.com/SwindonJSNA-Resources

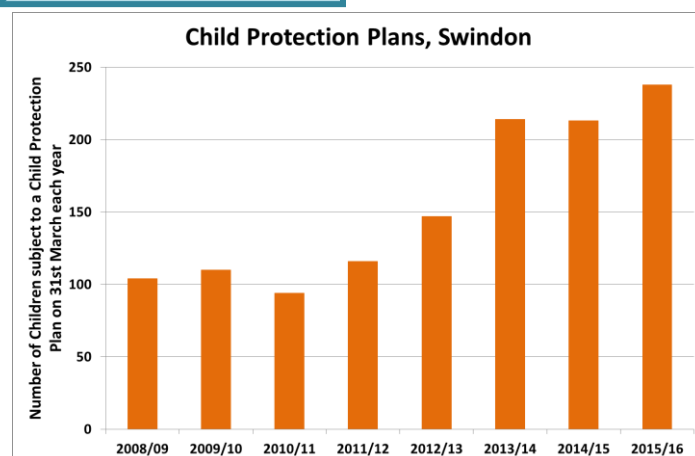
18 Safeguarding

The Care Act 2014, which came into effect on 1st April 2015, puts safeguarding adults onto a statutory footing. The safeguarding duties apply to an adult who: has needs for care and support (whether or not the local authority is meeting any of those needs); is experiencing, or is at risk of, abuse or neglect; and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

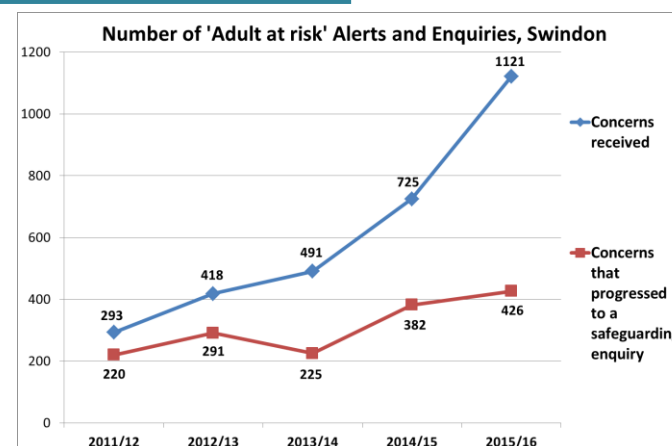
Key Facts

Physical abuse and neglect are the main types of alleged abuse of adults with care and support needs. Neglect and emotional abuse are the main categories leading to a child protection plan.

Key Indicator



Key Indicator



Key Information

- 238 children were subject to a child protection plan at 31st March 2016, a small rise from 213 in 2014/15. Swindon has a higher rate (50.4 per 10,000 population under 18) than the national average (42.8) and statistical neighbours (41.7).
- The number of alerts reported to adult services for further investigation rose by 283% between 2011/12 and 2015/16. 57% of these were for over 65s. However, overall, the number of alerts requiring Local Authorities to carry out enquiries or ensure others do has increased by 93%. In some cases this illustrates the confusion between safeguarding and the need for a social care service and in some cases over-cautiousness where alerters feel they must report every incident – however minor.

Key Challenges

- Ensure that children and families receive timely and effective 'Early Help' from all agencies.
- To continue to develop the effectiveness of our response to children and young people who are at risk from criminal exploitation including, but not limited to, child sexual exploitation.
- Embed the Make Safeguarding Personal (MSP) initiative in practice and procedures for adult safeguarding.
- Educate care providers to use their own procedures, e.g. incident reporting, disciplinary procedures or complaint action where appropriate rather than being over cautious and raising safeguarding alerts.

Key resources: tinyurl.com/SwindonJSNA-Resources

19 Carers

Key Fact

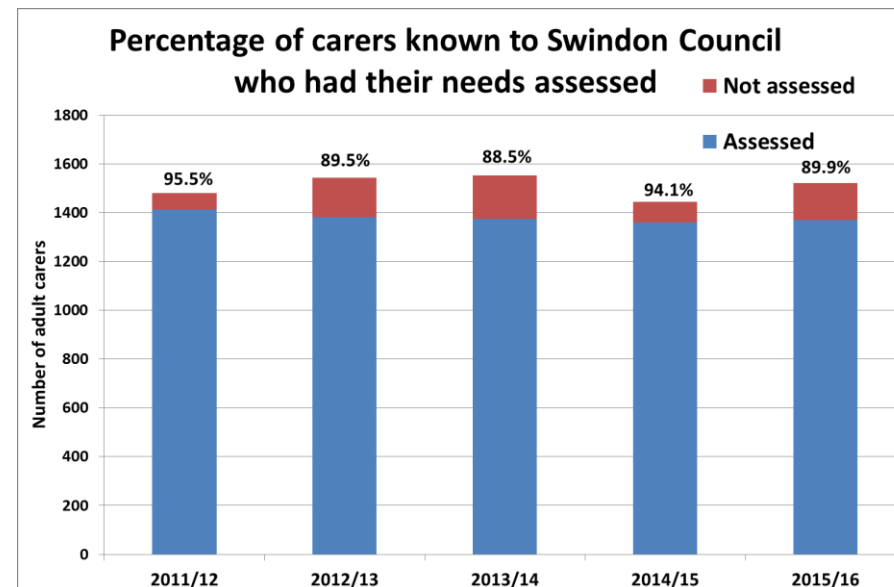
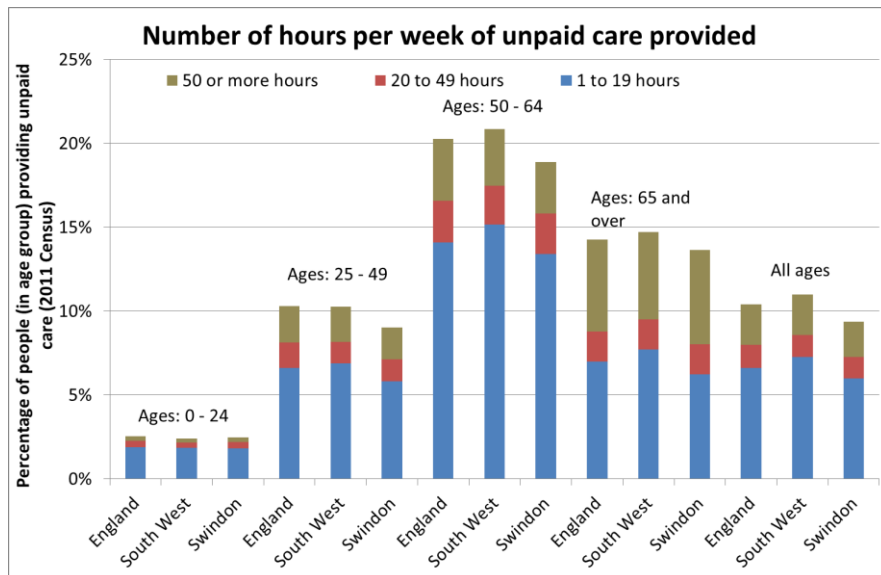
Three in five people will be carers at some point in their lives

Key Indicator

Carers provide unpaid care to a child, relative or friend needing help due to age, addiction, mental/physical impairment or illness.

Key Indicator

Young carers are under 18s who provide regular or on-going care and emotional support to a family member.



Key Information

- The 2011 Census indicated there were 19,450 people in Swindon providing unpaid care. Approximately, 57% of carers in Swindon are men, 8% are aged under 25, 72% are between 25 and 64 and 20% are 65 or above. The estimated number of carers rose by 3,700 (23%) between 2001 and 2011.
- An estimated 1,000 people have multiple caring roles. 161 carers in Swindon aged under 25 provide 50 hours or more of care per week.
- The true number of carers is higher than in the Census. E.g. based on national survey data there are an estimated 3,000 young carers (under 18) in Swindon.
- In 2015/16, 1,369 carers had their needs assessed in Swindon. Of these, 756 (55%) were aged 18-64, 512 (37%) between 65 and 84 and 83 (6%) 85 or over.

Key Challenges

- Support carers to care effectively and safely; look after their own health and well-being, fulfil their education and employment potential, and have a life of their own alongside caring responsibilities.
- A young carer becomes vulnerable when the level of care-giving and responsibility becomes excessive or inappropriate for that child. It can impact on his or her emotional or physical wellbeing or educational achievement and life chances.
- Support adult carers to provide care for as long as they wish to.
- Support carers for multiple people, e.g. disabled child and aged parent.
- Respond to an increasing number of carers and the new legal rights to assessment of their needs the 2014 Care Act provides.

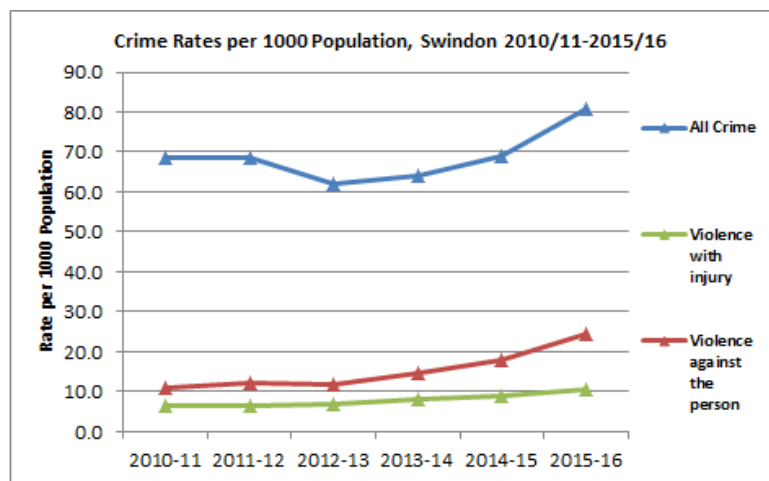
Key resources: tinyurl.com/SwindonJSNA-Resources

20 Community Safety

Key Fact

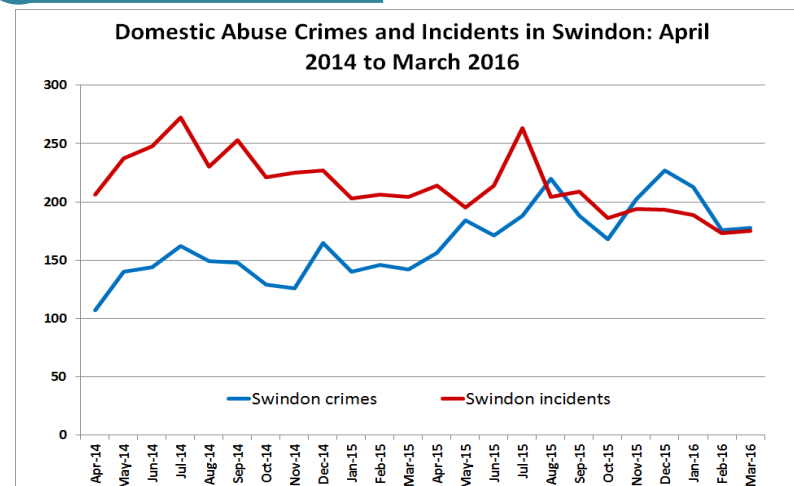
In Swindon, just considering reported incidents, approximately 1,000 children and young people are exposed to domestic abuse each year

Key Indicator



Key Indicator

An incident may be reported to the Police which does not meet the definition of a crime



Key Information

- Comparisons between Sep – Oct 2014/15 and 2015/16 show:
 - "Violence With Injury" increased by 21%;
 - "All Crime" increased 20%;
 - "Violence Against the Person" incidents increased 38% overall.
 A significant factor in these rises is considered to be compliance with new crime recording standards.
- Levels of Anti-Social Behaviour (ASB) increased by 7% from Sept 2015 to Sept 2016. However, the September 2015/16 Year to Date figure shows overall ASB incidents have decreased by 11% from the previous year.
- Domestic abuse incident rates are currently relatively stable but are higher than similar Community Safety Partnership areas.

Key Challenges

- Four key issues to prevent and tackle domestic abuse have been identified:
 - Increasing numbers of children in care, linked to domestic abuse.
 - Build on opportunities to work with potential perpetrators.
 - Better delivery of support to the non-abusing parent.
 - Improve early (school-level) intervention around domestic abuse.
- The hidden harm of abuse within the home significantly impacts the health and well-being of children witnessing violent acts, the mental health of victims, risk of suicide and substance misuse issues including smoking.
- Local communities and community safety partners working together to prevent and reduce crime and anti-social behaviour.

Key resources: tinyurl.com/SwindonJSNA-Resources

21 Housing, transport and the environment

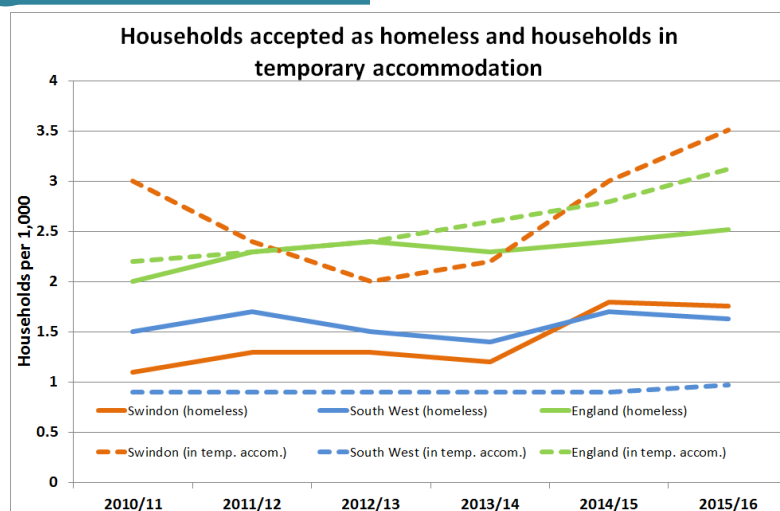


Key Fact

340 new affordable homes are needed each year in Swindon to meet demand



Key Indicator



Page 68

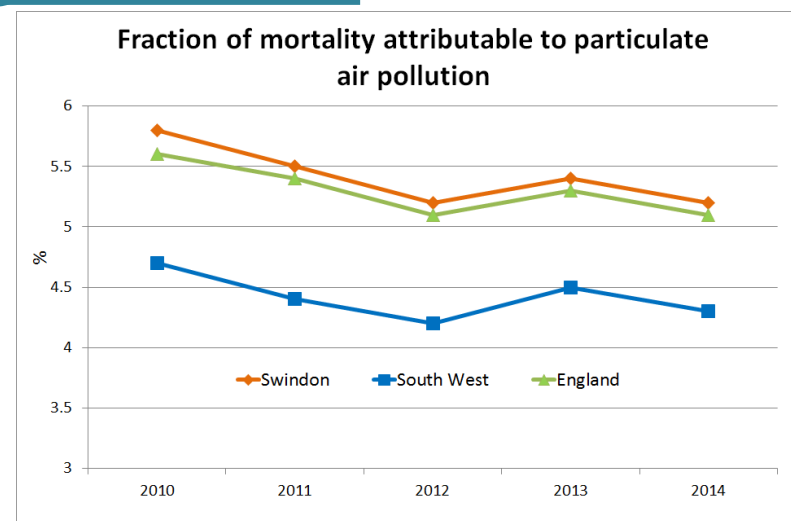


Key Information

- In Swindon, 22,000 new homes will be built between 2011 and 2026.
- In Swindon, 3,500 households are in urgent need of housing and are on the waiting list for Council or Housing Association properties.
- In 2015/16, 165 households were accepted as homeless and on 31/03/2016 there were 329 households in temporary accommodation.
- In Swindon, in 2015/16, the main reasons for homeless households losing their last settled home were termination of assured shorthold tenancy (33%) and parents no longer willing or able to accommodate (19%).
- There were 212 people from Swindon killed or serious injured in road collisions between 2013 and 2015. This equates to a significantly lower rate per 100,000 than England.



Key Indicator



Key Challenges

- Development of physical, green and social and community infrastructure to support increases in population, employment and housing.
- Reducing homelessness and limiting the use of temporary accommodation by focusing on those exiting the private rented sector.
- Improving the condition and quality of homes in the private rented sector.
- Transport is a means to an end. If managed properly it can act as an “enabler” to allow Swindon to achieve its wider aims and ambitions.
- Encouraging active travel, alternatives to vehicle use and sustainable travel and minimise the level of carbon emissions.



Key resources: tinyurl.com/SwindonJSNA-Resources

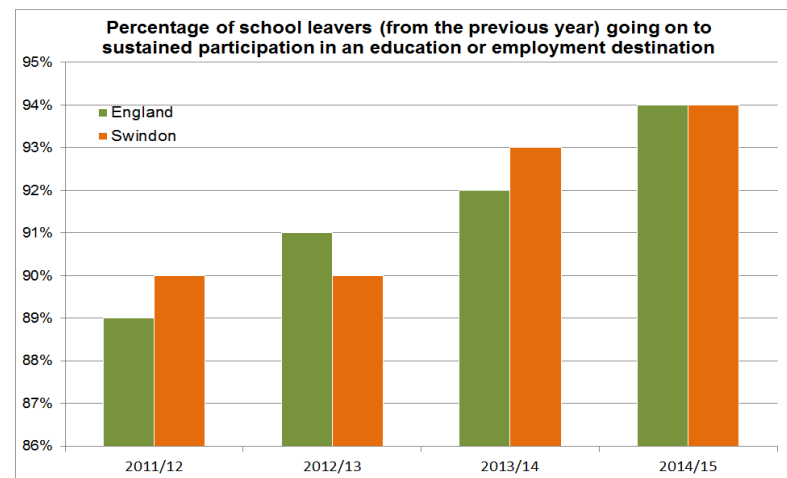
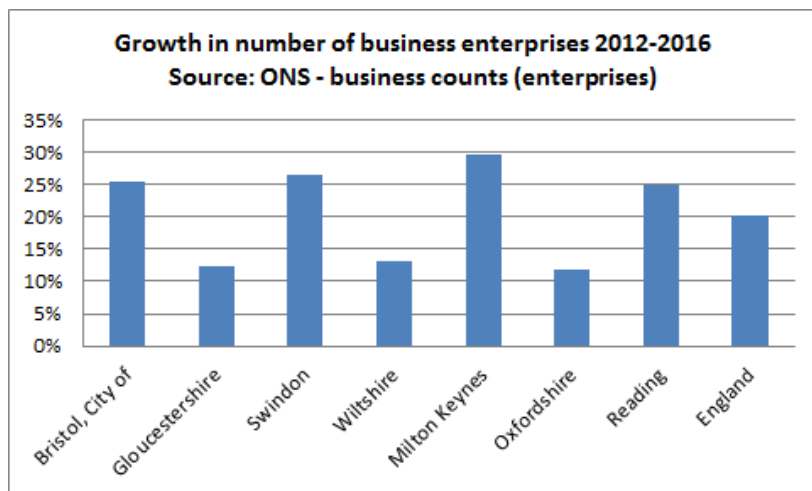
22 Education, Skills and the economy

Key Fact

47% of those with 10 or more GCSEs from Swindon do not progress to Higher Education by the age of 19 compared with 26% in England

Key Indicator

Key Indicator



Key Information

- The number of businesses in Swindon has grown 26% since 2012 and productivity per worker remains 7th highest in the UK.
- In Swindon UA, 81.8% of those aged 16-64 are economically active and 4% of these are unemployed.
- Provisional figures for 2015/16 show 54% of Swindon pupils achieved 5 or more GCSEs A*-C or equivalents (including English and maths), compared to 57% in England and 53% in Swindon in 2014/15.
- The number of pupils passing both English and maths (A*-C) improved by 6% over 2014/15, narrowing the gap to the national average to 2%. However, the percent of Swindon pupils achieving the English Baccalaureate decreased to 17% (25% in England as a whole).

Key Challenges

- The rate of housing completions may restrict continued population growth
- Swindon's growth, inward investment and high GVA are all dependent upon the higher skills levels of the available workforce and growth in particular is constrained by lack of available employment land.
- An unattractive town centre that requires regeneration to match the ambitions of the Council.
- Increase the number of businesses employing young people as apprentices.
- Raise educational attainment in Swindon at the end of secondary school to the England average and address the attainment gap between disadvantaged pupils and their peers.

Key resources: tinyurl.com/SwindonJSNA-Resources

23 Leisure, arts and culture

The most popular sports for adults in Swindon are:



Gym



Swimming



Cycling



Athletics

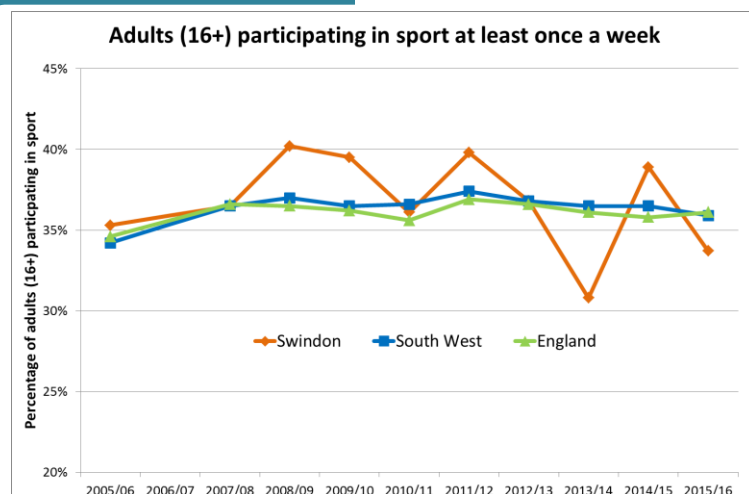


Keep Fit classes

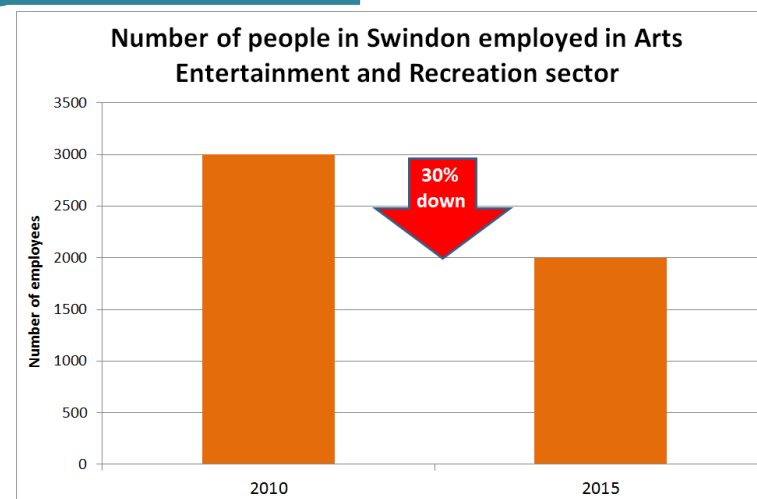
Key Fact

Sport provides an estimated £78.6m in added economic value to Swindon by way of improved quality and length of life plus health care costs avoided

Key Indicator



Key Indicator



Key Information

- In Swindon, Artsmad partners support 125,000 young people, 5,000 workshops, 500 performances and exhibition days, reaching audiences of over 50,000.
- There has been a 14.5% increase in employment and a 6% increase in the number of food and licensed beverage businesses in Swindon since 2010.
- Swindon has a lower number of arts, museums, libraries, sports and heritage assets per person than the England average.
- Swindon Museum and Art Gallery Trust has announced a target opening date of late 2021 for the planned new museum and art gallery at the heart of the emerging cultural quarter.

Key Challenges

- Through the Active Swindon Partnership, improve health and wellbeing for all by increasing and widening participation in sports, leisure and cultural activities.
- Secure a new museum and art gallery that can showcase the high quality arts and exhibits Swindon possesses.
- Support the creation of a new regional leisure destination at North Star and the development of the County Ground and Moredon Recreation Ground.
- Improve the number, size and quality of the arts, leisure and cultural facilities in Swindon and find new ways of accurately measuring participation and satisfaction in arts and cultural activities.
- Better publicise Swindon's community based arts and cultural offer.

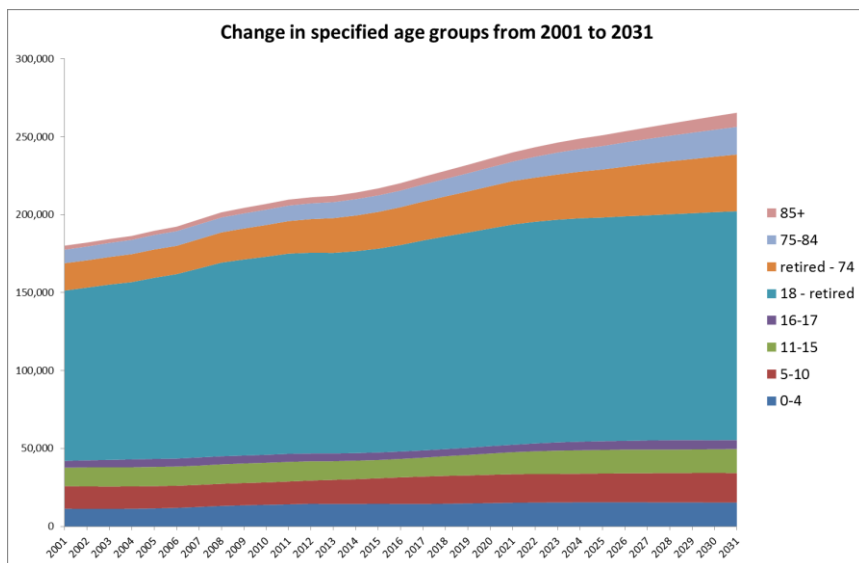
Key resources: tinyurl.com/SwindonJSNA-Resources

24 Ageing well

Key Fact

There are 33,000 people over the age of 65 years living in Swindon, 15% of the population

Key Indicator



Key Indicator

Limitation of daily activities, by age group in household residents in Swindon

	Age 65 to 74	Age 75 to 84	Age 85 and over
Day to day activities limited a lot	2,267 (15%)	2,806 (29%)	1,765 (53%)
Day to day activities limited a little	3,369 (22%)	3,085 (32%)	1,037 (31%)
Day to day activities not limited	9,435 (63%)	3,718 (39%)	538 (16%)

Key Information

- Numbers of older people likely to live alone are likely to increase between now and 2030 by 52% for people aged 65 to 74 and 70% aged 75+.
- Wellbeing scores for older people suggest that whilst people can be happier and more satisfied as they get older, those over 80 have the lowest worthwhile scores.
- Around one in seven older people in Swindon are providing unpaid care according to the census. Over 36% of people aged 65+ nationally participate in voluntary activities at least once a month.
- Inequality affects older people significantly. Looking locally the difference in the proportion of older people experiencing income deprivation varies from 4% in an area of Liden to 48.7% in a part of Central ward.

Key Challenges

- As people get older they are less likely to be physically active: 1 in 5 65+ report taking part in sport in the last month and 47% classed as inactive (< 30 minutes of activity per week).
- The significant increase forecast in the number of older people living alone has implications for the type and nature of housing needed in the future.
- Physical health itself isn't necessarily seen as a barrier to ageing well; it becomes a barrier when it stops people keeping mobile, accessing transport, seeing friends and family or doing what they enjoyed.
- There is increasing demand for social care: promoting being active, strength and balance and good social networks will allow people to be more resilient and live independently for longer.



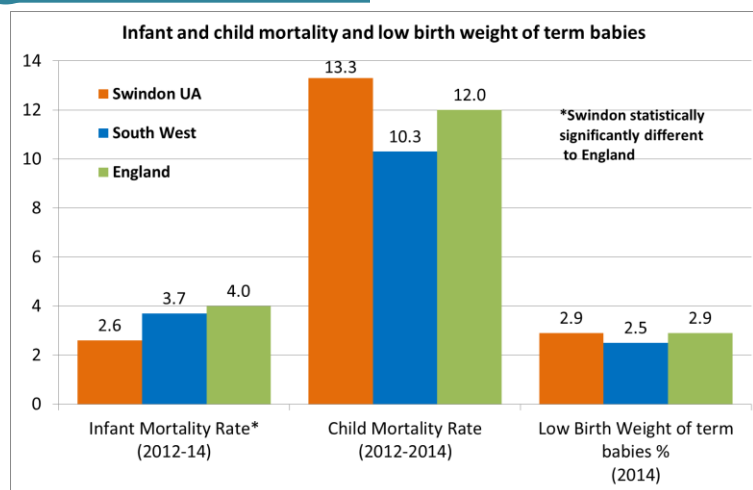
Key resources: tinyurl.com/SwindonJSNA-Resources

25 Children and young people

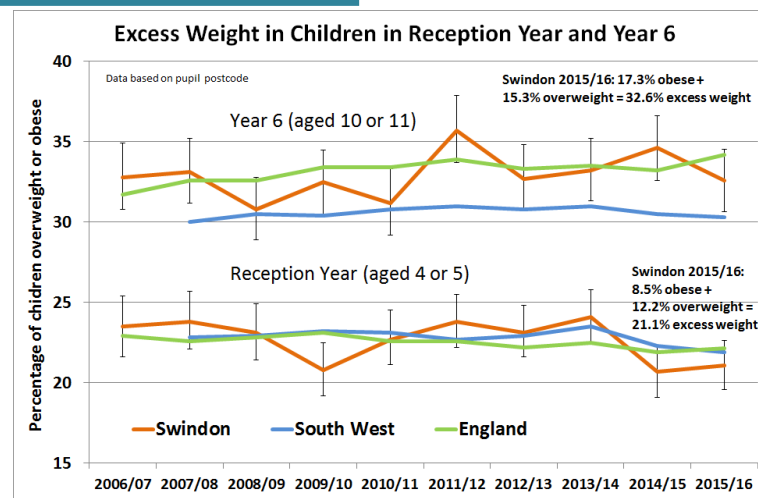
Key Fact

In Swindon, 28% of 5-year olds have experienced dental decay and these children have an average of 2.8 decayed, missing or filled teeth. This is similar to England

Key Indicator



Key Indicator



Key Information

- The infant mortality rate in Swindon (2012-2014) is significantly lower than the national figure and the child mortality rate (2012-2014). The low birth weight % for term babies (2014) are similar to those for England.
- In 2014/15, only 4.2% of 15 year olds in Swindon are regular smokers, compared to 5.5% nationally.
- In 2012/13-2014/15, in Swindon, there were 62 admissions to hospital due to alcohol specific conditions (in under 18s) and 112 for substance misuse (in 15-24 year olds). These figures equate to a similar rate to England overall for alcohol, but a higher rate for substance misuse.
- Over the period 2013 to 2015, 13 children (under 15) from Swindon were killed or seriously injured on the roads. This is down from 20 in 2011-13.

Key Challenges

- Better understand the challenges facing children and young people with Special Educational Needs and Disabilities and why they experience poorer outcomes.
- Ensure full and effective delivery of 'The Healthy Child' programme to give children the best start in life and continue to reduce health inequalities.
- Improve the transition from young people's to adult services, particularly for mental health services.
- Increase the number of foster carers in Swindon so that every 'looked after child' who should be, is placed in their home borough.
- Secure a range of options to access higher education in Swindon.

Key resources: tinyurl.com/SwindonJSNA-Resources

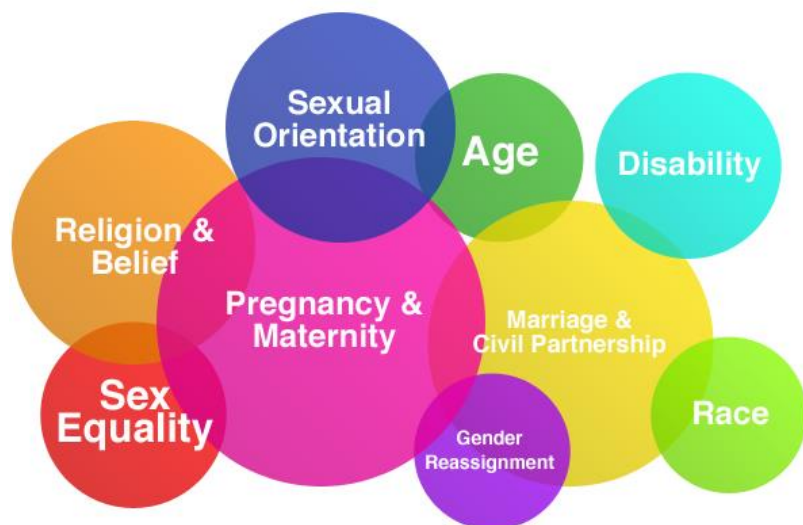
26 Equalities

Key Fact

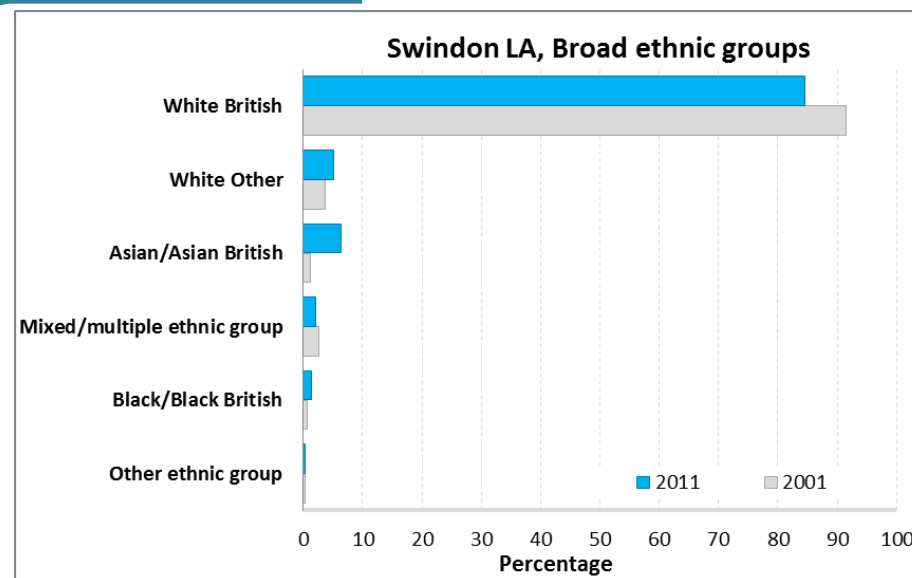
In 2015/16, in the Wiltshire and Swindon Police Force area, hate crimes were up 58% compared to 2014/15

Key Indicator

9 'protected characteristics' (Equality Act, 2010)



Key Indicator



Key Information

- The proportion of Black Minority Ethnic (BME) people in Swindon UA, in approximate terms, doubled from 8.5% (15,344 people) in 2001 to 15.4% (32,128 people) in 2011.
- In the 2011 Census, 120,287 people (57.5%) reported being Christian, while the next most common categories were Muslim (3,538 people, 1.7%) and Hindu (2,597, 1.2%). 31% reported having no religion.
- In Swindon schools, the main foreign languages spoken are Konkani (Indian origin), Polish, Portuguese and Nepali
- Based on a 2015 national survey, around 1.1% of Swindon's population are likely to describe their sexual identity as Lesbian or Gay and 0.6% as Bisexual, although other sources put the combined estimate at 6%.
- Around 2 in 10,000 people in the UK have had or are seeking gender reassignment surgery.

Key Challenges

- The population of Swindon is becoming more ethnically diverse and may require services more sensitive to the risk profile and needs of different groups.
- The structure and characteristics of the population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.
- Bias/hostility experienced by disabled people, Gypsies, Roma and Travellers, transgender people and immigrants.
- People with serious mental illness or a learning disability and homeless men and women die earlier than the general population.
- Challenging stereotypes and assumptions and working with people as individuals.
- Lack of data on prevalence of people with protected characteristics.

Key resources: tinyurl.com/SwindonJSNA-Resources

Appendix A: Priorities

Swindon Joint Health and Wellbeing Strategy

The following agreed priorities for Swindon have been articulated in the JHWS:

- Every child and young person in Swindon has a healthy start in life.
- Adults and older people in Swindon are living healthier and more independent lives.
- Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders).
- Improved mental health, wellbeing and resilience for all.
- Creation of sustainable environments in which communities can flourish.

Swindon Borough Council

The Vision for Swindon 2030 sets out how the Council will shape the Borough, and deliver growth that allows communities to prosper, families to live healthy and happy lives, and children to fulfil their potential.

The Council Vision is:

“By 2030, Swindon will have all of the positive characteristics of a British city with one of the UK’s most successful economies; a low-carbon environment with compelling cultural, retail and leisure opportunities and excellent infrastructure. It will be a model of well managed housing growth that supports and improves new and existing communities. Swindon will be physically transformed with existing heritage and landmarks complemented by new ones that people who live, work and visit here would recognise and admire. It will remain, at heart, a place of fairness and opportunity where people can aspire to and achieve prosperity, supported by strong civic and community leadership.”

and is underpinned by four priorities:

- Improve infrastructure and housing to support a growing, low-carbon economy.
- Offer education opportunities that lead to the right skills and right jobs in the right places.
- Ensure clean and safe streets and improve our public spaces and local culture.
- Help people to help themselves while always protecting our most vulnerable children and adults.

NHS Swindon CCG

NHS Swindon Mission Statement:

To optimise the Health and Wellbeing of the people of Swindon and Shrivenham in order to ensure that everyone lives a health, safe, fulfilling and independent life and by delivering the following set of outcomes:

- Children and young people have a healthy start in life
- Adults and older people are living healthier and more independent lives and enjoy improved mental health, wellbeing and resilience.
- Improved health outcomes are delivered for all but especially disadvantaged and vulnerable communities.
- Sustainable environment are created in which thriving, connected and supportive communities can flourish.

Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Plan¹

The emergent priorities for the next five years have been agreed as:

- Creating locality based integrated teams supporting primary care.
- Shifting the focus of care from treatment to prevention and proactive care.
- Developing an efficient infrastructure to support new care models.
- Establishing a flexible and collaborative approach to workforce.
- Enabling better collaboration between acute providers.

Within the Prevention and Proactive Care workstream the following key objectives have been identified:

- Ageing Well
- Proactive management of long term conditions
- Tackling obesity
- Workforce wellbeing

One Swindon

The One Swindon Partnership priorities are:

- We can all benefit from a growing economy and a better Town Centre.
- I like where I live.
- Everyone is enjoying sports, leisure and cultural opportunities.
- Living independently, protected from harm, leading healthy lives and making a positive contribution.

Public Health England

The current Public Health England (PHE) priorities² are:

- Tackling obesity particularly among children
- Reducing harmful drinking and alcohol-related hospital admissions
- Reducing the risk of dementia, its incidence and prevalence in 65-75 year olds
- Achieving a year-on-year decline in tuberculosis incidence

¹ B&NES, Swindon and Wiltshire: Sustainability and Transformation Plan. Emergent plan, December 2016. <http://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2016/04/BSW-STP-Final-14-12-16.pdf>

² From evidence into action: opportunities to protect and improve the nation's health, Public Health England, © Crown Copyright, October 2014. <https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>

- Reducing smoking and stopping children starting
- Tackling the growth in antimicrobial resistance
- Ensuring every child has the best start in life

NHS England

In its 2016/17 business plan, NHS England set out 10 priorities³:

- Improving the quality of care and access to cancer treatment
- Upgrading the quality of care and access to mental health and dementia services
- Transforming care for people with learning disabilities
- Tackling obesity and preventing diabetes
- Strengthening primary care services
- Redesigning urgent and emergency care services
- Providing timely access to high quality and elective care
- Ensuring high quality and affordable specialised care
- Transforming commissioning
- Controlling costs and enabling change.

³ NHS England Business Plan 2016/17 <https://www.england.nhs.uk/wp-content/uploads/2016/03/bus-plan-16.pdf>

Swindon Substance Misuse Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 15th March 2017

Author:	Frances Mayes – Senior Public Health Manager
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 Swindon Borough Council is responsible for reducing the harm caused by substance misuse. As such it is important to review the needs of drug and alcohol users and assess the impact their substance misuse is having on themselves, their families and their communities. This information is used to inform the strategy and commissioning of a range of services that aim to impact on substance misuse.
- 1.2 The purpose of the Joint Strategic Needs Assessment (JSNA) for substance misuse is to:
 - Review national and local policy and best practice.
 - Assess current demand and provision of substance misuse service in Swindon.
 - Assess the impact of substance misuse in Swindon including the impact on health and other inequalities.
 - Review the impact of licencing policy.
 - Make recommendations about the best use of reducing resources with regard to future substance misuse commissioning, partnership working and strategic direction in Swindon.
- 1.3 The JSNA will lead to the development of a substance misuse strategy, which will outline how key partners in Swindon will work together to reduce the number of people who misuse substances, reduce the harm caused by substance misuse, and support those recovering from substance misuse thereby addressing health inequalities.
- 1.4 The JSNA and the strategy will inform our commissioning intentions as we go forward during 2017/18 to recommission Swindon's substance misuse services.
- 1.5 Swindon has an estimated 1147 opiate and/or crack users. This equates to approximately 8 of every thousand young people and adults (15 – 64 years) in Swindon using opiates/crack. Of these about 525 are estimated to be injecting drug users. This is a slightly higher rate than the South West but lower than the

Further information on the subject of this report can be obtained from Frances Mayes, Senior Public Health Manager, fmayes@swindon.gov.uk.

Swindon Substance Misuse Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 15th March 2017

national average. Whilst the proportion of Swindon residents using drugs is relatively small the impact can be extensive.

- 1.6 According to the North West Public Health Observatory alcohol profiles and the Department of Health's Alcohol Learning Centre, Swindon has an estimated 31,000 hazardous drinkers, 7500 harmful drinkers, 4046 dependent drinkers and 25,000 binge drinkers.
- 1.7 The health and social care services in Swindon are already under pressure and substance misuse not only impacts upon health outcomes but has a significant financial cost to Swindon. Our priority is to reduce substance misuse overall and reduce the harm and health inequalities caused by ensuring our more vulnerable groups: pregnant women, minority ethnic groups, children and young people, older people and people with dual diagnosis either mental health or LD and substance misuse are able to access services.
- 1.8 The needs assessment and the developing strategy recognise the benefits that well managed alcohol consumption brings to Swindon in regards to the vibrant night time economy. At the same time it recognises the high cost of the negative impact that poorly managed alcohol consumption has on health, Council and police resources.
- 1.9 The JSNA Bulletin is attached at Appendix 1 to the report. A full version of the JSNA is available at: <http://swindonjsna.co.uk/dna/Substance-misuse-needs-assessment>.

2. Recommendations

The Board is recommended to:

- 2.1 Note the findings of the Substance Misuse Joint Strategic Needs Assessment as set out in the Bulletin attached at Appendix 1 to the report.
- 2.2 Endorse its use in the commissioning of substance misuse services in Swindon.
- 2.3 Endorse the development of the Substance Misuse Strategy 2017 – 2022 based on the recommendations of the Joint Strategic Needs Assessment.

3. Detail

Swindon Substance Misuse JSNA

- 3.1 Swindon Substance Misuse JSNA reviews the national and regional guidance on drugs and alcohol, it reviews current treatment and intervention service provision and performance against national guidance and makes some key recommendations for how substance misuse services and interventions can improve.

Further information on the subject of this report can be obtained from Frances Mayes, Senior Public Health Manager, fmayes@swindon.gov.uk.

Swindon Substance Misuse Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 15th March 2017

- 3.2 Our aim is to deliver a more integrated, cost effective and efficient model of service that will deliver a high quality, evidence based service to our identified vulnerable groups whilst making best use of resources.

3.2.1 Priority 1: Early intervention with young people and their families

Our recommendations are to:

1. Conduct a further review of the increase in hospital admissions for 15-24 year olds and monitor the numbers being admitted for alcohol related conditions.
2. Develop a plan to widen the strategic screening of vulnerable young people to enable early identification and intervention regarding substance misuse.
3. Ensure targeted campaigns based on prevention and education for young people and their families.
4. Develop effective transition policies to ensure no unplanned exits as young people move into adult services.
5. Review the current multi-agency provision for support for parents who are misusing substances.

3.2.2 Priority 2: Prevention of substance related harms

Our recommendations are to:

6. Review planned prevention campaigns to ensure an effective balance between drug and alcohol issues.
7. Conduct a review of online and digital awareness raising tools to deliver best value prevention messages.
8. Review the availability of brief interventions in partner agencies to expand the capacity of staff to have meaningful conversations and make suitable onward referrals of those with substance misuse issues. This will include working within the principles of Making Every Contact Count.
9. Conduct a review of the current availability and effectiveness of Naloxone in preventing drug related deaths with a view to a further roll out.
10. Conduct a review of changing drug profiles, New Psychoactive Substances, prescribed medications and Steroid use.

Further information on the subject of this report can be obtained from Frances Mayes, Senior Public Health Manager, fmayes@swindon.gov.uk.

Swindon Substance Misuse Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 15th March 2017

11. Undertake a review of Opiate clients who are newly presenting to service to gain an understanding of their using history, criminal justice involvement, if moving from out of area and previous opportunities for earlier intervention.
12. Continue to support commissioned services to improve the uptake of Blood Borne Virus testing and immunisation.
13. Review the increase in demand for needle exchange services and review the content of packs against best practice advice and current resource.
14. Continue to develop and align mutual aid in Swindon ensuring service user support, peer mentoring, Smart Recovery and other support networks integrate well with commissioned substance misuse services.
15. Develop an in service stop smoking pathway for substance misuse clients.

3.2.3 Priority 3: Treatment services deliver effective harm reduction and sustained recovery

The focus will be to reduce health inequalities by working to improve health outcomes for disadvantaged and vulnerable communities.

Our recommendations are:

16. Ensure the new treatment model delivers improved outcomes regarding recovery particularly for alcohol users.
17. Continue to monitor and support the Street Drinker's project to ensure that the initial positive outcomes are maintained and consider long-term funding.
18. Develop a multi-agency review process for those identified as being at imminent risk of becoming a drug related death.
19. Review how diverse groups are engaged in treatment services with a particular focus on women (including pregnant women), those with ethnicities other than White British and both older and younger cohorts.
20. Review the increasing demand and increasing presenting complexity of those referred for consideration for inpatient admissions.

Further information on the subject of this report can be obtained from Frances Mayes, Senior Public Health Manager, fmayes@swindon.gov.uk.

Swindon Substance Misuse Joint Strategic Needs Assessment

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21. Review the availability of community detox as an alternative to inpatient admissions.
22. Explore the feasibility of a substance misuse rather than alcohol only hospital based liaison service.
23. Improve links between commissioned services and Job Centre and Learn Direct. Focus on improving computer literacy and online access for job searches, applications and CV writing.
24. Review housing need for those who are currently unable to maintain abstinence, leaving residential rehab and those with dual diagnosis.
25. Continue to monitor and support the case review and training sessions to support effective working with dual diagnosis clients.

3.2.4 Priority 4: Reduce substance misuse related crime and anti-social behaviour

Our recommendations are to:

26. Review of clients recently released from prison who are accessing substance misuse services. Exploring any links to Dangerous Drug networks.
27. Work alongside Police and Community safety colleagues to contribute to an effective response to Dangerous Drug Networks/ County Lines issues.
28. Ensure a joined up multi-agency response to those adversely affected by substance misuse and domestic violence.
29. Undertake a further cost/benefit analysis of spend on substance misuse services against delivery of criminal justice services.
30. Work with SBC Licensing to explore ways to ensure a reduction in the harm caused by alcohol whilst maintaining a vibrant economy.
31. Work with multi-agency group to deliver the identified outcomes of Local Area Alcohol Agreement regarding night time economy and information.

- 3.3. The Swindon Substance Misuse Strategy will build on these recommendations setting the direction for Swindon to prioritise prevention and early intervention, focus on the needs of children and young people in conjunction with their own and the impact of their parent's substance misuse. We will focus on brief

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interventions in line with Making Every Contact Count, targeting specialist treatment on those with most need, and ensuring the needs of the most vulnerable are addressed using mutual aid in the recovery process and outreach to those in need. We will address the issues raised by dangerous drug networks and the implications these have in Swindon, working with key partners such as the police, licensing, housing, mental health services, education and training and health services to ensure the best chance of recovery for clients.

4. Alternative Options

- 4.1 The alternative option would be to reject the findings of the JSNA and the recommendations on which the strategy will be developed.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There is an option to explore the integration of the commissioning of Substance Misuse Services across Swindon and Wiltshire. The findings of the JSNA and the strategy are not dependent or influenced by this option. There are no direct financial implications arising from this report.
- 5.2 Any implications from the recommendations will be delivered within the financial boundaries that are already in place.

Legal and Human Rights Implications

- 5.3 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

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

- 5.4 There are positive implications on health, crime and disorder from reducing substance misuse and the harm it causes.
- 5.5 Diversity Impact Assessment
- 5.6 Addressing the recommendations of the JSNA and strategy will have a positive impact on diversity. The Needs Assessment has highlighted some key groups that currently do not access services and there are recommendations throughout the report to address these inequalities.

Further information on the subject of this report can be obtained from Frances Mayes, Senior Public Health Manager, fmayes@swindon.gov.uk.

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Risk Management

5.7 No specific risks have been identified at this stage for this report.

6. Consultees

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

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Substance Misuse Joint Strategic Needs Assessment Bulletin 2017.

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Swindon's Joint Strategic Needs Assessment Bulletin

Substance Misuse Needs Assessment 2017

Key Points

- The JSNA provides evidence to understand the substance misuse needs of people in Swindon.
- Our aim is to deliver a more integrated, cost effective and efficient model of service that will deliver a high quality, evidence based service to our identified vulnerable groups whilst making best use of resources.
- The past year has been one of significant change for drug and alcohol services. Both services are now delivered by one provider, Change, Grow, Live (CGL). All services have moved from their previous three sites into one newly refurbished premise in Temple Street.
- The adult drug service is meeting client demand with 744 clients being effectively treated over the past 12 months (Target 600). The young people's substance misuse service (U-Turn) continues to perform well against local indicators.
- Alcohol treatment service performance needs to improve on the number of people completing alcohol treatment.
- Swindon's Drug Related Death levels compare favourably with national and regional levels.
- Local Alcohol Action Area – Swindon will work in partnership to deliver improvements in joint working regarding more effective cross agency data sharing and safety in the night time economy.
- Changing drug profiles. In line with the national picture, Swindon has a rapidly changing drug profile. Reviews of Novel Psychoactive Substances, prescription drugs and steroid use are all required.

This needs assessment makes 31 recommendations – these are set out from page 7.

What is a Joint Strategic Needs Assessment?

A JSNA helps us to understand:

- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

The Substance Misuse Needs Assessment

The purpose of this document is to:

- Review national and local policy and best practice
- Assess current demand and provision of substance misuse service in Swindon
- Assess the impact of substance misuse in Swindon including the impact on health and other inequalities
- Review the impact of licencing policy
- Make recommendations about the best use of reducing resources with regard to future substance misuse commissioning, partnership working and strategic direction in Swindon.

Background to the substance misuse needs assessment

Swindon Council is responsible for reducing the harm caused by substance misuse. As such it is important to review the needs of drug and alcohol users and assess the impact their substance misuse is having on themselves, their families and their communities. This information is used to inform the commissioning of a range of services that aim to impact on substance misuse.

The JSNA will inform strategy and our commissioning intentions as we go forward during 2017/18 to recommission Swindon's substance misuse services with aim of reducing the number of people misusing substances and the harm substances cause, support those recovering from substance misuse thereby addressing health inequalities.

The number of people misusing substances in Swindon

Swindon has an estimated 1147 opiate and/or crack users. This equates to approximately 8 of every thousand young people and adults (15 – 64 years) in Swindon using opiates/crack. Of these about 525 are estimated to be injecting drug users. This is a slightly higher rate than the South West but lower than the national average. Whilst the proportion of Swindon residents using drugs is relatively small the impact can be extensive.

According to the North West Public Health Observatory (NWPHO) alcohol profiles and the Department of Health's Alcohol Learning Centre (ALC), Swindon has an estimated 31,000 hazardous drinkers, 7,500 harmful, 4,046 dependent and 25,000 binge drinkers.

Impact of substance misuse in Swindon

The health and social care services in Swindon are already under pressure and substance misuse not only impacts upon health outcomes but has a significant financial cost to Swindon. The needs assessment and the developing

strategy recognise the benefits that well managed alcohol consumption brings to Swindon in regards to the vibrant night time economy. At the same time it recognises the high cost of the negative impact that poorly managed alcohol consumption has on health, Council and police resources.

Addressing the recommendations of the JSNA and strategy will have a positive impact on diversity. Our priority is to reduce substance misuse overall and reduce the harm and health inequalities caused by ensuring our more vulnerable groups: pregnant women, minority ethnic groups, children and young people, older people and people with dual diagnosis either mental health or learning difficulties and substance misuse are able to access services. Many of these groups are unrepresented currently in services.

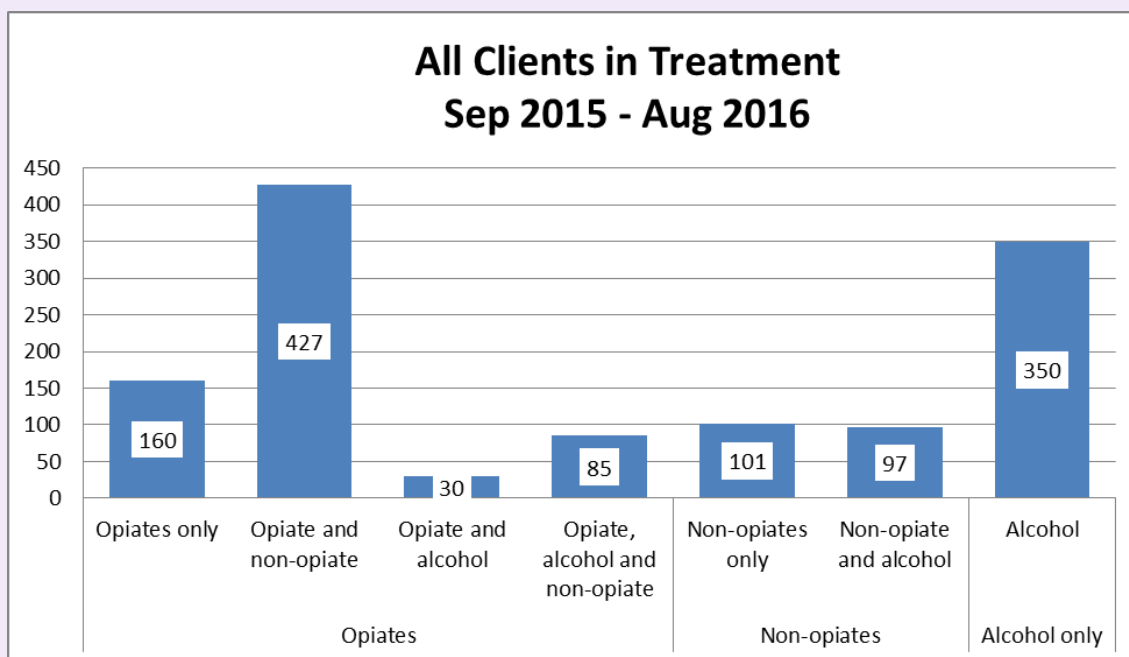
Current services

The past year has been one of significant change for drug and alcohol services. Both services are now delivered by one provider, Change, Grow, Live (CGL). All services have moved from their previous three sites into one newly refurbished premise in Temple Street. This allows for improved joint working along with improved access and facilities for service users. The service has also undertaken a thorough systems review. This has delivered a new service model allowing a more efficient and recovery orientated offer to service users.

Treatment

The adult drug service is meeting client demand with 744 clients being effectively treated over the past 12 months (Target 600). National performance has maintained with Swindon Opiate performance in the top quartile of comparator local authorities. The young people's substance misuse service (U-Turn) continues to perform well against local indicators. Due to the change in the service delivery there has been a recent drop in alcohol service performance, notably alcohol treatment completions.

Clients' in Swindon treatment, by problematic substance



Changing drug profiles

Swindon, in line with the national picture, has a rapidly changing drug profile. Reviews of the use of New Psychoactive Substances, prescription drugs and Steroid use are all necessary.

New opiate presentations

The new presentations to treatment are mainly opiate (heroin using) clients which have increased by 8% in the last year. As Opiate clients are more lengthy and costly to treat, continuation of this trend has serious consequences on funding for this service. A full review of this cohort is to be undertaken.

Prevention

Consideration needs to be given to a review of online and digital awareness raising tools. The Street Drinker's Outreach Project has been launched this year and has successfully targeted this highly vulnerable group. Targeted drug and alcohol education campaigns should be targeted effectively for both children and young people and adults.

Brief interventions

A review of our current prevention strategy against NICE guidelines and PHE Clear Review has highlighted the need for increased focus on brief interventions to further strengthen prevention messages. Best use should be made of making Every Contact Count. Brief interventions and advice can have a significant impact on drinking behaviours for hazardous and harmful drinkers. A coordinated approach to increasing capacity within mainstream partner agencies is required to enable the specialist substance misuse service to focus on those more complex harmful and dependent drinkers. However, spend on campaigns should be minimal as evidence shows that they are not necessarily cost effective in long term behaviour change.

Drug related deaths (DRDs)

Swindon's DRD levels compare favourably with national and regional levels. There is a robust review process for substance misuse related deaths. However age of death is slightly younger than that observed nationally. A process for further multi agency review for those identified as being of imminent risk of drug related death needs to be implemented.

Inequalities

There is a need to improve the number of women in treatment as estimates indicate that Swindon's services are failing to engage with women misusing substances. Of further concern is the accessibility to services and barriers for pregnant women. Alcohol treatment services have a narrower age profile than would be expected with fewer older and younger clients. There are also fewer clients from ethnicities other than white British presenting to alcohol and drug services. Swindon has a projected marked increase in older people. A review of what are we doing to support and engage this older cohort in

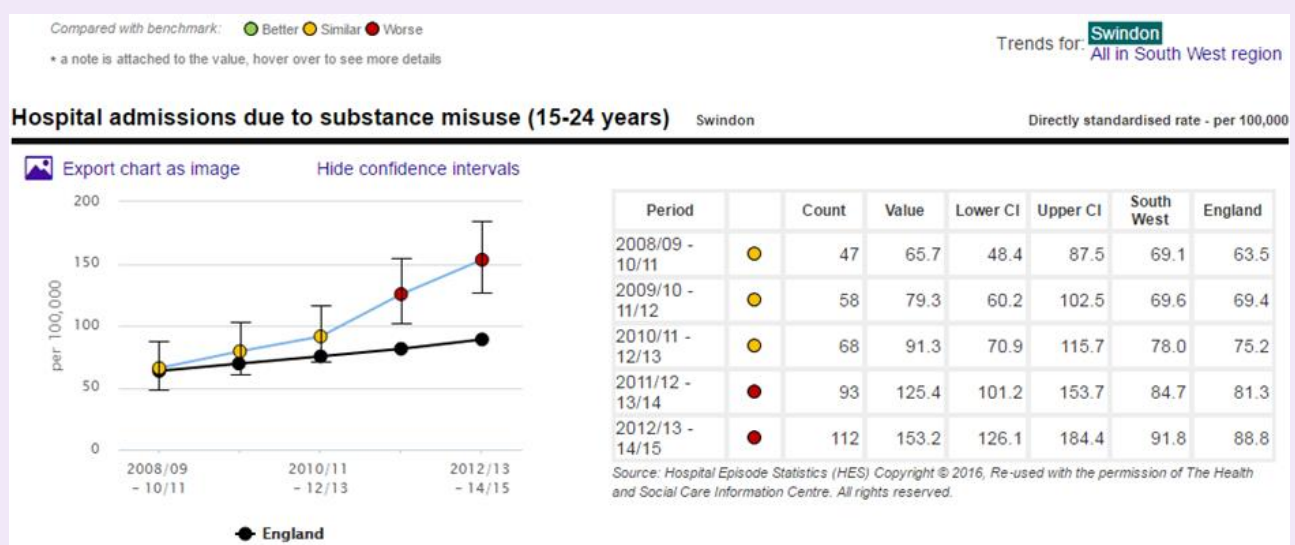
substance misuse interventions along with how we meet complex needs such as end of life care needs to be undertaken.

Inpatient admissions for detox and residential rehab placements

An Increasing awareness of complexity across the wider partnership(i.e. poly drug use, dual diagnosis, prison release, sex working cohort and both adult and safeguarding panel referrals) have led to increasing demand for residential placements. This increasing demand needs to be reviewed against existing resource. Access to community detox needs to be reviewed as an alternative to inpatient admission were clinically indicated.

Young people

There has been an increase in hospital admissions for 15 – 24 year olds in the past few years. This is in contrast to admissions to admissions for under 18s which has gone down and is not significantly different to the national rate. There is a further need to review the increase in hospital admissions for 15-24 year olds from 2010/11 to 2014/15.



A review of the work across the wider partnership needs to be undertaken to implement strategic screening of young people engaged by YOT, CAMHS, Children looked after, and those educated outside of mainstream schools to ensure early identification and prevention. There is also a need to see that effective transition policies are in place to ensure unplanned exits as young people move into adult services. There needs to be a focus on prevention, education and early intervention effectively targeting all and proactively intervening with those at risk of substance misuse.

Alcohol related hospital admissions

Hospital admissions (narrow measure) for females under 40 have increased by 66% since 2013/14. Males over 65 have also experienced a significant increase in admissions. Swindon is also seeing higher admission rates for both drug poisoning and alcohol poisoning than seen nationally. This may reflect the inequalities for those accessing services as mentioned above. There is a need to consider a substance misuse rather than an alcohol only hospital based liaison service.

Prison releases

Increasing level of offenders released from prison who are not previously known to the area, possibly linking to county lines and dangerous drug networks. Again, a full review of this cohort is to be undertaken.

Blood borne viruses

In Swindon the number of people tested for Hepatitis C has tended to be low in comparison to national and regional rates. However, in the last year this has been addressed and in Sept 2016 only 9.6% of opiate clients in treatment had no record of Hepatitis C Virus compared to 17.9% nationally.

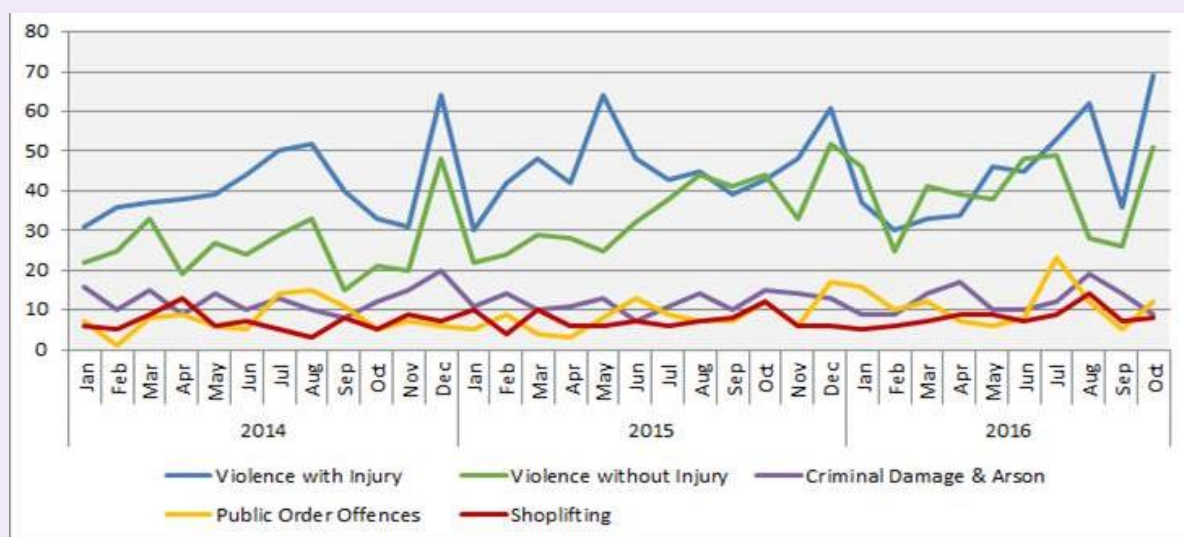
However, the number of clients offered and received a hepatitis B vaccination is low in comparison to national figures. 81.7% of eligible clients in treatment had no record of a completed Hepatitis B vaccination course compared to 71.9% nationally.

Approximately 11% of those in treatment for opiate or crack use have a positive diagnosis of hepatitis C and a similar proportion in treatment for alcohol are also Hepatitis C positive.

Criminal Justice

In responding to the local delivery of the Modern Crime Strategy we are committed in working in close partnership with Police colleagues. Responding to the effects of Dangerous Drug Networks along with the increased needs of sex workers, victims of domestic violence and other vulnerable groups are key priorities. There is identified need for increased provision for cell interventions at Gablecross. There is a need to undertake a further cost/benefit analysis of spend on substance misuse services against delivery of criminal justice outcomes.

Alcohol related Crime Sub Groups – Swindon Jan 2014 – Oct 2016



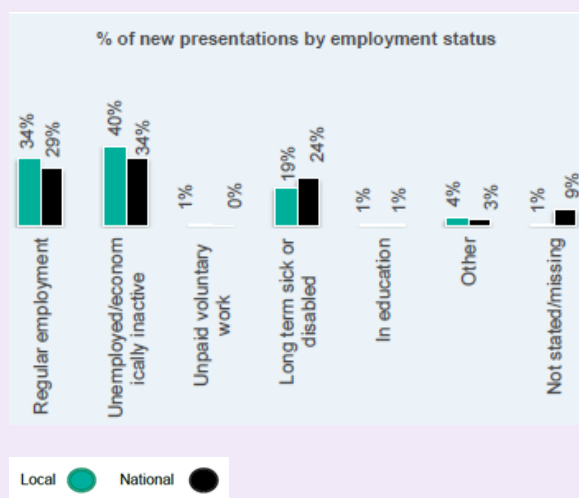
Needle exchange

We have seen a significant increase in demand for this service. We need to review the causes of this increase, the content of packs on offer against best practice advice and current resource.

Employment, Training and Education (ETE)

Improving access to ETE is a priority as evidence shows that clients who are working, or engaging in meaningful activities are more likely to find sustained, long term Recovery from substance misuse. Improved links with Job Centre team and further developing joint working with Learn Direct are priorities. A computer suite will soon be available for clients to use on site to do job searches and CV writing supported by volunteers and peer mentors.

New presentations to drug treatment by employment status at treatment entry



Service user, mentoring and mutual aid

Swindon substance misuse services have a well-established service user and peer mentoring service (SUST). This service sits alongside Smart Recovery, SWADS, fellowship support groups and HEPC+ in the town. There is a need to further map and review the offers of support from these groups and how they sit with the main commissioned service to deliver an integrated offer to our client group to further support their recovery journey.

Housing and Homelessness

Housing need has been highlighted for those who are currently unable to maintain abstinence who may find themselves homeless and having to wait 6 weeks to be assessed. Housing is also a particular issue for those with dual diagnosis. A project has been identified to address housing solutions for the sex worker cohort

Dual Diagnosis

Much work has been undertaken on linking substance misuse and mental health services. A pathway for referral and support together with regular joint training and case reviews sessions have been developed. However dual diagnosis remains a key issue as it increases the risk for individual clients.

Smoking Cessation

Current smoking rates are high amongst substance misusing clients. This needs addressing through the development of a stop smoking pathway for drug and alcohol service users. Work is underway to set up stop smoking clinics based at CGL for clients, carers and family members to access.

Licensing

More joint work is required with SBC Licensing to review options to reduce the harm caused by alcohol whilst maintaining a vibrant night time economy.

Local Alcohol Action Area (LAAA)

A multi-agency plan has been developed to deliver improved joint working regarding the night time economy and to facilitate more effective cross agency data sharing.

Recommendations

We will continue to explore options for cross boundary commissioning and further joint working with neighbouring authorities to deliver these outcomes. We will ensure that providers act on all findings of the recent Care Quality Commission inspection of commissioned services to deliver in line with best practice guidance.

Priority One: Early intervention with young people and their families.

1. Conduct a further review of the increase in hospital admissions for 15-24 year olds and monitor the numbers being admitted for alcohol related conditions.
2. Develop a plan to widen the strategic screening of vulnerable young people to enable early identification and intervention regarding substance misuse.
3. Ensure targeted campaigns based on prevention and education for young people and their families.
4. Develop effective transition policies to ensure no unplanned exits as young people move into adult services.
5. Review the current multi-agency provision for support for parents who are misusing substances.

Priority Two: Prevention of substance related harms for adults.

6. Review planned prevention campaigns to ensure a better balance between drug and alcohol issues.
7. Conduct a review of online and digital awareness raising tools to deliver best value prevention messages.
8. Review the availability of brief interventions in partner agencies to expand the capacity of staff to have meaningful conversations and make suitable onward referrals of those with substance misuse issues using the principles of Making Every Contact Count
9. Conduct a review of the current availability and effectiveness of Naloxone in preventing

drug related deaths with a view to a further roll out.

10. Conduct a review of changing drug profiles, New Psychoactive Substances, prescribed medications and Steroid use.
11. Undertake a review of Opiate clients who are newly presenting to service to gain an understanding of their using history, criminal justice involvement, if moving from out of area and previous opportunities for earlier intervention.
12. Continue to support commissioned services to improve the uptake of Blood Borne Virus testing and immunisation.
13. Review the increase in demand for needle exchange services and review the content of packs against best practice advice and current resource.
14. Continue to develop and align mutual aid in Swindon ensuring service user support, peer mentoring, Smart Recovery and other support networks integrate well with commissioned substance misuse services.
15. Develop an in service stop smoking pathway for substance misuse clients.

Priority Three: Treatment services deliver effective harm reduction and sustained recovery.

16. Ensure the new treatment model delivers improved outcomes regarding recovery particularly for alcohol users.
17. Continue to monitor and support the Street Drinker's project to ensure that the initial positive outcomes are maintained and consider long term funding.
18. Develop a multi-agency review process for those identified as being at imminent risk of becoming a drug related death.
19. Review how diverse groups are engaged in treatment services with a particular focus on women (including pregnant women), those with ethnicities other than White British and both older and younger cohorts.
20. Review the increasing demand and increasing presenting complexity of those

referred for consideration for inpatient admissions.

21. Review the availability of community detox as an alternative to inpatient admissions.
22. Explore the feasibility of a substance misuse rather than alcohol only hospital based liaison service.
23. Improve links between commissioned services and Job Centre and Learn Direct. Focus on improving computer literacy and online access for job searches, applications and CV writing.
24. Review housing need for those who are currently unable to maintain abstinence, leaving residential rehab and those with dual diagnosis.
25. Continue to monitor and support the case review and training sessions to support effective working with dual diagnosis clients

Priority Four: Reduce substance misuse related crime and anti-social behaviour.

26. Undertake a review of clients recently released from prison who are accessing substance misuse services. Exploring any links to Dangerous Drug networks.
27. Work alongside Police and Community safety colleagues to contribute to an effective response to Dangerous Drug Networks/ County Lines issues.
28. Ensure a joined up multi-agency response to those adversely affected by substance misuse and domestic violence.
29. Undertake a further cost/benefit analysis of spend on substance misuse services against delivery of criminal justice services.
30. Work with SBC Licensing to explore ways to ensure a reduction in the harm caused by alcohol whilst maintaining a vibrant economy.
31. Work with multi-agency group to deliver the identified outcomes of Local Alcohol Action Area regarding night time economy and information sharing.

Where to find more information

The full Substance Misuse JSNA provides much more information on the issues covered by this bulletin (including full references). It can be found on Swindon's JSNA website:

<http://www.swindon.gov.uk/>

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact:

cbartlett@swindon.gov.uk

This JSNA was led by Frances Mayes (Senior Public Health Manager), Martin Siddorn (Senior Commissioner Substance Misuse), Kate Daniels, (Contracts Compliance Performance Officer) and Tom Frost (Senior Public Health Intelligence Analyst) Public Health Swindon Borough Council.



Diabetes Joint Strategic Needs Assessment 2017

Health and Wellbeing Board

Date: 15th March 2017

Author:	Dr Rebecca Maclean - Specialty Registrar, Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 Diabetes in the UK is a major public health problem requiring urgent action. Prevalence is increasing nationally and in Swindon. Outcomes for people with diabetes remain poor and spend on diabetes and its complications are high. This Joint Strategic Needs Assessment (JSNA) provides evidence to help us understand diabetes prevention and care in Swindon. It builds on the diabetes profile completed in 2013.
- 1.2 There has been significant improvement in diabetes care since the last profile was compiled. However, the number of people who develop diabetes remains high and some outcomes remain poor.
- 1.3 The Diabetes Joint Strategic Needs Assessment 2017 Bulletin is attached at Appendix 1 to the report and highlights the findings. The full JSNA report will be made available at: <http://www.swindonjsna.co.uk/>.

2. Recommendations

The Board is recommended to:

- 2.1 Note and approve the recommendations identified in the Swindon Diabetes Joint Strategic Needs Assessment, as set out in paragraphs 3.6.1 to 3.6.7 of the report.

3. Detail

- 3.1 The objective of the diabetes JSNA is to identify the needs of the Swindon population in relation to diabetes, working with our local partners to formulate recommendations that will help inform future cost-effective and impactful commissioning.
- 3.2 Recommendations will be actioned through the established multi-agency Swindon Diabetes Transformation Board. This board includes the Clinical Commissioning Group (CCG), The Great Western Hospital (Acute and Community Services), Diabetes UK, representatives from Primary Care and Swindon Borough Council.

Further information on the subject of this report can be obtained from Ayo Oyinloye, 01793 444674, AOyinloye@swindon.gov.uk

Diabetes Joint Strategic Needs Assessment 2017

Health and Wellbeing Board

Date: 15th March 2017

Key messages

- 3.3 Diabetes causes high levels of sugar (glucose) in the blood. Over time this can lead to problems such as heart disease, blindness and foot ulcers. Good blood sugar control can reduce the chance of getting these problems, and the need for health and social care.
- 3.4 Prevalence: There are a higher percentage of people with diabetes in Swindon than in England and there are also a higher percentage of people who are overweight or obese which is one of the largest risk factors for developing type 2 diabetes.
 - 3.4.1 There were 12,924 people on the diabetes register in the Quality Outcome Framework (QOF) 2015/16 which includes people aged 17 years and over. This means that 7.1% of the population of Swindon aged 17 years and over had diagnosed diabetes which is slightly higher than the England prevalence of 6.6%. Approximately 90% of these people have type 2 diabetes (around 11,600 people aged 17 years and over).
 - 3.4.2 Estimates suggest that for Swindon local authority prevalence of diabetes will increase from 7.6% in 2015 to 8.5% in 2025, and to 9.1% in 2035, which equates to an additional 2,711 people with diabetes by 2025 and an additional 5,250 people with diabetes by 2035. These estimates include people with diagnosed diabetes and undiagnosed diabetes.
 - 3.4.3 Key risk factors for diabetes are excess weight and ethnicity.
 - 3.4.4 An estimated 220-250 women give birth in Swindon each year who have diabetes (type 1, type 2 or gestational). Diabetes increases maternal and fetal risk, but good blood sugar management during pregnancy can decrease these.
 - 3.4.5 Up to 9.8% of people with diabetes may have depression.
 - 3.4.6 175 children and young people (people aged up to 24 years) were treated for diabetes in the Great Western Hospitals NHS Foundation Trust. 95.5% of these children and young people had type 1 diabetes.
- 3.5 Services: There is a wide range of services for diabetes available in Swindon. The majority of people with diabetes receive their care in primary care where there is wide variation in the care and management offered. There are some areas in Swindon where improvement is required, and other areas which are performing very well. Ensuring that everyone with diabetes is able to have the same opportunities is crucial to improving outcomes for people with diabetes in Swindon.
 - 3.5.1 There are a wide range of services available in Swindon for promotion of a healthy weight and active lifestyle which contribute to the prevention of

Further information on the subject of this report can be obtained from Ayo Oyinloye, 01793 444674, AOyinloye@swindon.gov.uk

Diabetes Joint Strategic Needs Assessment 2017

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type 2 diabetes. These services which target prevention are incorporated in a range of strategies including Swindon Healthy Weight Strategy and Get Swindon Active Strategy.

- 3.5.2 There are a number of options to aid people with diabetes to self-manage their diabetes including a wide range of other educational options for people with type 1 and type 2 diabetes in a variety of locations across Swindon.
- 3.5.3 36% of people with type 1 diabetes and 62% of people with 2 diabetes achieved all eight care processes in NHS Swindon Clinical Commissioning Group (CCG) (2014/15, data collected in the National Diabetic Audit (NDA)). This is similar to England, but there is wide variation between practices. In addition younger people and those with Asian or Black ethnicity are less likely to receive all eight care processes.
- 3.5.4 37% of people with newly diagnosed type 1 diabetes were offered structured education and 74% of people with newly diagnosed type 2 diabetes were offered structured education (2014/15, NDA). The percentage offered structured education is similar to England however the uptake of structured education for people with type 2 diabetes is much lower in Swindon at less than 1%. Many other areas of the country get better uptake and we need to consider what they are doing that we could learn from and also consult with patients as to what they want.
- 3.5.5 15.3% of patients with type 1 diabetes achieved all three treatment targets (HbA1c \leq 58mmol/mol, blood pressure \leq 140/80 and serum cholesterol $<$ 5mmol/L) and 39.1% of patients with type 2 diabetes achieved all three treatment targets. Younger people were less likely to achieve treatment targets which may be due to physiological and social changes. Achieving good blood pressure control, good cholesterol control and good blood sugar control (as measure by QOF) is worse in Swindon than nationally.
- 3.5.6 The Swindon Community Diabetes Service offers education for healthcare professionals, advice for healthcare professionals including joint clinics and clinics for people with more complex diabetes.
- 3.5.7 Secondary care outpatient data suggests that there may be unequal access to this service for different ethnic groups but there are a large number of people with 'unknown' ethnicity status.
- 3.5.8 There are a number of other elements within the diabetes pathway such as transitions, foot care and maternity which have a large potential to improve outcomes for specific groups of people with diabetes.

Further information on the subject of this report can be obtained from Ayo Oyinloye, 01793 444674, AOyinloye@swindon.gov.uk

Diabetes Joint Strategic Needs Assessment 2017

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3.6 Recommendations

3.6.1 Stopping people from getting type 2 diabetes is crucial. If this is not achieved almost 9 out of every 100 people (15,931 people or 8.5% of the population) in Swindon may have diabetes by 2025.

- Make sure people know how to prevent diabetes, by promoting an active lifestyle, watching their weight and eating a healthy diet. This can be through working with communities and health and social care through appropriate campaigns.
- Promote the prevention services we provide e.g. the new Swindon Community Health and Wellbeing Hub.
- Support a national programme, called the NHS Diabetes Prevention Plan, to help local people with a high chance of getting diabetes to reduce their risk of developing diabetes.

3.6.2 Make sure people at high risk of diabetes and people who have just developed diabetes, but not been diagnosed, so that they can get the best care. We will do this through education of patients and health-care professionals. Health professionals are advised to use risk assessments to aid early diagnosis. Continued education around this area by the Swindon Community Diabetes team is required.

3.6.3 Provide better care in Swindon for people with diabetes to reduce complications. Action is required to reduce the differences in care for people with diabetes that occurs between GP practices.

- Work with the community, CCG and the Great Western Hospital NHS Foundation Trust on a community model of care.
- Increase the percentage of people with diabetes receiving all eight care processes. We will especially target young people, and those from minority ethnic groups. This could be achieved by raising the profile of the annual review for people with diabetes and taking up national opportunities for improving diabetes care.
- Increase the percentage of people with diabetes meeting all three treatment targets. We will especially target young people and those in deprived areas. To achieve this annual reviews are required, primary care education and awareness of referrals and patient engagement.
- Increase referrals, and attendance, to structured education sessions. To ensure this primary care needs to be aware of and understand these courses, refer appropriately as part of the care plan, offer a variety of course times and

Diabetes Joint Strategic Needs Assessment 2017

Health and Wellbeing Board

Date: 15th March 2017

dates to suit patients and engage with patients to understand in more detail why people do not attend.

- Continue improvements in foot care processes including amputation rates by ongoing review of the service, especially availability of podiatry services in the community and secondary care.
- Continue to increase participation in National Diabetes Audit to get complete information of diabetes care in primary care, including on ethnicity.
- Continued education for people with diabetes and healthcare professionals on the increased risk of depression with diabetes is required to ensure people with diabetes and depression receive appropriate care.

3.6.4 Make sure there are continued patient and public involvement in diabetes care and any changes to care. Specific work to find out if there are any barriers to people from black and minority ethnic groups using diabetes services or being diagnosed with diabetes is needed to understand the possible differences in service use.

3.6.5 Make sure that there is continued communication between areas where people with diabetes attend for other reasons (such as maternity, podiatry and chiropody) and specialist diabetes services. We will carry on with the programme of change within diabetes transitions which aims to improve the service for children with diabetes as they move into adult services.

3.6.6 Aim to make ethnicity recording more complete in hospital outpatient's clinics so we are able to understand differences in access to diabetes specialist services.

3.6.7 These recommendations should be taken to Swindon Diabetes Transformation Board for action.

4. Alternative Options

- 4.1 Continue with the present diabetes management processes and strategies. This could lead to continued increase in the prevalence of diabetes, increased complications from diabetes and increased cost of diabetes.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 No additional financial implications identified at this stage.

Diabetes Joint Strategic Needs Assessment 2017

Health and Wellbeing Board

Date: 15th March 2017

Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

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

- 5.3 Diabetes Care is 9% of the NHS budget nationally. Preventing Diabetes and improving care for Diabetes will reduce the cost of care and improve the health and wellbeing of Swindon residents.

Diversity Impact Assessment

- 5.4 Based on the information contained in this report we do not believe that there is any adverse impact for any protected equality characteristic group as set out in the Equality Act 2010.

Risk Management

- 5.5 No specific risks have been identified at this stage for this report.

6. Consultees

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

7. Background Papers

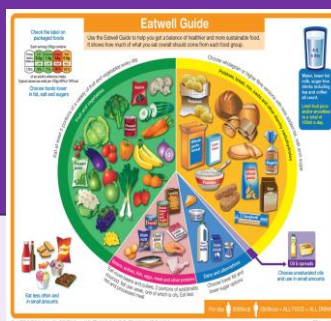
- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Swindon Diabetes Joint Strategic Needs Assessment Bulletin 2017.

Swindon Joint Strategic Needs Assessment Bulletin

Swindon Diabetes 2017



Key Points:

- This JSNA gives health facts about people with diabetes or people who might get diabetes in Swindon. This helps us to plan for medical and social care in the future. It also helps us to think about how we can prevent diabetes.
- Diabetes causes high levels of sugar (glucose) in the blood. Over time this can lead to problems such as heart disease, blindness and foot ulcers. Good blood sugar control can reduce the chances of getting these problems and the need for health and social care.
- 12,924 people in Swindon had diabetes in 2015/16 (only includes people aged 17 years and over). Approximately 9 in 10 of these will have type 2 diabetes.
- 18,535 people are thought to be at high risk of getting diabetes (only includes people aged 16 years and over).
- Type 1 diabetes is caused by damage of the cells that normally make insulin. This leads to high blood sugar levels. Type 1 diabetes usually appears before the age of 40. Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is made does not work properly. It tends to start in adulthood.
- The reason most people get type 2 diabetes is that they are overweight or obese (also called excess weight). Older people, people from some minority ethnic groups and people who have a family member with type 2 diabetes are also at increased risk of getting diabetes.
- The number of people with diabetes in Swindon is forecasted to increase. There are several reasons for this. This is because in the future we expect:
 - more people will have excess weight
 - there will be more people living in Swindon
 - people to live longer
 - more people from different ethnic communities
- In Swindon there are some very good services for diabetes but there is also room for improvement.
- The JSNA makes seven recommendations – these are on page 6.

What is a Joint Strategic Needs Assessment (JSNA)?

JSNA helps us to understand:

- the current health and wellbeing needs of local people;
- how their needs are being met;
- what we think their future needs are likely to be; and
- how their needs can be best met.

We want to understand Swindon's changing population, what is going on in Swindon and what makes a difference to people's health and wellbeing so that we can plan for the best care in future. Many different people from a range of organisations help to write a JSNA. The Swindon's Health and Wellbeing Board is a group that leads the development of JSNAs.

Introduction

Diabetes in the UK is a major public health problem that needs urgent action. More people are getting diabetes across the UK and in Swindon. In the UK in 2014 almost 3.5 million adults had diabetes. It is thought that there are 549,000 people in the UK who have diabetes but have not been diagnosed.

Type 1 diabetes affects over 370,000 adults in the UK. Type 1 diabetes is caused by damage of the cells that normally make insulin. This leads to high blood sugar levels and other changes which have short-term and long-term negative effects on health. Type 1 diabetes usually appears before the age of 40, often in childhood.

Type 2 diabetes accounts for about 9 in 10 cases of diabetes (around 3.1 million adults in the UK). It tends to start in adulthood. However the National Paediatric Diabetes Audit in 2014/15 showed that 2 in 100 of children and young people (up to the age of 24 years) with diabetes had type 2 diabetes. Type 2 diabetes develops when:

- the body can still make some insulin, but not enough,
- Or when the insulin that is made does not work properly (known as insulin resistance).

People with type 2 diabetes are usually advised to adopt a healthier lifestyle; with exercise, a good diet and weight-reduction.

Then, if necessary, people are treated with glucose-lowering medication and sometimes insulin.

Problems caused by diabetes include:

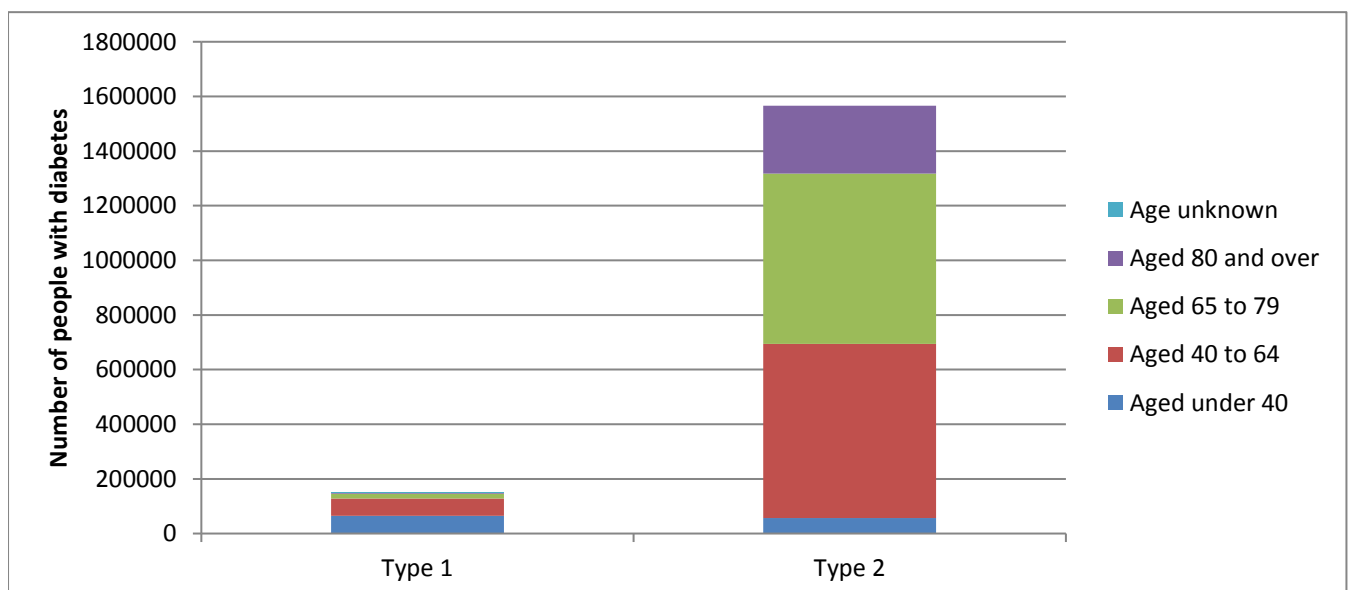
- Blindness (type 2 diabetes is a leading cause of preventable sight loss in people of working age),
- Kidney failure,
- Foot ulcers leading to amputation,
- Gum disease,
- Heart disease,
- Stroke.

The problems that can be caused by diabetes mean people are much more likely to need health and social care.

Nearly 1 in 10 people with diabetes have clinical depression which is nearly twice as many as in those without diabetes. For people who have diabetes alongside anxiety and/or depression having good blood sugar control can be more difficult and health care costs increase.

According to the National Diabetes Audit 2010–2011 report on complications and mortality, about 24,000 people with diabetes in England and Wales die early from causes that could have been avoided through better management of their condition.

Figure 1. Number of people with diabetes in England by type of diabetes and age, 2014/15. These numbers are only for GP practices which sent data into the National Diabetes Audit of General Practice which in 2014/15 was about half of practices.



How many people in Swindon have diabetes?

There are a higher percentage of people with diabetes in Swindon than in England. There are also a higher percentage of people who are overweight or obese which is one of the biggest risk factors for developing type 2 diabetes.

12,924 people in Swindon in 2015/16 had diabetes, of which around 11,600 have type 2 diabetes. This only includes people aged 17 years and over. This means that 7 in 100 people in Swindon aged 17 years and over had diabetes. It is thought that there may be nearly 1,000 people who have diabetes but have not been diagnosed.

Reasons for getting type 2 diabetes

- Excess weight:
 - 7 in every 10 adults were overweight or obese in Swindon in 2012-14.
 - 2 in 10 of 4 to 5 year olds were overweight or obese in 2015/16.
 - 3 in 10 of 10 to 11 year olds were overweight or obese in 2015/16.
 - Adults who are obese are five times more likely to have diabetes than an adult of a healthy weight.
- Ethnicity:
 - 15 in 100 of the Swindon population in 2011 were from Black Minority Ethnic groups (everyone except people who report themselves as being White British) and 6 in 100 of these were Asian/Asian British.

- Depending on ethnicity and gender, people in certain BME groups can be 3 to 5 times more likely to develop diabetes and develop diabetes younger.

Children and young people with diabetes

175 children and young people (people aged up to 24 years) were treated for diabetes in Great Western Hospital NHS Foundation Trust in 2015/16. Most of these children and young people had type 1 diabetes.

Other groups affected by diabetes

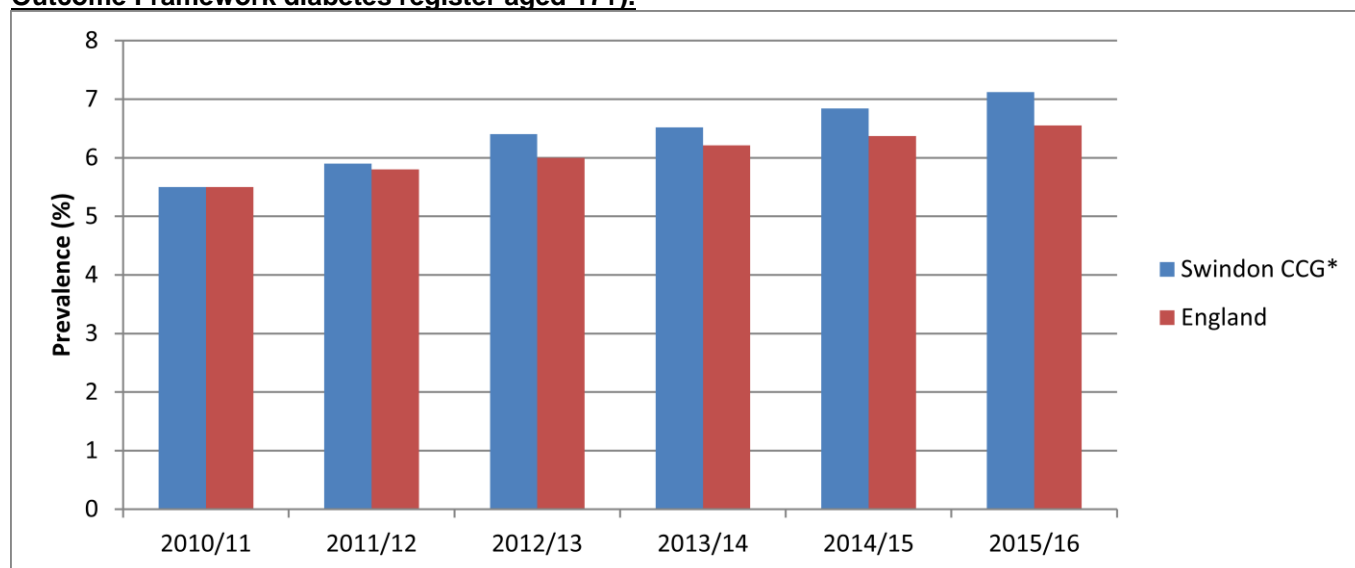
220 to 250 women who have diabetes (type 1, type 2 or pregnancy related) give birth in Swindon each year. Diabetes increases the risk to the mother and baby but good blood sugar management during pregnancy can decrease these.

In Swindon nearly 1 in 10 of people with diabetes may also have depression and nearly 16 in 100 of people with dementia could have diabetes.

People at a high chance of getting diabetes

People with non-diabetic hyperglycaemia (high blood sugar but not yet diabetes) are more likely to get diabetes. It is thought that in Swindon 1 in 10 people who are 16 years and older may have non-diabetic hyperglycaemia, (18,535 people).

Figure 2. Percentage of people with diabetes (as measured by percentage of general practice list on Quality Outcome Framework diabetes register aged 17+).



*Swindon PCT 2011/12 and 2010/11

What services do people use?

There are a wide range of services for diabetes available in Swindon. Most people with diabetes receive their care in primary care (mostly through their general practice). In primary care there are differences in the care and management offered. There are some places in Swindon where improvement is required and other areas which are performing very well. Making sure that everyone with diabetes is able to have the same opportunities is crucial to improving outcomes for people with diabetes in Swindon.

Prevention and self-management

There are a wide range of services available in Swindon for the promotion of a healthy weight and active lifestyle. There are also a number of options to aid people with diabetes to self-manage their diabetes.

Primary care and community care

Less than 4 in 10 people with type 1 diabetes and around 6 in 10 people with 2 diabetes had all eight care processes (routine tests such as blood pressure being measured) (2014/15, data collected in the National Diabetic Audit (NDA)). Younger people and those with Asian or Black ethnicity were less likely to receive all eight care processes.

Less than 4 in 10 people with newly diagnosed type 1 diabetes and around 7 in 10 people with newly diagnosed type 2 diabetes were offered structured education sessions (2014/15, NDA). However, of those referred only a very small number attended the sessions. Many other areas of the country get better uptake and we need to consider what they are doing that we could learn from and also consult with patients about what they want.

15 in 100 of people with type 1 diabetes achieved all three treatment targets. 4 in 10 people with type 2 diabetes achieved all three treatment targets (2014/15, NDA).

The treatment targets are; good blood sugar control (HbA1c less than 58mmol/mol), good blood pressure control (blood pressure less than 140/80) and good cholesterol control (serum cholesterol less than 5mmol/L). Younger people were less likely to achieve treatment targets. Achieving good blood pressure control, good cholesterol control and good blood sugar control is worse in Swindon than nationally (see figure 3).

The Swindon Community Diabetes Service offers:

- Education for healthcare professionals,
- Advice for healthcare professionals including joint clinics,
- Clinics for people with more complex diabetes.

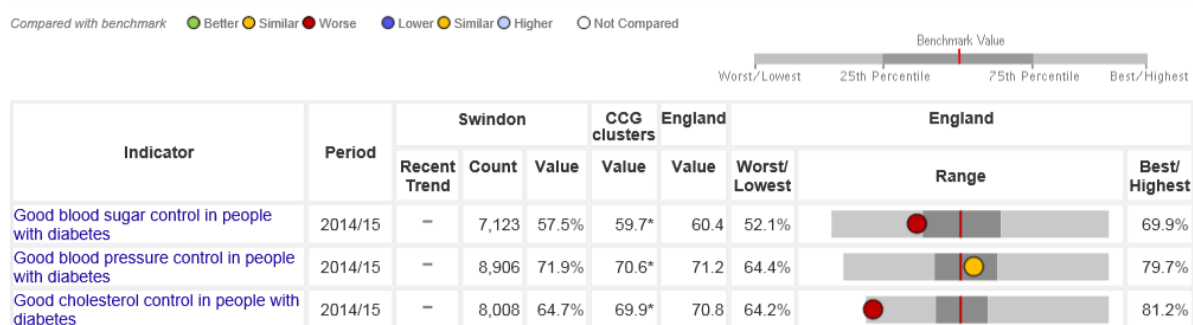
People with diabetes also use social care services if their need increases with the problems caused from diabetes.

Secondary care (hospital care)

Hospital outpatient clinic data shows that there may be unequal access to this service for different ethnic groups. However, there are a large number of people with 'unknown' ethnicity status which may be affecting the data.

There are a number of other elements within the diabetes pathway such as transitions (when children move to adult clinics), foot care and maternity which are important to improve outcomes for specific groups of people with diabetes.

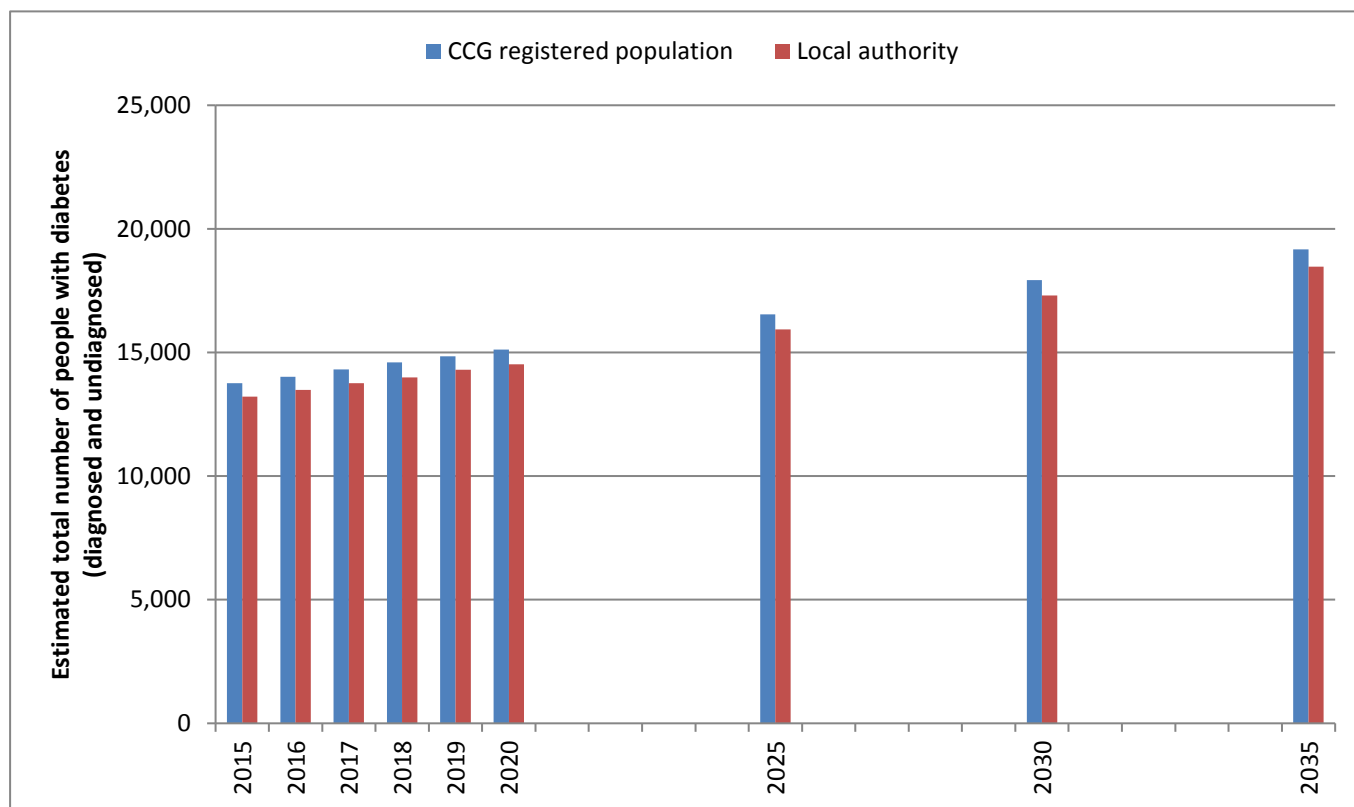
Figure 3. NHS Swindon CCG diabetes care, 2014/15.



What could the future look like?

It is thought that for Swindon the percentage of people with diabetes will increase to 9 in 100 by 2035. This means possibly 2,711 more people with diabetes by 2025 and 5,250 more people with diabetes by 2035 (see figure 4). These numbers include people with diagnosed diabetes and undiagnosed diabetes.

Figure 4. Estimated total number of people with diabetes (diagnosed and undiagnosed) in Swindon.



Recommendations

1. Stopping people from getting type 2 diabetes is crucial. If this is not achieved almost 9 out of every 100 people (15,931 people or 8.5% of the population) in Swindon may have diabetes by 2025.
 - a. Make sure people know how to prevent diabetes, by promoting an active lifestyle, watching their weight and eating a healthy diet. This can be through working with communities and health and social care through appropriate campaigns.
 - b. Promote the prevention services we provide e.g. the new Swindon Community Health and Wellbeing Hub.
 - c. Support a national programme, called the NHS Diabetes Prevention Plan, to help local people with a high chance of getting diabetes to reduce their risk of developing diabetes.
2. Make sure people at high risk of diabetes and people who have just developed diabetes are diagnosed quickly, so that they can get the best care. This will be done through education of patients and health-care professionals. Health professionals are advised to use risk assessments to aid early diagnosis. Continued education around this area by the Swindon Community Diabetes team is required.
3. Provide better care in Swindon for people with diabetes to reduce complications and, therefore, reduce need for health and social care. Action is required to reduce the differences in care for people with diabetes that occurs between GP practices.
 - a. Work with the community, CCG and the Great Western Hospital NHS Foundation Trust on a community model of care.
 - b. Increase the percentage of people with diabetes receiving all eight care processes. We will especially target young people, and those from minority ethnic groups. This could be achieved by raising the profile of the annual review for people with diabetes and taking up national opportunities for improving diabetes care.
 - c. Increase the percentage of people with diabetes meeting all three treatment targets. We will especially target young people and those in deprived areas.
4. To achieve this annual reviews are required, primary care education and awareness of referrals and patient engagement.
- d. Increase referrals and attendance to structured education sessions. To ensure this, primary care needs to be aware of and understand these courses, refer appropriately as part of the care plan, offer a variety of course times and dates to suit patients and engage with patients to understand in more detail why people do not attend.
- e. Continue improvements in foot care processes including amputation rates by ongoing review of the service, especially availability of podiatry services in the community and secondary care.
- f. Continue to increase participation in National Diabetes Audit to get complete information of diabetes care in primary care, including on ethnicity.
- g. Continued education for people with diabetes and healthcare professionals on the increased risk of depression with diabetes is required to ensure people with diabetes and depression receive appropriate care.
5. Make sure there is continued patient and public involvement in communication of key messages, diabetes care and any changes to care. Specific work to find out if there are any barriers to people from BME groups using diabetes services or being diagnosed with diabetes is needed to understand the possible differences in service use.
6. Make sure that there is continued communication between areas where people with diabetes attend for other reasons (such as maternity, podiatry and chiropody) and specialist diabetes services. We will carry on with the programme of change within diabetes transitions which aims to improve the service for children with diabetes as they move into adult services.
7. Aim to make ethnicity recording more complete in hospital outpatient clinics so we are able to understand differences in access to diabetes specialist services.
8. These recommendations should be taken to the established multi-agency Swindon Diabetes Transformation Board for action.

Update on Swindon's Economic Strategy

Health and Wellbeing Board

Date: 15th March 2017

Author:	Andy Evans - Corporate Director of Economy, Regeneration & Skills
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 This report presents the evidence base that underpins the draft Economic Strategy. It has resulted in the identification of the 4 key themes and a suite of recommendations set out in the accompanying appendices that will accelerate Swindon's economic growth.

2. Recommendations

The Board is recommended to:

- 2.1 Note the findings of the Economic Strategy Joint Strategic Needs Assessment as set out in the Bulletins attached at Appendix 1 to 4 to the report.
- 2.2 Note and endorse the draft Swindon Economic Strategy 2016 -2026 as attached at Appendix 5 to the report.

3. Detail

- 3.1 The Economic Strategy is proposed to sit alongside the next iteration of the Local Plan (2036) and the forthcoming Swindon Transport Strategy. It will sit above the Town Centre Masterplan, the emerging Swindon Skills and Employment strategy, the Health and Wellbeing Strategy, and the Swindon Town Centre parking strategy which is currently being developed.
- 3.2 Officers have developed a comprehensive evidence base that is aligned to the Joint Strategic Needs Assessment (JSNA) process and this has guided the identification of the emerging Vision and Objectives (see Appendices 1-4).
- 3.3 The draft Economic Strategy is attached as Appendix 5.
- 3.4 Reflecting upon the evidence base, the Council's Vision, and based on early engagement with the business community via our INFLUENCE forum, the draft Swindon's Economic Strategy Vision reads:
- 3.4.1 "By 2036, Swindon will be the UK's most innovative, productive, fast-growth city, and will grow sustainably and create employment opportunities for more of its residents."
- 3.5 The strapline to sit alongside the vision is "Accelerating Swindon's Growth Potential" as this reflects our status as one of the UK's fastest growing cities. To

Further information on the subject of this report can be obtained from Ross Miller, 01793 466403, rmiller@swindon.gov.uk.

Update on Swindon's Economic Strategy

Health and Wellbeing Board

Date: 15th March 2017

date our growth has been predominantly around housing, but in the economic strategy, we articulate our intent to grow the economy to match housing growth.

3.6 The aims of the economic strategy are:-

- 3.6.1 To enhance Swindon's competitive position as one of the UK's most productive economies by attracting investment and high value employment.
- 3.6.2 To grow sustainably and create a diverse and resilient economy by encouraging growth in small and medium sized businesses.
- 3.6.3 To make Swindon a desirable place to live, work and invest to attract highly skilled residents through delivering transformational change in town centre regeneration as well as improving retail & leisure, cultural and evening economy outcomes.
- 3.6.4 To create a fast growth high value economy by improving our education outcomes and upskilling our residents to enable our businesses to grow and compete.
- 3.6.5 Underpinning these aims is a broader objective to make Swindon a more inclusive place, with reduced worklessness and associated improving health and well-being outcomes.

3.7 The JSNA's propose the following objectives are set in the Economic Strategy:

Business Growth

- 3.7.1 Create an integrated and accessible business support and inward investment offer.
- 3.7.2 Increase the number of business start-ups and improve survival rates.
- 3.7.3 Support innovation and knowledge based growth.
- 3.7.4 Raise the number of businesses exporting.
- 3.7.5 Raise the profile of Swindon and create a positive identity to attract new businesses and inward investors.

Land and Infrastructure

- 3.7.6 Enhance Swindon's strategic connectivity by securing investment in targeted network improvements.
- 3.7.7 Improve key gateways into the town centre.
- 3.7.8 Strengthen digital connectivity.

Further information on the subject of this report can be obtained from Ross Miller, 01793 466403, rmiller@swindon.gov.uk.

Update on Swindon's Economic Strategy

Health and Wellbeing Board

Date: 15th March 2017

3.7.9 Develop Swindon as a nationally significant player in the UK's energy sector, with particular strengths in the low carbon energy generation sector and application of hydrogen technologies.

3.7.10 Unlock high quality employment land.

Education and Skills

3.7.11 Raise the education aspiration of young people and their families.

3.7.12 Grow the number of businesses who utilise apprenticeships as a route to a higher skilled sustainable workforce.

3.7.13 Increase number of Swindon residents with degree-level qualifications by securing a range of options to access Higher Education.

3.7.14 Establish accessible technical routes that meet the needs of employers.

3.7.15 Reduce the proportion of young people who are not in education employment or training (NEET).

3.7.16 Allow all adults who wish to progress into work to access our inclusive Swindon Adult Education curriculum.

Town Centre Regeneration

3.7.17 Reconnect the town centre to its' Railway Heritage, a new 'zone of enterprise' with station regeneration at its' core.

3.7.18 Increase the supply of town centre office stock to address the current shortage and attract new occupiers.

3.7.19 Improve the retail, leisure and cultural offer.

3.7.20 Make it easier for people to get to and around the town centre.

4. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

4.1 The report does not include any direct implications. Legal and Human Rights Implications.

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

4.2 The report does not include any direct implications.

Update on Swindon's Economic Strategy

Health and Wellbeing Board

Date: 15th March 2017

Diversity Impact Assessment

- 4.3 A diversity impact assessment is underway as part of the economic strategy creation.

Risk Management

- 4.4 There is no inherent risk posed at this stage of consulting.

5. Consultees

- 5.1 The development of the economic strategy has been overseen by the "Growing the Economy Overview and Scrutiny Committee" and officers have had initial engagement with businesses, stakeholders (including national government departments such as Department for International Trade, Department for Business, Energy and Industrial Strategy, and Department for Communities and Local Government. Once approved by Cabinet in March, the Strategy will undergo full public consultation.
- 5.2 The Corporate Director, Resources and Transformation (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

6. Background Papers

- 6.1 None.

7. Appendices

- 7.1 Appendix 1 – JSNA Bulletin: Economic Strategy – Business Growth
- 7.2 Appendix 2 – JSNA Bulletin: Economic Strategy - Land and infrastructure
- 7.3 Appendix 3 – JSNA Bulletin: Skills and Education
- 7.4 Appendix 4 – JSNA Bulletin: Town Centre Regeneration
- 7.5 Appendix 5 – Draft Swindon's Economic Strategy 2016 -2026

Swindon Joint Strategic Needs Assessment Bulletin

Bulletin: Economic Strategy – Business Growth

Key Points:

- The borough needs to attract and support new businesses, and existing businesses in our nationally important clusters: automotive and aerospace, pharmaceuticals, digital economy and banking and professional services
- We need to increase both the number of business start-ups and their 3 year survival rates which are significantly lower than our comparators,
- The support offer to businesses needs to be strengthened to support growth (including exporting)
- Raise the profile of Swindon and create a positive identity to attract new businesses and inward investors

A JSNA helps us to understand:

This JSNA will help us to understand:

- What we know about the current economic performance and needs of local businesses.
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

The Economy JSNA process involves many different partners and is created and monitored by the Economic Development Team. Understanding Swindon's changing population, the factors that affect economic growth, the town's assets and the implications for future growth are vital in setting priorities and planning future services.

This JSNA is part of a suite of documents to understand the needs of businesses and residents in Swindon. It provides a brief summary of the full JSNA which is a comprehensive and detailed analysis of all aspects of the local economy.

Who is affected?

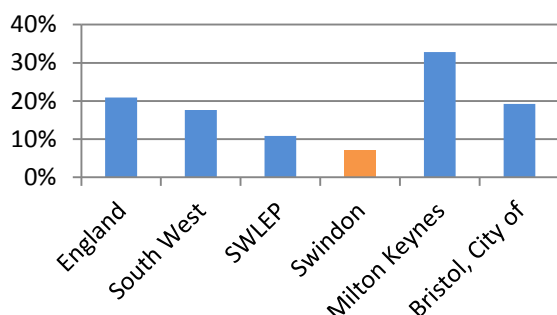
In 2015 Swindon had an estimated population of 217, 200, of which 118,600 were economically active. 114,400 people in Swindon are in employment, this is likely to increase by 15,000 by 2026 as our population expands by over 40,000 people.

Swindon is home to 8,665 local business units and 6,985 enterprises. The borough has more than double the number of large companies (over 250 employees), 0.7% (50), than the south west average. 82% of enterprises are classified as "micro" (employing less than 10 employees), 2% lower than the south west average.

Challenges to economic growth

GVA

% Growth in GVA 2009-2014
Source: Gross Value Added (Income Approach) at current basic prices, ONS



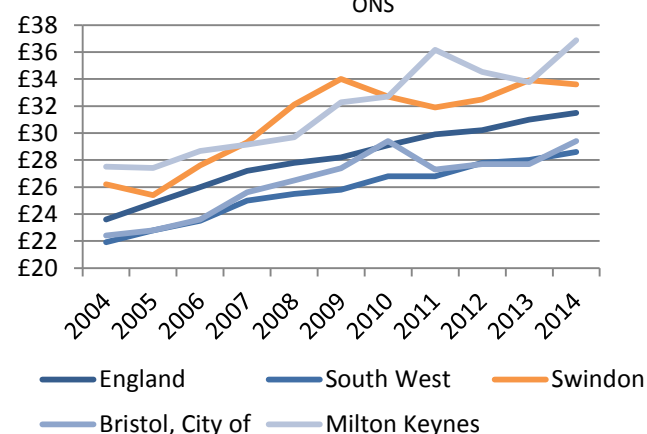
Swindon's GVA growth fluctuates significantly, but has grown every year in the last decade except 2010 and 2012. Over the last 3 years, Swindon's GVA growth has averaged the same as England, although growth has been volatile. Despite the volatility Swindon has the 7th highest GVA output per worker at £58,514, from the UK's 63 largest urban authorities, 10% higher than the English average. Despite this, over the last 5 years our growth in GVA has been half that of the southwest and a quarter of Milton Keynes.

Swindon's greatest wealth creating sectors are: Production, distribution transport retail and food, banking and finance and business services.

Swindon's GVA per hour worked peaked in 2009 and has since fluctuated. Nevertheless, Swindon is still more than 12% more productive than the UK average. To maintain our high productivity, and thus high economic output, we will need to increase the number of businesses in wealth creating sectors such as banking insurance and finance, professional services and digital, advanced manufacturing. Increased investment in skills enhances the boroughs competitiveness and allows residents to compete for these jobs.

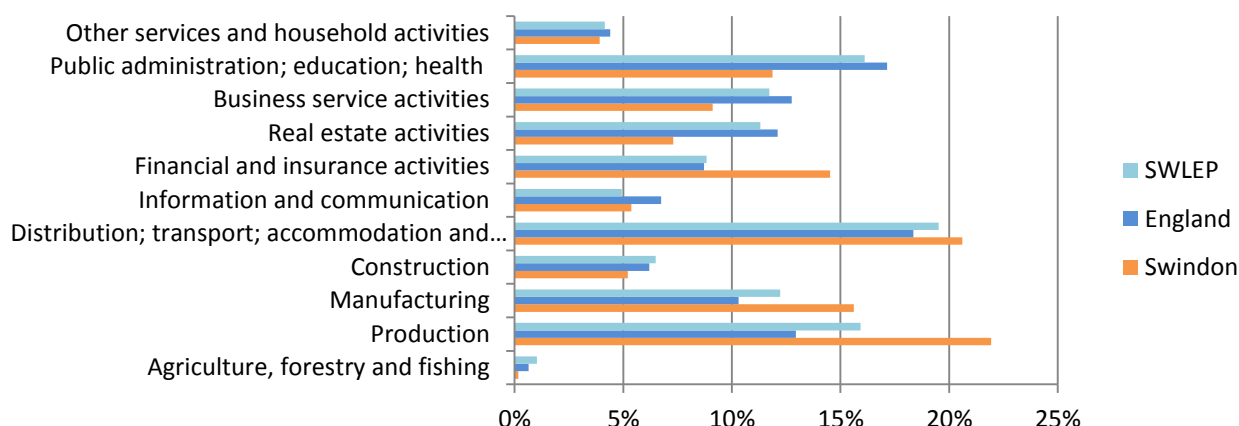
GVA per Hour Worked

Source: Nominal (Unsmoothed) GVA per Hour Worked, ONS



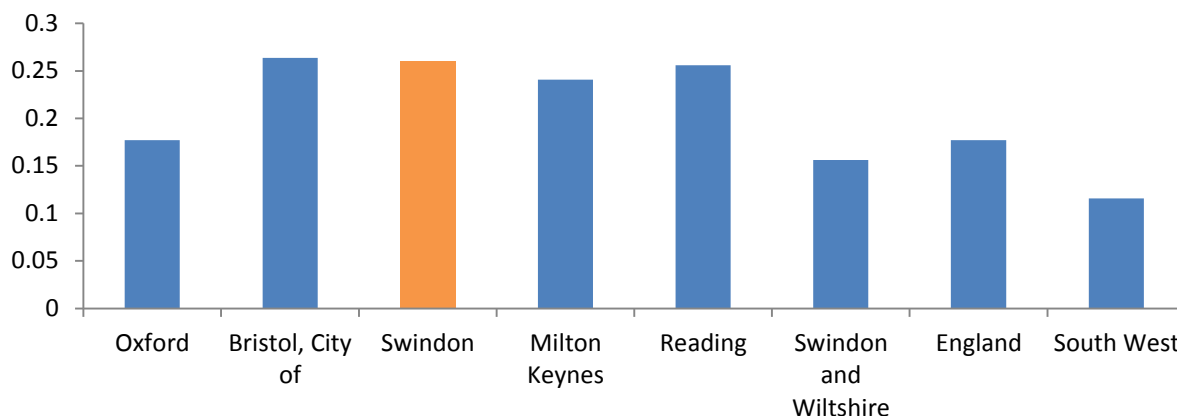
GVA Contribution by Industry 2014 £millions

Source: Gross Value Added (Income Approach), ONS



Growth in the number of Enterprises 2010 -2015

Source: NOMIS UK Business Counts 2015



Employment and Business Trends

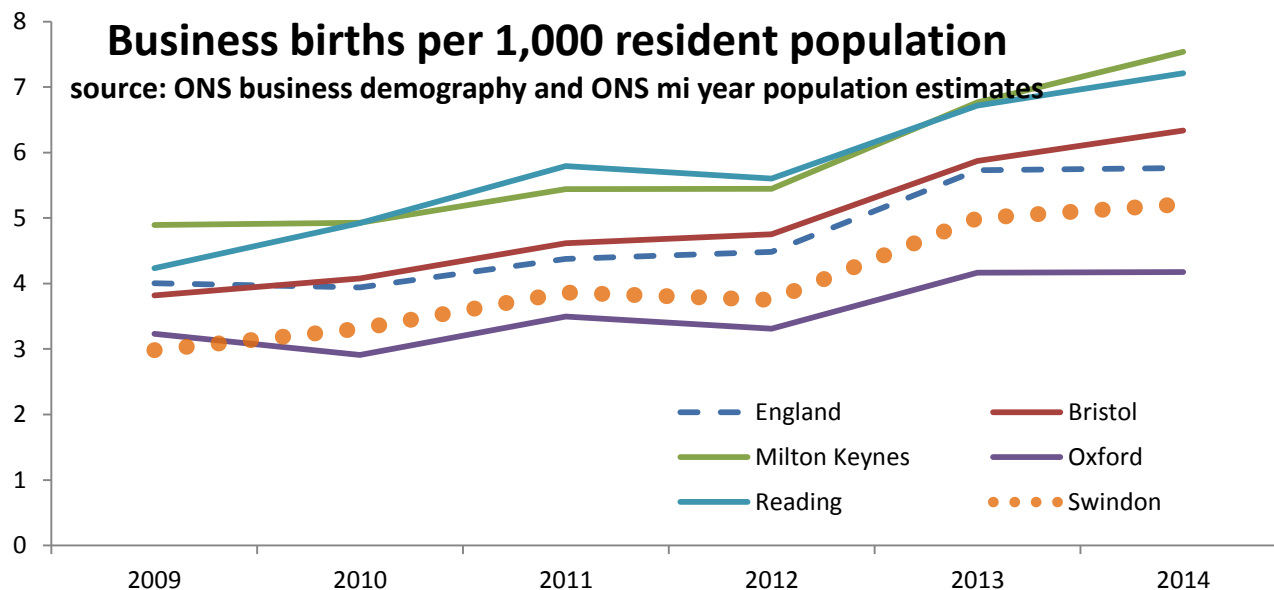
Growth in the number of businesses in Swindon is accelerating with 1,300 more enterprises in Swindon in 2015 compared to 2010. However this starts from a low base of 5,230. Growth in the number of businesses has twice as fast as the South West average over the last 5 years, and faster than Milton Keynes. In Swindon there are just 28 enterprises per 1,000 of the population as compared with 38 per 1,000 in Milton Keynes and the South West. Despite growth in the business base in absolute terms, the overall business density remains low. In part, this is because Swindon's economy has strong representation from the large and multinational businesses. Increasing the business base should be an economic priority as this will increase future innovation and economic growth (which is driven

by SMEs) and also increase economic resilience (reducing dependency on large businesses that are more susceptible to global economic downturns). The chief analyst at BIS (now BEIS) described how SME's play *"a disproportionate contribution to job creation and they play a key role in growth by driving competition and stimulating innovation"*. Swindon has twice as many of the largest businesses compared with England as a whole. These very large businesses are clearly important to the Swindon economy and need to be supported as any decision to leave the local area could have a significant detrimental impact to employment in Swindon, which will affect residents.

Swindon has the 4th highest ratio, for urban authorities, of private sector jobs to those in the public sector of 4:1. Private sector jobs are

Business births per 1,000 resident population

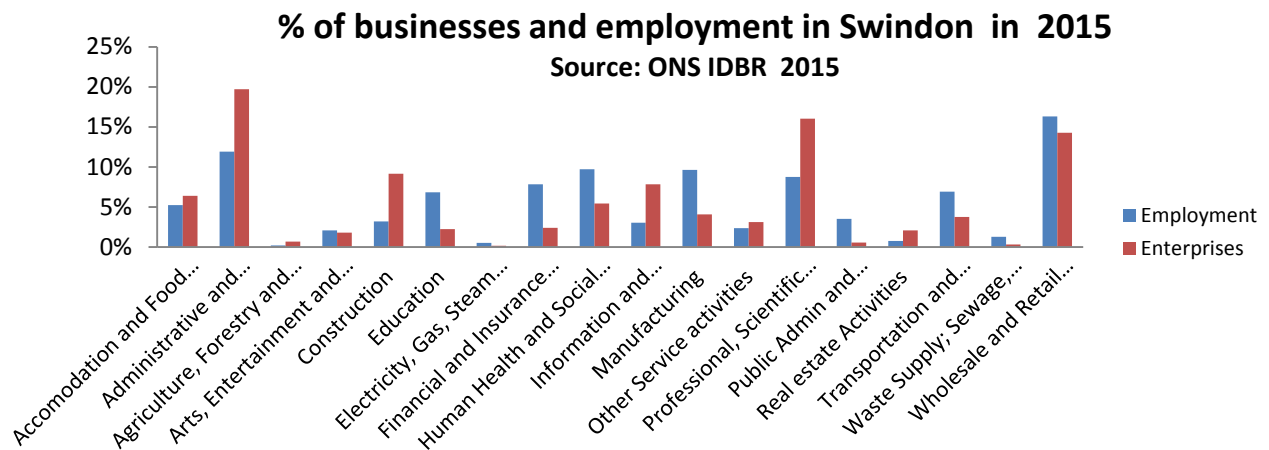
source: ONS business demography and ONS mid year population estimates



generally understood to be better at creating jobs and economic growth.

Supporting entrepreneurship is a key way for an economy to generate new jobs, ideas and, critically, economic value and wealth. Business births, expressed per 1,000 residents, have increased in Swindon by 70% between 2009 and 2014 which has narrowed the gap with England.

However the business birth rate in Swindon is still significantly below Milton Keynes, Reading and Bristol. Business survival rates in Swindon are high in Year 1 (95.7%), however between Year 1 and Year 2 business survival rates fall drastically (76.5%) and although just above English average are up to 2% lower than our comparator areas. A similar pattern arises in year 3. Swindon needs to help ensure survival rates of starting businesses



improve in their second and third year.

Swindon has a diversified economy that is dominated by private sector firms. The greatest numbers of businesses are in 'admin and support services' and 'professional & scientific' and 'wholesale & retail trade'. In employment terms, the most significant sectors are 'wholesale & retail', 'admin & support', 'health and social work', 'professional and scientific' and 'financial and insurance' and 'manufacturing'.

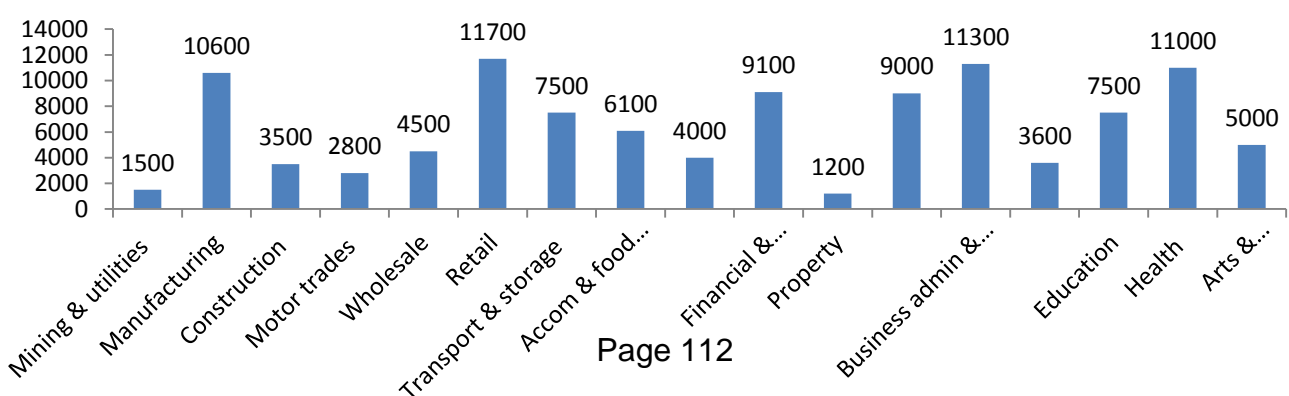
Swindon was badly affected by the economic recession, employment fell between 2009 and

2014 whilst our comparators (including the national average) increased. The recovery – since 2012 – has been modest. Swindon has created 5,000 jobs in the last 2 years but needs to create another 8,000 to return to the workforce employment levels of 2009. Similarly, the number of businesses continued to grow. This growth could be partially explained by residents taking up self-employment following redundancy. In 2014 and 2015, both employment and the number of businesses grew indicating a

Employment by sector in Swindon

source: ONS BRES 2014

*employment rounded to nearest 100



recovering economy.

Full time employment accounted for 71% of total employment in 2011 and has fallen to 70% in 2014. However we have a higher proportion of full time workers than both the English and the South West and all of our comparator areas with the exception of Milton Keynes and Reading (who have 72%). Part time employment in Swindon rose by 1-2% between 2011 and 2013 but in 2014 fell by 1%, accounting for 30% of total employment in 2014. The proportion of total employees working part time has remained relatively constant between 2010 – 2014, again lower than all of our comparator areas with the exception of Milton Keynes and Reading. Swindon's largest sectors in employment terms are: Retail, Business admin, Health, Manufacturing, Financial & Insurance, and Professional & scientific. Swindon's economy is well diversified, is not dominated by any one particular sector and has relatively low reliance on the public sector. The fastest growing sectors

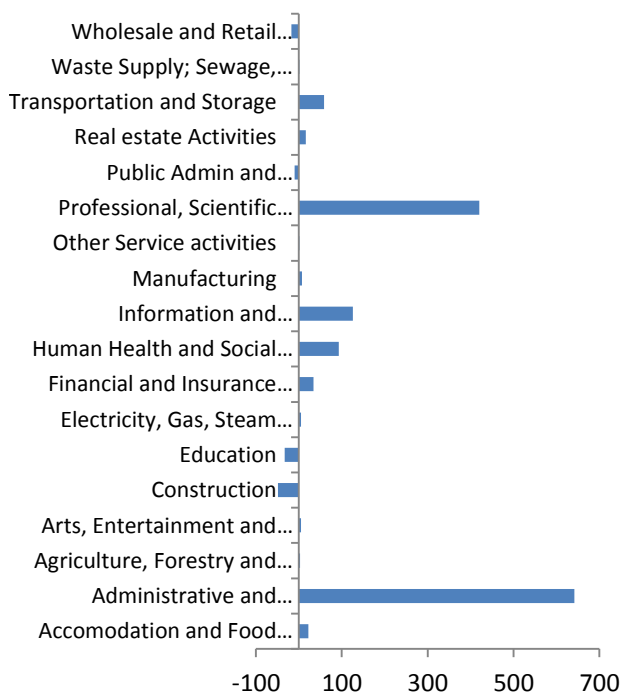
professional scientific & technical and health with sharp declines in manufacturing.

The Swindon economy has experienced a level of rebalancing in the last five years with strong levels of employment growth in high value sectors including professional, scientific & technical and financial & insurance activities, this has countered the losses in manufacturing, ensuring that Swindon has maintained its high levels of GVA. Swindon has also seen considerable growth in the number of businesses in the professional, scientific and technical; administrative and information communication sectors.

Based upon current local and national trends independent consultant estimates indicate Swindon should create 15,000 new jobs (net) between 2016 and 2036. Most growth is expected to be in high value sectors such as: business support services (e.g. Capita, recruitment), Head office and management consultancy, professional services, architectural

Change in businesses 2010 -2015

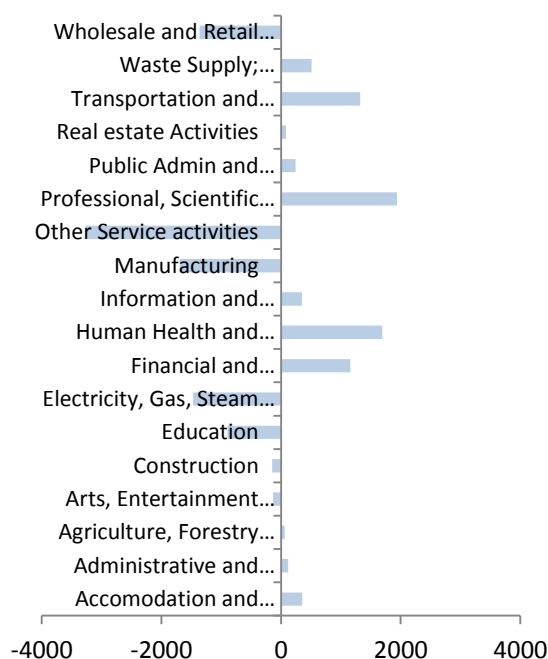
source: ONS IDBR 2015



in Swindon in the last few years have been finance & insurance, business administration,

Change in employment 2010 - 2015

source: ONS IDBR 2015



and engineering, other services, residential and

social, construction, health & education sectors.

Priority Sectors

The Swindon and Wiltshire Local Enterprise Partnership (SWLEP) defines priority sectors to be:

- Advanced engineering and high value manufacturing (automotive and aerospace). There is an opportunity to strengthen the supply chain locally
- Banking and professional services.
- Health and life science with particular strength in the manufacture of pharmaceuticals.
- ICT and digital is well represented and a future growth sector

These sectors correlate with some of our strongest industries. To secure growth and sustainability in these sectors Swindon is looking at strengthening sector clusters to enhance inward investment potential in the borough.

In spite of its small size, it is the 113th largest unitary authority out of 217,

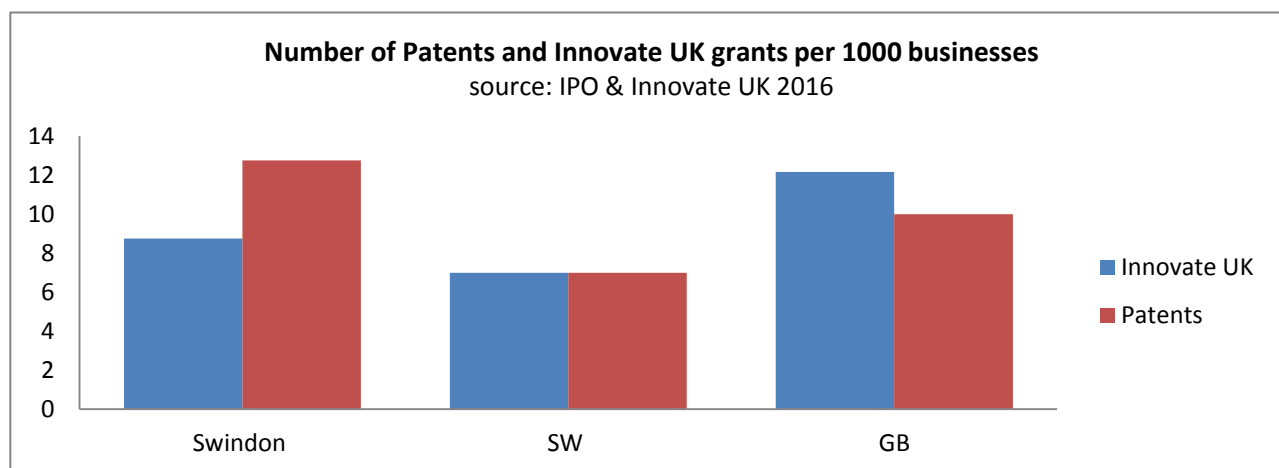
- Swindon has the 9th largest cluster of pharmaceutical manufacturing employment in the UK
- Swindon has the 7th largest employment cluster of 'manufacture of motor vehicles' in the UK
- Swindon is in the top third, nationally, in terms of employment in the knowledge

projected to grow strongly this represents a significant opportunity for Swindon. Computer consultancy is a specific strength in Swindon.

- Swindon ranks in the top quartile nationally in terms of employment in banking, insurance, finance and professional service sectors (just behind Cambridge). This sector is forecast to grow strongly, illustrating the economic potential

The share of Knowledge Intensive enterprises in Swindon is lower than its comparators, largely due to the low business density and proliferation of larger companies. However the number of knowledge intensive businesses has increased by 28% over the period 2010 – 2015, narrowing the gap with Bristol and Oxford. Employment in this sector has grown nearly twice as much compared to the English average and has experienced a 14% increase in employment since 2010. The number of people working in this sector (as a percentage) remains above our comparators with the exception of Milton Keynes.

Swindon has a high level of patents illustrating strong innovation in our economy but this is not reflected in the number of Innovate UK grants. However this may reflect the type of business in the Swindon economy – as we have a higher proportion of larger businesses and foreign-owned enterprises that may not be eligible for



intensive ICT sector; as this sector is

grant funding.

Exports

In 2014 Swindon performed below the average (for an urban authority) on exports per worker. In total each worker produced £12,370 in exports compared to the average of £15,690. This number was lower due to a lower export value created in the “goods” sector, being £3,500 lower than the average per worker. Exports from the service industry are in line with the national average. Swindon’s below average exports per job may suggest that businesses are successful at selling to businesses elsewhere in the UK, but are less successful at selling abroad. Support to export may be helpful in boosting growth.

What strategies and operations already exist?

SBC Business Growth & Inward Investment Service

The newly created Business Growth & Inward Investment Service provides a way for local businesses to access the right business support at the right time for them. This is currently a reactive service dealing with businesses in an ad-hoc way. A targeted proactive visit program is being designed to reach out to businesses and demonstrate the strength of business support offered through SBC and partner organizations. We are interested in the issues faced by local businesses and ways in which SBC services and partner organisations can help businesses overcome barriers to growth.

Growth hub

The Growth Hub is a portal to business support services across Swindon and Wiltshire. This provides information on services available within the Swindon and Wiltshire LEP to help businesses, including local business support agencies, links to local authority regulatory services and national government business services. With information and links to free, part-funded and paid for business services with tailored

support for start-ups, SME’s and high growth businesses.

European Structural Investment Fund

Funded program for businesses providing 12 hours of free support, delivered by 4 providers across Swindon and Wiltshire. This includes one to one support to identify and deliver the correct training and events for each business on a case by case basis. With the addition of a grant fund up to £10,000 per applicant (requiring match funding from the business applying) to help businesses take the next step to grow in a way that is right for them.

Strategic Economic Plan

The 2016 Strategic Economic Plan, created by the Local Enterprise Partnership, highlights the priorities and future opportunities for investment through to 2026. The key priorities for investment are focussed on making Swindon and Wiltshire the best location for business across central southern England.

Five strategic objectives have been identified in this Strategic Economic Plan extending across the Swindon and Wiltshire Local Enterprise Partnership (SWLEP) area. In addition, we have reviewed the geographic coverage of the three Growth Zones which were originally identified in 2014. The Growth Zones remain our focus for targeted investment; these are Swindon-M4 Growth Zone, the A350 Growth Zone and the Salisbury-A303 Growth Zone. Each Growth Zone has its individual strengths, characteristics and investment needs which are reflected in our Investment Plan.

What do People Think?

Focus groups were conducted with the business community to discuss the overarching themes of the economic

strategy. At this event Business growth was agreed as a headline theme.

In addition to the inaugural consultation with local businesses, the draft economic strategy will be published as part of a larger consultation for residents and businesses. This will enable local businesses to comment upon the recommendations that come out of this needs assessment.

Recommendations

The JSNA has identified 5 strategic objectives (listed below) to be explored by the Economic Strategy to 2036 and 29 specific actions:

1. Create an integrated and accessible business support and inward investment offer
 - a. Establish a co-ordinated and proactive business visit programme and visit at least 50 businesses per annum
 - b. Improve the content on our website to support business growth.
 - c. Effectively signpost to the Swindon and Wiltshire Growth Hub to support the needs of SMEs (note this includes low carbon and energy efficiency).
 - d. Work collaboratively with Swindon and Swindon and Wiltshire Investment / Property groups to understand market demand and supply issues.
 - e. Establish a red carpet inward investment service to convert enquiries generated by the Switch onto Swindon campaign and establish a 'development team' approach for major inward investment inquiries.
 - f. To attract high value companies in our key sectors,

develop and promote sector based inward investment fact-sheets.

- g. Proactive marketing of Swindon and key development sites at national / international exhibitions and conferences.
 - h. Working with DIT 'posts' in foreign territories under matchmaker (sector matching) scheme.
 - i. Attract new businesses through the Place Marketing and DIT-assisted campaigns.
 - j. Hold sector specific events to attract new businesses – targeted marketing strategy linked to our economic strategy and key sectors.
2. Increase the number of business start-ups and improve survival rates
 - a. Promote partner services (SME Growth, Export for Growth, I2S) to increase business start-ups
 - b. Promote business networks (Chamber, FSB Business West)
 - c. Improve the business content on SBC and Place marketing web sites.
 - d. Inform DIT international team/ sector reps of Swindon's inward investment strengths.
 - e. Produce 'Soft landing' package for potential inward investors
 - f. Work with independent businesses, retailers, investors and partners to transform our town centre as an engine of growth for the local economy
 - g. Identify and target local supply chain development through promotion of industry groups such as WEAFF.
3. Support innovation and knowledge based growth
 - a. Refer knowledge-intensive businesses to GH services i.e.

- Innovate to Succeed, LMAP leading to new product and services (including hydrogen supply chain).
 - b. Promote Knowledge Transfer Partnerships with HE and joint funding applications for national funding partners including Innovate and Research councils.
 - c. Work with business in partnership with regional and national government to promote sustainable energy solutions
 - d. Create more incubator and shared workspaces to support business start-ups and micro-enterprises and small units for their succession and growth
 - e. Develop internationally recognised clusters of digital technologies, pharmaceuticals and advanced engineering activity by ensuring we have the right facilities and linkages between research and development and manufacturing capabilities and through development of our inward investment prospectus
4. Raise the number of businesses exporting
 - a. Support local businesses to export, working with DIT & Export for Growth
 - b. Hold a DIT event in Swindon focussed on exporting
 5. Raise the profile of Swindon and create a positive identity to attract new businesses and inward investors
 - a. Establish a business led Place Board that identifies, articulates and communicates Swindon's strengths
 - b. Launch ambassadors' scheme with 200 businesses signed up and contributing towards funding to do further place marketing work
- c. Create Switch onto Swindon brand with associated products (website, brand-book, inward investment prospectus)
 - d. Attract new businesses through the Place Marketing and DIT-assisted campaigns
 - e. Establish a community interest company (in addition to the one already created for Common Farm Solar)

Acknowledgements

The author would like to thank all the officers, businesses, and stakeholders who contributed to and gave their time to help inform this needs assessment.

Where to find more information

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Swindon Joint Strategic Needs Assessment Bulletin

Bulletin: Economic Strategy – Land and Infrastructure

Key Points:

- Capacity constraints on Swindon's road and rail network pose a threat to securing sustainable growth, and are exacerbated by an over-reliance on the car for local journeys.
- Swindon needs to identify and deliver up to 100 hectares of suitable employment land by 2036.
- Over the last 5 years the council has not delivered enough houses to meet its local plan target.
- Swindon has one of the highest CO2 emissions per capita for an urban authority in the south.

A JSNA helps us to understand:

A JSNA helps us to understand:

- What we know about the current economic situation
- How the needs of Swindon's economy are currently being met
- What we think the future needs of the economy are likely to be; and
- How future needs can be met.

The JSNA process involves many different partners and is maintained by the Economy team. Understanding Swindon's changing population, the factors that affect economic growth, the town's assets and the implications on future growth are vital in setting priorities and planning future services.

This JSNA is part of a suite of documents to understand the needs of businesses and residents in Swindon. It provides a brief summary of the full JSNA which is a comprehensive and detailed analysis of all aspects of the local economy.

Who is affected?

In 2015 Swindon had an estimated population of 217, 200, of which 114,000 are in employment. Employment is expected to increase by 15,000 before 2026, and our

population is expected to grow by over 40,000.

Swindon is home to 8,665 local business units and 6,985 enterprises. The borough has more than double the number, 0.7% (50), of large companies (over 250 employees) than the south west average; although the overwhelming majority of our businesses (82%) are classified as "micro" (employing less than 10 employees).

Challenges upon economic growth

Transport

Data from the 2011 Census shows that Swindon residents are more reliant upon private cars and vans to get to work (68%) than the national urban average (64%), even though a relatively high proportion (75% of our residents) work within the borough. Conversely, fewer people use public transport (9%) to travel to their place of work compared to the national urban average.

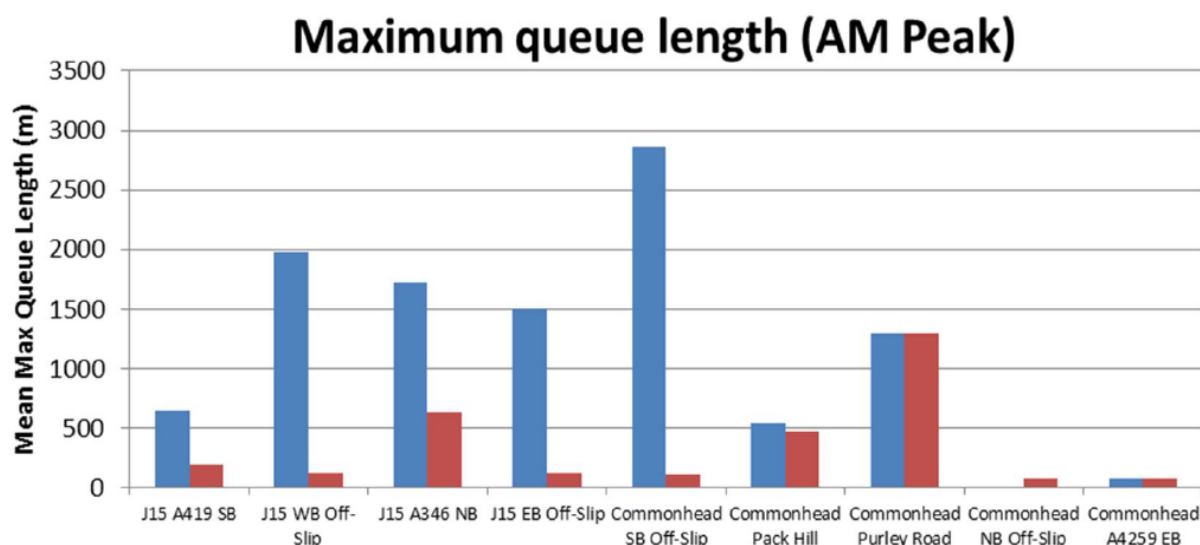
In Swindon, 68,123 residents work in the borough, 21,252 leave to work elsewhere and 20,798 people commute to work in the borough. The census also shows us that considerably more people commute from West of England LEP, Gloucestershire and Wiltshire to Swindon than from our eastern neighbours. In contrast more Swindon residents commute to Oxfordshire and

Berkshire than Gloucestershire and the West of England LEP.

Traffic data shows that many roads within Swindon are over-capacity during peak periods, especially radial routes into the town centre. This results in congestion, which can in turn reduce the reliability of local bus services making them less attractive to use, as well as contributing to poorer air quality.

The capacity issues extend beyond the urban area with the major motorway junctions

struggling to facilitate the growth that Swindon is expecting. Intervention on Junction 15 of the M4 could have the ability to reduce journey times on the south bound approach of the A419 from 1200 seconds to just over 400 seconds, which could save the commercial sector up to £100,000 a year, through travel time reductions and reduced vehicle operational costs. This is in addition to the consumer benefits also estimated to be around £100,000. The graph below is able to demonstrate the severity of current



constraints around junction 15.

Junction 16 is equally at full capacity with modelling estimating that intervention on the junction could reduce the average delay by half from 75.5 sec/pcu (per car user) to 35.5 sec/pcu. This delay would increase by 20 sec/pcu come 2026 if there was no intervention based upon current population forecasts.

Whilst Swindon currently has no declared Air Quality Management Areas, the Kingshill area has been identified as having high NO_x levels that could trigger a future Air Quality Management Area declaration. Close monitoring of traffic and air quality levels is continuing at this location.

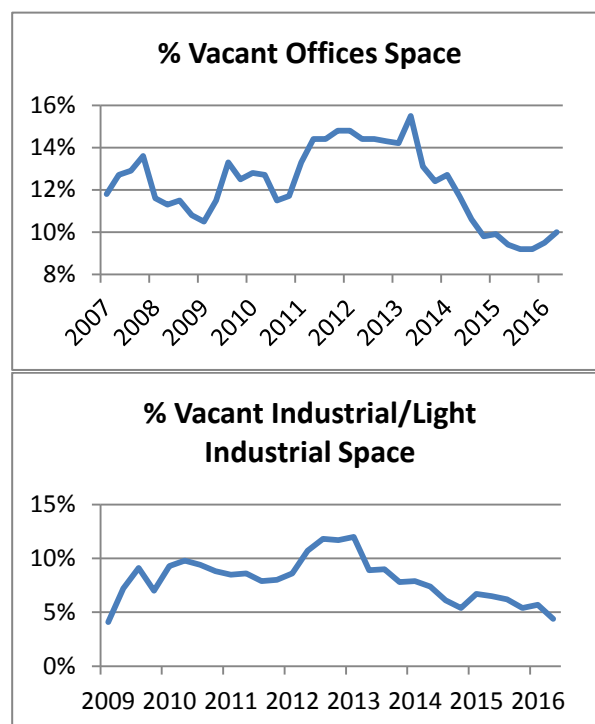
Swindon railway station is the 3rd busiest station in the south west with 3,580,540 entries and exits over 2015-16. This has

increased by over a million in 10 years and the number of interchanges has almost doubled in the same time, to 242,000. The government has announced its support of a project to regenerate the rail station and its surrounding land to “maximise and enhance” the regeneration of the town centre. Network Rail is progressing the electrification of the GWR main line between London Paddington and Cardiff, meaning that Swindon will be connected to London by new electric-powered trains by the end of 2018. The outcome will reduce travel times and emissions, as well as increasing the passenger capacity of the trains. As part of the electrification, Swindon will gain an extra service to London every hour, from 4 currently to 5.

Employment Land Supply

Swindon's Employment Land Needs Assessment (2016-36) has recently been completed as part of the evidence base to influence the economic strategy and the next iteration of the local plan. This has been focused on looking at the needs of the borough's economy to 2036, ensuring that we have sufficient employment land to accommodate the needs of businesses, given our anticipated population and business growth. The review has identified the need for Swindon to allocate up to 100 hectares of new employment land. This consists of up to 50 hectares of B2 and B8 usages, 10-20 hectares of B1 usage and 30 hectares for 'other uses'.

The Swindon Office Market Review (2016) by Lovedays provides a good overview of market conditions, and reports that 2015 was the most active commercial office market in Swindon since accurate records began. There was over 226,000ft² of office take up by 2015 Q3. This reflects strong demand from both corporates and small and medium sized enterprises. Office availability in the town has reduced to around half the total at the peak of the recession and now stands at just below 600,000 ft². The lack of good quality stock is manifesting itself in a steady and sustainable increase in rents. The majority (75%) of commercial take-up is in out of town business parks which command a rent premium. Some of the sites allocated in the Local plan to 2026 are facing barriers to delivery due to a number of factors; including access to road infrastructure and general location. Despite no evidence on what a good vacancy rate is, the quality of vacant commercial properties in Swindon indicate that we need more supply.



Source: Costar

Housing Supply

The local plan of 2014 committed to unlocking land for the delivery of 22,000 houses before 2026. This averages approximately 1467 houses a year. After 5 years of its implementation the borough is behind its target by 1556 houses. When the borough fails to meet its 5 year housing supply the local plan risks challenge from developers wanting to build in locations not accounted for in the local plan. Any large housing developments that are not supported by the Local Plan pose threats to local infrastructure networks, thus existing residents and businesses.

Broadband and utilities

Data from 2017 highlights Swindon's weakness of superfast broadband coverage across the borough. Only 85% of properties in the borough had access to the higher speeds compared to a national urban authority average of 92.4%. A large portion of this failure is down to the lack of coverage to housing north of Thamesdown Drive and remote villages.

New technologies are constantly evolving from wired networks to wireless. The digital infrastructure expectations within the local economy will evolve with the technology (i.e. 5G, Ultrafast broadband), it is therefore important that over the economic strategy period new digital infrastructure is supported and installed.

Low Carbon

Swindon has one of the highest CO₂ emissions per capita for an urban authority in the South at 5.7tons, this is 1.5tons higher than Bristol and Reading and 0.9tons higher than Oxford. Researchers from Stanford University estimate that the economic damage of carbon dioxide emissions is up to \$220 per ton, this can occur due to harm to human health, lower worker productivity and decreased agricultural yields, all related to climate change. This suggests that Swindon's economy could be suffering as much as \$330 per person more than Bristol or Reading.

What strategies and operations already exist?

Local Growth Funding

Growth Deals provide funds to LEPs for projects that benefit the local area and economy. Swindon has received £94m towards projects such as; infrastructure projects for New Eastern Villages, access to the Wichelstowe development, Junction 16 of the M4 and a new Bus Exchange in the Town Centre. There have been a total of 3 rounds of funding to date with more expected in the future. Other funding and strategic partners such as Highways England and Homes & Communities Agency are central to this infrastructure development.

Local Plan

The Swindon Borough Local Plan 2026 is the principal planning policy document for Swindon Borough, providing the

development strategy to deliver sustainable growth to the year 2026. It sets out how much development the Borough needs and identifies where, when, and how development will take place in Swindon Borough. It also includes a set of more detailed development management policies used to assess planning applications in the Borough.

Housing Supply

The council is looking at developing municipal housing companies to develop more housing in the existing urban area. Where possible the council encourages higher density housing to maximise the use of land, where building densities have traditionally been low.

Super-fast broadband roll out

As part of the councils vision and pledge one the borough had a target of delivering 95% coverage of superfast broadband by summer 2017, this project is on track to reach its target thanks to a contract with UK Broadband.

Low carbon initiative

SBC has a corporate target of 200MW renewable energy to be generated in Swindon by 2020. The total currently stands at 167MW. The Council's wholly owned power company, Public Power Solutions, is tasked with developing solar schemes and is delivering these through a variety of innovative financial models. Work is also under way to look at various new technologies as power sources within Council assets and in the wider borough.

Bids are being developed for a number of UK and European funding streams (Innovate UK, Office for Low Emission Vehicles, European Regional Development Fund, Horizon 2020) which will support projects generating renewable energy and reducing emissions.

A review has also taken place of the Council's use of energy across its assets, and a plan is being

developed to increase efficiency whilst looking at alternative sources of energy to further reduce emission.

A wider strategy for energy across Swindon is being developed alongside the Economic, Transport and Waste Strategies

Travel Choices

Swindon Travel Choices is a project to support the regeneration of Swindon Town Centre by promoting different travel choices to the people who work in the town centre and live in the borough. Sustainable travel initiatives undertaken locally have been shown to reduce car use and increase the amount of walking and cycling, with attendant carbon reduction benefits. A Personal Travel Plan project in West Swindon, for example, is estimated from survey data to have saved around 3.25 million kilometres of travel by car, equating to a carbon reduction of around 425 tonnes.

What do People Think?

Focus groups were conducted with the business community to discuss the overarching themes of the economic strategy. At this event Infrastructure was agreed as a headline theme.

Consultations have taken place on a variety of different projects including Broadband, the employment land review, rapid transit and more.

Recommendations

The JSNA has identified 5 strategic objectives (listed below) to be explored by the Economic Strategy to 2036 and 20 specific actions.

1. Enhance Swindon's strategic connectivity by securing investment in targeted network improvements.
 - a. Ensure delivery of the committed programme of investment in transport network improvements including the NEV and Wichelstowe Transport Packages, Town Centre Movement Strategy and Bus Exchange, Sustainable Transport schemes, and motorway junction improvements.
 - b. Work in partnership with Network Rail and GWR and other partners to deliver the Swindon Station regeneration project
 - c. Prepare the new Swindon Transport Strategy (STS) setting out the pipeline of future transport projects on the strategic and local transport networks required to deliver future growth.
 - d. Use the STS to secure resources and lobby transport network managers and service operators to deliver the pipeline of projects including influencing Highways England and Network Rail to deliver improvements on the strategic road and rail networks.
2. Improve key gateways into the town centre
 - a. Ensure delivery of the new bus exchange and traffic management proposals identified in the Movement Strategy
3. Strengthen digital connectivity
 - a. Encourage delivery of Superfast and Fibre Broadband to deliver superfast broadband coverage to 95% of commercial and domestic premises in the borough by 2017.

- b. To make a business case to present to government to establish the case for early adoption of 5G in the borough
- 4. Develop Swindon as a nationally significant player in the UK's energy sector, with particular strengths in the low carbon energy generation sector and application of hydrogen technologies.
 - a. Launch financial instruments (Bonds, ISAs) to finance local supply schemes
 - b. Develop a model for viable heat networks
 - c. Match demand and supply for solar schemes, incorporating storage solutions
 - d. Deploy low carbon combined heat and power units in residential and non-residential buildings across the borough (Target: one fuel cell CHP unit)
 - e. Develop a waste to energy solution
 - f. Develop low carbon transport solutions which provide a viable alternative to fossil fuel vehicles
- 5. Unlock high quality employment land
 - a. Complete Swindon employment land needs assessment 2016-36 study
 - b. Consult owners of industrial employment sites to establish investment need
 - c. "Call for employment sites" as part of the Local Plan to 2036
 - d. Identify and analyse historic and current market demand for employment land by use class, sector and location
 - e. Encourage landowners to intensify development on existing employment sites, and regenerate under-performing sites
- f. Construct business case for industrial site regeneration and renewal programme
 - g. Create business case to enable Swindon Borough Council to bring forward own land and acquire new land for employment uses

Acknowledgements

The author would like to thank all the officers, stakeholders and businesses who contributed to and gave their time to help inform this needs assessment.

Where to find more information

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JSNA@swindon.gov.uk

Key Points:

- Swindon performs at close to the national average for sustained learning destinations, post 16, though significantly more students move into Further Education Colleges rather than School Sixth Forms
- Seventeen schools and colleges are currently matched with Enterprise Advisers as part of the Careers and Enterprise Company, working to develop Employer Engagement Strategies
- Fewer young people in Swindon start an apprenticeship as a Key Stage 4 destination than in England but Swindon has recently performed better than nationally in relation to growth in the number of apprenticeship starts
- Swindon has had decades of very low participation in Higher Education (HE) with the 10th lowest participation rate in the country amongst young people
- The proportion of adults (18-65 year olds) with learning disabilities in paid employment is well below the national rate of 7.0%

A JSNA helps us to understand:

A JSNA helps us to understand:

- What we know about the current economic and skills situation
- How the needs of Swindon's economy are currently being met
- What we think the future needs of the economy are likely to be; and
- How future needs can be met.

The JSNA process involves many different partners and is maintained by the Economy Skills and Regeneration team. Understanding Swindon's changing population, the factors that affect economic growth, the town's assets and the implications on future growth are vital in setting priorities and planning future services.

This JSNA is part of a suite of documents to understand the needs of businesses and residents in Swindon.

Who is affected?

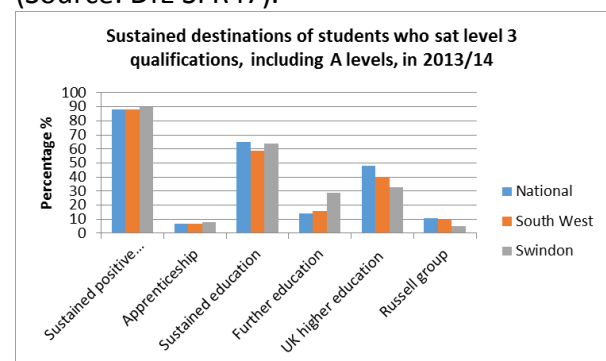
In 2015 Swindon had an estimated population of 217, 200, of which 118,600 were economically active. 114,400 people in Swindon are in employment, this is set to increase by 15,000 before 2026 in accordance with the expected population increase of over 400,000.

Swindon is home to 8,665 local business units and 6,985 enterprises. The borough has more than double the number, 0.7% (50), of large companies (over 250 employees) than the south west average; although the overwhelming majority of our businesses (82%) are classified as "micro" (employing less than 10 employees).

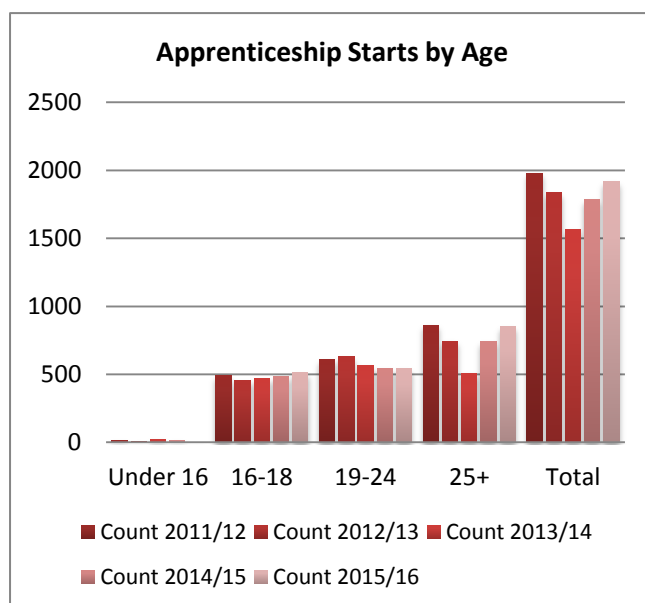
Challenges upon economic growth

Higher education

Swindon has had decades of very low participation in Higher Education (HE) with the 10th lowest participation rate in the country amongst young people. Swindon-based students entered for level 3 qualifications, including A levels, are much less likely to enter Higher Education, and Russell Group Universities, than nationally. A much higher proportion than the national average, remain in further education (Source: DfE SFR47).



More than half of all wards in Swindon have some of the lowest participation rates in the country and this situation has persisted for years. Latest data shows that the wards with the lowest percentage of young HE participants were the same wards as a decade earlier. The proportions of young people going into Higher Education from Parks and Penhill wards (7.6% respectively) had the 5th and 6th lowest rate of participation in England. Only 9% of pupils on Free School Meals attend university; this is the second lowest rate in the country and well below the average of 23%.

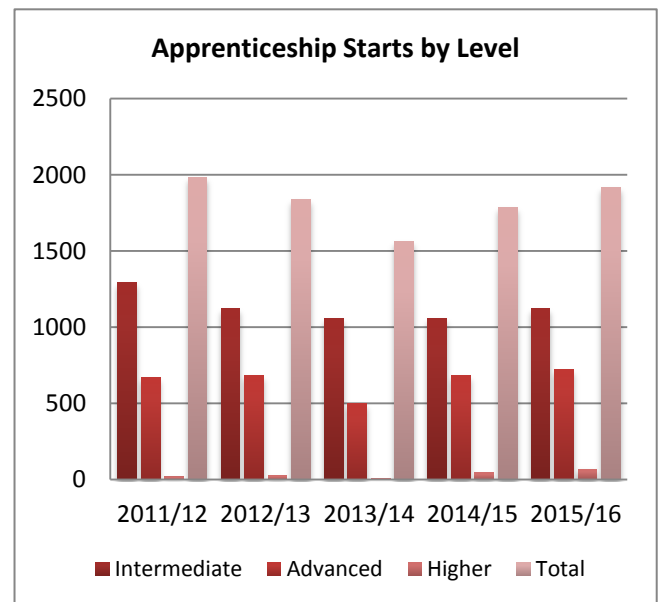


Projections suggest that to 2022, 64% of all jobs (including replacement demand) will require a Level 4 qualification or above, including related skills at a higher level. By 2025, Swindon is projected to have a population of over a quarter of a million and without any change, none of these residents have local or ready access to higher education which meets the needs of local employers.

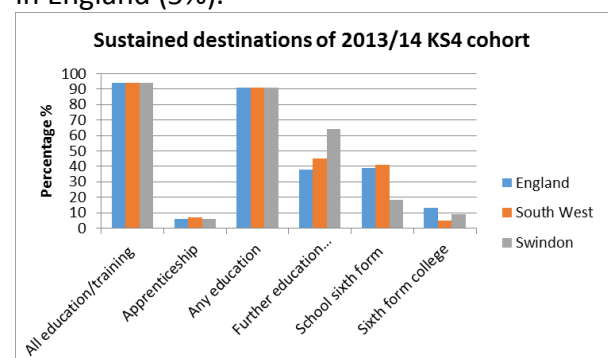
Despite not having a university there are a large number of graduate jobs, meaning Swindon imports around 1000 graduates each year. Of the graduates working in the borough 82% are in a high skilled occupation which is the 4th best nationally.

Apprenticeships

Statistics from the National Apprenticeship Service show that there were 1,560 starts in 2013-14, 1,790 in 2014-15 and 1,920 in 2015/16. This represents 1 apprentice per 58 employees in the workforce in Swindon. Trend data shows that Swindon has performed better than the national average



in relation to growth in the number of apprenticeship starts since 2005/06, with a reversal of the decline seen in recent years. Since 2013/14 starts have increased by 14% in 2014-15 and by 7% in 2015-16. In 2015-16 Swindon performed better than nationally with a 7% rise compared to 1%; we had the third largest increase in the Southwest and had the largest increase from 2015 to 2016 out of all local authorities nationally. (Source: FE Data Library) Fewer young people in Swindon (4%) start an apprenticeship as a Key Stage 4 destination than in the South West (6%) and in England (5%).



Higher apprenticeships starts have been lower than the national average since 2012/13. In 2014/15 Swindon had 3% higher apprentice starts compared to 4% in England. Additionally, the percentage of SEN Young People who started an apprenticeship as a Key Stage 4 destination in 2013/14 is low (3%) when compared to the South West (7%) and England (5%)

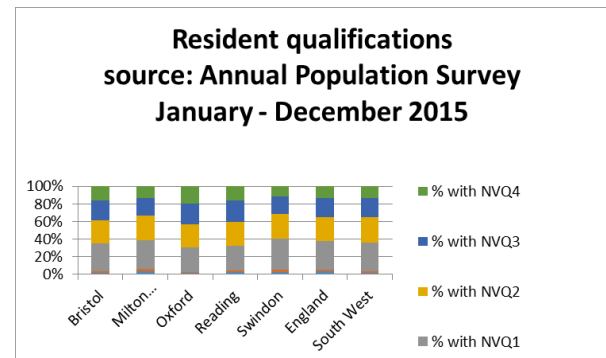
Apprenticeships are concentrated in Business, Administration and Law, Retail and Commercial Enterprise and Health, Public Services and Care. Most apprenticeships (59%) are Intermediate level apprenticeships, with 38% at Advanced level and 3% at Higher Level. Traineeship numbers in Swindon in 2015/16 remain low with 56 enrolments (double the number from the previous year).

The number of workplaces employing apprentices had not increased before 2015-2016. There were 676 in 2013-14 and 674 in 2014-15. The "Pledge" is to have 956 businesses employing apprentices by 2019-2020.

Community and Adult Needs

The proportion of adults (18-65 year olds) with learning disabilities in paid employment, at 4.2% in 2014/15, is well below the national rate of 7.0%. The national Indices of Multiple Deprivation (IMD) 2015 show that Swindon is a place of contrasts. Overall it is amongst some of the least deprived parts of England, however pockets of deprivation exist, and 8 of Swindon Local Super Output Areas (LSOAs) are in the most deprived 10% nationally, whilst others are in the most privileged 10%. 1% of the Swindon workforce are registered as Job Seekers (1,400 people) compared with 1.5% in England. 24% of claimants are aged between 18 – 24 years and 24% are 50+ years. Worklessness, i.e. those on a range of out of work benefits, is below average, but some wards have very high rates of worklessness. These include Penhill where 24% are on out of work benefits; Parks (19%); Walcot (15%) and Gorse Hill and Pinehurst (14%).

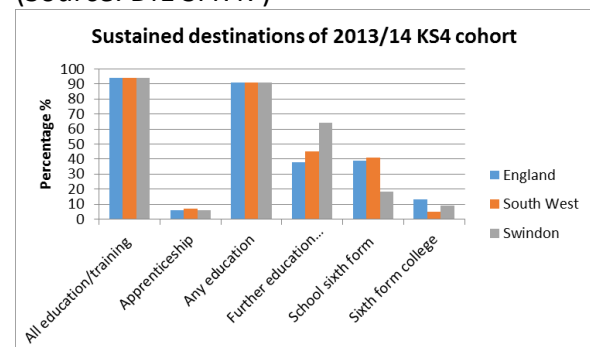
Swindon has a higher proportion of adults who have low skills levels. There are only 68.9% of adults who have achieved a Level 2 or above qualification compared to 77.6% in the southwest and 73.6% in Great Britain.



The 2011 Census found long term health problems or disability limited the day to day activities of 15.4% (32,302) of people in Swindon.

Young People

From 2013 to 2016 the September Guarantee, an offer, by the end of September (of a "suitable" place in learning to young people completing compulsory education) rate for year 11 students in Swindon grew to be among the highest in the country. Swindon performs at close to the national average for sustained destinations (recorded in sustained participation in all of the first two terms), post 16, though significantly more students move into Further Education Colleges rather than School Sixth Forms (Source: DfE SFR47)



There is a falling trend in the proportion of 16 and 17 year olds who are recorded as NEET (Not in Education Employment or Training) or Unknown in Swindon, matching that found nationally

Education Employment and Training (EET) rates for key vulnerable groups of 16 to 18 year olds are below those of their peers and of similar cohorts nationally
Attainment at KS4 and 5 is lower than the national average, and gaps at KS4 and KS5 for vulnerable groups are wider than the national average (Source: DfE SFR)
Neither of Swindon's FE Colleges have a positive 'value added' score for Level 3 vocational/technical courses
Employers across all sectors of the national economy have entry level occupations. However, significant minorities struggle to recruit to those positions because of difficulties in finding personnel with the right attitude, motivation and work ethic

Economic Inclusiveness

Swindon is one of the most affordable housing areas in southern England. Median house prices in Swindon, £204,650, are more than half that of Oxford, and over £60,000 below the national urban authority average.

Both Swindon's work and resident place pay is slightly higher than the national averages of £445.20 and £443.60 per week, this is still lower than other areas such as Reading where workplace wages are over £518 per week. This wage level however does provide strong standards of living when compared to low local house and rental values locally. Swindon has experienced strong growth in work place and resident pay over the last five years at nearly double the national average. This is confirmed by anecdotal reports from businesses who say they have struggled to recruit locally and have increased salaries to attract staff. In the long term this could create a problem for attracting inward investment

Worklessness

In Swindon, worklessness varies from 23.5% in Penhill to 2% in Ridgeway. There are over 3,500 people out of work in our top 4 wards. This gives

very powerful rationale for focussed policy intervention with the aim of reducing worklessness in these wards. Growing up in a workless household will affect future and lifetime poverty, according to a recent study from the ONS. While worklessness rates will inevitably rise and fall over time depending on overall economic conditions, it should be noted that the top 4 wards in Swindon with the highest levels of worklessness (Penhill, Parks, Walcot, Gorsehill and Pinehurst) have remained the worst performing areas in the LEP over the past decade. This provides us with compelling evidence for active labour market intervention. These wards also suffer from the most extreme deprivation across all indices (health, income, social mobility); evidence suggests that tackling worklessness should have a direct bearing on all of these issues

What strategies and operations already exist?

Skills and Employment Strategy

This strategy, overseen by the Employment and Skills board, has 3 subgroups:

- Skills for Growth
- Skills for Inclusion
- Higher Education

Each of these groups has a list of clear objectives as set out in the strategy. "Skills for Growth" oversees; apprenticeships, careers and enterprise. "Skills for Inclusion" oversees; Community and Adult learning and Young people.

Higher Futures

Higher Futures is a new skills development programme aimed at ensuring the workforce in Swindon and Wiltshire is able to gain higher level skills and qualifications (NVQ level 4, HND, Degree and above). It offers employers specialist impartial support and advice to identify their skills needs and gaps, and develop tailored training solution with Universities and Colleges. This scheme is run by the Local Enterprise partnership and local authorities.

Higher Education Strategy

Swindon's Higher Education strategy has ambitions to: Secure a range of options to access Higher Education in Swindon that is responsive to employer need, contributes to narrowing the participation gap, makes sustained improvements in participation rates for young people and offers an opportunity for upskilling whilst in employment.

JobFest

Jobfest is an event run by the council since 2015 that aims to; Provide an opportunity for Employers who employ young people to promote themselves and the types of work available for young people once they've left learning, Enable young people who are currently unemployed or leaving learning to look for work, to gain a better understanding of the range of employment opportunities in Swindon and to come to this event prepared to talk to employers and learn from the seminars/workshops, and Promote a range of apprenticeship opportunities at various levels through employers.

Careers and Enterprise Company

The Careers and Enterprise Company project has rapidly developed a network, successfully linked to almost all schools.

Seventeen schools and colleges are currently matched with their Enterprise Adviser and working to develop Employer Engagement Strategies (November 2016). The Swindon and Wiltshire Enterprise Adviser Network is the most developed in the Southwest.

Education Business Partnership, funded through the Careers & Enterprise Company, has begun its project to help grow apprenticeships in the Swindon area, and support schools and employers in developing work experience opportunities. The national Skills Plan (BIS, July 2016) has laid out its ambitions to create improved and simplified technical routes towards higher level skills. By 2018 this will commence implementation.

Adult Community Learning

Early work with the Swindon Community Learning Partnership to agree the remit and scope of funding that this group would seek to influence has taken place. Changes to funding has meant that community learning budget is now combined with Adult skills budget to create a single Adult Education Budget (AEB)

SWLEP Apprenticeship Growth Strategy

Swindon and Wiltshire Councils are agreeing a shared Apprenticeship Growth Strategy to minimise costs and maximise impact and opportunities.

What do People Think?

The Skills and Employment Board is an employer-led group which includes: local business representatives, members of the Local Enterprise Partnership, employer organisations, and Voluntary Sector and Public Sector commissioners. The current skills and employment strategy has been developed in collaboration with local stakeholders and is managed by the board.

Recommendations

The JSNA identified 6 strategic objectives (listed below) to be explored by the Economic Strategy to 2036 and 10 specific actions.

1. Raise aspiration of young people and their families
 - a. Deliver Swindon Challenge to raise achievement in schools
 - b. Create strategic partnerships with outstanding providers to improve school performance
2. Grow the number of businesses who utilise apprenticeships as a route to a higher skilled sustainable workforce
 - a. Deliver the Apprenticeship Growth Plan - increase Apprenticeships at all levels

- including Higher and Degree Apprenticeships.
- 3. Increase number of Swindon residents with L4 skills and above by securing a range of options to access Higher Education
 - a. Create a Higher Education Strategy for Swindon that links with a Swindon and Wiltshire LEP wide approach
 - b. Work with HE providers to increase supply of higher education available to Swindon residents
 - c. Raise aspiration of residents to improve progression to HE.
- 4. Establish accessible technical routes that meet the needs of employers
 - a. Develop post 16 technical routes with providers to increase the percentage of young people progressing into Apprenticeships, and achieving L2 English and Maths
- 5. Reduce the proportion of young people who are not in education employment or training (NEET)
 - a. Improve the percentage of 16 and 17 year olds who are in education, employment and training at 16 and 17 and reduce the number in NEET and unknown destinations.
 - b. Ensure appropriate referrals of young people who are NEET or at risk of NEET to relevant provision including ESF projects.
- 6. Allow all adults who wish to progress into work to access our inclusive Swindon Adult Education curriculum
 - a. Work with learning providers, partners and employers to develop a joined up adult Education Budget Plan that meets the needs of individuals and businesses.

Acknowledgements

The author would like to thank all the service users and stakeholders who contributed to and gave their time to help inform this needs assessment.

Where to find more information

More information about all Swindon's JSNAs can be found on the JSNA website:

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JSNA@swindon.gov.uk

Swindon Joint Strategic Needs Assessment Bulletin

Economic Strategy Bulletin: –Town Centre Regeneration

Key Points:

- The Town Centre has had increasing footfall throughout 2016 despite higher than average vacancy rates amongst its retail stock.
- The Town Centre is less competitive than our economic comparators. A survey of residents suggests the town centre needs more choice in the retail offer.
- Good quality Town Centre office stock is in short supply following a number of conversions to residential and a lack of new developments coming forward.

A JSNA helps us to understand:

This JSNA helps us to understand:

- What we know about the needs of local people and businesses in the town centre
- How their needs are currently being met, and where the 'gaps' are
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

The Economy JSNA process involves many different partners and is monitored created by the Economic Development Team. Understanding Swindon's changing population, the factors that affect economic growth, the town's assets and the implications on future growth are vital in setting priorities and planning future services.

This JSNA is part of a suite of documents to understand the needs of businesses and residents in Swindon. It present an analysis of current evidence so that we can decide how best to facilitate and stimulate development and growth..

Who is affected?

In 2015 Swindon had an estimated population of 217, 200, of which 118,600

were economically active. 114,400 people in Swindon are in employment, this is set to increase by 15,000 before 2026 in accordance with the expected population increase of over 40,000.

Swindon town centre has a 266 class A1 units that service a catchment area of around 519,810 (2016) people, which extends beyond the boundaries of Swindon. This number is set to increase by 70,000 people over the next 20 years.

Constraints

Consumer Retail Demand

The town centre has been ranked as the 5th (Venue Score) in the local region behind Reading, Bath, Cheltenham and Oxford, but above Gloucester, Newbury and Salisbury. Evidence suggests the current retail offering in the town centre caters for a younger market than our neighbouring centres. A recent Retail and Leisure Needs Assessment (RLNA) identified some retail sectors that are underrepresented, compared to national averages:

- Furniture, carpets and textiles
- Booksellers, arts, crafts and stationers
- DIY, hardware and homewares
- China, glass, gifts and fancy goods
- Florists, nurserymen and seedsmen

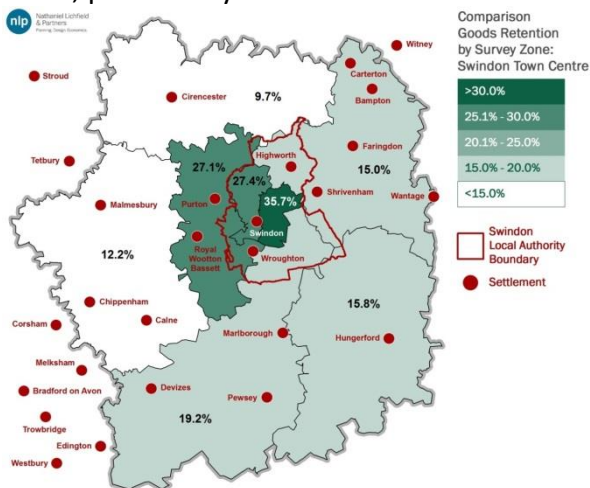
One thousand households were surveyed as part of the RLNA to establish views upon how the town centre can be improved. The results of the survey indicated that

- 13.5% of respondents wanted a better choice of shops in general;
- 6.5% were looking for better quality shops;
- 4.7% wanted a better range of independent stores/specialist shops;
- 4.5% wanted a better choice of clothing shops.

Footfall

The top three priorities highlighted in the survey have a close relationship with some of the sectors currently deemed as underrepresented.

Despite ranking lower than some of its neighbouring urban high streets, footfall in the town centre is up almost 4 % (year on year) compared to a national decrease of 1.4% on the highstreets. Swindon Town Centre plays quite a strong role in attracting comparison goods spend from catchment areas, particularly from the east.



Retail Stock

Swindon town centre has the largest retail offering with 73,390 m² Gross Floor space for comparison goods, more than treble that of the second biggest shopping area the Outlet centre.

Over the last six years Swindon Town centre has had above national average vacancy

rates, this currently stands (October 2016) at around 11.6% compared to 9.5% nationally in the same period. There are a range of reasons for units being empty, including inappropriate size of unit, low footfall in some areas of the town centre, high rents or business rates. There are a number of properties in the borough that are 'vacant' but still tenanted where the leaseholder is tied into a lease agreement but no longer trading from the premises.



The Swindon RLNA, conducted by Nathaniel Lichfield and Partners, suggest that the quantity of our retail stock is not an issue, thus implying there are supply side factors dictating the vacancy rates rather than demand.

Of the occupied units in the town centre 49.2% of retailers are independents and the remaining being national brands. A large number of these independents are service based businesses on commercial road. In total, there are 111 A1 retail and 69 A3-5 food and drink businesses in the town.

Wider economy consequences

Some of our largest businesses tell us that they face staff recruitment and retention issues in Swindon because of the perception that the town centre retail and leisure offer is of low or poor quality. For younger staff,

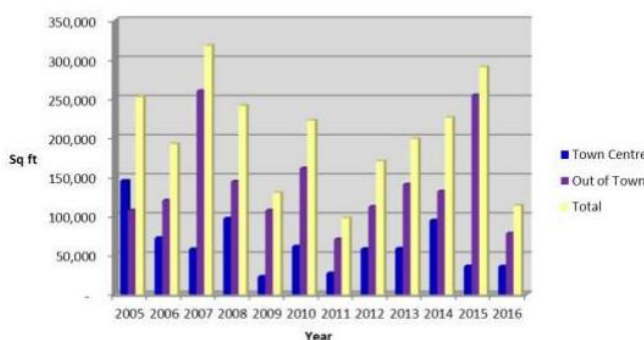
the evening (A3-5 uses) and cultural offer is cited as being particularly poor.

The town centre is home to the boroughs most expensive properties, in terms of rent and rateable values per metre squared. The high values demanded can often act as a barrier to inward investment.

Office demand

There are very low levels of office stock available in the town centre. In recent years there have been no new office developments in the Town Centre, whilst some larger units have been converted to residential. The remaining available stock is deemed poor quality, leading to the majority (75%) of take-up in out of town business parks. These out of town office parks now charge a premium due to their relative youth, quality and access to parking. The last two years have resulted in very little office take up in the town centre, under 100,000ft². New stock needs to be brought to the market to help improve accessibility of employment sites through sustainable transport methods, enable Swindon to promote its best asset (connectivity to London and other major cities) and improve footfall in the town centre.

Swindon Office Annual Take Up



Source: Kenington's LLP

Heritage

The town centre is home to “one of the earliest examples of a model estate comprehensively planned and built by an industrial company, the Great Western Railway Company, for its employees”. “The character and appearance of this urban conservation area is particularly vulnerable to damage from unsuitable

development and alterations”. Once proposed by the Secretary of State for designation as a UNESCO 'World Heritage Site, The railway village sits within close proximity to the central retail area of the town centre, the railway station and the outlet centre, providing some of its buildings of national importance with scope for considerate redevelopment, securing their future.

What strategies and operations already exist?

One Public Estate (OPE)

OPE is a significant driver for the realisation of our town centre regeneration partnership vision; catching the tide of change that electrification of the great western Main Line will bring. Through this innovative bid, we and our STCRP partners have received £375,000 of OPE funding in order to unlock two key development sites (Station Regeneration and Carriage Works regeneration).

Parking Strategy

There are around 5,226 public car parking spaces in Swindon town centre, and a further 1,700 private non-residential spaces. Around 750 of these spaces are likely to be lost as a result of Town Centre regeneration proposals, but data indicates that for the majority of the time there is more than enough spare capacity to cater for current demand for town centre car park. A key constraint is parking associated with the railway station, with is often full early in the day. The Station Regeneration proposals will help to address this issue. A Town Centre Parking Strategy is in preparation that will seek to improve the efficient use of the town centre parking stock. This will also review the use of Park and Ride sites in Swindon, which are effectively mothballed at present.

Forward Swindon Regeneration Projects

Forward Swindon is committed to improving the town centre, creating new opportunities

by speeding up the delivery of office and residential developments. Projects that Forward Swindon are involved in include

- Kimmerfields, a new Central Business District delivering 60,000ft² Grade A office, 400+ homes and a new public transport interchange
- Redevelopment of Aspen House and Granville Street Car park
- Public Realm improvements including Wellington Street the key gateway to Swindon Town Centre from the railway station
- Renovating the old Carriage Works to create modern workspace for innovative, digital and creative industries
- Commissioning of Flashop UK
 - o Commissioned by Forward Swindon Ltd, inSwindon and Swindon Borough Council to help bring more retailers into the town centre to minimise the vacancy rates using innovative solutions such as short term tenancies.
- Town Centre Master Plan
 - o Our town centre master plan identifies an “arc of opportunity” focusing on a number of schemes that will transform Swindon’s economic performance as a visitor destination and a place to live, enjoy and do business. This includes improvements to the retail, cultural, leisure and central business district.
 - o Swindon Museum and Art Gallery will create a modern home for our nationally significant modern art collection
 - o North Star Regional Leisure Hub will deliver unrivalled leisure facilities, including one of the UKs longest indoor ski

slopes and complimentary amenities.

inSwindon Business Improvement District

inSwindon is a democratically elected, business-led organisation which was formed to improve a defined commercial area in Swindon town centre. inSwindon has 4 priorities: Promotion, safety, Cleanliness and Supporting Businesses. During its tenure the BID has brought an additional 70,000 people to the town centre through its events calendar. The BID provide a network in which to communicate future plans to the existing retailers.

What do People Think?

Swindon Borough Council can only play a limited direct role in improving the town centre; therefore it is important to maintain good relations with key stakeholders in the town centre. Key town centre stakeholders have been consulted throughout the above works.

Residents are also included in consultation works in the town centre, ensuring the resident’s needs are met by the business community. The town centre masterplan undertook a vigorous engagement process to define the projects to be delivered in the Masterplan. These were chosen by the residents and business communities for the residents.

Recommendations

The JSNA identified 4 strategic objectives (listed below) to be explored by the Economic Strategy to 2036.

1. Reconnect the town centre to its’ Railway Heritage, a new ‘zone of enterprise’ with station regeneration at its’ core
2. Increase the supply of town centre office stock to address the

- current shortage and attract new occupiers
- 3. Improve the retail, leisure and cultural offer
- 4. Make it easier for people to get in and around the town centre

Acknowledgements

The author would like to thank all the businesses, officers and stakeholders who contributed to and gave their time to help inform this needs assessment.

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Swindon's Economic Strategy 2016-2026

Accelerating Swindon's Growth Ambitions

February 2017

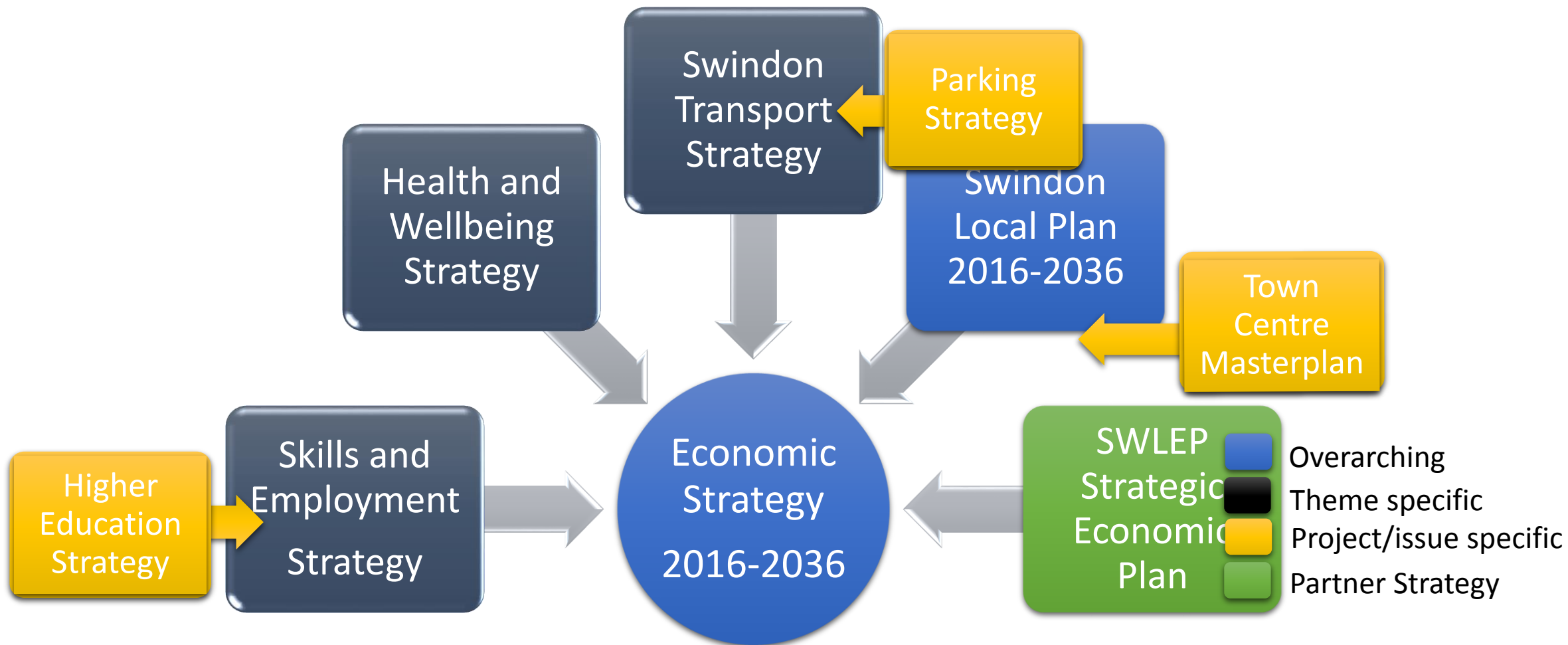
The review – Why?

Local and national context

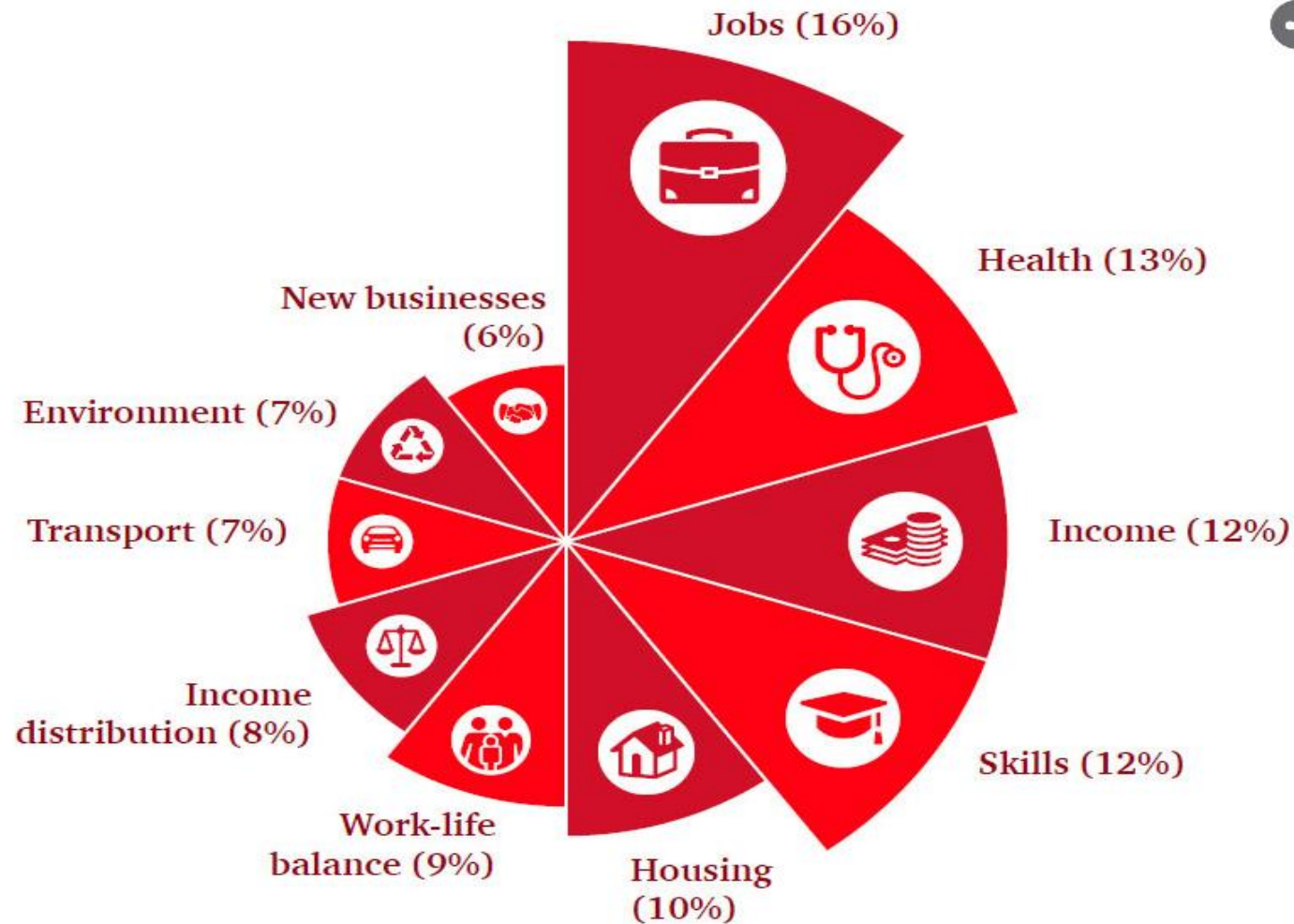
- The 2009 recession and subsequent recovery
- The pressure on resources, the ongoing challenge of moving to a low carbon economy and the demographic impacts of an ageing population.
- EU referendum and subsequent exit from the European Union
- Government's Industrial Strategy, and the opportunities it will present
- Updated evidence base and long term growth aspirations to 2036
- Focus on ownership and delivery of actions and projects
- Need to accelerate improvement in educational outcomes as identified by Ofsted (2016)

The Council's Vision for Swindon

"By 2030, Swindon will have all of the positive characteristics of a British city with one of the UK's most successful economies; a low-carbon environment with compelling cultural, retail and leisure opportunities and excellent infrastructure. It will be a model of well managed housing growth which supports and improves new and existing communities."



Good growth is about much more than jobs and GVA, includes wider quality of life....



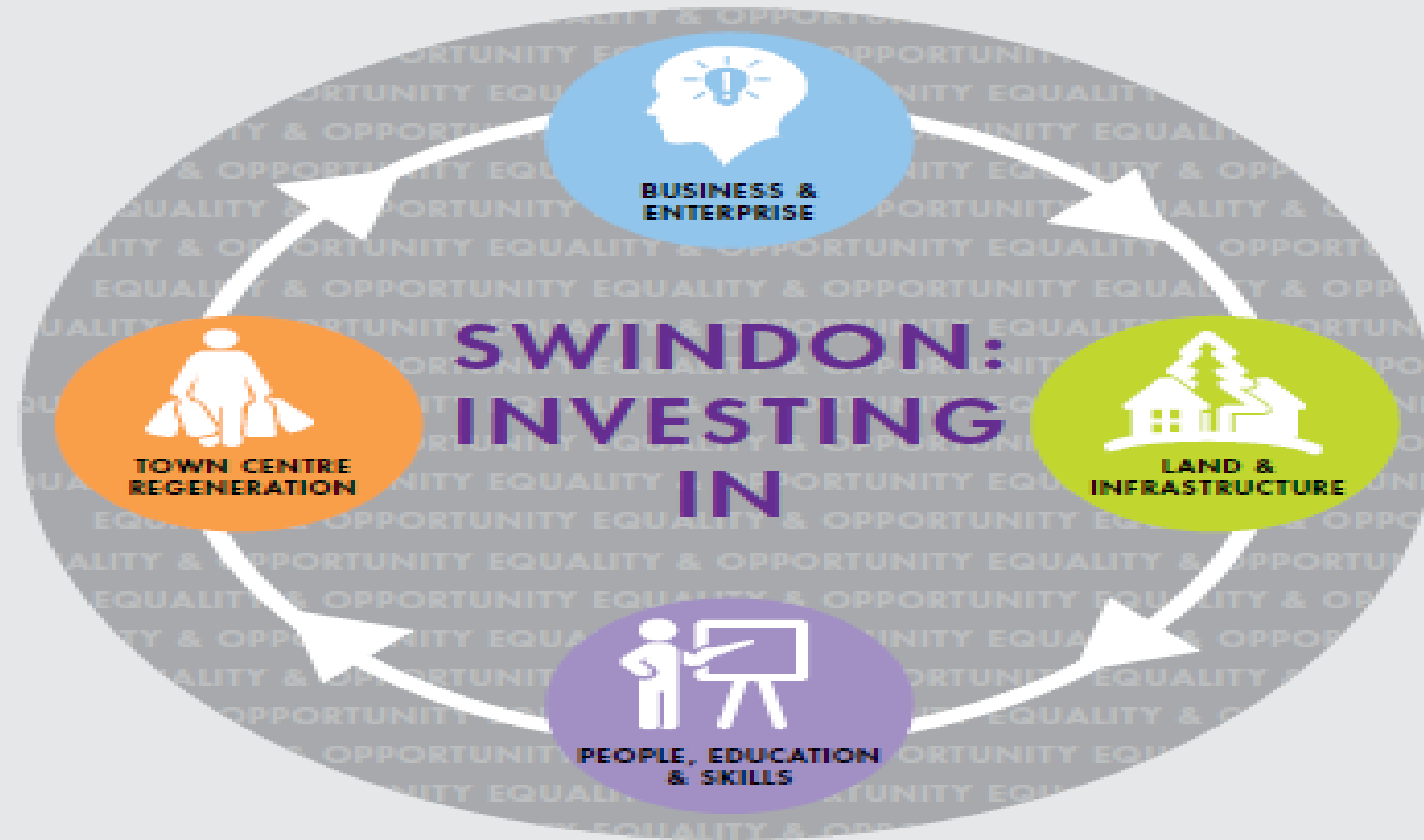
Economic Strategy Vision

By 2036, Swindon will be the UK's most innovative, productive, fastest-growing city, and will grow sustainably by upskilling our workforce to enable our businesses to compete, whilst enhancing residents' quality of life

Economic Strategy Aims

- *To enhance Swindon's competitive position as one of the UK's most productive economies by attracting investment and high value employment*
- *To grow sustainably and create a diverse and resilient economy by encouraging growth in small and medium sized businesses*
- *To make Swindon a desirable place to live, work and invest to attract highly skilled residents through delivering transformational change in town centre regeneration as well as improving retail & leisure, cultural and evening economy outcomes*
- *To create a fast growth high value economy by improving our education outcomes and upskilling our residents to enable our businesses to grow and compete*
 - *Underpinning: To make Swindon a more inclusive place, with reduced worklessness and associated improving health and well-being outcomes*

Our themes and key challenges



OUR ECONOMIC CHALLENGES:

- Slower productivity gains (relative to fast growth neighbours) threatens to undermine our very productive, competitive economy
- Educational attainment and schools performance
- Low rates of higher education participation
- Low rates of business startup and survival
- Weaknesses in the transport infrastructure
- More high quality employment land
- Poor image and reputation of Swindon
- Need for town centre regeneration and to address shortage of town centre office stock
- Pockets of worklessness in our most deprived wards

Business and Enterprise SWOT:	
Strengths	Weaknesses
<p>Dominance of larger, ‘HQ’ businesses</p> <p>UK’s highest concentration of foreign owned enterprises</p> <p>Diversified economy, dominated by private companies (low reliance on public sector)</p> <p>Innovative economy (high employment in ‘knowledge intensive businesses’)</p> <p>Innovative financing of energy generation</p>	<p>Low number of businesses per head of population</p> <p>Volatile employment – high level of exposure to global recessions</p> <p>Low business birth rate</p> <p>Business survival rates poor (beyond year 3); made worse because of low business base</p> <p>Lack of co-ordination of inward investment and business support infrastructure</p>
Opportunities	Threats
<p>Recent growth in Swindon’s business base -</p> <p>Fast growth sectors include: banking and professional services, business administration and HQs, scientific and technical (pharmaceuticals), digital economy</p> <p>Presence of Innovate UK, Research Councils UK, Hospital Trust with growth aspirations</p> <p>Recent investment in business start-up / incubator facilities</p> <p>Recognised international brands which provides a draw for other companies</p> <p>Council’s property investment programme supporting business growth</p> <p>Capitalise on employment growth plans of existing businesses and provide recruitment solutions that could be targeted to address worklessness</p> <p>Hydrogen hub in Swindon seen as a hub for the early</p>	<p>Employment in the manufacturing sector, nationally is in decline (due to automation and off-shoring)</p> <p>Shortage of high quality employment land and ‘freehold’ options</p> <p>Need for ‘grow on’ space for expanding businesses</p> <p>A high proportion of existing industrial stock needs investment / regeneration</p> <p>Businesses report difficulties in recruiting and retaining staff due to poor town centre offer, and wage inflation in Swindon (twice national average) suggests employers are having to increase salaries to attract high calibre staff</p> <p>Risks associated with Brexit significant (strong manufacturing base, high concentration of foreign owned businesses, high dependence on exports)</p> <p>Uncertainty of future funding for business support, both locally and nationally</p>

AIM:

TO GROW THE ECONOMY, STRENGTHEN AND DIVERSIFY THE BUSINESS BASE AND CREATE JOBS THROUGH THE DEVELOPMENT OF A BUSINESS SUPPORT & INWARD INVESTMENT SERVICE THAT ENCOURAGES INNOVATION AND EXPORTING

Ambitious objectives

- Create an integrated and accessible business support and inward investment offer
- Increase the number of business start-ups and improve survival rates
- Support innovation and knowledge based growth
- Raise the number of businesses exporting
- Raise the profile of Swindon and create a positive identity to attract new businesses and inward investors
- Establish a council-wide 'development team' approach for major inward investment inquiries
- Establish a business-led Place Board that identifies, articulates and communicates Swindon's strength
- Launch an 'ambassadors' scheme, and attract 200 business ambassadors, to promote Swindon and develop a financially sustainable model

How will we achieve these objectives?

- Establish a co-ordinated and proactive business visit programme and visit at least 50 businesses per annum
- Improve the content on our website to support business growth
- Effectively signpost to the Swindon and Wiltshire Growth Hub to support the needs of SMEs
- Work collaboratively with Swindon and Swindon and Wiltshire Investment and Property groups to understand market demand and supply issues
- Establish a red carpet inward investment service to convert enquiries generated by the Switch onto Swindon campaign
- To attract high value companies in our key sectors, develop and promote sector based inward investment fact-sheets
- Proactive marketing of Swindon and key development sites at national /international exhibitions and conference
- Working with DIT 'posts' in foreign territories under matchmaker (sector matching) scheme
- Attract new businesses through the Place Marketing and DIT-assisted campaign
- Hold sector specific events to attract new businesses using a targeted marketing strategy linked to our economic strategy and priority sectors

Land and Infrastructure SWOT:	
Strengths	Weaknesses
<p>Easy access to strategic road [M4 / A419] and rail networks</p> <p>Frequent rail services to London, Bristol and South Wales</p> <p>Good level of car parking within the town centre</p> <p>Strong commercial bus network within the town</p> <p>Compared to nearby authorities, Swindon has the largest stock of offices; factories and warehouses</p> <p>Council's innovative planning framework (e.g. use of LDOs) to encourage businesses to consider</p>	<p>North south links are weaker, with poorer connectivity and transport links. There is no direct rail connection to Oxford</p> <p>Peak period traffic congestion on major routes</p> <p>Poor connectivity on some corridors [North East to Oxford, South to Dorset / Hampshire]</p> <p>Employment areas (on 50 sites) around town makes public transport planning challenging</p> <p>The last significant office development was in 2009</p> <p>A lower than average number of properties with superfast broadband access compared with the national average.</p>
Opportunities	Threats
<p>Electrification and new trains on GW mainline – quicker and more frequent rail services to London and South Wales</p> <p>Western Rail Link to Heathrow – improved access to international gateway</p> <p>Rail service options linked to CrossRail, East-West Rail, and Swindon – Gloucester</p> <p>Improved highway network capacity arising from current investment programme</p> <p>Better bus services – Rapid Transit and Bus Exchange</p> <p>Evolving technology in transport – vehicles, information and management systems</p> <p>Demand for office space is rising and rents have risen to £18psf (still significantly less than other southern cities)</p> <p>Industrial space has decreased during recent years BUT demand is strong</p>	<p>Housing growth, combined with increased resident out-commuting; and in-commuting (for highest skilled jobs) are increasing congestion on road network</p> <p>Skills shortage to deliver new infrastructure [Hinkley C / HS2 / Heathrow demand]</p> <p>Capacity constraints on GW Mainline</p> <p>Lack of resource funding for sustainable travel initiatives, asset management or ITS systems</p> <p>Lack of funding to maintain the transport network</p> <p>Lack of funding to invest in car parks</p> <p>Lack of employment sites for larger inquiries (100,000 sq ft+), and freehold options in particular</p>

AIM:

TO ENHANCE SWINDON'S COMPETITIVE POSITION AS ONE OF THE UK'S MOST PRODUCTIVE ECONOMIES BY ATTRACTING INVESTMENT, ACCELERATE HOUSING DELIVERY AND CREATE HIGH VALUE EMPLOYMENT

Ambitious objectives

- Enhance Swindon's strategic connectivity by securing investment in targeted network improvements
- Improve key gateways into the town centre
- Strengthen digital connectivity
- Develop Swindon as a nationally significant player in the UK's energy sector, with particular strengths in the low carbon energy generation sector and application of hydrogen technologies
- Unlock high quality employment land

How will we achieve these objectives?

- Ensure delivery of the committed programme of investment in transport network improvements including the NEV and Wichelstowe Transport Packages, Town Centre Movement Strategy and Bus Exchange, Sustainable Transport schemes, and motorway junction improvements
- Work in partnership with Network Rail and GWR and other partners to deliver the Swindon Station regeneration project
- Prepare the new Swindon Transport Strategy (STS) setting out the pipeline of future transport projects on the strategic and local transport networks required to deliver future growth, including the A420 which our large manufacturing businesses have identified as a strategically important distribution route connecting Swindon and Oxford
- Use the STS to secure resources and lobby transport network managers and service operators to deliver the pipeline of projects including influencing Highways England and Network Rail to deliver improvements on the strategic road and rail networks

- Ensure delivery of the new bus exchange and traffic management proposals identified in the Movement Strategy
- Encourage delivery of Superfast and Fibre Broadband to deliver superfast broadband coverage to 95% of commercial and domestic premises in the borough by 2017
- Make a business case to present to government to establish the case for early adoption of 5G in the borough
- Launch financial instruments (Bonds, ISAs) to finance local supply schemes
- Develop a model for viable heat networks, match demand and supply, and work with partners to identify innovative energy and power solutions
- Develop low carbon transport solutions which provide a viable alternative to fossil fuel vehicles
- To ensure Swindon has an adequate supply of high quality employment land:
 - Complete Swindon employment land needs assessment 2016-36 study
 - Consult owners of industrial employment sites to establish investment need
 - "Call for employment sites" as part of the Local Plan to 2036
 - Identify and analyse historic and current market demand for employment land by use class, sector and location
 - Encourage landowners to intensify development on existing employment sites, and regenerate under-performing sites
 - Construct business case for industrial site regeneration and renewal programme
 - Create business case to enable Swindon Borough Council to bring forward own land and acquire new land for employment use

Education and Skills SWOT:	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Rapid population growth over past 4 decades– earns us a reputation as one of the UK’s fast growth cities • “Full Employment” rate and low unemployment levels • Forecast suggests steady employment growth • Diversified economy, strong private sector employment base with sector strengths in advanced engineering, financial services, science & technology, digital • Apprenticeship volumes are increasing • NEET/Participation outcomes for 16/17 year olds above national average and improved transition in 2016 • Strong Skills and Employment Partnership with key stakeholders including employers 	<p>National concerns raised by OFSTED about Swindon schools (November 2016)</p> <p>Percentage of residents with higher level skills below average and they are less likely to be in professional and managerial roles</p> <p>Educational outcomes at 16 and by 19 are rising but are below average</p> <p>Low levels of progression to HE amongst young people and the percentage studying at level 3 (A level or equivalent) progressing is well below national average</p> <p>Swindon imports 4,000 graduates to meet business need</p> <p>Unemployment in our most deprived wards is high (Penhill, Parks, Walcot)</p> <p>Evidence of low aspirations and preference for work rather than education</p> <p>No University in the LEP area with a comprehensive HE offer.</p>
Opportunities	Threats
<p>Planned ‘high quality’ housing growth to attract residents with higher level skills</p> <p>Skills – number one priority in the LEP Strategic Economic Plan</p> <p>Skills focus for LGF3 Funding</p> <p>Post 16 Review – opportunities for LA/LEP to work strategically with providers.</p> <p>ESIF funding and Higher Futures Programme – to address workforce skills gaps and higher level skills</p> <p>Significant HE funding to raise aspirations and improve progression to HE</p> <p>HE Strategy – strong partnership and high levels of funding to</p>	<p>Forecast strong demand for higher level (graduate) skills over the next ten years</p> <p>Impact on below average educational outcomes</p> <p>Perception of Swindon as a place to work and live to attract skilled workforce.</p> <p>Perception of Swindon’s educational provision</p> <p>Impact of workforce skills on competitiveness and on inward investment</p> <p>Raising aspirations – require significant intervention over a long period.</p>

AIM:

TO CREATE A FAST GROWTH HIGH VALUE ECONOMY BY IMPROVING EDUCATION OUTCOMES AND UPSKILLING OUR RESIDENTS TO ENABLE OUR BUSINESSES TO GROW AND COMPETE

Ambitious objectives

- » Raise the education aspiration of young people and their families
- » Grow the number of businesses who utilise apprenticeships as a route to a higher skilled sustainable workforce
- » Increase number of Swindon residents with degree-level qualifications by securing a range of options to access Higher Education
- » Establish accessible technical routes that meet the needs of employers
- » Reduce the proportion of young people who are not in education employment or training (NEET)
- » Allow all adults who wish to progress into work to access our Inclusive Swindon Adult Education curriculum

How will we achieve these objectives?

- » Deliver Swindon Challenge[™] to raise achievement in schools
- » Create strategic partnerships with outstanding providers to improve school performance
- » Deliver the Apprenticeship Growth Plan to increase Apprenticeships at all levels including Higher and Degree Apprenticeships.
- » Create a Higher Education Strategy for Swindon that is consistent with the approach taken by the Swindon and Wiltshire Local Enterprise Partnership
- » Work with Higher Education providers to increase supply of higher education options available to Swindon residents
- » Raise aspiration of residents to improve progression to Higher Education.
- » Develop post 16 technical routes with providers to increase the percentage of young people progressing into Apprenticeships, and achieving 12 English and Maths

- » Improve the percentage of 16 and 17 year olds who are in education, employment and training at 16 and 17 and reduce the number 'not in education employment or training' (NEET) and unknown destinations
- » Ensure appropriate referrals of young people who are NEET or at risk of NEET to relevant provision including ESP project
- » Work with learning providers, partners and employers to develop a joined up Adult Education Budget Plan that meets the needs of individuals and businesses



Town Centre SWOT:	
Strengths	Weaknesses
Affluent demographic catchment – Wiltshire, Cotswolds, Oxfordshire Large town centre with good representation from national multiples	Competition from out of town retail centres
Total expenditure in the town centre increased by 25% between 2009 and 2016, faster than the rate of inflation	Poor perception of Swindon town centre, particularly by employees of our larger business
Strong ‘heritage’ offer: railways engineering, Railway Village Outlet Centre, good health & leisure facilities	Need to improve the retail ‘food and beverage’ offer in the town centre and the evening economy, and particularly the cultural offer
Footfall has been increasing over the last two years, due partly to a strong events programme. INSWINDON BID Co. provide additional resources targeted at improvements to the town centre	Retail vacancy rate is higher than UK average, and concentrated level of vacancies in Fleet Street / Bridge Street area
Competitively priced office space compared with neighbouring areas along the M4 corridor (Bristol, Reading)	Loss of office stock in recent years due to permitted development rights resulting in urgent need to expand supply
Opportunities	Threats
Improve heritage and linkages to Old Town and Outlet Centre to encourage more spend through linked trips	Ongoing threats from internet shopping, out of town centre developments
Retail and leisure needs assessment identified scope to improve the retail offer through quantitative and qualitative measures e.g. increasing independent retail and leisure businesses	Road congestion and circulating traffic around town centre
Town centre masterplan 5-year delivery plan focuses investment in railway quarter and improvements to Bristol Street Tunnel to attract office occupiers to Kimmerfields. This will increase daytime population to the benefit of retail and leisure businesses in the Town Centre.	Diminished stock of high quality office space in town centre Image, perception safety/security – lack of attractive shops / cafés ‘Clone’ town

AIM:

TO ENHANCE THE ATTRACTIVENESS OF SWINDON AS A PLACE TO LIVE, VISIT AND DO BUSINESS IN THROUGH DELIVERING TRANSFORMATIONAL CHANGE IN THE TOWN CENTRE INCLUDING SIGNIFICANT IMPROVEMENT TO THE LEISURE, CULTURAL AND EVENING ECONOMY

Ambitious objectives

- > Reconnect the town centre to its' Railway Heritage, a new 'zone of enterprise' with station regeneration at its' core
- > Increase the supply of town centre office stock to address the current shortage and attract new occupiers
- > Improve the retail, leisure and cultural offer
- > Make it easier for people to get to and around the town centre

How will we achieve these objectives?

Secure funding for technical studies to drive the station regeneration, Kimmerfields and Carriageworks projects forward

Develop the multi-agency partnership that will work together to deliver town centre regeneration by reconnecting the town centre to its' Railway Heritage and a new 'zone of enterprise' with station regeneration at its' core.

Redevelop the "Carriage works" project including over 100,000 sq ft high quality office space for start-up and growing knowledge based businesses.

Deliver the "Kimmerfields" business village including:

- > the Bus Exchange and regrade of Fleming Way by 2021
- > a new hotel development by 2019
- > 400 new homes by 2022
- > 650,000 sq ft office space
- > 150,000 sq ft associated retail / leisure space

Improve the retail, cultural and leisure offer in the town centre by:

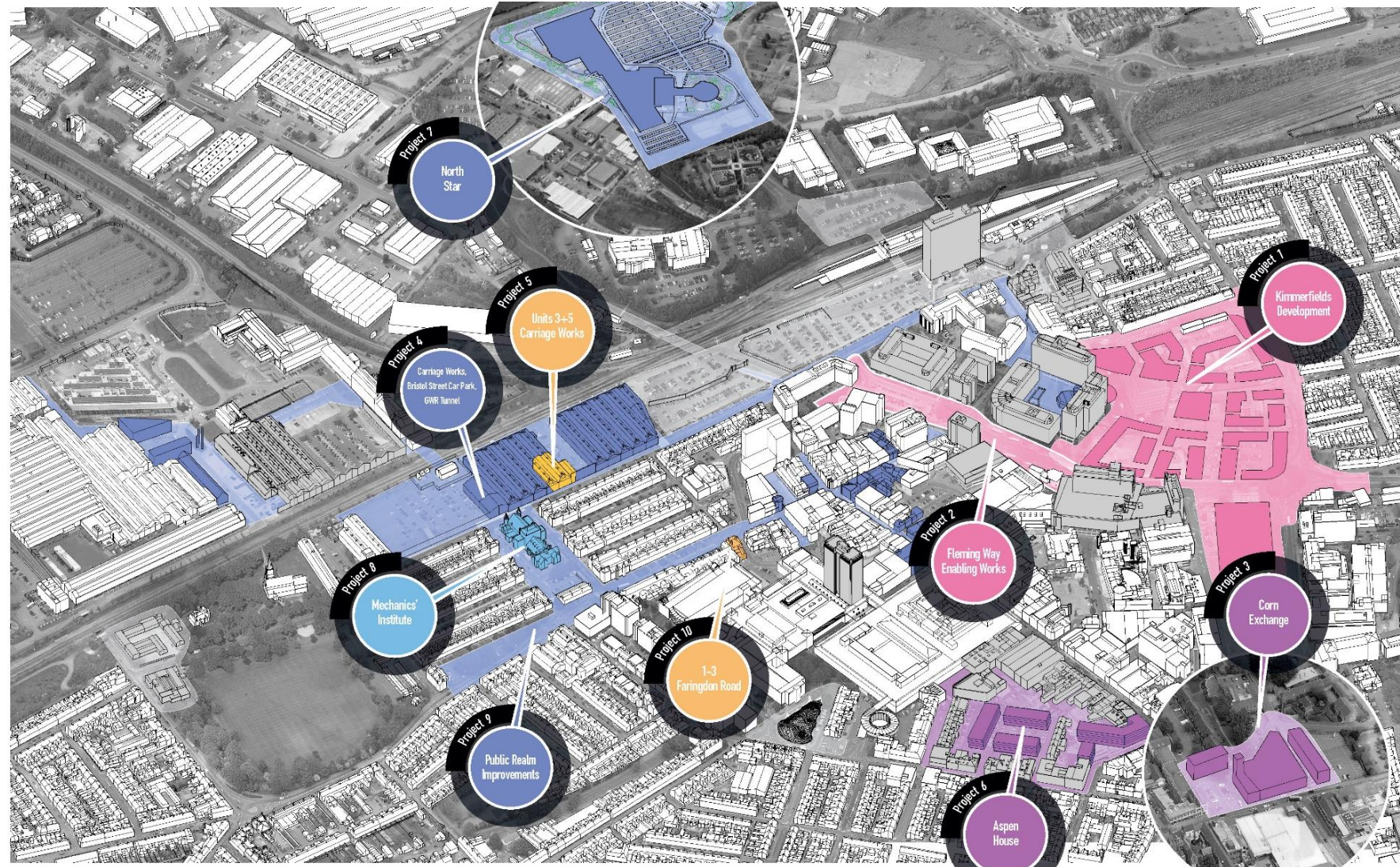
- > Working with partners (including INSWINDON BID Co.) to improve dwell times, footfall and spending in the town centre to improve vibrancy
- > Redeveloping 1 – 3 Faringdon Road with retail or leisure uses on ground floor and residential units above
- > Running a 2-year long programme of activity to attract new retail and leisure businesses into Swindon, focussing on independents
- > Enabling the redevelopment of the Corn Exchange "Locarno" into 35,000 sq ft mixed use development by 2019/20
- > Launching Kimmerfields Hotel Competition in 2017 and secure a development partner to build a hotel by 2019
- > Redeveloping Aspen House by 2018/9 and Granville Street (when commercially viable)
- > Delivering the Swindon Museum and Art Gallery by 2025
- > Creating a regional leisure hub at North Star by 2028

Deliver a programme of transport improvements to make it easier to get into and around Swindon town centre comprising:

- > A new bus station and improvements to Fleming Way by 2021
- > Traffic management improvements by 2021
- > A programme of car parking improvements (refer to TC car parking strategy) by 2026
- > Improved signing by 2020
- > New railway station and gateway by 2026

Town centre regeneration – key projects

	Project
1	Kimmerfields
2	Kimmerfields "enabling works"
3	Corn Exchange
4	Carriage Works/Bristol St/GWR tunnel
5	Carriage Works Phase 1 (units 3&5)
6	Aspen House and Granville St
7	North Star
8	Mechanics Institute
9	Public realm improvements
10	1-3 Farringdon Road



Programme

- Evidence base – signed off by Health and Wellbeing Board (JSNA)
- Stakeholder consultations – BEIS, DiT, INFLUENCE, officers – led to the production of the Draft Economic Strategy
- Wider public consultation with businesses – Spring / Summer 2017
- Full public consultation – Spring 2017 – targeting Equality Access, Older People's Networks and Ethnic groups
- Stakeholder engagement – national Government, Fast Growth Cities, Neighbouring authorities
- Cabinet – June 2017

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Swindon Tobacco Control Strategy 2017 - 2022

Health and Wellbeing Board

Date: 15th March 2017

Author: Cherry Jones - Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The Swindon Tobacco Control Strategy 2017 – 2022 describes how, over the next five years, we will work together across Swindon to reduce the number of people who smoke and the harm caused by tobacco use and create a smokefree Swindon. A copy of the draft Strategy is attached at Appendix 1 to the report.
- 1.2 Smoking continues to be the biggest preventable cause of ill health and early death as well as the leading cause of health inequality.
- 1.3 Smoking prevalence in Swindon is above the England average of 16.9% at 18.7 % and smoking rates from workers in our routine and manual jobs in the town (25%) are higher than the smoking rates of our adults in general. Smoking rates are also much higher in our population with mental health conditions and in our areas of highest deprivation.
- 1.4 The health and social care services in Swindon are already under pressure and smoking not only impacts upon health outcomes but has a significant financial cost to Swindon. Our priority is to reduce smoking prevalence overall and reduce health inequalities by reducing smoking prevalence in our more vulnerable groups: pregnant women, routine and manual workers, minority ethnic groups, young people and people with mental health conditions as well as to protect babies and children from second-hand smoke.
- 1.5 It is recognised that no one organisation can deal with the issues of tobacco control alone. A strategy, endorsed and approved by the Health and Wellbeing Board, will ensure that we continue to work collaboratively to protect and improve the health of our population and future generations in the creation of a smokefree Swindon.

2. Recommendations

The Board is recommended to:

- 2.1 Discuss and approve the Swindon Tobacco Control Strategy 2017 – 2022 attached at Appendix 1 to the report, and support the ongoing focus on tobacco control work in Swindon.
- 2.2 To recommend to Cabinet and the Clinical Commissioning Group Governing Body that they adopt the Swindon Tobacco Control Strategy 2017-2022.

Further information on the subject of this report can be obtained from Chris Woodward, Public Health Programme Manager, 01793 444678, cwoodward2@swindon.gov.uk.

Swindon Tobacco Control Strategy 2017 - 2022

Health and Wellbeing Board

Date: 15th March 2017

- 2.3 Support the development of the action plan associated with this Strategy, which will be monitored by the Swindon Smokefree Alliance (the Swindon tobacco control partnership of key stakeholders).

3. Detail

Swindon Tobacco Control

- 3.1 The Swindon Tobacco Control Strategy 2017 – 2022 firstly describes the work that has been undertaken in Swindon to date on tobacco control. It then identifies five priorities for tobacco control work in Swindon for the next five years.

3.1.1 Priority 1: Protect children and prevent young people from taking up smoking

Our aims are to:

1. Prevent the uptake of smoking amongst young people.
2. Reduce young people's exposure and access to tobacco.
3. Reduce the number of pregnant women who smoke.

3.1.2 Priority 2: Normalise a smokefree lifestyle

Our aims are to:

1. Reduce smoking prevalence rates in the adult population.
2. Increase the number of smokefree places in Swindon.
3. Further denormalise smoking.

3.1.3 Priority 3: Support smokers to quit

The focus will be to reduce health inequalities by working to improve health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities and mental health problems, minority ethnic groups and offenders).

Our aims are:

1. To reduce health inequalities between the better and worse off in Swindon so that groups and communities with the highest smoking prevalence rates see the biggest decline.
2. To increase the numbers of smokers attempting to quit smoking by accessing the stop smoking service and successfully quitting smoking with a particular focus on those from the most disadvantaged and vulnerable groups.

Further information on the subject of this report can be obtained from Chris Woodward, Public Health Programme Manager, 01793 444678, cwoodward2@swindon.gov.uk.

Swindon Tobacco Control Strategy 2017 - 2022

Health and Wellbeing Board

Date: 15th March 2017

3.1.4 Priority 4: Reduce illicit tobacco in the community

Our aims are:

1. To reduce the supply of and demand for illicit tobacco.

3.1.5 Priority 5: Raise the profile of tobacco control through marketing and communications programmes

Our aims are:

1. To raise the profile of smoking and its dangers so that everyone understands the dangers and harms of smoking and second hand smoke.
2. To ensure that every smoker in Swindon knows how to access support to stop smoking.

Reducing health inequalities is a major priority in Swindon and whilst not listed as a separate priority in this strategy, it is a cross cutting theme which features in all of the priorities.

4. Alternative Options

- 4.1 The alternative option would be to await a new national tobacco control strategy. The government published 'Healthy People, Healthy Lives, A Tobacco Control plan for England' in 2011 and this set out national ambitions for tobacco control work to be achieved by 2015. The new awaited national strategy has been delayed and timescale for new strategy is not known. It is not anticipated that the priorities in our strategy will change with the new national strategy.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising from this report.
- 5.2 There are no additional financial and procurement implications beyond those which are already in place.

Legal and Human Rights Implications

- 5.3 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

Swindon Tobacco Control Strategy 2017 - 2022

Health and Wellbeing Board

Date: 15th March 2017

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

- 5.4 There are positive implications on health from reducing smoking prevalence and the harm caused by tobacco. This will benefit both the health and social community as tobacco use and the harm caused has a significant economic and resource impact.

Diversity Impact Assessment

- 5.5 A diversity impact assessment has been completed and is available for inspection.
- 5.6 The Swindon Tobacco Control action plan will include actions to work on identified gaps or issues.

Risk Management

- 5.7 No specific risks have been identified at this stage for this report.

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Swindon Tobacco Control Strategy 2017 – 2022.

Swindon Tobacco Control Strategy 2017-2022

DRAFT

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Foreword

Smoking rates have declined rapidly over the past 20 years but despite this progress smoking remains one of the largest threats to public health killing more people than the next 5 causes of preventable death combined. In Swindon over 18% of adults (approximately 31,400 people) continue to smoke however, in some areas and communities, this percentage is much higher. This strategy outlines how, over the next five years, we will work together across Swindon to reduce the number of people who smoke, the harm caused by tobacco use and create a smokefree Swindon.

Smoking continues to be the biggest preventable cause of ill health and early death and the leading cause of health inequality. Smoking rates from workers in our routine and manual jobs and those who suffer mental health conditions are higher than the smoking rates of our adults in general.

To improve the health and wellbeing of our community we will continue to focus on denormalising smoking so that tobacco becomes less affordable, acceptable and accessible. We want all our communities to see a smokefree Swindon as the norm and we aim to stop the continuation of smoking from one generation to the next. It is well recognised that to reduce the smoking uptake by young people we need to support adults to quit smoking as the adult world influences the way in which young people grow up and develop.

The health and social care services in Swindon are already under pressure and smoking has a significant financial cost and impact on the demand for services across the borough. Our priority is to reduce smoking prevalence overall and also to have a greater focus on reducing health inequalities by reducing smoking prevalence amongst the more at risk groups including pregnant women, routine and manual workers, minority ethnic groups, young people and people with mental health conditions.

We recognise that no one organisation can deal with these issues alone and that is why we will continue to work collaboratively to ensure that tobacco control remains high on everyone's agenda, ensuring that fewer people die early and suffer from smoking related diseases and that fewer children and adults require health and social care services as a consequence of smoking related conditions.

In Swindon we will do everything that we can to protect and improve the health of our population and future generations in the creation of a smokefree Swindon. Our vision is to inspire a smokefree Swindon by 2025 to improve health and reduce health inequalities. This is a real challenge for us in Swindon and this strategy will have a vital part to play in helping us to achieve this.

We thank everyone who commented and contributed to the development of this strategy for tobacco control and who support the vision to inspire a Smokefree Swindon where people live a long and healthy life.

Cherry Jones, Director of Public Health

Councillor Brian Ford, Lead Member

Xxxxx Swindon Clinical Commissioning Group

Executive Summary

The number of people smoking in England has more than halved over the past 25 years however smoking still remains one of the largest threats to public health with one in two people who smoke dying early as a consequence of their addiction.

Whilst smoking rates have continued to fall over the past few years around 18% of adults, approximately 31,400 people, in Swindon still smoke and this rate is much higher in some of our most disadvantaged communities across the town.

Smoking remains the biggest cause of preventable ill health and premature death. Every year nearly 80,000 people, or more than 200 people per day, die in England from smoking related diseases. In Swindon over 280 people die each year from smoking related diseases and there are over 1,700 hospital admissions each year due to smoking related diseases.

In addition to these deaths every year smoking causes new cases of chronic diseases such as cancer, coronary heart disease, chronic obstructive pulmonary disease (COPD), and increases the risk of dementia and diabetes. These diseases cause much harm and suffering not only to the smoker but also their family, their children and their local community.

Smoking in pregnancy remains an important issue with one in ten pregnant women in Swindon continuing to smoke despite the harmful effect that smoking during pregnancy has on their unborn baby. Smoking in pregnancy increases the risks of stillbirth and of the child developing respiratory disease, attention and hyperactivity difficulties, learning difficulties, problems of the ear, nose and throat, obesity and diabetes. Tobacco addiction begins in childhood with two thirds of smokers saying that they began smoking before the age of 18.

Smoking rates in Swindon for adults with serious mental health illness is more than double the smoking rate in our adult population.

Smoking remains the primary cause of health inequalities. Smoking rates are much higher in some social groups, including those with the lowest incomes. People in these groups suffer the highest burden of smoking related illness and death. Smoking remains the single biggest cause of the difference in life expectancy and healthy life expectancy between the richest and poorest in our community.

New research shows that young people who identify as lesbian, gay or bisexual are twice as likely to have smoked than their heterosexual peers.¹⁷

It is estimated that each year in Swindon smoking costs our community approximately £56 million. This includes the costs of NHS care, social care, passive smoking, household fire and lost productivity. It costs an individual smoker who smokes 20 cigarettes a day approximately £2,500 per year.

Swindon's Tobacco Control Strategy

Vision

Our vision is to inspire a smokefree Swindon where people live a long and healthy life protected from the harms caused by tobacco.

Aims

To improve the health and wellbeing of the population of Swindon, reduce health inequalities and reduce the number of smoking related illnesses by reducing smoking prevalence and exposure to second-hand smoke.

Key Principles:

The following four principles underpin our local action for tobacco control:

1. It is a shared strategic approach with a clear vision and leadership
2. It will be delivered by working together across many partners and agencies whilst engaging with our population to help them improve their health and address inequalities
3. It draws on the best available evidence, local insights and intelligence and is supportive of innovative working
4. It focuses on denormalising smoking and encouraging people not to smoke

Priorities

The five priorities for tobacco control action across Swindon are:

1. Protect children and prevent young people from taking up smoking
2. Normalise a smokefree lifestyle
3. Support smokers to quit
4. Reduce illicit tobacco in the community
5. Raise the profile of tobacco control through marketing and communications programmes

Reducing health inequalities is a major priority in Swindon and whilst not listed as a separate priority in this strategy, it is a cross cutting theme which features in all of the priorities.

Introduction

In 2011 the government published 'Healthy Lives, Healthy People: A Tobacco Control Plan for England'¹ which contained three national ambitions to be achieved by the end of 2015:

- To reduce smoking prevalence amongst adults in England to 18.5% or less
- To reduce smoking prevalence among young people in England to 12% or less
- To reduce smoking in pregnancy in England to 11% or less

The national plan established a vision of eradicating tobacco harms - reducing smoking related morbidity and mortality, and reducing health inequalities.

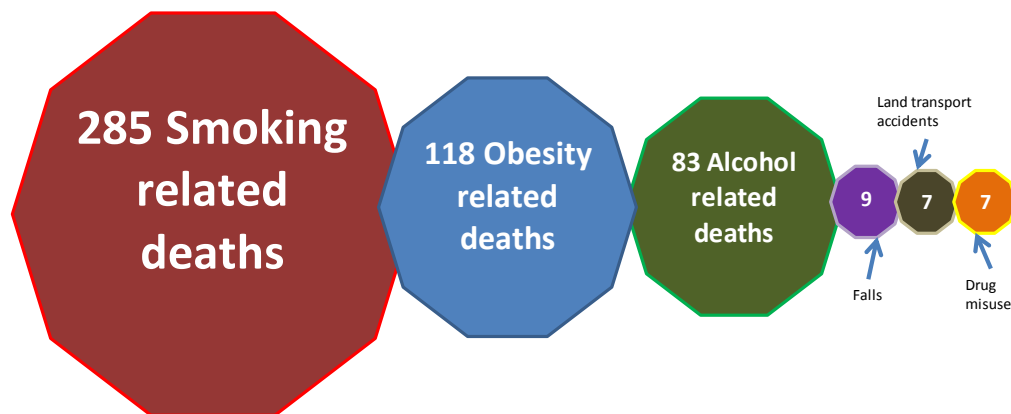
Swindon's tobacco control action plans since 2010 have been based on this national plan. Section 1 of this document sets out the impact of smoking and the widespread harm caused by tobacco in Swindon. Section 2 describes where we are now in relation to tobacco control and section 3 onwards details our priorities, aims and objectives for the future. We have also included how we will monitor and measure success.

SECTION 1 - The Impact of Smoking

Smoking remains the single largest cause of health inequalities and is responsible for around half the difference in life expectancy between the richest and poorest.¹ Death rates from smoking are two to three times higher among disadvantaged social groups than among the better off.

Impact on Health

Smoking is still the largest single preventable cause of death killing nearly 80,000 people in England every year. Deaths from smoking are greater than the combined total of the six next greatest causes of preventable deaths. This includes alcohol, obesity, traffic accidents and drug related deaths.² The picture below shows annual death rates in Swindon for a number of causes.



In Swindon over 280 people die each year from smoking related diseases and there are over 1,700 hospital admissions each year which are due to smoking related diseases.

Tobacco is the primary cause of lung cancer and COPD. Around 120 new lung cancer cases are diagnosed every year in Swindon. One-year lung cancer survival in NHS Swindon Clinical Commissioning Group is 30.5% which is lower than the England average of 35.4%. People in deprived groups have more than double the rate of death from lung cancer. Research from Cancer Research UK shows that 86% cases of lung cancer are caused from smoking and therefore could be prevented.

Smoking increases the risk of developing cardiovascular diseases, which includes coronary heart disease and stroke. Smokers are almost twice as likely to have a heart attack compared with people who have never smoked and smokers with diabetes have increased risks of complications and premature death.

Smoking causes numerous cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.⁹ Debilitating conditions such as infertility, erectile dysfunction, osteoporosis, cataracts, oral disease, as well as complications in pregnancy, labour and following childbirth can all be caused from smoking.⁸

Smoking in pregnancy increases the risks of low birth weight, stillbirth and of the child developing respiratory disease, attention and hyperactivity difficulties, learning difficulties, problems of the ear, nose and throat, obesity and diabetes.^{5,14,15} Smoking during pregnancy is also a major factor associated with health inequality with prevalence varying significantly across communities and social groups¹⁹.

Smoking and Dementia

Smoking is one of the biggest lifestyle risk factors for dementia and it is estimated that 30% of dementia cases can be prevented by people making healthier choices. Public Health England (PHE) has published new information on dementia: *Health matters midlife approaches to reduce dementia risk*¹⁸. Dementia is not an inevitable

part of aging and this resource for health professionals and local authorities makes the case that taking action in midlife to promote healthy lifestyles, including stopping smoking, can reduce the risk of dementia. Dementia is now considered the most feared health condition for people over the age of 55, more than any other disease, including cancer. Overall, research shows that smokers have a 50% higher risk of developing vascular dementia than those who have never smoked¹³.

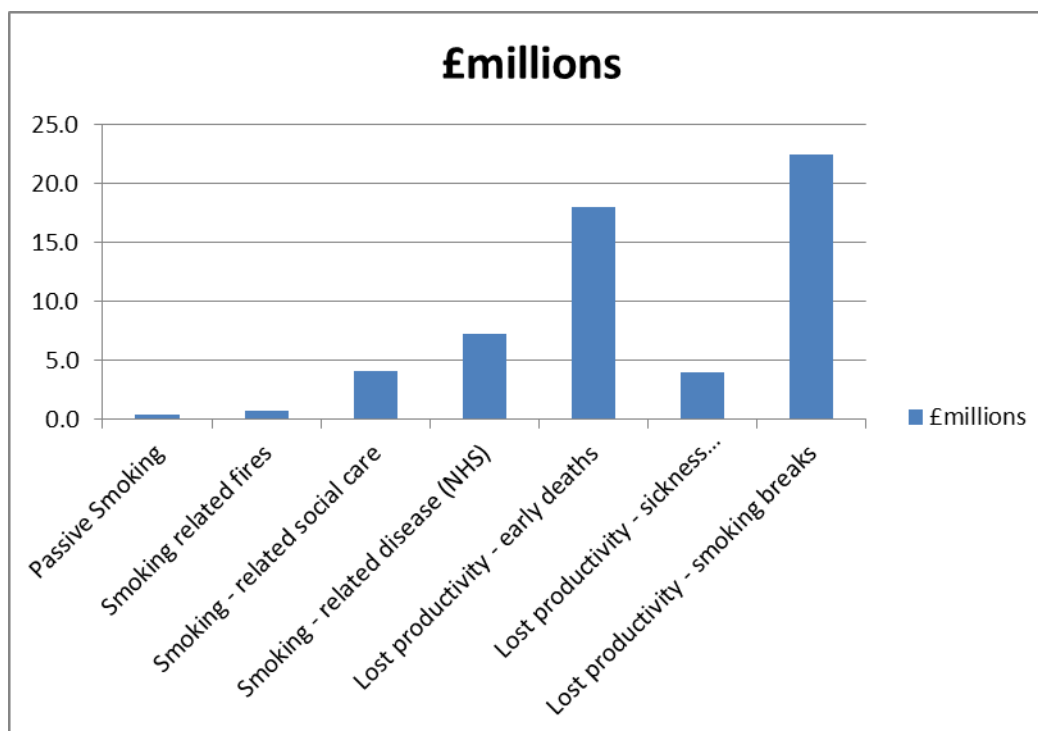
Exposure to second hand smoke

The harm caused by smoking is not just to the individual. Tobacco smoke contains over 4,000 chemicals, 60 of which are known to cause cancer. Exposure to smoke is harmful and this is particularly a problem for children. Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease and are more likely to smoke as they grow up.⁵

In 2010 The Royal College of Physicians report "Passive Smoking and Children" points out that the principle source of exposure to passive smoking for non-smokers is in the home and that children are especially at risk. Each year this results in over 300,000 GP visits and around 9,500 hospital admissions in the UK and costs the NHS more than £23.6m.

Impact on the Economy

In England each year it is estimated that smoking costs the public £13.1bn in terms of the output lost from early deaths, smoking breaks, NHS care, social care, sick days, the impact of passive smoking, household fires, and smoking litter.² In Swindon each year we estimate that these smoking costs to society are over £56 million.²



Estimated breakdown of societal costs of tobacco in Swindon 2015 in £millions.

Source: Available at www.ash.org.uk/localtoolkit/docs/Reckoner.xls

The costs of smoking to the NHS and the economy are well known and understood, however there are also costs to the social care system which are now starting to be quantified. Smoking doubles the risk of developing care needs in later life and it is estimated that these additional care costs represent over £4 million each year across Swindon. Research shows that smokers are likely to need care on average nine years earlier than non smokers³.

Impact on Society

Protect children from harm

Evidence suggests that a strong smokefree ethos in schools, the family and the wider community is important in preventing smoking uptake. The key influence for children starting to smoke is their immediate family. Helping adults to stop smoking and creating a smokefree environment where children live and play will ensure fewer children start smoking. The majority of smokers start while in their teenage years with very few new smokers beginning after the age of 20. Two thirds of smokers say they began smoking before the age of 18 and nine out of ten before the age of 19.⁴ Of those who try smoking, between one third and one half will become regular smokers.

There is also new research which shows that young people who identify as lesbian, gay or bisexual are twice as likely to have smoked than their heterosexual peers and this group should also be a focus and considered as a priority for tobacco control¹⁷.

The reward of cigarettes is often used when exploiting children and young people. Child sexual exploitation (CSE) is a national priority with a multi-agency approach and is identified as a form of child abuse with an agreed definition of:

- sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or others performing on them, sexual activities
- child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post images on the internet/mobile phones without immediate payment or gain ¹⁶

Legislation

England has come a long way in shifting cultural attitudes to smoking. In recent years we have seen the ban on direct advertising of tobacco and of tobacco companies sponsoring sporting events and teams e.g. Formula 1 (2005); the implementation of smoke-free legislation (2007); an increase in the age for tobacco sales from 16 to 18 (2007); legislation to ban tobacco vending machines (2011), a ban on the display of tobacco and smoking-related products in shops at point of sale (large stores and supermarkets 2012 all other shops and stores 2015); ban on proxy sales of tobacco (2015), smoke free cars (2015) and standardised packaging (2016).

Reducing the availability of illicit tobacco

Illicit tobacco causes harm to our most vulnerable populations by increasing the availability of cheap tobacco to the most deprived socio-economic groups leading to widening the health inequalities gap. Those who can least afford it remain smokers and illicit tobacco reduces the incentive to quit. Research commissioned by ASH found that one in four of the poorest smokers buy smuggled tobacco compared to one in eight of the most affluent. Illicit tobacco also harms local businesses and can be linked to organised crime.

Boost the disposable income of the poorest people in our local area

Two adult smokers with a 20-a-day habit are likely to spend more than £5,000 per year on cigarettes. Poorer smokers spend five times as much of their weekly household budget on smoking than richer smokers.⁶ Workers in routine and manual jobs are twice as likely to smoke as those in managerial and professional roles.

The ASH 'Local Poverty Calculator' shows local councils how many people in their area are in poverty because of smoking and the impact services to help people quit smoking can have to reduce rates of poverty. This tool indicates that there are estimated to be over 21,000 households in Swindon with at least one smoker. When net income and smoking expenditure is taken into account over 4,000 or 20% of households with a smoker fall below the poverty line. If these smokers were to quit it is estimated that 1,000 households in Swindon could be lifted out of poverty.

Smoking and fires

Smokers' materials (such as cigarettes, cigars or pipe tobacco) caused 36 per cent of fatalities in accidental dwelling fires in 2014/15, and was by far the largest ignition category.¹¹ In Swindon between 2012- 2015 there were 27 accidental (and not known) dwelling fires where smoking materials were the source of ignition and two people lost their lives.

SECTION 2 - Where We Are Now

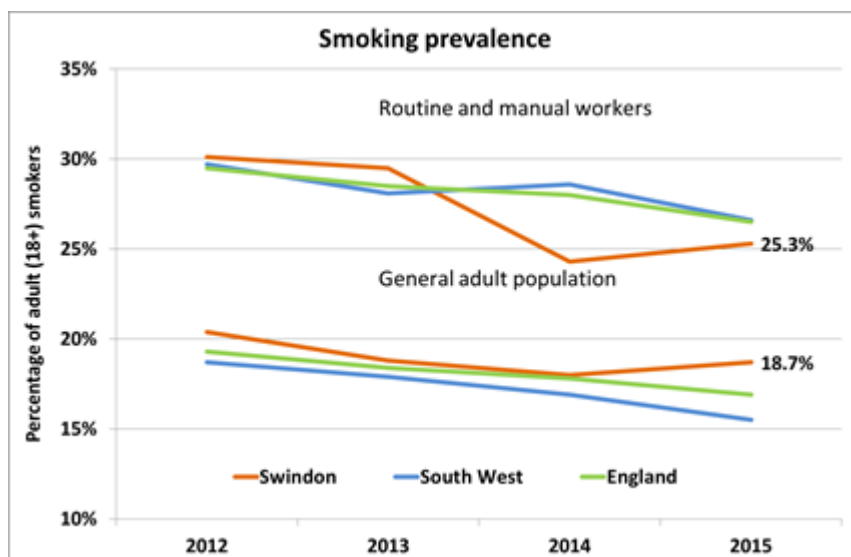
In Swindon we have a well-established multidisciplinary Tobacco Control Alliance – a membership list is included in Appendix A. This group have championed the reduction of smoking prevalence and oversee the delivery of the Swindon Tobacco Control plan. The Health Act 2006 had a significant impact on reducing smoking prevalence following the ban on smoking in public places and workplaces in July 2007.

Reduction in smoking prevalence in adults

From 2015 PHE have used the Annual Population Survey (APS) to calculate national and local rates of smoking prevalence rate in adults. This survey shows the smoking rate in Swindon to be 18.7% which is above the national England average of 16.9%. However, smoking prevalence in Swindon has reduced dramatically since 2007, when the smoking rate was 29.2% (compared to 22.2% in England).

Smoking prevalence in adults in routine and manual occupations is higher than in the general adult population. Smoking in adults in routine and manual occupations in Swindon has reduced from 30.1% in 2012 to 25.3% in 2015. This is lower than the South West average of 26.6% and England average of 26.5%.

The data source for smoking prevalence prior to 2015 was the Integrated Household Survey (IHS). The change in data source from IHS to APS has impacted on the trend line for Swindon smoking prevalence which can be seen in the line graph below:



Smoking prevalence in adults and routine and manual workers (PHE Tobacco Control Profiles)

Smoking prevalence in adults with a serious mental illness

PHE published a new indicator on smoking prevalence in people with serious mental illness as part of their tobacco control profiles for the first time in 2016. The new indicator for prevalence of smoking in adults with serious mental illness in Swindon is 41%. Swindon is not statistically different to the England average which is 40.5%. In Swindon we recognise the importance of making sure that smoking prevalence and mental health is monitored to reduce health inequalities and to ensure that we are reaching our most vulnerable communities

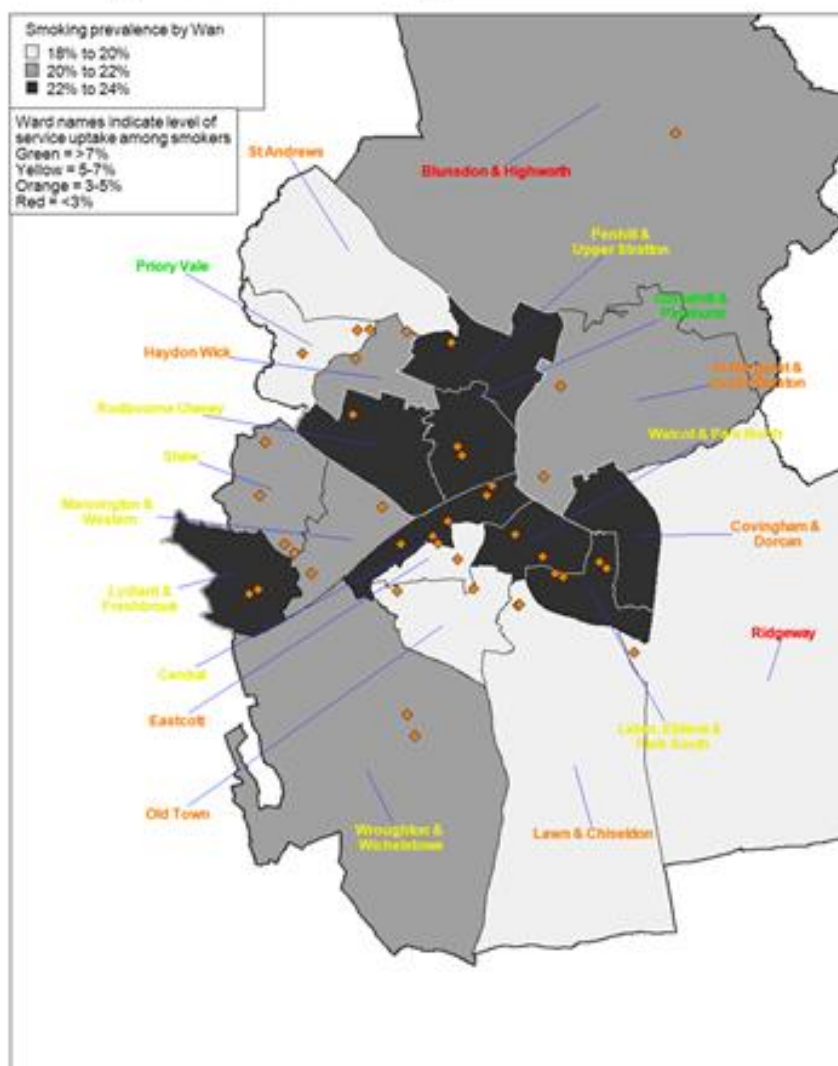
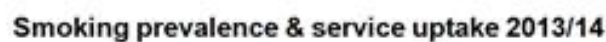
Health Inequalities

Although smoking prevalence is declining year on year smoking rates vary significantly across social groups, with those from poorer communities and backgrounds experiencing higher tobacco use and health burdens (Office for National Statistics. Statistical bulletin 2015. Integrated Household Survey)

Individuals from some ethnic minority groups, from the Lesbian Gay Bisexual and Transgender (LGBT) community, those in professions classed as routine and manual, individuals suffering from mental health conditions, drug or alcohol dependency and other long term conditions are more likely to smoke than the general population. Smoking is not only the leading cause of preventable death, but also the largest contributor to poorer health and social outcomes and lower life expectancy of the poorest in the community.

The percentage of the adult population who smoke varies greatly across Swindon. It is estimated to range from 18% in our least deprived areas to 24% in our most deprived areas using the ASH tool.

A health equity audit was undertaken in 2015 and using 2013/14 data mapped the smoking prevalence by ward across Swindon and the uptake of stop smoking service among smokers. (The orange dots indicate stop smoking service provision). This demonstrated that in the areas with the highest smoking prevalence there was not the highest uptake of stop smoking service.

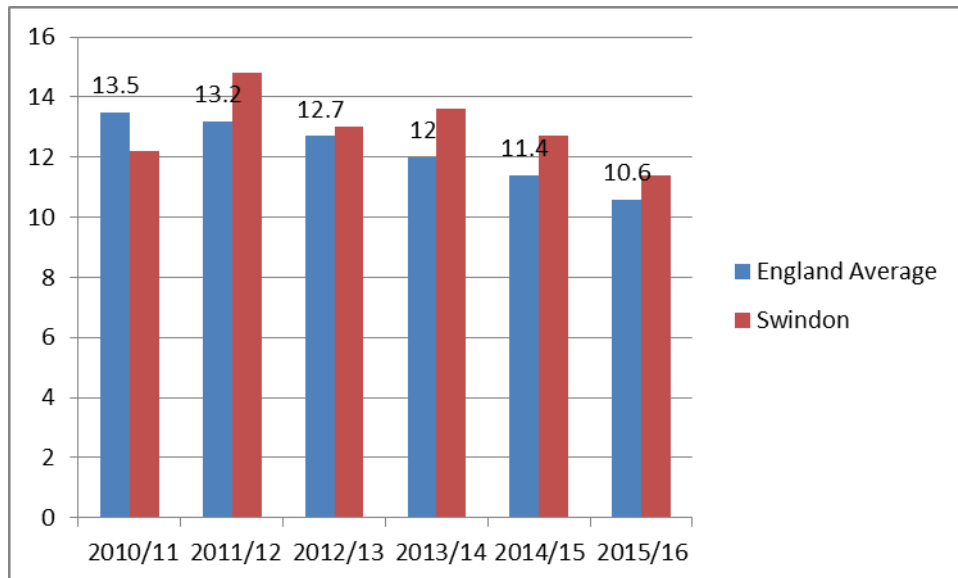


(C) Crown copyright and database rights 100024296 2015
Map created by Debbie Stott, Public Health Intelligence Analyst
Swindon Borough Council, 2015

Reduction in Smoking in Pregnancy

Smoking status in pregnancy at the time of delivery (SATOD) is the measure that gives the smoking in pregnancy prevalence rate. Data for the year 2015/16 showed

that 11.4% or approximately 325 women were recorded as still smoking when they delivered their babies. This is higher than the England average of 10.6%. The number of women smoking during pregnancy has reduced from 13.2% (429 women) in 2011/12 although it is important to note that more than one in ten pregnant women in Swindon continues to smoke during their pregnancy. Smoking is more common in younger pregnant women from the most deprived communities.



Swindon Smoking at Time of Delivery Prevalence Rate (PHE Tobacco Control Profiles)

We have redesigned our smoking in pregnancy service and developed a new pathway for pregnant women which offers them more flexibility and choice. 100% of pregnant women now have their carbon monoxide (CO) level recorded by their midwife at their first appointment. Midwives have been trained to assess current and past smoking behaviour and provide information to pregnant women on the consequences of smoking in pregnancy. Midwives signpost pregnant women who continue to smoke to stop smoking services throughout their pregnancy to encourage them to quit.

Reducing Smoking Prevalence in Young People

Every year around 200,000 children and young people in England start smoking regularly.¹² Work continues with Swindon schools to reduce the number of children and young people smoking. A range of initiatives have been delivered for children and young people including:

- A social norms programme for schools to encourage and promote positive choices for young people, and change their misperception around peer behaviour in relations to risk taking behaviours
- The year 7 intervention on the dangers of smoking offered to every secondary school in Swindon

- Awareness raising activity linked to the Personal, Social, Health and Economic (PSHE) curriculum and national promotions e.g. No Smoking Day, Illegal Tobacco
- Promoting the Swindon Healthy Schools Award amongst all schools

The 'What About YOUth' (WAY) survey was conducted for the first time in 2014/15 in England. This survey asked 15 year olds about their smoking habits.

The South West had a significantly higher prevalence of current smokers aged 15 years (9.8%) compared to the overall prevalence for England (8.2%) but Swindon had the lowest prevalence rate in the region (7.5%).

Reducing the supply and demand for illicit tobacco

Swindon Trading Standards Service have worked with other enforcement agencies to tackle the supply of illicit tobacco through intelligence gathering, seizures and prosecutions. The promotion and awareness raising of illegal tobacco and test purchasing exercises have been conducted in response to intelligence received. Advisory visits have been conducted to local businesses and support provided to businesses to ensure that they are compliant in their obligations when selling age restricted products.

E-cigarettes

The best thing that a smoker can do is to quit smoking for good. The current guidance issued by PHE is that e-cigarettes are 95% less harmful than smoking. Awareness of e-cigarettes amongst adults is widespread however only a third of adults (35%) believe that e-cigarettes are good for public health. E-cigarettes as a harm reduction tool can offer potential health benefits but maximising those benefits requires appropriate regulation and monitoring.

Our stop smoking services support people who wish to quit smoking using e-cigarettes. Behavioural support provided by trained stop smoking advisors will improve the chances of success of those quitting smoking using an e-cigarette.

ASH estimates that the usage of e-cigarettes among adults in Great Britain has tripled in a two year period from an estimated 700,000 users in 2012 to 2.8 million in 2014. Nearly two thirds of users are smokers and one third are ex-smokers, an increase on the proportion of ex-smokers compared to previous years.¹⁰

Services to support people to quit smoking

Most smokers continue to smoke because they are addicted to nicotine rather than out of choice. The health Survey for England (2013) reported that 65% of smokers would like to quit. The availability of stop smoking support is key in empowering smokers to make a successful quit attempt.

The most effective approach to successfully quit smoking is the provision of expert behavioural support combined with pharmacotherapy (e.g. Nicotine Replacement Therapy – NRT). Swindon has a range of accessible services for people who want to quit smoking. These evidence based services are in a variety of GP, pharmacy and community settings. Smokers who use services are four times more likely to successfully quit smoking than those who don't get help. This range of providers gives accessibility and choice for people who need support to quit smoking across Swindon.

Social media provides further opportunity to support individuals to quit smoking along with a range of online support including the NHS Smokefree website and the Public Health England One You phone app.

Marketing and Communications Programmes

We have raised awareness of the benefits of stopping smoking and the services available to support smokers to quit through a range of marketing and communication programmes. The Swindon Borough Council website MyCareMySupport includes local information on stopping smoking.

Campaigns such as Stoptober and the national PHE One You have been actively promoted including the One You Stop Smoking phone app and other resources such as the NHS Choices website.

SECTION 3 – Delivering Swindon's Tobacco Control Strategy

Swindon Health and Wellbeing Strategy

The Tobacco Control Strategy aligns closely to the priority areas within the Swindon Health and Wellbeing Strategy, the Vision for Swindon 2030 and the NHS Five Year Forward View. In line with the strategic direction already set out in the Swindon Health and Wellbeing Strategy, we want to ensure that reducing harm from tobacco aligns closely to the five priority areas within the Joint Health and Wellbeing Strategy:

1. Every child and young person in Swindon has a healthy start in life
2. Adults and older people in Swindon are living healthier and more independent lives
3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)
4. Improved mental health, wellbeing and resilience for all

5. Creation of sustainable environments in which communities can flourish

Priority 1: Protect children and prevent young people from taking up smoking

We aim to:

1. Prevent the uptake of smoking amongst young people
2. Reduce young people's exposure and access to tobacco
3. Reduce the number of pregnant women who smoke

Our objectives are to:

- Deliver a range of school based interventions
- Increase the number of schools achieving the Healthy Schools Awards
- Reduce the number of homes where children are exposed to second hand smoke
- Increase the number of pregnant women that successfully quit smoking

Priority 2: Normalise a smokefree lifestyle

We aim to:

1. Reduce smoking prevalence rates in the adult population.
2. Increase the number of smokefree places in Swindon
3. Further denormalise smoking.

Our objectives are to:

- Deliver the Making Every Contact Count (MECC) programme providing brief interventions to smokers to encourage and empower them to quit
- Support residents to make their homes and cars smokefree
- Support public sector, educational establishments and voluntary organisations to become smokefree and have policies in place.
- Support local public sector organisations to be smokefree by 2018.
- Establish smokefree environments e.g. Bus Station, District centres, play parks

Priority 3: Support smokers to quit

We aim to:

1. Reduce health inequalities between the better and worse off in Swindon so that groups and communities with the highest smoking prevalence rates see the biggest decline.
2. Increase the numbers of smokers attempting to quit smoking and successfully quitting smoking with a particular focus on those from the most disadvantaged and vulnerable groups

Our objectives are to:

- Encourage and support smokers to stop smoking through the provision of good quality information on all services and products available that aid smoking cessation or tobacco harm reduction
- Work with partners (including secondary care and mental health trusts) to influence referral pathways to ensure that smokers are routinely offered support to quit smoking and signposted to stop smoking services
- Work with local businesses to offer support for stopping smoking to their staff
- Ensure there are high quality, accessible stop smoking services (as recommended by NICE) throughout Swindon and that service providers
 - are trained and skilled to meet the needs of different populations and groups.
 - continue to offer behavioural support to smokers who use electronic cigarettes as a means of quitting smoking
 - target the most at risk populations
- Support Carers to quit smoking and provide advice and support on how to reduce the harm from smoking and second hand smoke.

Priority 4: Reduce illicit tobacco in the community

We aim to:

1. reduce the supply of illicit tobacco
2. Reduce the demand for illicit tobacco

Our objectives are to:

- Prevent underage and proxy sales of tobacco working with local businesses.

- Reduce demand and acceptance of illegal tobacco in communities through reporting of intelligence and awareness raising.
- Reduce availability of illegal tobacco through seizures and prosecutions.

Priority 5: Raise the profile of tobacco control through marketing and communications programmes

We aim to:

1. Increase awareness of the dangers of smoking so that everyone understands the harms of smoking and second hand smoke

Our objectives are to:

- Develop a targeted multi agency communication strategy
- Work with partners and use a social marketing approach to communicate the key messages to deliver the strategy
- Ensure tobacco control communications and marketing campaigns reach key target groups – e.g. young people, working age and older adults.
- Ensure all agencies working with older adults are aware of the benefits of stopping smoking at any age
- Ensure all agencies working with children and young people are aware of the dangers and harms of smoking

Strategic Targets and Measuring Success

Our strategic target is to reduce smoking prevalence in adults to less than the England average by 2020.

Achieving our target and working towards our vision will contribute to the following outcomes:

- Fewer adults requiring health and social care services as a consequence of a smoking related condition.
- Fewer people dying early and suffering from smoking related long term conditions

Measuring the success of interventions in tobacco control can be challenging as benefits may not be seen for many years. We will measure our progress against prevalence data and indicators in the national Public Health, Adult Social Care and NHS Outcomes Frameworks.

Strategy Implementation and Governance – Next Steps

The Swindon Tobacco Control Alliance, which is a partnership of key stakeholders from the private, public and voluntary sector, will monitor and ensure effective implementation of the Swindon Tobacco Control Strategy and associated action plan reporting to the Swindon Health and Wellbeing Board. The action plan is a separate working document and is available from:

Chris Woodward
Public Health Programme Manager
Swindon Borough Council

Contact details:

Email: Cwoodward2@swindon.gov.uk
Telephone: 01793 444687

The strategy and action plan will be reviewed on an annual basis with the first review taking place in April 2018.

Smoking prevalence in adults in Swindon will be monitored as part of the Tobacco Control Profiles and Public Health Outcomes Framework and provide a key indicator of success against this strategy. This is also a key priority and published in the Swindon Borough Council Corporate Performance dashboard.

Community Involvement in Developing this Strategy

Engagement has been conducted with a range of partners, organisations and service users in developing this strategy. We would like to express our thanks to the following for their help and support with developing this strategy:

Avon and Wiltshire Mental Health Partnership

British Lung Foundation

Great Western Hospital NHS Foundation Trust

Healthwatch

Swindon Borough Council Children and Young People Services

Swindon Borough Council Community Health and Wellbeing Team

Swindon Borough Council Public Health Team

Swindon Carers

Swindon Clinical Commissioning Group

Swindon Clinical Commissioning Group Patient and Public Involvement Forum

Swindon Schools

Swindon Smokefree Alliance

Wiltshire and Dorset Fire and Rescue Service

DRAFT

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Appendix A

Current membership of the Swindon Tobacco Control Alliance

Representative area	Named lead
Swindon Borough Council (SBC) - Chair	Director of Public Health
Public Health, SBC- Deputy Chair	Tobacco Control Lead
Swindon Stop Smoking Service, SBC	Quality Assurance Manager
Public Protection, SBC	Health Promotion Officer
Children and Young Peoples Lead, SBC	Healthy Schools Manager
Dorset and Wiltshire Fire and Rescue Service	Deputy Area Commander, Swindon
Great Western Hospital NHS Foundation Trust	Cardiac Rehabilitation Sister
Avon and Wiltshire Mental Health Partnership	Healthy Lifestyles lead
Public Health England	Tobacco Control Lead
Swindon Clinical Commissioning Group	TBC
Non-Voting members	
British Lung Foundation	Swindon rep

Sustainability and Transformation Plan - update

Health and Wellbeing Board

Date: 15th March 2017

Author:	Nicki Millin – Accountable Officer, Swindon Clinical Commissioning Group
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The NHS in England is required to produce place-based Sustainability and Transformation Plans (STP), driving the Five Year Forward View over the period October 2016 to March 2021. Clinical Commissioning Groups (CCGs) were asked to form footprints for submission of place based plans. Swindon CCG are working with Bath and North East Somerset (BANES) and Wiltshire CCGs to develop a footprint plan.
- 1.2 This report provides an update for the Health and Wellbeing Board on the development of the plan across the footprint.

2. Recommendations

The Board is recommended to:

- 2.1 Note the content of the Sustainability and Transformation Plan short guide attached at Appendix 1 to the report, and discuss any areas where further clarification may be required.

3. Detail

- 3.1 Attached at Appendix 1 is the BANES, Swindon and Wiltshire Sustainability and Transformation Plan – A Short Guide. This document has been produced to enable us to begin to have conversations with the public across the wider footprint area about the priorities identified within the emerging plan.
- 3.2 There are three main areas which are recognised as the focus of change if we are to ensure that health and social care services meet the needs of local people well into the future:
 - 3.2.1 Improving health and wellbeing.
 - 3.2.2 Improving the quality of care people receive.
 - 3.2.3 Ensuring our services are efficient.
- 3.3 In addition there are five emerging priorities which will support the delivery of the required changes:

Further information on the subject of this report can be obtained from Nicki Millin, 01793 683700, nicki.millin@swindonccg.nhs.uk.

Sustainability and Transformation Plan - update

Health and Wellbeing Board

Date: 15th March 2017

- 3.3.1 Transforming primary care.
- 3.3.2 More focus on prevention and proactive care.
- 3.3.3 Making the best use of technology and buildings.
- 3.3.4 A modern workforce.
- 3.3.5 Improved collaboration across our hospital trusts.
- 3.4 Working in conjunction with Healthwatch Swindon we will use the attached document as a basis for discussions with our population in Swindon.

4. Alternative Options

- 4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are financial targets that must be met by both the health and social care community which will be a key part to the delivery of this Plan.

Legal and Human Rights Implications

- 5.2 These will be included in the Plan as it is developed.

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

- 5.3 A Patient Benefits assessment will be included in the Plan as it is developed.

Diversity Impact Assessment

- 5.4 A Safety and Quality Impact assessment will be included in the Plan as it is developed.

Risk Management

- 5.5 These will be included in the Plan as it is developed.

6. Consultees

- 6.1 Elements of the STP have been discussed in a number of different fora including CCG Governing Body; and STP workshops involving provider and voluntary sector organisations from Swindon and SBC representation. This plan has been discussed in a number of public fora within Wiltshire.

Further information on the subject of this report can be obtained from Nicki Millin, 01793 683700, nicki.millin@swindonccg.nhs.uk.

Sustainability and Transformation Plan - update

Health and Wellbeing Board

Date: 15th March 2017

- 6.2 The Corporate Director, Resources and Transformation (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Planning for the future: BANES, Swindon and Wiltshire Sustainability and Transformation Plan: A Short Guide.

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Planning for the future

Bath and North East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan (STP)

A short guide

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The NHS has been variously described as one of “the most trusted organisations in British society”, our “proudest achievement” and “the envy of the world”. It is not just a great institution but a unique expression of a noble ideal - that healthcare should not be a privilege to be purchased, but rather a moral right which is available to all.

As we acknowledge and celebrate the achievements of the NHS we must also address the health and care challenges of the future to build a fully integrated, collaborative system. Nationally these issues have been addressed in the NHS Five Year Forward View which notes that while the values of the NHS are unchanging, the service itself must change if it is to meet the needs of the people in a rapidly evolving world.

More recently the development of Sustainability and Transformation plans has provided the NHS with a framework within which change can take place. There are 44 such plans currently under development across Britain.

This guide provides a summary of our local five year Sustainability and Transformation Plan (STP).

It sets out the very significant challenges that we face and the opportunities we must take to ensure local people can access high quality, sustainable and safe, physical and mental health care into the future.

Health and care organisations and local councils from Bath and North East Somerset (B&NES), Swindon and Wiltshire have come together to put together a plan which considers the reasons services need to change and how we can provide them differently in a way that benefits patients and helps people stay healthier for longer.

There are three areas where change is urgently needed to ensure health and care services meet the needs of local people well into the future:

1

Improving health and wellbeing

We need to get better at preventing disease, not just treating it. Illnesses such as heart disease and type 2 diabetes are putting significant pressure on NHS services, but by supporting people towards healthier lifestyles, we can prevent these diseases from developing.

2

Improving the quality of care people receive

We need to ensure consistently high standards of care across the whole geographical area, from the point of a patient's diagnosis through to specialist hospital treatment, rehabilitation or social care.

3

Ensuring our services are efficient

Based on funding predictions and current demands, our health and social care system faces a financial gap by 2020/21 so we need to make tough choices about how we provide services.

Of course, our future plans won't stop the good work that's already happening. Our joined-up approach means that we will be able to share great ideas more easily, building on good examples of where health and care services are already working well.

Our plan needs to respond to the needs of local people, patients and carers as well as healthcare professionals and voluntary organisations. We can't make future changes alone, and we would really like to hear your views on our approach.

- If you have any feedback or questions, please email: ruh-tr.STP-BSW@nhs.net or contact your local Healthwatch office listed at the end.
- We will develop detailed proposals for consultation, as appropriate, throughout 2017 and 2018 and information about how to take part will be promoted through local press, our websites and local Healthwatch.
- Information about on-going public engagement events will be promoted so please keep an eye out for details on our websites, on social media and through local Healthwatch.
- We also encourage you to read our full STP at bit.ly/bsw-stp.

Our local area

Our goal is to improve the way health and care services are delivered across B&NES, Swindon and Wiltshire (BSW) area.

The standard of health and care services across BSW is generally very good compared with other parts of England. But there are still services and areas that can be improved. For example, in some regions people are still waiting too long to see their GP or to access A&E when they have a serious illness or injury. They may also face long waits for hospital outpatient appointments and treatments for certain medical conditions.

Our aim is to ensure everyone gets the high-quality health and care they need, regardless of where they live across BSW. The following organisations are working together to create better health and care services:



874,000

Current population

1,000,000+

Predicted population by people by 2026



**Bath and
North East Somerset**
Clinical Commissioning Group



Swindon
Clinical Commissioning Group



Wiltshire
Clinical Commissioning Group



Great Western Hospitals
NHS Foundation Trust



Royal United Hospitals Bath
NHS Foundation Trust



Salisbury
NHS Foundation Trust



Avon and Wiltshire
Mental Health Partnership NHS Trust

About our area

Across B&NES, Swindon and Wiltshire there are many diverse communities with different health and care needs. Our geography is also very mixed, with large rural areas and densely populated urban centres.

Our plans need to consider these differences and make sure we provide the right services for patients in the right place both now and in the future.



Swindon (including Shrivenham) is small and densely populated. Its **population is set to rise by 10%** from 221,000 to 243,00.



Wiltshire, by contrast, has a **low-density population (483,000)** spread across a large rural area, including Salisbury Plain.



Wiltshire's armed forces **population is set to rise by 10,000 servicemen and their families** by 2021.



B&NES' population is 182,000; **over 50% live in Bath**, where there is an above average number of 20-24 year olds due to a large student population. The rest live in diverse rural communities and market towns.



B&NES will build **13,000 additional homes** by 2029.

Swindon will build **22,000** more homes.

Wiltshire will build **13,000** homes by 2026.



People generally have good incomes but there are some pockets of deprivation.

6.4% of people live in the most deprived areas of England.

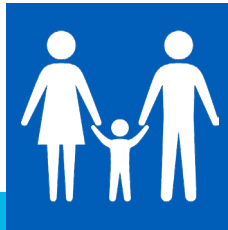
Why do we need to change how we provide services

Like many other areas of England, health and care services across BSW are facing unprecedented challenges. The work we're doing now will help to address these challenges by 2020/21.

Challenges facing our health and care services



We have a growing population of people with more complex needs, in all age groups



Increasing demand for services, and rising public expectations



There is a shortage of skilled healthcare professionals - GPs, nurses and midwives



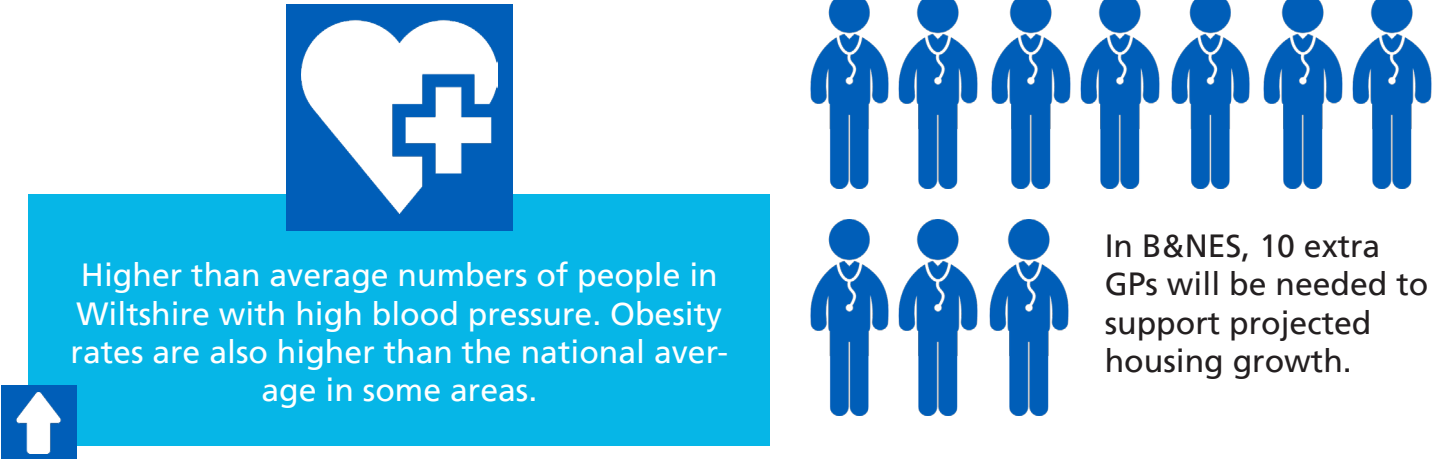
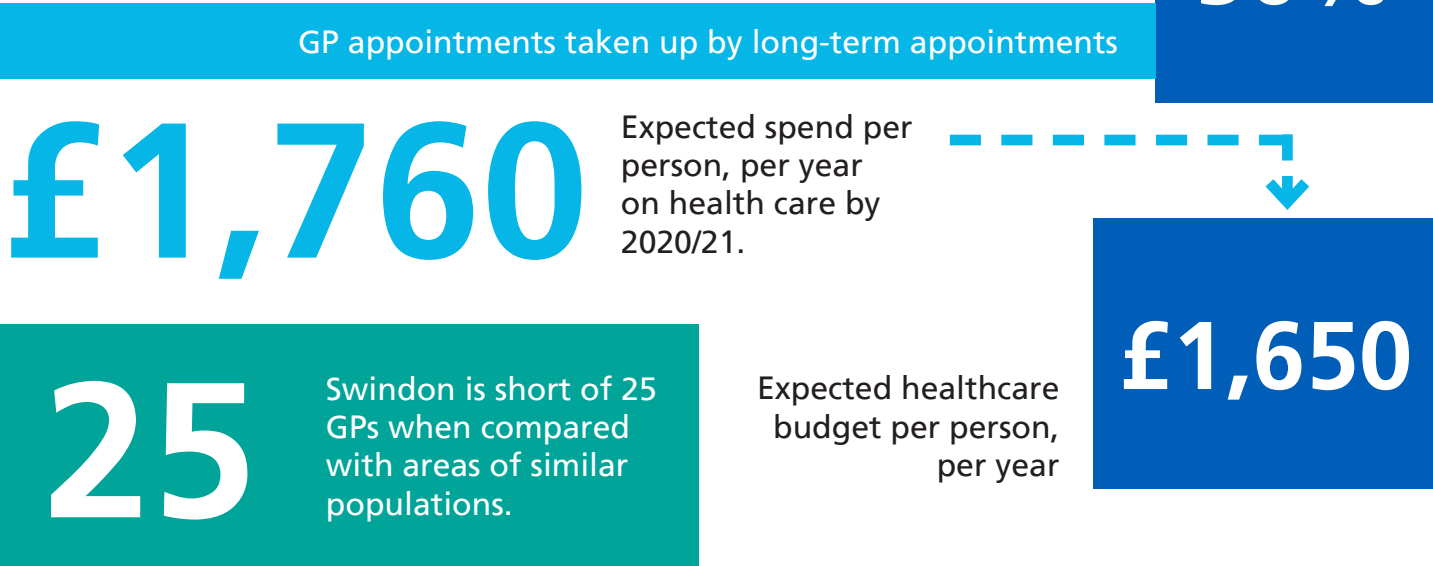
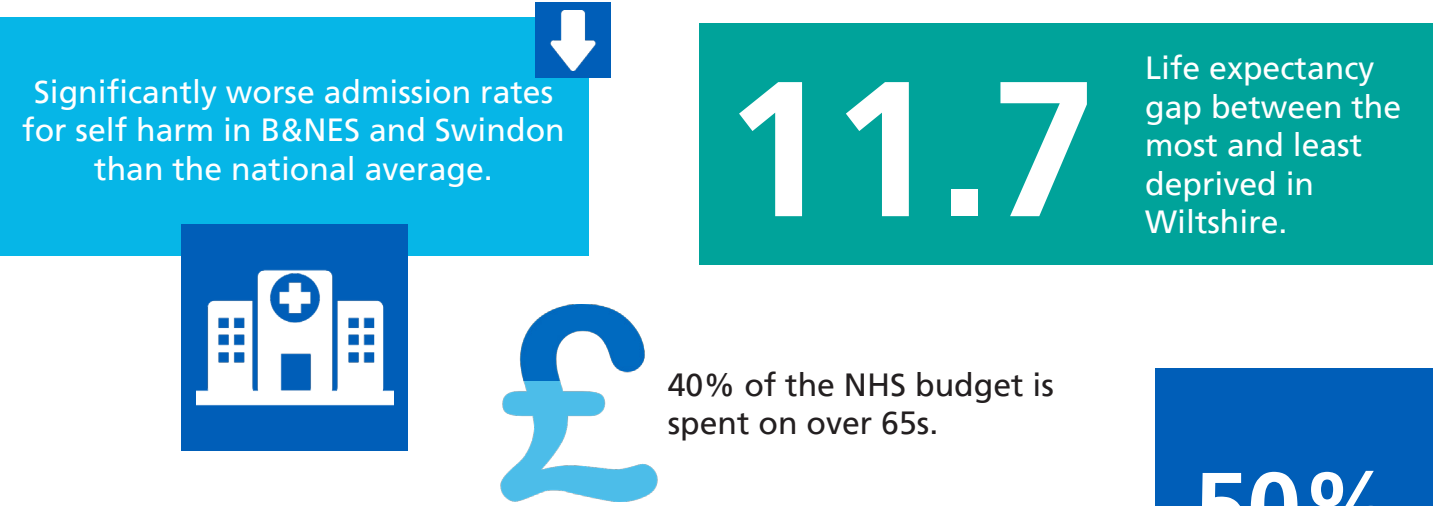
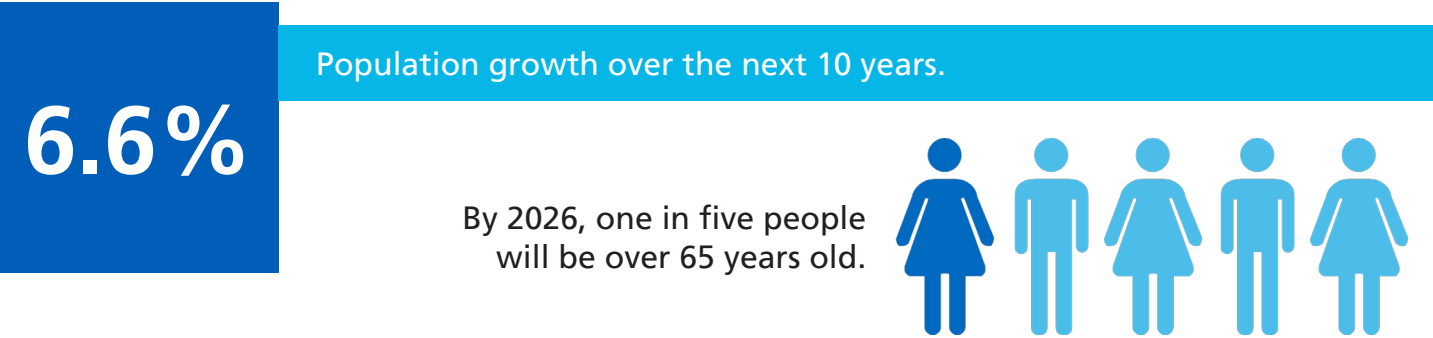
The cost of drugs and new medical technology is rising



There is too much variation in the quality of care a patient receives depending on where they live



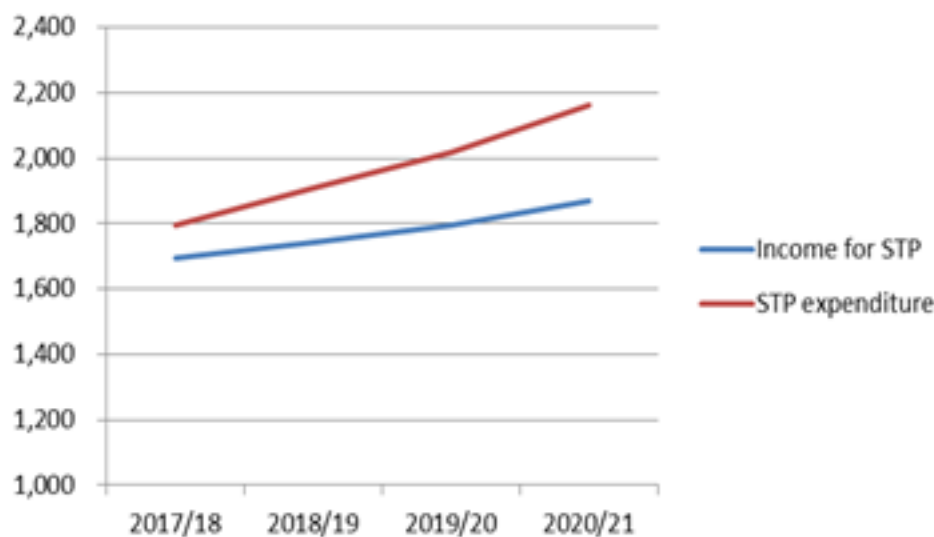
Funding for services is not growing in line with demand, causing financial pressures.



Financial pressures

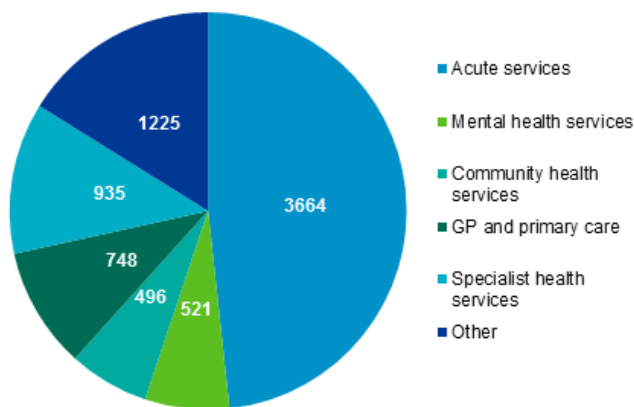
We need to make savings now to be able to meet people’s needs in the future. If we don’t, there will be a gap in funding of around £300 million by 2020/21.

Funding gap 2017 to 2021 (£million)

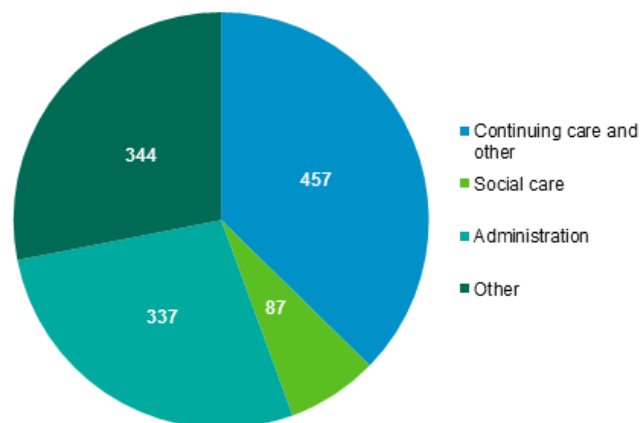


Cost of services for the STP area 2017 - 21 (in £millions)

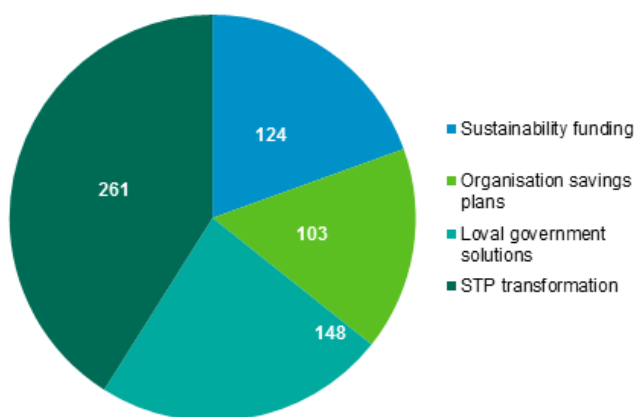
Total expenditure 2017/21 (£million)



Other expenditure 2017/21 (£million)



Addressing the financial gap 2017/21 (£million)



Almost half of our health and care costs will be on acute health care. Other costs are broken down as follows:

- Continuing care and other
- Social care
- Administration
- Other

We will continue trying to make savings locally, but around 40% of the predicted shortfall in budget will need to be addressed through changes to the way services are delivered and accessed.

Changing how we work

We believe that care should be provided at home, in the GP surgery or in a community setting wherever possible. If someone has a more serious illness or injury, they should receive treatment in centres with the right facilities to maximise their recovery.

We will make greater use of technology, which has huge potential to improve care through better information sharing and supporting direct patient care, for example through e-consultations and video consultations.

We will work more efficiently and reduce our costs by reviewing all of our property and estates, many of which are very expensive to run because they are under-used. Whilst this means that some buildings may be sold, we expect that several new centres will be built, located in places which are more convenient for greater numbers of people. We will work with local people so that they have a say in what will work best.

Commissioners and providers will work together to establish whether we can provide improved access to specialist care within the region, reducing the need for people to travel to other areas.

Our emerging priorities

Over the next five years we are planning to prioritise changes to services in five key areas:

- 1 Transforming primary care
- 2 More focus on prevention and proactive care
- 3 Making best use of technology and buildings
- 4 A modern workforce
- 5 Improved collaboration across our hospital trusts

Pages 10-13 explain our priorities in more detail.

1

Transforming primary care

GP surgeries have a critical role to play in delivering healthcare.

In future we will see groups of practices working together to share resources, hosting health professionals with a range of skills in specific areas e.g. diabetes, mental health.

These teams will come together to work out the best treatment for a patient, which could then be delivered in their own community, closer to their home.



This means:

- Groups of practices joining together in closer partnership, providing a wider range of local services to 30,000 - 50,000 people.
- Practices offering more outpatient services by hosting consultants, specialist nurses and therapists, reducing the need for patients to be referred elsewhere into hospital for diagnosis or treatment.
- Care co-ordinators based at some practices, working across health and social care services and reducing the need for care home and hospital admissions and enabling more care in people's homes.
- Improved access to GP services at evenings and weekends.

2

More focus on prevention and proactive care

We are exploring ways to reduce A&E admissions and hospital-based care by focusing on preventing illnesses, supporting people to manage their own care and providing a wider range of healthcare services in the community, closer to people's home.

Urgent & emergency care

We know people find it very confusing to understand or know where to get the care they need when they want help urgently. We will develop a joined-up, improved urgent care service that offers clinical advice and treatment. We want this to include one single access point for NHS 111, GP out of hours and ambulance services.

More outpatient services will be delivered in our communities, including access to specialist treatments and rehabilitation in the community so that people don't have to go to hospital.

Ageing Well

We will address the needs of older people with a particular focus on those most at risk of illness. This will include supporting people to live independently in their own homes, maintaining independence and reducing social isolation. We will work closely with the voluntary sector to support older people.

We will plan awareness campaigns across BSW promoting flu and pneumonia vaccines to help protect vulnerable people.



A successful Fracture Service that has been running in Salisbury for several years will be rolled out across BSW.

Older patients who have a bone fracture as a result of a fall or trip are referred to the service for follow up advice and support, to avoid accidents from happening again.

Tackling obesity

Obesity causes significant health conditions and complications, and some areas of BSW have higher than national average rates. Across BSW we will put in place a single approach to weight management services, available in our communities.

Long-term conditions

In Swindon alone, 50 % of all GP appointments are associated with long-term conditions. Our plan is for health and care providers, including the voluntary sector, to work together to educate and support people to manage their conditions better.

There will be targeted support for older people to help them manage long-term conditions.

There will be improved access to support for patients with mental health needs.

We also plan to improve care for speciality conditions, based in the community, e.g. a community pain management service across BSW.

A clinical hub has been piloted in Wiltshire to support with referring very ill patients to A&E. When referrals are received from NHS 111 or NHS999, a range of health professionals, sharing the same workspace, are able to agree the best course of action for patients with complex symptoms.

This means the patient receives the right care promptly without necessarily having to go into hospital. If the scheme is successful, it may be expanded to include B&NES and Swindon.



3

Making the best use of technology and buildings

We can make savings and improve patient care by embracing technology. We can also reduce costs by making better use of our buildings.

Across BSW, we will:

- Adopt new technology to benefit patients and professionals
- Share patients' records securely across health and social care providers
- Reduce some patients' need to travel by using e-consultations for remote appointments
- Promote smartphone apps that help patients manage their own care
- Explore opportunities to share anonymous data that will help us meet future demand
- Review how we work in all of our buildings to make the best use of space
- Improve IT systems to reduce the time clinicians spend on paperwork

Text reminders will reduce thousands of missed appointments

Did you know that an equivalent of 516 days of GPs' time was lost over just three months in 2016 due to 15,000 missed appointments across Wiltshire?

Unfortunately this wastes a lot of time and money, preventing other patients from being seen. That's why we plan to introduce a system across the whole area which sends patients an automatic text reminder of their appointments, with an opportunity to cancel in advance



4

A modern workforce

We can't deliver this ambitious plan for healthcare improvements without a flexible, skilled and committed workforce, including GPs, nurses, therapists, hospital consultants and care staff.

We already have excellent staff, but they are under pressure and it is becoming very difficult to recruit people to our area. Our plan will therefore include new ways of working and initiatives to retain our high-quality staff and attract new people too, particularly within social care and domiciliary care (care in the home).

This will include:

- Better advanced planning for recruitment across the area.
- Developing the skills of care home and domiciliary staff.
- More opportunities for training and education.
- Joining up teams from different health and care organisations and introducing new roles e.g. care coordinators in GP practices.
- More support for primary care staff from specialists.
- A programme of activity to support the health and wellbeing of our own workforce.



A number of health care organisations are signing up to the Workplace Wellbeing Charter to show their commitment to the health and wellbeing of their workforce. Workplace initiatives include discounted membership to the gym, organisation-wide 'step' competitions and after-work exercise

5

Improved collaboration across our hospital trusts

We need to ensure the clinical and financial sustainability of our three acute NHS Foundation Trusts – The Great Western, Royal United and Salisbury Hospitals - and Avon and Wiltshire Mental Health Partnership NHS Trust. Like other trusts across the country, they face high demand on services with limited capacity.

The three acute hospitals are committed to leading change across the sector through closer collaboration and taking a broader system-wide view of patient needs.

They are working together to look at how they can make efficiencies. This is likely to include sharing some services (such as office services and IT). They are also investigating the possibility of joining up out-of-hours services where practical, such as laboratories and pharmacies, radiology and specialist imaging.

Tell us what you think

Previous engagement with patients and carers, along with health professionals, has given us valuable insight into what you want and need from future health and care services. This has informed our plan and the priorities outlined in this short guide.

You can also read our full STP at bit.ly/bsw-stp.

We'd love to now hear what you think, and you can share your views in the following ways:

- Sending an email to: ruh-tr.STP-BSW@nhs.net
- Contacting your local Healthwatch office, an independent body representing the voice of patients and public.

Visit www.healthwatch.co.uk or contact your nearest branch.

Healthwatch Bath and North Somerset

The Care Forum, The Vassall Centre, Gill Ave, Fishponds, Bristol, BS16 2QQ

Telephone: 0117 9654444

Email: info@healthwatchbathnes.co.uk

Healthwatch Swindon

Swindon Advice and Support Centre, Sanford House, Swindon, SN1 1HE

Telephone 01793 497777

Email: info@healthwatchswindon.org.uk

Healthwatch Wiltshire

Unit 20, Hampton Park West, Melksham, SN12 6LH

Telephone: 01225 434218

Email: info@healthwatchwiltshire.co.uk

We are committed to engaging with people as our plans develop. Engagement events will be publicised through media, our websites and through local Healthwatch. Please keep checking for details.

Glossary

Acute care

Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, care for acute health conditions is the opposite from chronic care, or longer term care.

Allied health professionals

Allied health professionals include dental hygienists, diagnostic medical sonographers, dieticians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory and speech language therapists.

Health and (social) care services

Social care is the extra support that helps people to stay independent and get on with their daily lives. This care may be practical or emotional and includes practical support in the home, home adaptations and home-visiting services. Social care is provided by local authorities, community providers and a host of charitable and voluntary organisations.

Health care relates to the treatment, control and prevention of a disease, illness, injury or disability and the patient or individual's after-care.

Patient pathway

The patient pathway is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment.

Primary care

As many people's first point of contact with the NHS, around 90 per cent of patient interaction is with primary care services. GP practices and community pharmacies are the key primary care services that are a focus for our STP.

Secondary care

Secondary care services are usually based in a hospital or clinic as opposed to being in the community and patients are usually referred to secondary care by a primary care provider such as a GP.

STP footprint

The geographical area covered by our local Sustainability and Transformation Plan (STP). In other words, B&NES, Swindon and Wiltshire.

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Healthwatch Swindon Update – Winter 2016

Health and Wellbeing Board

Date: 15th March 2017

Author:	Mark Edwards – Healthwatch Swindon
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The purpose of the report is to provide the Health and Wellbeing Board with an update on the activities of Healthwatch Swindon during the period October to December 2016.

2. Recommendations

The Board is recommended to:

- 2.1 Note the report and the work completed by Healthwatch Swindon during October to December 2016.
- 2.2 Provide comments on the emerging work priorities and suggest any further areas of work for the future to be considered by the Healthwatch Swindon advisory group.

3. Detail

Background

- 3.1 Healthwatch Swindon gives children, young people and adults across Swindon a powerful voice locally and nationally and works to help people get the best out of their local health and social care services through influencing their delivery and design. As part of the contract Healthwatch Swindon offer a NHS complaints advocacy service. The current contract was awarded on April 1st 2016 and is a project delivered by The Care Forum.

3.2 Work plan and activities

3.2.1 Priorities for 2016/2017 – Healthwatch Swindon work plan priorities have included:

- New community health services procurement
- Children and young people – mental health and re procurement of services
- Diabetes and healthy weight

Further information on the subject of this report can be obtained from Mark Edwards, 01793 497777, markedwards@healthwatchswindon.org.uk.

Healthwatch Swindon Update – Winter 2016

Health and Wellbeing Board

Date: 15th March 2017

3.2.2 Governance and Advisory group

Healthwatch Swindon launched a new advisory group on 23 June 2016. The board and executive function sits with The Care Forum in Bristol. The local advisory group acts as a steering group for the work plan and performance of the service. The advisory group currently meets monthly and is a meeting in public.

The advisory group is made up of organisation representatives from advocacy, (Swindon Advocacy Movement), advice (Swindon Citizens Advice), carers (Swindon Carers Centre) and five volunteer representatives from Healthwatch Swindon – these roles are currently being developed and will include leads for equality, quality, older people and children and young people.

3.2.3 Engagement and Collaboration

During quarter three, Healthwatch Swindon received 436 contacts of which 142 were recorded as comments/feedback about local services.

A new reporting tool is being developed called Feedback Feed Forward which will be published quarterly.

Healthwatch Swindon has continued to be represented at over 38 boards, committees and groups during the quarter. Healthwatch has re-established presence during quarter three at the Swindon Care Forum (Mental Health) and has joined the SEND Participation and Engagement group.

Healthwatch Swindon in partnership with Healthwatch Wiltshire and Healthwatch Bath and North East Somerset are represented on the new Sustainability and Transformation plan (STP) board. The three Healthwatch wrote to the STP Leader in December 2016 to raise concerns about engagement, mental health and resources to deliver the plan.

Healthwatch Swindon facilitates the Patient Participation Group (PPG) Forum. The forum met on 2 December 2016 with 19 attendees representing 13 practices. The meeting discussed how best PPG members could work with practices to maximise communications with patients to greatest effect.

Healthwatch Swindon were invited to participate on a community radio show with Swindon 105.5 FM on Tuesday 8 November.

Healthwatch Swindon coordinated a Christmas campaign called the '12 days of Sanford' which promoted the range of services offered from the building and my care my support using the Twitter social media platform.

Further information on the subject of this report can be obtained from Mark Edwards, 01793 497777, markedwards@healthwatchswindon.org.uk.

Healthwatch Swindon Update – Winter 2016

Health and Wellbeing Board

Date: 15th March 2017

Healthwatch Swindon attended engagement events during the quarter including a falls event at the Swindon Fire Station, Neuro Centre launch, Old Town PPG, Hep C 5th Birthday event, presentation to New College students and met with Priory Manor residents.

3.2.4 Planned Activities

Healthwatch Swindon have started discussions with the Alzheimer's Society about carrying out a survey for those who have been recently diagnosed with Dementia and their experience of support in Swindon.

Healthwatch Swindon have started discussion with Developing Health and Independence and are developing a questionnaire for personal budget and direct payment users. The plan is to host and analyse the survey in quarter four.

Healthwatch Swindon are working with the Dementia Pathway Overview and Scrutiny Task group and will host a network event on 17 March 2017 on the subject of Ageing Well in a Dementia Friendly Swindon.

Healthwatch Swindon are working with the Learning Disability Partnership board and will deliver engagement activities around 'Healthy Friendships' in quarter four to inform a forum event in 2018.

Healthwatch Swindon will carry out a customer and stakeholder survey in March 2017.

Healthwatch Swindon will complete Enter and View visits to West Swindon and Eldene Health Centres in February 2017. A summary report will then be published.

3.2.5 NHS Complaints Advocacy – cases and enquiries

Healthwatch Swindon offers a free, confidential and independent complaints advocacy service which includes supporting patients to make a complaint about NHS funded services. 13 cases were supported during quarter three.

3.2.6 Volunteer Recruitment

Healthwatch Swindon has recruited and trained a total of 16 volunteers. During quarter three volunteers represented Healthwatch Swindon at CCG PPI Forum, LD Partnership Board forum, VAS AGM, Carers Rights Day, Dementia event, PHWE research event, GWH Nutrition steering group, Autism Partnership Board and supported procurement for GP services.

Healthwatch Swindon Update – Winter 2016

Health and Wellbeing Board

Date: 15th March 2017

Volunteers carry out a range of functions including providing feedback, supporting and facilitating events and complete an engagement report after each event. Volunteers have also commented on JSNA documents.

3.2.7 Emerging priorities 2017/2018

The Healthwatch Swindon advisory group has been asked to consider the following work plan priorities:

Sustainability and Transformation Plan – making it real for Swindon

Young People – mental health and wellbeing

Ageing Well

New Community Health contract

4. Alternative Options

4.1 This report updates the current activities and outcomes achieved.

4.2 Healthwatch Swindon welcomes comments on the emerging work priorities and suggestions for any further areas of work for the future.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no financial or procurement implications as a result of this report. The delivery and performance is monitored against the contract performance indicators.

Legal and Human Rights Implications

5.2 There are no legal and human rights implications resulting from this update.

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

5.3 Healthwatch Swindon give children, young people and adults across Swindon a powerful voice. Healthwatch Swindon work with local and national health and social care commissioners and regulators to influence and drive up quality.

Diversity Impact Assessment

5.4 None undertaken for this report. Healthwatch Swindon works across the Borough and seeks to monitor equality and diversity data including protected characteristics through its work.

Further information on the subject of this report can be obtained from Mark Edwards, 01793 497777, markedwards@healthwatchswindon.org.uk.

Healthwatch Swindon Update – Winter 2016

Health and Wellbeing Board

Date: 15th March 2017

Risk Management

5.5 None undertaken for this report.

6. Consultees

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

7. Background Papers

7.1 None.

8. Appendices

8.1 None.

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Update on Mental Health Crisis Care Concordat

Health and Wellbeing Board

Date: 15th March 2017

Author:	Gill May – Executive Nurse, Swindon Clinical Commissioning Group
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To provide the Health and Wellbeing Board with an update on the Swindon Mental Health Care Crisis Concordat. The Crisis Care Concordat Action Plan is attached at Appendix 1 to the report.

2. Recommendations

The Board is recommended to:

- 2.1 Note the update provided on the Swindon Crisis Care Concordat, and provide any comments on progress.

3. Detail

- 3.1 The multi-agency Swindon Crisis Care Concordat has continued to meet on a quarterly basis since the last report to the Health and Wellbeing Board in March 2015. The Group has been successful in working together to achieve the key deliverables of the Concordat, both on a strategic and localised level, ensuring Parity of Esteem is delivered in responding to specific mental health crisis needs identified locally. New members have joined the group, which aims to be responsive and fluid through the Actions plans produced, implementing change to deliver a positive impact for service users and their families. These Actions plans, now at version 11, have been uploaded to the National Crisis Care website and are available for public access.
- 3.2 Below are the key deliverables achieved since the last report to the health and Wellbeing Board in March 2015:
- 3.2.1 **Mental Health Single Point of Access (MHSPA)** complete mental health service re-design to provide 1-hour response time from April 2015.
- 3.2.2 **Street Triage** – successful year-long pilot project in commenced in September 2015, extended to March 2017 now commissioned recurrently from April 2017, with hours increased to 24/7 cover – an example of collaborative and integrated working across agencies and CCGs, providing real-time access to mental health expertise, providing the right intervention at the right time and in the right place and avoiding unnecessary use of MHA Section 136.

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

Update on Mental Health Crisis Care Concordat

Health and Wellbeing Board

Date: 15th March 2017

- 3.2.3 **Dementia Specialist Team** – implemented December 2015, providing specialist advice and support to avoid unnecessary admission to acute hospital Emergency Department and reduce length of stay when admission is necessary by assisting and supporting timely transfer back.
 - 3.2.4 **24/7 Registered Mental Health Nurse at Emergency Department** – from November 2016 the 24/7 front door cover at local acute hospital has ensured that people presenting with mental health needs are assessed within 1 hour and signposted to the most appropriate service and treatment.
 - 3.2.5 **Integration of secondary and third sector Recovery and Wellbeing services** to provide timely identification of deterioration and access to specialist services without recourse to referral to MHSPA from January 2017.
 - 3.3 Having achieved key deliverables and with the emergence of Sustainable Transformation Plans, the Swindon Crisis Care Concordat merged with the Wiltshire Crisis Care Group from January 2017 to work towards shared Action plans across the area, with an ambition to retain a Swindon sub-group to ensure that the opportunity to work both strategically and respond at local level is not lost.
 - 4. **Alternative Options**
 - 4.1 Any alternative options are set out in the body of the report.
 - 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 These are integral to the subject matter and taken into consideration during development of the Action Plan.
 - All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)
 - 5.3 These are integral to the subject matter and taken into consideration during development of the Action Plan.
 - Diversity Impact Assessment
 - 5.4 A Quality Impact Assessment has been completed and is available from the author.
-

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

Update on Mental Health Crisis Care Concordat

Health and Wellbeing Board

Date: 15th March 2017

Risk Management

5.5 A full Risk Assessment has been completed and is available from the author.

6. Consultees

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

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Swindon Care Crisis Concordat Action Plan.

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1. Commissioning to allow earlier intervention and responsive crisis services

No.	Action	Timescale	Led By	Outcomes
Matching local need with a suitable range of services				
54	Street Triage pilot project in Swindon	7month extension to project-funding ceases March 2017	Mental Health Joint Commissioner, CCG, AWP, Mental Health Liaison Officer, Swindon & Wilts Police, Wilts Commissioner,	<ul style="list-style-type: none"> Meeting 3.6.16 – agreement from Wilts, Swindon & PCC to fund 7 month extension Sept 16-April 17 to enable further detailed evaluation and mainstreaming into Contract. 6.9.16. – potential for joint commissioning with Wilts CCG 17/18 onwards – not yet part of STP?- model will need to be decided – SWAST keen to be involved with ST if possible. ACTION: SB check with CCG Transformation AD re ST and STP 6.12.16 – rollover 6.12.16 – agreement from Wilts CCG and PCC via Mental Health Summit; AWP (NA) emphasized need for action to convert into BAU via successful business case ACTION: SB – contact Wilts CCG/PCC to confirm progression re business case(s), plan for transfer of funding from PCC.
62	Identify/develop	January 2017	CCG/SBC/providers/Police	Prevent unnecessary use of MHA/S136 for

	pathway for intoxicated/distressed presentations, avoiding unnecessary use of MHA/S136			<p>presentations associated with intoxication/emotional distress, where a period of time to allow de-escalation and an element of monitoring could result in recovery with minimal intervention from services.</p> <p>6.9.16 – Consultation process expected from AWP re new model of working for PoS which may provide opportunity for Urgent Assessment Area in Swindon</p> <p>ACTION: CGL to be invited to next Concordat meeting – done SB –</p> <p>6.12.16 CGL DNA</p> <p>ACTIONS: FM to provide representation at Concordat (clarity re commissioned interventions by alcohol liaison service at GWH - PH commissioned</p> <p>JP to update at next Concordat re U turn – providers for children’s services – in-reach into GWH</p>
Improving mental health crisis services				
Ensuring the right numbers of high quality staff				

57	nursing and allied health workers (The Five Year Forward)	September 2019	CCG/AWP	clear forecast needed regarding future workforce; AWP Swindon has localised workforce recruitment and retention strategy
<p>View for Mental Health 6.9.16 bursary training ends next year HEE indicate no problems anticipated in apposition to local perspective – local initiatives – AWP funding x6 places for 2 yr nurse training initiatives 6.12.16 for Agenda in CCG workforce strategy group ACTION SB to liaise with Gill May + STP Lead TG</p>				
Improved partnership working in Swindon locality				
15	Incorporate measures around Mental Health calls for SWAST to ensure PoE and compliance with Amber 19 minutes response times and appropriateness	January 2017	Operations Locality Manager Wiltshire (SWAST)	Assurance for new model and operations to comply with local ambition and national concordat 6.9.16 feedback at next meeting re pilot project and then close action if no further action required. 6.12.16 – SWAST DNA ACTION: SWAST feedback for next CC meeting
57	Perinatal Mental Health Pathway	January 2017	SBC/AWP/CCG Report by exception	Working group meet regularly to develop pathway Pathway will provide clear points of access between services to enable effective perinatal mental health interventions 6.9.16 7 June 2016 – launch date coincided with PNMH awareness week Pathway complete – awaiting sign off by GWH – PNMH group continue to meet as networking group to monitor impact of pathway and review/update pathway. 6.12.16 – JCG needs to sign off;

				STP strategy needed; Action: Bristol CCG and S Gloucs obtained funding - ?developing community or developing in-patient unit –
2. Access to support before crisis point				
No.	Action	Timescale	Led By	Outcomes
Improve access to support via primary care				
23	Review service pathways between CAMHS and TaMHS to ensure seamless movement through services and address waiting times	January 2017	Children & Families Commissioner, Service Manager, CAMHS, (Oxford Health), Swindon Borough Council	<ul style="list-style-type: none"> 17.02.16 – update – proposed CAMHS/TaMHS joint working – awaiting outcome of Transition group plan regarding patient flows <p>Action: update at next meeting from Transition Group work</p> <p>6.12.16 – actions in place to reduce waiting times – TK overseeing – daily joint screening and assessment clinics from 4.1.17</p> <p>CAHMS waiting times improved – CCG requesting further improvements – RTA 4 weeks – reporting by exception</p> <p>ACTION: JP to update re plans as above at next meeting</p>
Improve access to and experience of mental health services				

3. Urgent and emergency access to crisis care

No.	Action	Timescale	Led By	Outcomes
Improve NHS emergency response to mental health crisis				
Social services' contribution to mental health crisis services				

See also number 63 - **Consultation document regarding changes to PoS across Swindon and Wiltshire**

Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983				
38	Monitor police response to Children and young people under section and ensure that they are taken to a place of safety – agreed process following changes to S 135/36	January 2017	Mental Health Liaison Officer (Wiltshire Police) and Service Manager, CAMHS (Oxford Health)Wilts/Swindon CCGs	6.9.16 neither CAMHS or AWP commissioned to support under 16 yrs in PoS – appears to be gap in commissioning – Oxford Health –no cross boundary agreement for under 16s ACTION SB to email Wilts/Swindon CCGs re Concordat concerns (ME and TK) – not commissioned to staff unit 6.12.16 – JP stated protocol in place – assurance required that no gap in provided services exist ACTION: NA & JP to bring protocols to next meeting for discussion and assurance
63	Consultation process to PoS across Swindon and Wiltshire	January 2017	AWP	6.12.16 Robust consultation process needed to inform development of PoS – current lack of clarity re process and progress – concerns regarding delay and threat to funding - workshop discussed – group suggest high level liaison between CCG and AWP to obtain Position Statement ACTION: SB to liaise with NM MH to seek confirmation from Home Office re any condition imposed on capitation monies re timescale

65	CCG responsibility regarding timely provision of S12 doctors for MHA assessments	January 2017	CCG	6.12.16 concerns regarding unreliable availability of S12 doctors & supporting EDS service OOHs; working group established responsibility and apparent poor governance over process. CCG working towards procuring dedicated S12 service ACTION: SB to liaise with TK and Wilts CCG and report back at next meeting + raise on Agenda for JCG meeting on 8.12.16
64	Ensure Section 140 of MHA upheld (CCG responsibility to ensure provision of psychiatric beds)	January 2017	Swindon CCG/AWP	6.9.16 Mike Hughes raised concerns re occasions when inpatient bed not available. NA confirmed that there had been no OOA acute beds for 20 months – SB confirmed that CCG commission adequate provision for Swindon residents 6.12.16 MH - arrest for offence; assessed LADs/SIS – MHA decision – application for admission – bail for original offence – escalation process. Potential for AWP Contract management of S140 requirement on CCG to provide emergency bed. Potential use of (double) room at Sandalwood Court? ACTION: SB liaise with Wilts CCG re use of Contract
Improved information and advice available to front line staff to enable better response to individuals				
55	Divert repeat DSH attendances away from GWH A&E, calls to SWAST & Wilts Police	January 2017	CCG MHPB – AWP, CAMHS, GWH, SWAST, Wilts Police Liaison Officer	6.9.16 CAHMS – anonymised care plans - small reduction –?due to intervention or move to adult services. Public Health – Swindon high for DSH by O/D ACTION email Wendy & Leighton & Jonathan re revisiting data – done SB 6.12.16 no response – Esther Schmidt (Children's Commissioner)has data from GWH re CAHMS

				ACTION: SB liaise with ES 9.12.16 re children's data and source re adults – ES to attend Concordat meetings. 6.12.16 ED front door 24/7 RMN at GWH from November 2016
58	Alert cards	January 2017	CCG, SEQOL, AWP, CAMHS	People with mental health needs will have the opportunity to develop and carry Alert Cards, assisting with effective engagement at point of crisis by overcoming communication difficulty, and will include young people and people with autism and learning disability, although not exclusively. 6.9.16 – Swindon Autism – re-launch 29 th November 2106. ACTION: Paul Hawkins to send contact details ACTION : Alex Chesterton agreed to provide examples And report back at next meeting 6.12.2016 ACTION: Suzanne Baxter – to look into MIND initiative and report back at next meeting 6.12.2016 6.12.16 – details received from Paul Hawkins ACTION: rollover from Ac and SuB -to next meeting – share details from PH with Concordat Group
59	Police Welfare Checks	January 2017	Wilts Police/AWP/CCG	Clear protocol for requesting Police Welfare Checks used by all local services to avoid unnecessary use of police resources and ensure individuals are not subject to unnecessary police intervention, whilst maintaining safety. ACTION – Newlands Anning following up with Mark Dean and report back at next meeting on 6.12.16

				6.12.16 Update - welfare check protocol going live this week – ACTION: check at next concordat meeting that action complete
Improved training and guidance for police officers				
41	Training for Wiltshire Police & SWAST from AWP and SBC for Acute presentation and MHA and MCA	March 2017	MD (AWP Swindon) Mental Capacity Act Project Lead (SBC) MIND Swindon	<p>Improved relationship and joint training programmes to improve consistency of response and understanding of management of mental health issues and local pathways</p> <p>MH liaison officer:</p> <ol style="list-style-type: none"> 1. Producing basic guidance for officers re MCA. 2. Awaiting MH package from College of Police 3. Forwarding number of aide memoirs 4. Liaise with Street Triage service for learning and awareness raising <p>28.9.15- National training package in February 2016 + smart phones for police offers to enhance potential for training/awareness</p> <p>6.9.16. Police MHL officer identified difficulty releasing officers to complete training.</p> <p>Public Health (Frances Mayes) ASSIST (suicide) training remains available – ongoing training being rolled out another 4 courses expected</p> <p>MIND (Suzanne Baxter) - first aid light training available</p> <p>ACTION: SBC contact needed re MCA/MHA training – SB</p> <p>6.12.16 Roll over to next meeting</p>

Improved services for those with co-existing mental health and substance misuse issues				
See also Number 62 - Identify/develop pathway for intoxicated/distressed presentations, avoiding unnecessary use of MHA/S136				

5. Recovery and staying well / preventing future crisis				
prevention of crises Joint planning for				
No.	Action	Timescale	Led By	Outcomes
61	Integrated working between AWP Recovery team and MIND Wellbeing Coordinators	January 2017	AWP/MIND	<ul style="list-style-type: none"> • Mitigation of impact of closure of MIND Respite House by • implementing integrated working systems secondary and third sector services • effective intervention with service users progressing in their recovery or experiencing deterioration in their mental health • prevention and management of deterioration in mental health • improved confidence in MIND members • working systems that represent an improvement in mental health service provision, as compared to pre-closure. <p>6.9.16 - working with Ivor B in AWP - JD done – Newlands and Suzanne B to work together – meeting set up – approx. 4 staff – MIND providing presentation to AWP</p> <p>Update 6.12.16 – x2 recovery coordinator already in post – outreach work with AWP – from Monday – start January 2017 ACTION: confirm update at next meeting & action as complete</p>

Summary

As at 27.7.15, there were 52 Action points – completed actions that had been greyed-out were removed.

As at 28.9.15, completed actions 6 (Implementation of Street Triage), 7 (Re-design of MHSPA), 39(Alternative to admissions group), 17 (measurement of MHSPA), were removed; action 56 introduced (repeat of 55)

Therefore, for clarity, any new points from November 2015 will be 57 onwards.

As at 14.12.15 – Action 5 complete – CAMHS JSNA completed and signed off by HWBB; Action 21 – DST – complete – service implemented and outcomes measurement agreed

As at 17.02.16 – Action 19 complete – MOU between CARS and CAMHS in place; Action 38a – complete – future link back to 38 re PoS proposals; Action 56 absorbed into 55

**As at 1.6.16 – Action 9 complete - Change category response from ambulance service to Green 2; Action 16 complete - Emergency response times to Mental health situations to be monitored as a separate report for local area by Wiltshire Police Service; Action 22 complete - Ensure service users with LD have access to services, including out of hours service
New Actions: Action 60 alert cards; Action 61 integration of AWP Recovery Team/MIND Wellbeing coordinators; Action 62 pathway to avoid unnecessary use of S136 for intoxicated/distressed presentations**

As at 6.9.16 – Action 24 complete - Continue to train more CAMHS practitioners in IAPT models of care and supervision – satisfactory level of training at around 90%

6.12.16 – new action 65 re MHA Section 12 doctors

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Consideration of Joint Commissioning Group Minutes / Better Care Fund Quarter 3 2016-2017 update

Health and Wellbeing Board

Date: 15th March 2017

Author:	Sue Wald – Director of Adult Services
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 16 November 2016, 8 December 2016, 12 January 2017 and 7 February 2017, the minutes of which are attached at Appendix 1 – 4 to the report.
- 1.2 To provide the Health and Wellbeing Board with an update on the Better Care Fund Quarter 3 2016-2017 data, attached at Appendix 5 to the report.

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 16 November 2016, 8 December 2016, 12 January 2017 and 7 February 2017, and where appropriate request additional information or reports in relation to issues raised.
- 2.2 To note the Better Care Fund Quarter 3 2016-2017 data.

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 16 November 2016, 8 December 2016, 12 January 2017 and 7 February 2017 and to request additional information and/or reports on issues raised.
- 3.2 The Health and Wellbeing Board is invited to consider the Better Care Fund Quarter 3 data for 2016-2017.

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.

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

Consideration of Joint Commissioning Group Minutes / Better Care Fund Quarter 3 2016-2017 update

Health and Wellbeing Board

Date: 15th March 2017

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.

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 presents the minutes of the Joint Commissioning Group at their meetings on 16 November 2016, 8 December 2016, 12 January 2017 and 7 February 2017. The items discussed at that meeting 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 16 November 2016.
- 8.2 Appendix 2 – Minutes of the Joint Commissioning Group held on 8 December 2016.
- 8.3 Appendix 3 – Minutes of the Joint Commissioning Group held on 12 January 2017.
- 8.4 Appendix 4 – Minutes of the Joint Commissioning Group held on 7 February 2017.
- 8.5 Appendix 5 – Better Care Fund Quarter 3 2016-2017 data.

Joint Commissioning Group

16th November 2016

MINUTES

Present:

Sue Wald (SW)

SBC – Director Adult Social Services

Cherry Jones (CJ)

SBC – Director Public Health

Graeme O'Malley (GO)

CCG – Community Contract Lead

Thomas Kearney (TK)

CCG –

Matthew Hawkins (MH)

Phillipa Lamb (PL)

SBC – Strategy & Development Manager

Lyn Frith (LF)

SBC - Strategic Commissioner SEND

.	<p>Welcome & Apologies</p> <p>Apologies from Esther Schmidt, Joy Kennard, Caroline Gaulton, Jackie Walker, Gill May, Sheila Baxter, Karen Reeve, Angela Plummer</p>	
.	<p>Minutes of the last meeting & matters arising</p> <p>SW and KR met regarding S75 and governance arrangements.</p> <p><u>Terms of Reference (ToR)</u></p> <p>It was agreed by all that the Terms of Reference would include a reference to SEN.</p> <p>It was agreed that future membership for JCG would be agreed by Karen Reeve and Sue Wald, and Gill May and Thomas Kearney. ToR would be amended to reflect membership</p> <p>For ToR to include information on the boards and meetings that support the governance arrangements.</p> <p>The amended Terms of reference need to be approved by the CCG Executive Management Team.</p> <p><u>Sustainability and Transformation Plan (STP)</u></p> <p>The Sustainability and Transformation Plan summary has been published and will be available on the JSNA website and linked to the minutes of the November JCG meeting. Hard copies available.</p> <p><u>Minutes of October JGC meeting</u></p> <p>Minutes agreed and will be circulated to Health & Well Being Board.</p>	<p>KR/SW GM/TK</p> <p>SW</p> <p>SW</p> <p>SW</p> <p>SM</p>

	<p>Joint commissioning intentions 2016/17 - Progress Report</p> <p>Progress against the 2016/17 joint commissioning intentions was noted. Sue thanked people for their input and Victoria Guillaume for co-ordinating the responses.</p> <p>It was requested for members to Quality Assure the content of the narrative and data documents and send changes to vguillaume@swindon.gov.uk . If required for tracking changes, word versions of these documents are available from smorley@swindon.gov.uk . CJ will provide the public health targets that are missing. LF will provide narrative on SEN.</p> <p>This final document will go to H&WB board in December.</p>	<p>ALL/VG</p> <p>CJ LF</p>
	<p>Financial planning assessments for 2017/18 (informed by cost pressures & priorities)</p> <p><u>Adults</u></p> <p>As at end of September 2016, ASC budget is over-spent by £3.2m (£1.9m savings still to be found) due to demand for temporary placements, high care cost packages and an over-spend in learning disability services. 2017/18 SBC is proposing a net increase for 2017/18 which will be considered by Cabinet in December 2016. The financial assumptions are based on increases in residential and nursing care for next year and uplift in the rate for Dom Care due to increase in minimum wage.</p> <p>It was agreed JK (SBC) and MH (CCG) to develop a joint approach for negotiating rates with providers for 2017/18</p> <p><u>Children</u></p> <p>Net budget uplift to be considered by Cabinet for 2017/18</p> <p><u>CCG</u></p> <p>A detailed submission for 2017/18 budget required for 23 November 2016. A savings target of £8m is required of which a large proportion has yet to be identified</p> <p><u>Better Care Fund (BCF)</u></p> <p>Need to review uplift for BCF as guidance has not yet been published. It is likely that most of the uplift will be covering inflation and impact of minimum wage for some schemes</p>	<p>JK/MH</p>
	<p>Children's review update</p> <p>ES has started initial engagement with providers to gather data and the steering group has been established. JCG to have a progress update in January 2017.</p>	<p>ES</p>

	AWP Place of safety consultation AWP circulated a consultation document which has been withdrawn for further work as part of wider consultation on the provision of Section 136 Place of safety. Currently awaiting the refreshed consultation document. Consultancy company 'Alexander' have been commissioned by Bristol, Bath and Wiltshire to review Section 136 provision and a consultation event has been arranged for 29 November 2016 which Frances Mayes and MIND are attending. TK will also attend this event.	
8	Progress on improving uptake of Integrated Personal Commissioning (IPC) Although there are low numbers of personal health budgets within Swindon, this mirrors the national picture. Visits are being arranged to other areas to look at the processes and approaches they have adopted and share best practice to improve uptake. Swindon CCG has been given a national target to have 456 PICs by March 2020. Current performance is 4 but an additional 20 people have been identified. The CCG is required to prepare a planning trajectory of 'must do' to achieve the 2020 target which will have resource implications. Some national funding will be available from January 2017 to support the work and Swindon CCG will submit a bid. JCG needs assurance that the CCG has resolved the issues around payment systems and invoices and there was a commitment by CCG officers that the outstanding invoices submitted by SBC for health Personal Budget users will be paid. It was agreed to have a bi-monthly update of progress against the IPC Improvement project.	MH/GM GM
9	My Care My Support Update The written update circulated with the meeting papers was noted. It was recognised My Care My Support needs to provide relevant and accurate advice and information to users. The system has the functionality to provide a full market place offering people the option to purchase services but this is not used Swindon. It was suggested the developers are invited to showcase this functionality which is already being utilised by Birmingham. It was agreed to add a page to provide information on IPCs. GO to contact Alex Griffin AGriffin2@swindon.gov.uk to arrange this. It was recommended an evaluation of the system is shared with JCG which details current usage and addresses future usage across the agencies to improve the customer 'front door' experience	CG GO SW/CG
10	Risk Register The risk register was reviewed and after discussion it was agreed to remove risks 10 and 14. It was noted there was an overlap between risks 18 and 19 which relate to cost pressures. It was agreed to amend	

	the register in the light of the discussions and re-circulate for comments and updates.	GO
	<p>AOB</p> <p><u>ADASS South West: Adult Social Care Services Self Assessment</u></p> <p>An assessment tool has been designed by South West ADASS to support Sector Led Improvement. The aim is for councils to reflect and examine the impact on what is working well and the challenges and risks facing adult social care. The self assessment also requires input from partners and SW suggested this should be CCG and GWH. PL will contact Kevin McNamara at GWH and Matthew Hawkins at CCG to co-ordinate partner input.</p> <p>CJ reported the STP footprint has been successful in diabetic phase 2.</p> <p>Autisim self assessment – GO has submitted but no comments have been received. Summary is due early 2017.</p> <p>LF – attended a briefing with Brian Mattock re SEND inspection. There was a question from him whether we should be briefing the Provider Forum – CJ agreed to this.</p>	PL/TK

Joint Commissioning Group Meeting 8th December 2016

1.00 – 2.30pm, CCG Offices, MR2

MINUTES

Present:

Sue Wald (SW)	SBC – Director Adult Social Services
Cherry Jones (CJ)	SBC – Director Public Health
Esther Schmidt (ES)	SBC/CCG – Joint Children's Commissioner
Joy Kennard (JK)	SBC – Head of Commissioning
Thomas Kearney (TK)	CCG – Associate Director of Urgent Care
Sheila Baxter (SB)	CCG - Mental Health Joint Commissioner
Sharron Pelling	

1.	Welcome & Apologies Apologies from Phillipa Lamb, Gill May, Jackie Walker, Lyn Frith, Graeme O'Malley, Matthew Hawkins, Karen Reeve, Peter Nathan	
2.	Minutes of meeting on 16th November 2016 & matters arising The Minutes were agreed as correct by all present. <u>Terms of Reference (ToR)</u> <ul style="list-style-type: none"> It was agreed that the reviewed Terms of reference would be sent out with minutes from this meeting. It was agreed that the frequency of meetings will be deferred to a future meeting. TK to send A&E Delivery Board minutes to Sheila when released for circulation to the Group. <u>Financial Planning Assessments</u> <ul style="list-style-type: none"> JK to meet with MH again to continue discussions. 	
3	Sustainability and Transformation Plan A short version was published with the workshop last week. Project teams are making changes to the October submission, bringing together information from June and October submissions into one document. This will be tabled at Swindon H&WB board. It was discussed that AWP would be encouraged to attend these work-	SW

	shops. TK to email AWP	
4	<p>Integrated Perinatal Mental Health Pathway</p> <p>The document was discussed. CJ explained that she had brought this item to the meeting to enable SBC to demonstrate ratification.</p> <p>This was ratified by the joint SBC and CCG group.</p> <p>We agreed that the current task group will continue and feed into a quarterly steering group to look at the pathway and look at where it has and hasn't gone well and impact of the services using KPIs.</p> <p>A low level professional launch has already taken place in a previous format and a public launch is now planned.</p>	CJ
5	<p>EDS AMPH out of hours provision (from Crisis Care Concordat meeting)</p> <p>This was discussed by the group.</p> <p>JK agreed to email the contact details for this service to SW and SB.</p>	SB
6	<p>Street Triage</p> <p>A business proposal is being put forward with AWP. SB asked if there would be any funds available for the service. SW responded to SB that she cannot see that the Council will have any funds to contribute to this.</p> <p>CJ asked SB if they have approached the PCC for funds. SB responded that they have indeed and PCC have agreed to fund the 7 month extension.</p>	SB
7	<p>Financial Planning Assessments – Best way to deliver services and managing negotiation of nursing care (from 16th November meeting)</p> <p>This was discussed at the beginning of the meeting. JK agreed to meet with MH to agree a transparent service.</p>	JK
8	<p>AOB</p> <p>Sharon Pells questioned the frequency of meetings and the dates of future meetings. It was agreed earlier in the meeting that frequency would be discussed at January's meeting.</p> <p>Sheila M will liaise with Jacky C to look at meeting dates and times.</p> <p>ES asked if there would be a separate Joint Commissioning Group for Special Educational Needs. SW responded that it has been discussed with Karen Reeve and there is no need for a separate group. ES has offered to be part of a working group. SW agreed to speak to Lyn Frith</p>	

	<p>on this subject.</p> <ul style="list-style-type: none"> • Evaluation of MyCareMySupport will come to JCG after going to Adult Social Care management meeting first. 	
	<p>136</p> <p>AWP are not able to update on the progress and process. AWP have agreed to wait until the outcome of the workshop before doing a consultation.</p> <p>SW to check the nature of the paper going to Wiltshire Health and Wellbeing Board on an updated on the Wiltshire Mental Health Crisis Concordat. SW to forward the link to the paper on Wiltshire CC website to JCG group.</p> <p>SB stated that it is likely consultation on changes to Section 136 for Swindon may commence from the end of January 2017</p>	SB

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Joint Commissioning Group Meeting 12th January 2017

Minutes

Present:

Sue Wald (SW)	SBC – Director Adult Social Services
Karen Reeve	SBC – Director Children’s Services
Jackie Walker	SBC - Change Lead & Head of Finance, Vulnerable People
Thomas Kearney (TK)	CCG – Associate Director of Urgent Care
Sheila Baxter (SB)	CCG - Mental Health Joint Commissioner
Gill May	CCG – Executive Nurse

1.	Welcome & Apologies Apologies from Esther Schmidt, Graeme O’Malley, Matthew Hawkins, Cherry Jones, Victoria Guillaume, Sharren Pells	
2.	Minutes of meeting on 8th December & matters arising Still awaiting guidance in the Better Care Fund. Which is due for release end of January 2017 STP – now published on line by Health and Wellbeing Board. AMP, out of hours and EDT. Emergency Duty Team (EDT) Services: At the mental health commissioning meeting, the question of services provided by the Emergency Duty Team were raised. EDT is provided for Adults and Children Social Care as a statutory services, managed within Children’s Services. There is no specific specification in place. A team of social workers including some of whom are Approved Mental health practitioners provide a service in an emergency from 5.30 pm – 8.30 am and from 5pm on a Friday until 9.30 Monday morning. Karen explained that if there are specific cases where the EDT Service has not responded in a timely manner or where there are quality issues, then these issues need to be escalated to the service manager or Maria Young. Action: <i>Karen Reeve to share Children’s structure to be shared with all staff including CCG.</i> GM to ensure at next mental health crisis meeting, there is clarity on the escalation process in relation to Emergency Duty. Maria Young to be invited or nominate a children’s representative to the Crisis meetings	KR/GM

	<p>It was pointed out that a Section 136 place of safety order in children is very rare so it is unlikely that the EDT Team would not be available to deal with an adult because they are dealing with a child incident.</p> <p>Section 136 Place of Safety: Piece of work being done across Wiltshire, Swindon, Bath and Bristol by Alexander who are pulling together issues around the area. Further sessions are taking pace to design an improved system for service users in need of an urgent mental health assessment.</p> <p>Action: <i>SW to forward invitation to appropriate people to the sessions they are running.</i></p> <p>One issue which has been raised is the need for approved mental health social workers to have access to a Section 12 doctor or health professional in the event of a section 136 order. It was clarified that it is currently left to the approved social worker to source a section 12 doctor which is not satisfactory.</p> <p>Clarification needed where the Crisis concordat meeting reports into apart from direct links to the Health & Wellbeing Board. GM to raise with Crisis Concordat.</p> <p>Street triage has received positive feedback. There has been an agreement from Wiltshire CCG, Swindon CCG and Police and Crime Commissioner for an extension and funding for a 24 hour service. The service will be carefully monitored to ensure this is required. AWP will now recruit to their team.</p>	<p>SW</p> <p>GM</p>
3	<p>Budget Monitoring Report for 2016-17</p> <p>Children, Families and Community Health Services Adult overspend is £4.6m. Savings of £600k to be found still.</p> <p>The Newton Europe presentation will be shared at the next meeting. It includes a detailed analysis of opportunities and what we can do differ in adult social care. This work has been done pro bona with further discussions to take place on how Swindon Borough Council will take forward the findings</p> <p>Due diligence report of findings by Great Western Hospital into community health services is to be shared with group by GM.</p>	<p>GM</p>
4	<p>Children's Review progress update</p> <p>GM updated on the Children's Health Services Review in advance of</p>	<p>GM</p>

	<p>the meeting on 13th January.</p> <p>The Project brief has been sent out.</p> <p>Autism – CCG is proposing to fund as part of 2017/18 additional capacity for therapy and educational psychology to improve autism diagnosis pathway. A £400k business case for community paediatric services has come from GWH which the CCG is reviewing</p> <p>Looked after Children: the CCG has been reviewing the role of the designated nurse for looked after children and additional investment is proposed in this area as well as increased sessions for the designated doctor</p> <p>ES to be made aware of the Children's Services management structure.</p> <p>JCG forum to be used for any issues with Children Services.</p> <p>Karen reeve raised need for representation of children's issues within strategic health forums. GM to discuss at CCG Executive</p>	<p>SW</p> <p>GM</p>
7	<p>Terms of Reference</p> <p>Amended copy was sent out with this agenda, with changes shown. Any further amendment from all to Sheila please.</p> <p>It was decided that the JCG meeting will continue to be monthly</p> <p>It was decided that finance will be covered in this meeting every 2 months.</p>	SW
8	<p>Integrated Personal Commissioning (IPC)</p> <p>Update has been delayed to next meeting</p>	GO'M
9	<p>AOB</p> <p><u>CAMHs/TAMHs</u></p> <p>Expected progress has not been made into a single point of contact. Joint clinics and assessment processes are not up and running. Progressing now with deadline end of January.</p> <p><u>Next JCG meeting</u></p> <p>Update on children's mental health work across Tier 2 and Tier 3</p> <p><u>Joint risk register</u></p> <p>Only for risks not on SBC or CCG register.</p>	<p>TK</p> <p>TK</p>

<p><u>BCF – SW</u></p> <p>Propose to change to include more of children’s priorities. SW will ask Public Health to update data. Sense checks for what needs changing and including. Discuss at CCG EMT on Monday 16th January.</p>	<p>SW</p>
<p><u>Community Navigator</u></p> <p>Clinical Leadership Group has prioritised investment in community navigator. GM and SW to discuss with CCG Executive how Circles of Support can be funded as funding ends at the end of March and Circles have been used as follow on support for patients supported by community navigators.</p>	<p>GM</p>
<p>The group were informed that Karen Reeve is leaving SBC end of June 2017.</p>	

Joint Commissioning Group Meeting

7th February 2017

Minutes

Present:

Sue Wald	SBC – Director Adult Social Services
Karen Reeve	SBC – Director Children’s Services
Jackie Walker	SBC - Change Lead & Head of Finance, Vulnerable People
Phillipa Lamb	SBC – Strategy & Development Manager
Cherry Jones	SBC – Director Public Health
Joy Kennard	SBC – Head of Commissioning
Lyn Frith	SBC - Strategic Commissioner SEND
Esther Schmidt	SBC/CCG – Joint Children’s Commissioner
Thomas Kearney	CCG – Associate Director of Urgent Care
Sheila Baxter	CCG - Mental Health Joint Commissioner
Graeme O’Malley	CCG – Community Contract Lead

1.	Welcome & Apologies Apologies from Gill May, CCG	
2.	<p>Minutes of meeting on 12th January 2017</p> <p>Notes of previous meeting</p> <p>Children’s Structure chart has been sent to GM</p> <p>Place of Safety Section 136</p> <p>The consultancy Alexander has been commissioned to look at place of safety and crisis response. It was noted the Section 136 Place of safety build in Devizes has begun.</p> <p>The meeting was informed that AWP plans to re-start the consultation on the potential of changes to the arrangements for Section 136 place of safety provision in Swindon on 1st March and it will last 4 to 6 weeks. Events have been planned at two venues and a presentation will be arranged for the next Health and Social Care Overview Scrutiny meeting (April 2017). Issues identified that need to be considered as part of the consultation include:</p> <ul style="list-style-type: none"> • impact of the proposals on Swindon users (children and adults) and their families/carers (considering the distance) • availability of Approved Mental Health Professionals, Section 12 	

	<p>doctors, dedicated child nurses when required,</p> <ul style="list-style-type: none"> • response times. <p>There are ongoing challenges in accessing the section 12 duty doctors for mental health assessments and the possibility of sharing Emergency Duty Service with Berkshire Councils was raised which will require local staff to be available. It was suggested this should be followed up with Julie Dart. It was identified that cost implications on partners would need to inform the proposals outlined by AWP</p> <p>Action: SB to lead discussion on the Consultation paper at next JCG meeting.</p> <p>Children's Review</p> <p>The review is currently drilling down to understand spend against the Section 75 budget and evaluate whether services are delivering the required outcomes. A few anomalies have been identified which require further clarification. JW offered support to ES. It has also been identified that some budget lines need changing.</p> <p>The children's review has highlighted the need for robust performance management frameworks for commissioned service to demonstrate services are efficient and effective and meeting the specification.</p> <p>It was acknowledged that despite delays in the original review timeline due to changes in the organisation leading the review (GWH originally), good progress was now being made and an interim report would be available end of April 2017.</p> <p>Terms of reference for the Joint Commissioning Group</p> <p>The updated terms of reference were presented to the group. The amendments included:</p> <ul style="list-style-type: none"> • Removing the reference to Joint Commissioning Intentions • Referencing SEN Reforms • Membership being at director and heads of service level • Inclusion of a governance chart <p>Action: SW to circulate amended ToR to the group</p>	
3	<p>Budget Monitoring Report for 2016-2017</p> <ul style="list-style-type: none"> • Pressure on community equipment store run by GWH – need to seek base budget. £103k was pressure to CCG • Noted increase cost on Funded Nursing Care (FNC) • Children's placement budget still needs resolving to share costs for children with complex health needs. Health criteria are being developed to inform future funding decisions and all requests for 	

	<p>funding will be processed through creative solutions.</p> <ul style="list-style-type: none"> GWH were keen to continue with the Discharge to Assess scheme operated by GWH under Home to Assess although it had not yet been formally evaluated. Swindon Borough Council confirmed that this would need to be funded by the CCG as Swindon Borough Council is already funding the Bridging services in addition to the Better Care Fund. Funding from the original transfer of funding from the NHS to local government was funding 12 Fessey Beds and Reablement No budget update provided for CCG 	
4	<p>Section 75 changes 2017/18</p> <p>Agreed to refresh Section 75 for 2017/18.</p> <p>Action: JW/KR review Children's section and SW/AP to review adults.</p> <p>Action: SW/JW/Mathew agree financial schedules for next financial year</p> <p>Action: SB/AP/JW to meet to clarify the spent against the £192k against mental health funding. The criteria for this have been confirmed in writing to the CCG by Sue Wald. The CCG will need to check its own records for the historic agreement for this funding</p> <p>Sue Wald clarified that the current section 75 Partnership Agreements sets out the budget setting process and any changes to budgets which need to be formally agreed by both parties .</p> <p>Action; SW to review Section 75 text on budget setting and amendments with Nicki Millin</p>	
6	<p>Better Care Fund</p> <p>Still awaiting guidance but assuming there will be minimal change. Work in hand to update plan with latest data and to incorporate the joint commissioning intentions into the document. Once guidance is issued we can clarify schemes and milestones and confirm budget accordingly. Aim for a draft to be circulated end of March. Need to reference STP, CCG 2 year operational plan, QUIPP Demand Plan and DTOC Action Plan.</p> <p>Action: PL to co-ordinate the updating of Plan</p> <p>Action: GO to lead on co-ordinating CCG input</p> <p>Action: SW to review against BCF action plan</p> <p>Action: SW/JW to meet with MH to review finance schedule and present to the next meeting as a draft</p>	

7	<p>Integrated Personal Commissioning (IPC) update</p> <p>Meeting ES/MG/JS to explore potential for personal health budget. Still low but CHC team gone through training and having conversations with individuals. Target is to have 120 people on Personal Health Budgets (PHB) by 2020 and 426 by 2021. This increase would have capacity implications for the financial admin team who support the management of personal budgets. It was suggested this task could transfer to the CHC team.</p> <p>Action: JCG will receive progress reports on personal health budgets bi-monthly</p>	
8	<p>Update on children's mental health work across Tier 2 and Tier 3</p> <p>There has not been a meeting since the last JCG. Progress is being made and the following achievements were highlighted:</p> <ul style="list-style-type: none"> • Joint screening of referrals now in place • Secure emails now established - NHS.net • Single point of access support officer recruitment agreed <p>Action: To circulate future minutes from Transformation Board to JCG and for any issues regarding the programme to be raised at JCG</p>	SB/TK
9	<p>Adult services re-design update</p> <p>There are proposals for additional staff to support Adult Care services in managing demand and improving practice. This will need to be agreed by Cabinet. GOM was interested in how this work would impact on the DTOC programme.</p> <p>Action: SW to inform JCG of this work at the next meeting if proposals are agreed by Cabinet .</p> <p>Action: SW to share the previous work undertaken by Newton on A&E attendance at GWH</p>	<p>SW</p> <p>SW/ GO'M</p>
10	<p>AOB</p> <ul style="list-style-type: none"> • ADASS Self-assessment adult social care is in hand PL is working with Adult Social Care management team to elicit their views and has meetings arranged with colleagues at CCG and GWH to get partner's perspectives • To add to the agenda "Progress on SEND reforms from CCG perspective. • Starting procurement for Substance Misuse Programme. Started exploratory conversations with Wiltshire. 	<p>PL</p> <p>ES</p> <p>CJ</p>

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 31st March 2017.

The BCF Q3 Data Collection

This Excel data collection template for Q3 2016-17 focuses on budget arrangements, the national conditions, income and expenditure from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variance against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell

Pre-populated cells

Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 8 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.

1) Cover Sheet - this includes basic details and tracks question completion.

2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
guidance.

4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.

5) Supporting Metrics - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.

6) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care.

7) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board

have been completed the cell will turn green. Only when all 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as the time of completion.

If it had not been previously stated that the funds had been pooled can you now confirm that they have now?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Policy Framework 16/17

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2016-17 financial year

Actual income into the pooled fund in Q1, Q2 & Q3 2016-17

Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year

Actual expenditure from the pooled fund in Q1, Q2 & Q3 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

5) Supporting Metrics

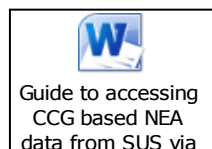
This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admission: metric, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metric are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the six metrics for Q3 2016-17

Commentary on progress against each metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns the is an opportunity to state the metric that you are now using.

with this report in order to enable areas to perform their own in year monitoring of NEA data. This guidance document can also be accessed via the embeded object below.



2016) found here:

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinengland>

Please note that the Non-Elective Admissions per 100,000 population (All ages) population projections are based on a calendar year.

Delayed Transfers Of Care numerator data for actual performance has been sourced from the monthly DTOC return found here:

<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

2016) found here:

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinengland>

Please note that the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year.

Actual and baseline data on Re-ablement and Residential Admissions can be sourced from the annual ASCOF return found here:

<http://content.digital.nhs.uk/searchcatalogue?productid=22085&q=ascof>

2016/17 were submitted by HWBs within Submission 4 planning returns and final figures are displayed within the 'Remaining Metrics Enquiry' tab of the Submission 4 report.

6) Additional Measures

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in last years BCF Quarterly Data Collection Template (Q2/Q3/Q4 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.

For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q3 16/17.

A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

subsequent quarters?

Better Care Fund Template Q3 2016/17

Data Collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board?
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

Funds pooled via a S.75 pooled budget? If not previously stated that the funds had been pooled can you confirm that they have now? If no, date provided?
Yes

3. National Conditions

		7 day services		Data sharing					
			3i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	3ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	4i) Is the NHS Number being used as the consistent identifier for health and social care services?	4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	4iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	
1) Are the plans still jointly agreed?	2) Maintain provision of social care services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. I&E

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Income to	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	
	Please comment if there is a difference between the annual totals and the pooled fund	Yes			
Expenditure From	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	
	Please comment if there is a difference between the annual totals and the pooled fund	Yes			
Commentary on progress against financial plan:		Yes			

5. Supporting Metrics

	Please provide an update on indicative progress against the metric?	Commentary on progress
NEA	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
DTOC	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
If no metric, please specify	Yes	Yes
Patient experience metric	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Admissions to residential care	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Reablement	Yes	Yes

6. Additional Measures

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes
	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes
	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes
Total number of PHBs in place at the end of the quarter	Yes
Number of new PHBs put in place during the quarter	Yes
Number of existing PHBs stopped during the quarter	Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes

7. Narrative

Brief Narrative	Yes
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Cover

Q3 2016/17

Health and Well Being Board

Swindon

Completed by:

Sue Wald

E-Mail:

swald@swindon.gov.uk

Contact Number:

07824550407

Who has signed off the report on behalf of the Health and Well Being Board:

Brian Mattock Chair

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	36
4. I&E	17
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Swindon

Have the funds been pooled via a s.75 pooled budget?	Yes
--	-----

If it had not been previously stated that the funds had been pooled can you confirm that they have now?	
---	--

If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	
---	--

Footnotes:

Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned by the HWB.

National Conditions

Selected Health and Well Being Board:

Swindon

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Q1 Submission Response	Q2 Submission Response	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes	Yes	Yes		
2) Maintain provision of social care services	Yes	Yes	Yes		
3) In respect of 7 Day Services - please confirm:					
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes	Yes	31/03/18 GWH working on providing a 7 day a week clinical service	
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient’s care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	No - In Progress	No - In Progress	No - In Progress		
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	Yes	31/03/18 part of digital roadmap	
ii) Are you pursuing Open APIs (ie system that speak to each other)?	No - In Progress	No - In Progress	No - In Progress		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes	Yes		
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes	Yes		

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (<https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>). By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person’s care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (<https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf>; and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - <http://systems.hscic.gov.uk/infogov/iga>

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or
- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Swindon

Income

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,614,465	£3,614,465	£3,614,465	£3,614,465	£14,457,861	£14,457,861
	Forecast	£3,614,465	£3,614,465	£3,614,465	£3,614,465	£14,457,861	
	Actual*	£3,614,465	£3,614,465				

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,614,465	£3,614,465	£3,614,465	£3,614,465	£14,457,861	£14,457,861
	Forecast	£3,614,465	£3,614,465	£3,614,465	£3,614,465	£14,457,861	
	Actual*	£3,614,465	£3,614,465	£3,614,465			

Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q3 actual differs from the Q3 plan and / or Q3 forecast	
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Expenditure

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,614,465	£3,614,465	£3,614,465	£3,614,465	£14,457,861	£14,457,861
	Forecast	£3,614,465	£3,614,465	£3,614,465	£3,614,465	£14,457,861	
	Actual*	£3,614,465	£3,614,465				

Q3 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,614,465	£3,614,465	£3,614,465	£3,614,465	£14,457,861	£14,457,861
	Forecast	£3,614,465	£3,614,465	£3,614,465	£3,614,465	£14,457,861	
	Actual*	£3,614,465	£3,614,465	£3,614,465			

Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q3 actual differs from the Q3 plan and / or Q3 forecast	
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Commentary on progress against financial plan:	Budget on target
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Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB. Pre-populated Plan figures are sourced from the Q1 16/17 collection whilst Forecast, Q1 and Q2 Actual figures are sourced from the Q2 16/17 return previously submitted by the HWB.

National and locally defined metrics

Selected Health and Well Being Board: Swindon

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Q3 Non Elective admissions were 7,579 (up from 7,272) in Q2
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Target of 505 reduction is unlikely to be achieved as particular health related delays continue to be higher than targeted and social care data fluctuating. As of end of November 2016, Swindon was ranged 71 nationally on this indicator and third best in south West
Local performance metric as described in your approved BCF plan	Learning Disability clients receiving a review to establish potential to move out of residential care
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Learning disability services are undergoing a review. A new focused review programme is in place for high cost placements using progression model. Learning from this will be available in April 2017 to inform future plans
Local defined patient experience metric as described in your approved BCF plan	ASCOF 1A Quality of Life
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	National data based on survey available July 2017
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Current performance is better than target based on december 2016 data .

Additional Measures

Selected Health and Well Being Board:

Swindon

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	No	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally
From Hospital	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Mental Health	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/04/19	01/04/19	01/04/20	01/04/20	01/04/20	01/04/20

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	No pilot underway
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Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	6
Rate per 100,000 population	2.7

Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2016)	219,761
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5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - in some parts of Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - in most of the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>
Population figures were updated to the mid-year 2016 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board:

Swindon

Remaining Characters	31,766
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Please provide a brief narrative on overall progress, reflecting on performance in Q3 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

- Success
- Community and social care sevrices transitioned successfully to new providers of GWH and SBC without a negative impact on service users and service quality wa smaintained. All services have been reviewed. Social care is embarking on an improvement programme with external improvement partner identified
 - Additional Home to assess service (Discharge to assess0 commissioned from GWH to reduce delays
 - permanent admissions to residential care reduced although nursinghome admissions are up
- Challenges
- DTOC performance unlikely to reach 50% reduction in bed days due to demand for community nursing and residential and nursing homes.
 - Non elective admissions continue to be highquality , leadership and management of insourced social work and community health services in need of improvement
 - primary care capacity limited with a number of vacancies
- Potential actions
- DTOC Board in place and focusing on patient flow
 - improvement programmes in health and social care commencing in Q4