

Swindon Borough Council

Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee

Wednesday, 28 March 2018

Committee Room 6, Civic Offices

At 6.00 p.m.

Conservative Councillors

Claire Ellis (Chair)

Alan Bishop

Mary Friend

Eric Shaw

Caryl Sydney-Smith

Labour Councillors

Emma Bushell

Steph Exell

Julie Wright

Robert Wright

Committee Officer: Rita Glen Gallo, 01793 463611, rglen-gallo@swindon.gov.uk

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

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.

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. Public Question Time

See explanatory note below. Please phone the Committee Officer whose name and number appears at the top of this agenda if you need further guidance.

4. Minutes (Pages 5 - 10)

To receive the minutes of the meeting held on 30th January 2018.

5. Housing Performance Report HHCS (Pages 11 - 14)

6. South Western Ambulance NHS Foundation Trust Update (Pages 15 - 24)

7. Clinical Commissioning Group Update (Pages 25 - 48)

8. **Maternity Transformation Plan** (Pages 49 - 54)
9. **Great Western Hospital NHS Foundation Trust Update** (Pages 55 - 60)
10. **Performance for Adult Social Care Commissioning** DAS (Pages 61 - 76)
11. **Avon & Wiltshire Partnership NHS Trust** (Pages 77 - 82)
12. **Workforce Update** (Pages 83 - 92)
13. **Work Programme 2017/18** DLDS (Pages 93 - 102)

Date of Despatch: 14 March 2018

Key:

DAS – Director of Adult Services

DLDS – Director of Law and Democratic Services (Monitoring Officer)

HHCS – Head of Housing and Community Safety

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>).

Terms of Reference:

To fulfil all the functions of an overview and scrutiny committee as they relate to:

- The review, scrutiny, and development of policy recommendations;
- The management of performance;
- The monitoring of progress towards delivering relevant strategies and corporate priorities; and
- The formulation of advice for the Cabinet, Council and other partners and stakeholders.

To have specific responsibility for (but not limited to) the scrutiny of:

- Adult Social Care;
- Community and Neighbourhoods; and
- Housing.

In addition, as these relate to Adults and Adult Social Care:

- The performance of services seeking to deliver healthy communities towards agreed local and national performance indicators;
- Health, health commissioning and service delivery;

- Public Health, Health promotion and the work of the Health and Wellbeing Board; and
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners.

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ADULTS' HEALTH, ADULTS' CARE AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 30 JANUARY 2018

PRESENT:- Councillors Caryl Sydney-Smith (Chair), Alan Bishop Emma Bushell, Steph Exell, Mary Friend, Henderson, Eric Shaw, Julie Wright and Robert Wright.

Kate Moore (Tenant Scrutiny Panel), Tori Jones (Healthwatch) and Steve Henderson (Equalities Advisory Forum).

Apologies for absence were received from Councillors Brian Ford and Claire Ellis and Michelle Howard (Equalities Advisory Forum).

Also present: Councillor Cathy Martyn, the Cabinet Member for Housing and Public Safety.

33. 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.

34. Minutes

Resolved -That the minutes of the meeting held on 7th November 2017 be confirmed and signed as a correct record.

35. Public Question Time

In accordance with Standing Order 28, Ms Wathern, Chair of the Keep our NHS Pubic, Swindon, submitted a written question regarding the resources used to deliver a Swindon service user to a place of safety in Devizes.

The Chair thanked Ms Wathern for her question and advised that a response was tabled at the meeting. Ms Wathern was in attendance and asked supplementary questions regarding mental health provision in Swindon. Mr Newlands Anning and Mr Matthew Page, both of Avon and Wiltshire Partnership NHS Trust (AWP), responded at the meeting.

Ms Anne Mooney, Swindon resident, asked questions regarding metal health services and the consultation undertaken regarding Sandlewood Court as a place of safety in Swindon. Mr Newlands Anning, Mr Matthew Page and Dr Peter Wood, AWP responded at the meeting.

Mr Philip Eaton, Swindon resident, asked questions regarding centralising places of safety within Swindon and Wiltshire, and on plans to introduce emergency beds in AWP on a national scale to meet with the legal requirement contained in Mental Health Act 140. Mr Newlands Anning, Mr Matthew Page and Dr Peter Wood, AWP responded at the meeting.

36. Response to Council Motion 38 - Drug Misuse Litter

The Director of Public Health submitted a report setting out a response to a Motion submitted at Full Council on 28th September 2017 requesting a task group be set up to identify opportunities to reduce the incidence of drug related litter in Swindon. She advised that at their meeting on the 23rd October 2017, the Scrutiny Committee resolved that the motion be referred to the Adult's Health, Adult's Care and Housing Overview and Scrutiny Committee for their consideration. The Director of Public Health confirmed that the operational multi- agency town centre group worked to retrieve the drug paraphernalia from the town centre. Their work over the past three months had seen a reduction in the paraphernalia found. Forward Swindon, SSE Enterprise and StreetSmart also participated in this operation.

In response to a concern by a member of the Committee regarding paraphernalia found on Manchester Road, it was agreed that the Director of Public Health maps out the location of the paraphernalia to identify locations being used by individuals. It was hoped that this would allow both Health and Housing Departments to co-ordinate actions in continued support of individuals.

Resolved – (1) That the report be noted.

(2) That, the Director of Public Health be requested to map out the areas in Swindon indicating where paraphernalia was located.

(3) That further to (2) above, the Director of Public Health liaises with the Acting Corporate Director, Communities and Housing to review ways of helping individuals.

(4) That further to (3) above, the Director of Public Health, together with the Acting Corporate Director, Communities and Housing be requested to include an update in a report to be submitted at a future meeting of this Committee.

37. Performance for Adult Social Care Commissioning

The Director, Adult Social Services, presented a report providing an update on performance and key issues relating to Adult Social Care commissioning. The Director explained that the report had been structured to highlight the strengths and challenges of the work undertaken. She advised that the report summarised the following key issues:

- Delayed transfer of care and how Swindon Clinical Commissioning Group, Great Western Hospital and Wiltshire Council are working collaboratively to reduce the number of patients affected.
- Actions to reduce expenditure on the Learning Disabilities Services as this was high compared to other local authorities.
- The increase in the number of safeguarding cases since April 2017 as compared to the same period in 2016/17.
- Quality of care homes in Swindon and how these were regularly assessed to ensure standards were maintained.
- Financial pressures on adult social care services.
- The prevention and wellbeing initiatives for the benefit of the community.
- The progress made on the older people/ physical transformation programme.
- Permanent admission to residential care and nursing homes.
- The reviews undertaken to assess carers needs.
- Swindon's lower smoking prevalence rate as compared to the national average.
- Performance of the voluntary sector commissioners.

- The number of complaint's received by the Care Act service.

Following her introduction of the report, the Director, Adult Social Services with the Director of Public Health, responded to members' questions and comments on the following issues:

- The Care Quality Commission report on nursing homes and actions being undertaken to improve services.
- Local business support to increase the number of people with disabilities in employment.
- General practitioners' (GPs) referrals to a range of partners including Swindon Circles and Community Navigators to provide companionship to the elderly in their home.
- The contrast between British and Scandinavian dependency models for the older segment of the community.
- Setting of the Learning Disability Services budget.
- The support provided to volunteers to help them transition into paid employment.
- Addressing domestic abuse and family cohesion as part of delivering Swindon's Vision 2016-20.
- Family training to help them support other family members.
- The number of suicides within the transgender community.

Resolved – (1) That the report be noted.

(2) That the Director of Public Health be requested to circulate the number of suicides within the transgender community before the next meeting of this Committee.

38. NHS Swindon Clinical Commissioning Group Update

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), presented a report providing an update on performance and key issues relating to the service. She referred to the general practitioners out of hours service for Swindon now being provided by Medvivo and explained Medvivo would be answering NHS 111 calls starting this spring. This would integrate processes and provide a seamless service from initial call to the ultimate resolution for the patient.

Following her presentation of the report, Ms May, with the Director, Adult Social Services and the Director of Public Health responded to questions put by the Committee seeking clarification regarding the funding allocation for dementia and smoking related illnesses and the impact of Medvivo's expansion on service provision for the benefit of the patient.

Resolved – (1) That the report be noted.

(2) That the Director, Adult Social Services be requested to include information regarding the allocation of funding streams in her report at the next meeting of this Committee.

39. Great Western Hospitals NHS Foundation Trust Update

The Committee received a report by the Chief Executive of the Great Western Hospital (GWH) NHS Foundation Trust on key issues and developments at the Great Western Hospital. Prior to summarising the report, Mr Kevin McNamara, Director of Strategy, Great Western Hospital (GWH) updated the Committee on

actions undertaken by GWH Trust prior to Carillion's liquidation on the 15th January. He explained that Carillion was a major provider of support services at GWH and when national press reported concerns regarding the financial position of the company, business continuity plans were put in place by the GWH Trust. Since the collapse of the company, Carillion staff have continued working at the hospital to ensure continuity of service and discussions were ongoing between them and management regarding their future employment at the hospital.

Following his introduction of the report, Mr McNamara responded to members' questions and comments on the following issues:

- The PFI providers' responsibility to identify a new company to replace Carillion.
- Understanding PFI provision as a concept and how this impacts on GWH.
- The future of GWH as a PFI hospital and how financial savings could be made.
- Correlation between the number of beds available and the increase in Swindon's population.
- Safe custody of patients' personal belongings on admittance to hospital.
- The formula to calculate bed deficits.

Resolved – (1) That the report be noted.

(2) That the Director of Strategy be requested to update the Committee regarding the future of the GWH as a PFI at the next meeting of this Committee.

(3) That the Director of Strategy be requested to give a presentation regarding the correlation between the number of beds available and the increase in Swindon's population before the next meeting of this Committee.

40. Housing Performance Report

The Acting Director, Communities and Housing presented a report updating the Committee on the performance of Housing Services and he explained that it had been structured to highlight current challenges and successes in the Housing Service. He provided a summary on (i) the range of new affordable housing developments around Swindon, (ii) the receipt of a Flexible Homelessness and Support Grant, (iii) the launch of a support programme to provide accommodation for twelve weeks to eighteen homeless individuals, (iv) the challenges of rent collection, (v) fire safety and how its related work was starting imminently in the Local Authority's multi storey blocks, and (vi) the effects on the capital housing programme due to the reduction of social housing rent.

Following his presentation of the report, the Acting Director, Communities and Housing, responded to members' questions and comments on the following issues:

- The percentage of affordable housing to be located at Wichelstowe and the wider Phase 1 development located at Bembridge Close, Linden Avenue and the Hawthorns.
- The formula used to determine the number of affordable housing on a development.
- The difference between the new and old model calculations of the Flexible Homelessness Support Grant.

- Determining Swindon's readiness for the development of social housing.
- Measuring the effect of universal credit and how this has had an impact on rent arrears.

Resolved – (1) That the report be noted.

(2) That the Acting Director, Communities and Housing, be requested to circulate information regarding the level of profitability a development needed before providing affordable housing, prior to the next meeting of the Committee.

41. Avon and Wiltshire Partnership NHS Trust Update

Mr Newlands Anning, the Managing Director, Avon and Wiltshire NHS Partnership Trust (AWP), submitted a report providing the Committee with a performance update and a summary of the following key issues in relation to AWP's service provision within the Borough:

- Changes to mental health provision over the past ten years and its effect on services.
- The consolidation of two health based places of safety following issues identified by the Care Quality Commission in 2016 and 2017.
- Financial constraints faced by the service.
- The increased demand for beds following the development of community services.
- The continued challenges in recruitment and retention.

Following his presentation of the report, Mr Matthew Page, Deputy Director of Operations, AWP, Dr Pete Wood, Associate Medical Director, AWP and Mr Newlands Anning, Operations Lead, Swindon Locality, AWP responded to members' questions and comments on the following issues:

- The percentage of individuals assessed by police requiring clinical needs.
- The types and location of places of safety used by AWP.
- The calming café set up in Gloucester and how this was being assessed with the intention of implementing a similar refuge in Swindon.
- Start-up and running costs associated with setting up a calming café in Swindon.
- The current work force programme aimed at reducing the number of agency workers.

Resolved – (1) That the report be noted.

(2) That, the Chief Operating Officer, Swindon Clinical Commissioning Group, be requested to circulate information regarding the "calming café" being piloted in Gloucestershire.

(3) That the Chief Operating Officer, Swindon Clinical Commissioning Group, be requested to liaise with the appropriate ward members on the way forward in setting up a calming café in Swindon.

(4) That the Chief Operating Officer, Swindon Clinical Commissioning Group, be requested to submit an update on the workforce programme at the Committee's meeting on the 28th March 2018.

42.

Work Programme

The Committee received a report from the Director of Law and Democratic Services detailing its updated work programme for the Municipal Year 2017/18.

Resolved – (1) That the report be noted.

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG) and the Managing Director, Avon and Wiltshire NHS Partnership Trust (AWP) be requested to submit a report regarding recruitment of health staff at the next meeting of this Committee.

Housing Performance Report

Adults Health, Adult's Care and Housing Overview and Scrutiny Committee

Date: 28th March 2018

Author: Head of Housing
Wards: All
Parishes Affected: All

1. Purpose and Reasons

- 1.1 The report sets out the key current challenges and successes in the Housing Service.
- 1.2 The report assists members of the Committee to have a wider appreciation of the work undertaken by the Housing Service to enable the Committee to discuss priorities and challenges in the service area.
- 1.3 The links to the Swindon Vision in particular, Priority One: Improve infrastructure and housing to support a growing, low carbon economy and Priority Four: help people to help themselves while always protecting our most vulnerable adults and children.

2. Recommendations

The Committee is recommended to:

- 2.1 Comment on the challenges and successes identified in section 3.0 of this report.

3. Detail

- 3.1 **New Affordable Housing:** The first phase of completing 100 additional affordable homes will be delivered by May 2018. This includes supported housing developments at, Bembridge Close, Linden Ave and the Hawthorns. Additional developments are also preparing to go onsite. Significantly the business case for the Council's next major regeneration scheme at Queens Drive, Park South, was been approved by Cabinet in March 2018. The final tenure mix will be dependent on the type and level of grant available from Homes England.
- 3.2 **Homelessness:** The Temporary Winter Housing Provision has now closed as planned. A detailed evaluation is underway. All remaining guests received their appropriate housing offers and have been rehoused. 12 guests received housing support and planned interventions from partner agencies. 50 volunteers took part in assisting the project contributing to just short of 2000 hours of volunteering.
- 3.3 The Council voluntarily supports the Severe Weather Emergency Protocol (SWEP), a protocol established by Homeless Link and adopted by the Government. The Council instigates SWEP when temperatures drop to 0 degrees or less for 3 consecutive nights. This means that anyone who is on the

Further information on the subject of this report can be obtained from Michael Ash, Direct Dial 01793 464377, mash@swindon.gov.uk.

Housing Performance Report

Adults Health, Adult's Care and Housing

Overview and Scrutiny Committee

Date: 28th March 2018

streets and homeless that night will be accommodated. During the recent cold weather 50 individuals were housed, there was also excellent publicity with just short of 60,000 reaches on the Council's Facebook page.

- 3.4 **Tenancy Management.** An ongoing challenge continues to be rent collection. The income of the Housing Revenue Account to meet tenants' service aspirations depends on a high rate of collection. The collection rate stands at 95.87% (as at end of January 2018) a remarkable achievement given the on-going changes to the Welfare System. Swindon is now an "approved social landlord" on the Department of Works and Pensions Universal Credit assessment system. This means that the Council, can directly amend details (on a "Landlord Portal") to the housing element of our tenants Universal Credit claims, subject to their permission.
- 3.5 **Fire Safety** remains a priority. Tenders have recently been returned from interested contractors to complete our interim works ahead of the full findings and recommendations from the Grenfell Inquiry. These include, new internal doors to our multi storey accommodation and a detailed survey recording the integrity of the compartmentalisation in the multi storey blocks.
- 3.6 **Housing Revenue Account (HRA).** The social housing rent reduction of 1% per year until 2019/20 is a considerable challenge, as it results in a reduction of over £20 million in the housing capital programme. Current reserves and work completed by officers on efficiency savings continue to reduce the immediate impact on tenants. The Leader of the Council has written to the Minister of State setting out a case to reduce the debt burden on the HRA by £60 million.
- 3.7 **Council housing voids.** The Council relet its Voids contract in 2017, the primary purpose of which is to complete works on council housing on the termination of tenancies, so that it can be brought back into use as quickly and as safely as possible. The contract was awarded to the Bell Group who despite passing all of the necessary due diligence, have performed poorly to the point where the contract was brought to an end earlier this year. Indeed in November 2017 officers had already made preliminary arrangements to work directly with their subcontractors. The main reason for this contract failing was the inability of Bell to mobilise a local work force to take on this significant and important work load. Officers are now, as well as directly managing the remaining subcontractors putting arrangements in place to retender the contract. A lessons learned report has already been submitted to the Housing Management CMAG and this will be followed up with a further report. The impact has been the increased turnaround time to get a property relet from 35 days to 47 days, which in turn has reduced the current supply of affordable homes, albeit the Council will see an increase in availability over the coming months.

Housing Performance Report

Adults Health, Adult's Care and Housing

Overview and Scrutiny Committee

Date: 28th March 2018

- 3.8 **Private sector housing.** As part of the changes in the private rented sector, Government has extended Mandatory House in Multiple Occupation (HMO) Licensing to a greater proportion of the HMO stock taking into account all HMOs with five or more person regardless of the number of stories in the property. Implementation is subject to the publication of detailed regulations. In Swindon this is likely to increase the number of HMOs that must be licensed from the current 120 to around 600 – 800. Work is being done to ensure that we are as ready as we can be for this very significant change. HMOs are regulated by, for example, minimum room sizes, fire safety and refuse storage arrangements. Due to the nature of Swindon's housing stock and market, the great majority of HMOs in Swindon will fall under a Licensing scheme following these changes, and this will allow for much more effective regulation of the sector.

4. Alternative Options

- 4.1 The Committee can choose how to operate performance reports from the Housing Service. Feedback on this report is welcomed.

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.

Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act requires every local authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor, and improve performance.

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

- 5.3 There are no other direct implications arising from this report. Any further implications will be identified when a topic is reviewed by the Overview & Scrutiny Committee and in any recommendations made by it.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment is required at this stage. Any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

Risk Management

- 5.5 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is

Further information on the subject of this report can be obtained from Michael Ash, Direct Dial 01793 464377, mash@swindon.gov.uk.

Housing Performance Report

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under review by the Overview Scrutiny Committee and if it makes any recommendations.

6. Consultees

- 6.1 The Director of Finance (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

None

South Western Ambulance NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 28 March 2018

Author: Michelle Allsop, Communications Officer
Wards: All
Parishes Affected: All

1. Purpose and Reasons

- 1.1 The purpose of the report is to demonstrate, amongst other information, the source of incidents in Swindon.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.

3. Detail

Swindon source of incidents.

4. Alternative Options

- 4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 None.

Legal and Human Rights Implications

- 5.2 None.

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

- 5.3 None.

Diversity Impact Assessment

- 5.4 None.

Risk Management

- 5.5 None.

Further information on the subject of this report can be obtained from Michelle Allsop, South Western Ambulance Service NHS Foundation Trust: Telephone Number, 01392 261500. Michelle.Allsop@swast.nhs.uk

South Western Ambulance NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 28 March 2018

6. Consultees

- 6.1 The Director of Resources (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 – Sources of incidents.

Swindon - Source of Incidents

2017.18 Data for the period 01 April 2017 - 28 February 2018

Ambulance Incidents originated from three identified source groups:

Healthcare Professional (HCP) - Incidents originating from a Healthcare Professional who has had contact with the patient and recommended an ambulance response

NHS 111 - Incidents where the patient has initially contacted the NHS 111 Service and an ambulance response is required following triage

Public (999) - All other sources of ambulance incidents (including general public and other emergency services)

2016.17

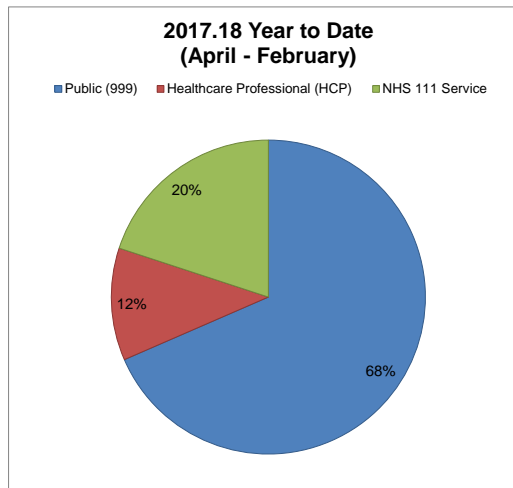
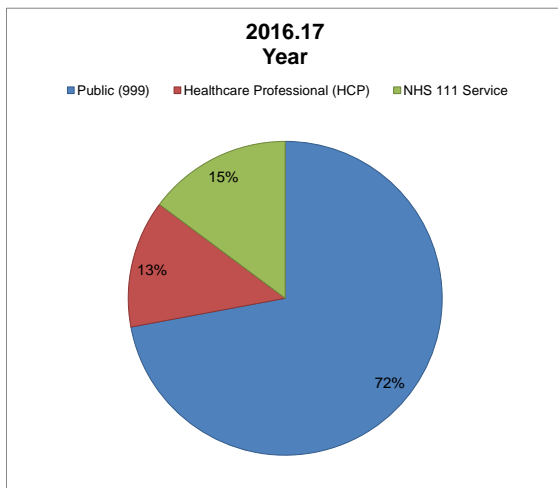
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Public (999)	1,757	1,893	1,910	2,012	1,884	1,886	1,874	1,992	2,001	1,999	1,766	1,917	22,891
Healthcare Professional (HCP)	334	333	332	349	360	344	399	388	344	330	293	369	4,175
NHS 111 Service	399	393	354	327	352	366	420	413	462	432	383	399	4,700
Total	2,490	2,619	2,596	2,688	2,596	2,596	2,693	2,793	2,807	2,761	2,442	2,685	31,766

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Public (999)	70.56%	72.28%	73.57%	74.85%	72.57%	72.65%	69.59%	71.32%	71.29%	72.40%	72.32%	71.40%	72.06%
Healthcare Professional (HCP)	13.41%	12.71%	12.79%	12.98%	13.87%	13.25%	14.82%	13.89%	12.26%	11.95%	12.00%	13.74%	13.14%
NHS 111 Service	16.02%	15.01%	13.64%	12.17%	13.56%	14.10%	15.60%	14.79%	16.46%	15.65%	15.68%	14.86%	14.80%

2017.18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date	YTD 2016/17	Variance	Variance %
Public (999)	1,752	1,937	1,773	1,958	1,802	1,999	1,934	1,914	2,211	2,036	1,799		21,115	20,974	141	0.67%
Healthcare Professional (HCP)	316	321	305	349	314	312	335	317	329	346	325		3,569	3,806	-237	-6.23%
NHS 111 Service	389	475	507	530	496	566	579	592	699	688	632		6,153	4,301	1,852	43.06%
Total	2,457	2,733	2,585	2,837	2,612	2,877	2,848	2,823	3,239	3,070	2,756		30,837	29,081	1,756	6.04%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date
Public (999)	71.31%	70.87%	68.59%	69.02%	68.99%	69.48%	67.91%	67.80%	68.26%	66.32%	65.28%		68.47%
Healthcare Professional (HCP)	12.86%	11.75%	11.80%	12.30%	12.02%	10.84%	11.76%	11.23%	10.16%	11.27%	11.79%		11.57%
NHS 111 Service	15.83%	17.38%	19.61%	18.68%	18.99%	19.67%	20.33%	20.97%	21.58%	22.41%	22.93%		19.95%



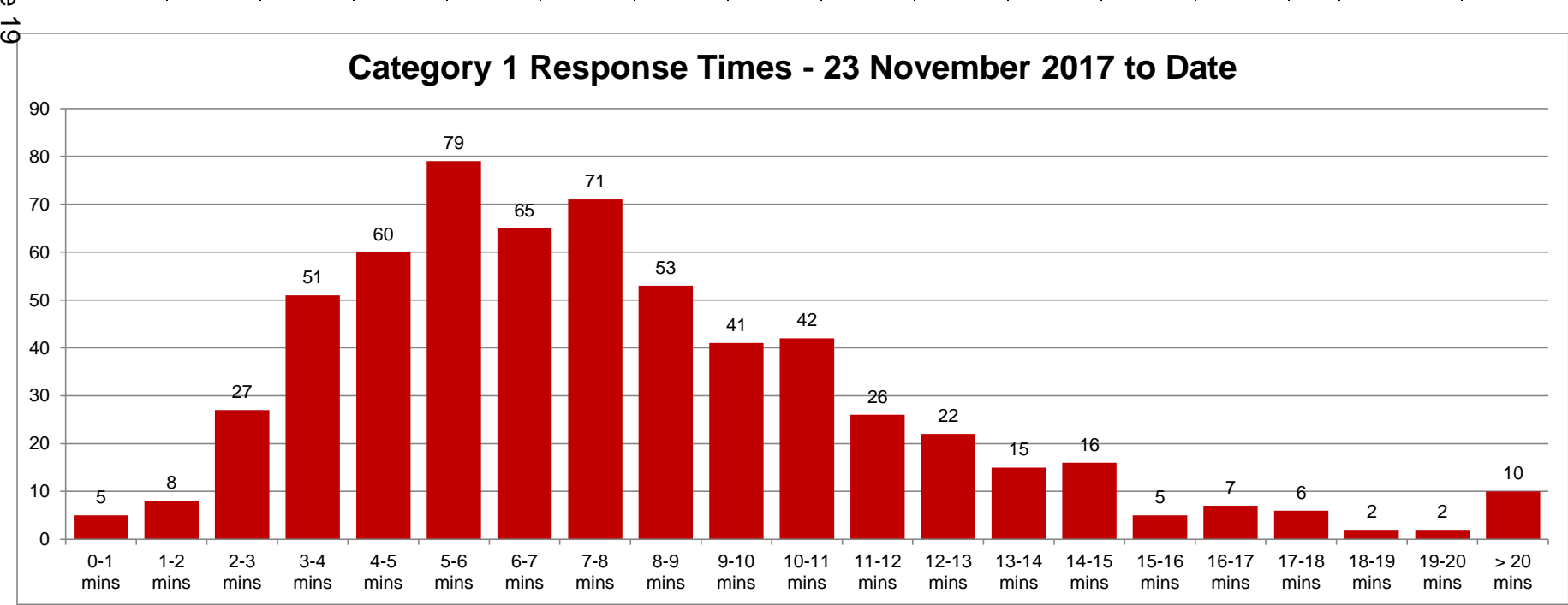
Swindon - Response Times - ARP 2.3 Metrics (from 23 November 2017)

Category 1	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date
Number of Category 1 Incidents with a Response								65	278	270	121		734
Category 1 Response Time Percentiles	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Category 1 - Mean								9.5	7.8	7.7	10.8		
Category 1 - 90th Percentile								15.3	12.6	12.4	19.3		

Swindon - Category 1 Response Time Distribution (ARP 2.3 from 23 November 2017)

Category 1 Response Times

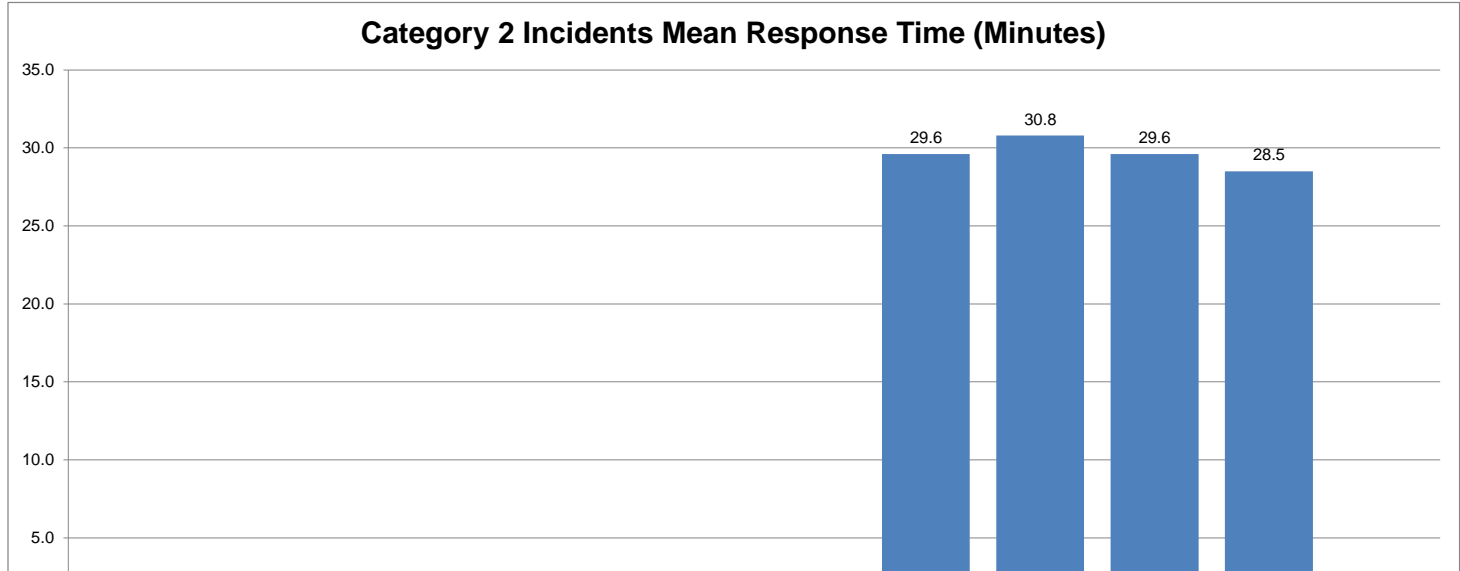
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date	Cumulative %
0-1 mins								1	1	3			5	0.8%
1-2 mins								1	3	4			8	2.1%
2-3 mins								2	11	14			27	6.5%
3-4 mins								4	29	18			51	14.8%
4-5 mins								6	25	29			60	24.6%
5-6 mins								11	33	35			79	37.5%
6-7 mins								3	27	35			65	48.1%
7-8 mins								5	32	34			71	59.7%
8-9 mins								2	33	18			53	68.4%
9-10 mins								6	17	18			41	75.0%
10-11 mins								5	17	20			42	81.9%
11-12 mins								4	13	9			26	86.1%
12-13 mins								2	11	9			22	89.7%
13-14 mins								2	6	7			15	92.2%
14-15 mins								4	6	6			16	94.8%
15-16 mins								2	2	1			5	95.6%
16-17 mins								2	4	1			7	96.7%
17-18 mins								0	3	3			6	97.7%
18-19 mins								1	1	0			2	98.0%
19-20 mins								0	1	1			2	98.4%
>20 mins								2	3	5			10	100.0%



Swindon - Response Times - ARP 2.3 Metrics (from 23 November 2017)

Category 2	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date
Number of Category 2 Incidents with a Response								383	1,572	1,535	1,393		4,883

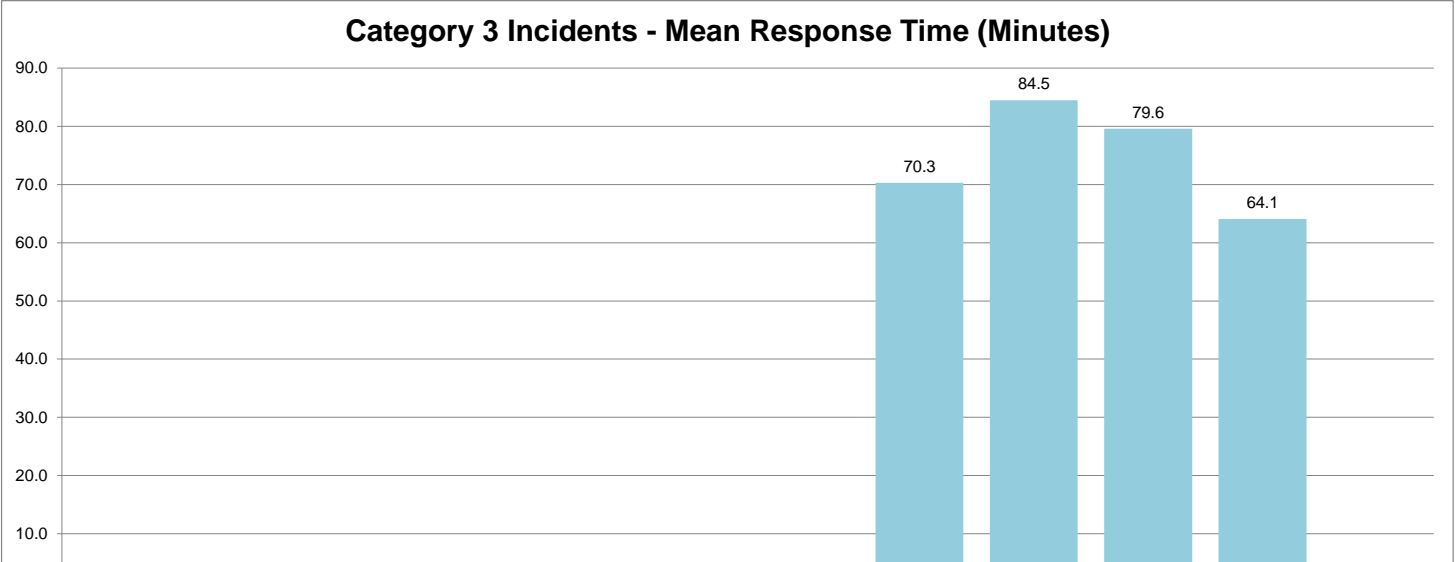
Category 2 Response Time Percentiles	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Category 2 Response Mean								29.6	30.8	29.6	28.5	
Category 2 Response 90th Percentile								67.7	68.6	68.1	62.7	



Swindon - Response Times - ARP 2.3 Metrics (from 23 November 2017)

Category 3	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date
Number of Category 3 Incidents with a Response								176	764	680	662		2,282

Category 3 Response Time Percentiles	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Category 3 Response Mean								70.3	84.5	79.6	64.1	
Category 3 Response 90th Percentile								168.3	223.4	203.3	160.3	



Swindon - Response Times - ARP 2.3 Metrics (from 23 November 2017)

Category 4 Transport 999

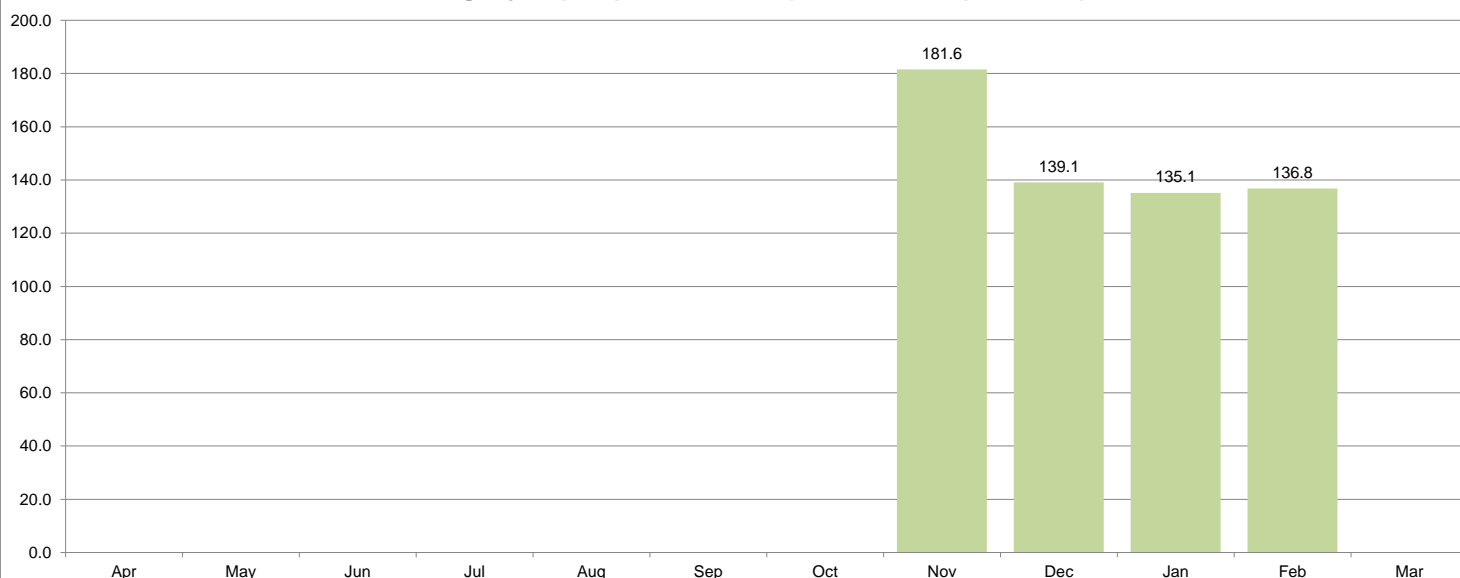
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date
Number of Category 4 Transport 999 Incidents								12	50	33	34		129

Category 4 Transport 999 Response Time Percentiles

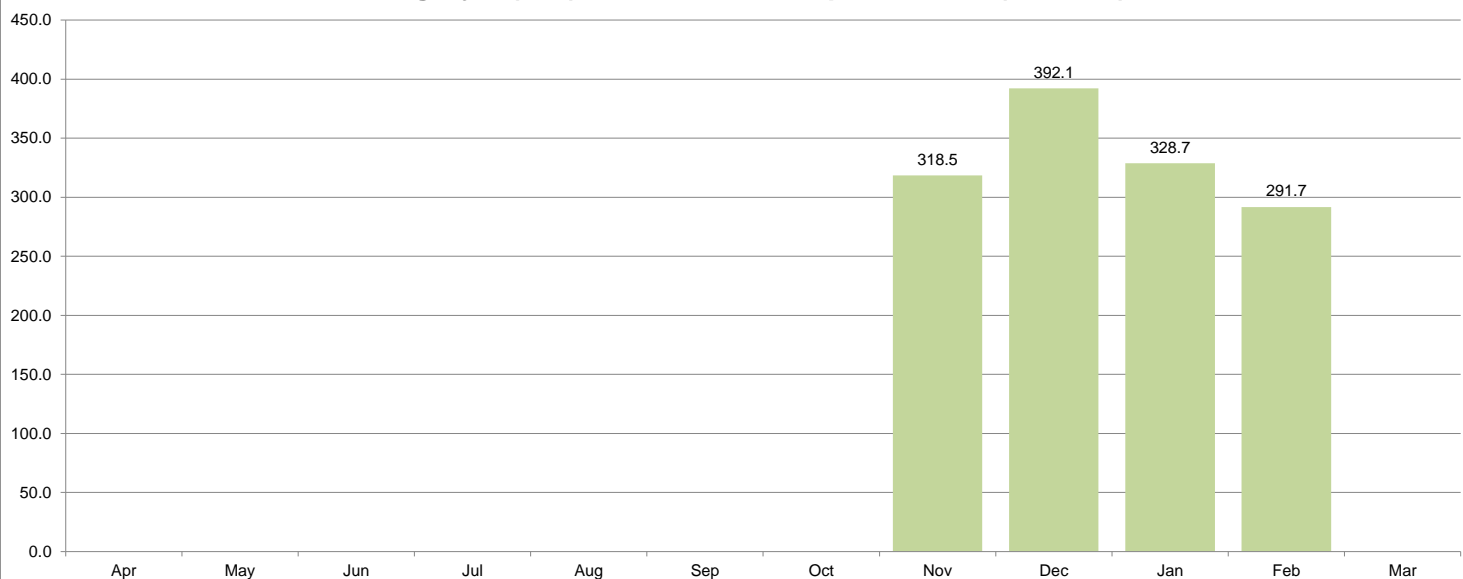
Category 4 Transport 999

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Category 4 Transport 999 Mean								181.6	139.1	135.1	136.8	
Category 4 Transport 999 90th Percentile								318.5	392.1	328.7	291.7	

Category 4 (999) - Mean Response Time (Minutes)



Category 4 (999) - 90th centile Response Time (Minutes)



Swindon - Outcome of Incidents

2016.17

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Hear & Treat	255	347	308	326	280	275	269	351	366	296	240	272	3,585
See & Treat	859	876	878	904	918	924	948	998	920	976	870	974	11,045
See & Convey Non ED	251	274	234	211	205	213	203	197	199	173	155	203	2,518
See & Convey ED	1,125	1,122	1,176	1,247	1,193	1,184	1,273	1,247	1,322	1,316	1,177	1,236	14,618
Total	2,490	2,619	2,596	2,688	2,596	2,596	2,693	2,793	2,807	2,761	2,442	2,685	31,766

%

Hear & Treat	10.24%	13.25%	11.86%	12.13%	10.79%	10.59%	9.99%	12.57%	13.04%	10.72%	9.83%	10.13%	11.29%
See & Treat	34.50%	33.45%	33.82%	33.63%	35.36%	35.59%	35.20%	35.73%	32.78%	35.35%	35.63%	36.28%	34.77%
See & Convey Non ED	10.08%	10.46%	9.01%	7.85%	7.90%	8.20%	7.54%	7.05%	7.09%	6.27%	6.35%	7.56%	7.93%
See & Convey ED	45.18%	42.84%	45.30%	46.39%	45.96%	45.61%	47.27%	44.65%	47.10%	47.66%	48.20%	46.03%	46.02%

2017.18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date
Hear & Treat	284	314	294	413	296	389	318	333	408	387	300		3,736
See & Treat	848	1,019	969	1,044	929	1,008	976	1,059	1,271	1,111	1,047		11,281
See & Convey Non ED	209	232	230	258	308	307	334	286	312	284	219		2,979
See & Convey ED	1,116	1,168	1,092	1,122	1,079	1,173	1,220	1,145	1,248	1,288	1,190		12,841
Total	2,457	2,733	2,585	2,837	2,612	2,877	2,848	2,823	3,239	3,070	2,756		30,837

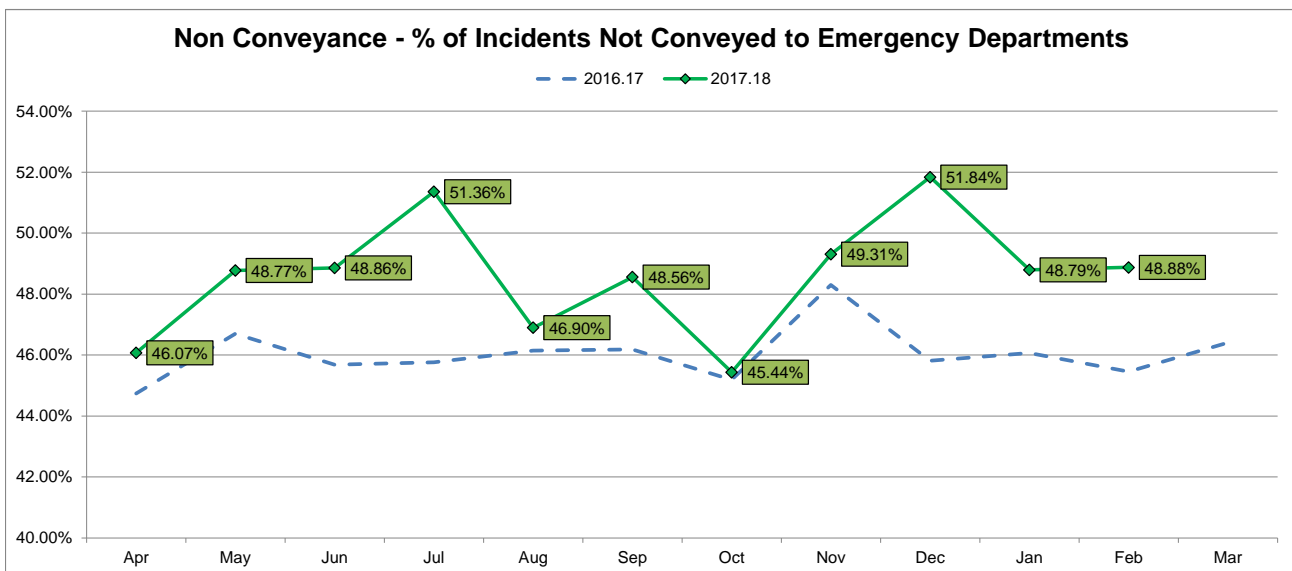
%

Hear & Treat	11.56%	11.49%	11.37%	14.56%	11.33%	13.52%	11.17%	11.80%	12.60%	12.61%	10.89%		12.12%
See & Treat	34.51%	37.29%	37.49%	36.80%	35.57%	35.04%	34.27%	37.51%	39.24%	36.19%	37.99%		36.58%
See & Convey Non ED	8.51%	8.49%	8.90%	9.09%	11.79%	10.67%	11.73%	10.13%	9.63%	9.25%	7.95%		9.66%
See & Convey ED	45.42%	42.74%	42.24%	39.55%	41.31%	40.77%	42.84%	40.56%	38.53%	41.95%	43.18%		41.64%

Right Care, Right Place, Right Time

% of incidents resolved without a conveyance to an Emergency Department (Proportion of incidents resolved through Hear & Treat 7 See & Treat 7 See & Convey Non ED)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date
2016.17	44.74%	46.70%	45.69%	45.76%	46.15%	46.19%	45.19%	48.30%	45.81%	46.07%	45.45%	46.41%	46.06%
2017.18	46.07%	48.77%	48.86%	51.36%	46.90%	48.56%	45.44%	49.31%	51.84%	48.79%	48.88%		48.70%
Variance	1.33%	2.08%	3.17%	5.60%	0.75%	2.37%	0.24%	1.01%	6.02%	2.72%	3.42%		2.64%



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Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 28 March 2018

Author:	Executive Nurse, Swindon CCG
Wards:	All Wards
Locality Affected:	All Locality Areas
Parishes Affected:	All Parish Areas

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Swindon CCG.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold Commissioners of Health and Social Care Services to account.
- 1.3 Any Commissioner of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern that require further investigation.

3. Detail

Integrated Urgent Care

- 3.1 Medvivo has been awarded a five-year contract to provide integrated urgent care services across Bath and North-East Somerset (BaNES), Swindon and Wiltshire, from 1 May 2018. The healthcare provider, which is rated as 'Outstanding' by the Care Quality Commission will be the lead provider, working in collaboration with Vocare and BaNES Enhanced Medical Services (BEMS+).
- 3.2 Medvivo will be responsible for running the NHS111 service across BaNES, Swindon and Wiltshire and will develop the service model to include a new locally managed 'clinical hub.'

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

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- 3.3 The key objective is to deliver a more functionally Integrated Urgent Care Access, Treatment and Clinical Advice Service model by aligning existing service specifications for NHS 111
- 3.4 The GP out of hours service for Swindon is currently being provided by Medvivo for an interim period and will not be part of the new integrated care service. The CCG will be undertaking a procurement exercise for a provider of the service.
- 3.5 The new service launches on 1 May 2018 and a comprehensive communications plan has been developed to ensure all stakeholders are aware of the changes.
- 3.6 **Victoria Cross Surgery and Eldene Health Centre**
- 3.7 **Background**
- A merger between Victoria Cross Surgery and Eldene Health Centre has been agreed to take place from 31 March 2018.
- 3.8 One of the drivers behind this decision is that Dr Richard Guilding, senior and sole partner at Eldene Health Centre, is retiring at the end of March 2018. The merger will see Victoria Cross Surgery take over the management of the practice previously run by Dr Guilding and his team. There will be no material changes for Dr Guilding's patients and they will continue to be seen in the same premises by the same staff, with the exception of Dr Guilding, and they will also have access to full services provided by the Victoria Cross team.
- 3.9 In order to facilitate this merger there are planned changes to the Victoria Cross branch site. The main site of Victoria Cross Surgery is, and will remain, on Victoria Road in the centre of town, towards Old Town. Victoria Cross currently have a branch site, in Nythe. The merger will see the Nythe branch close and services for patients transfer to Eldene Health Centre. This change will ensure that patients currently registered with both practices, will be able to continue to access and receive high quality primary medical services.
- 3.10 The Nythe Surgery is currently open on a part-time basis (two full days and three half days per week). Following the relocation to Eldene Health Centre, services will be available five days per week.
- 3.11 The distance from the Victoria Cross main site to both Nythe and Eldene Health Centre is circa 3 miles. The distance for patient moving from Nythe to Eldene Health Centre is circa 1.2 miles.
-

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

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- 3.12 At present Victoria Cross have a total patient list size of 7,510, of these circa 1,950 patients usually attend Nythe but can also attend the main site. Eldene Health Centre current have 2,348 registered patients.
- 3.13 Eldene Health Centre is a purpose-built health care facility, on ground level with good access for patients, ample free parking and is accessible on bus routes. This is an improvement on the current premises at Nythe for both patient access and parking. This is good news for patients who will be accessing these services.
- 3.14 Victoria Cross and Eldene Health Centre teams are working closely together on the implementation plans and will engage with all of their patients as plans are implemented.
- 3.15 Current situation
- 3.16 Arrangements for the merger between Victoria Cross Surgery and Eldene Health Centre are progressing well towards this taking place from 31 March 2018.

The following actions have taken place:

- Information is being displayed in the practices and on their websites. This includes a question and answer document.
- A press release has been issued by the CCG.
- Patient Participation Group members have been updated at their regular meetings.

3.17 Patient Transport Eligibility Survey results

3.18 Background

A patient transport eligibility survey was commissioned by a number of CCGs across the South West. The survey took place from 11 October to 10 November 2017 for electronic responses and 16 October to 17 November for hard copy responses.

- 3.19 The survey was conducted to inform CCGs on the public's views regarding how best to provide fair access, for NHS funded non-emergency patient transport. Patient transport is an NHS-funded non-emergency service offered to people who cannot get to hospital appointments because their health condition impacts on their ability to use routine transport (car/bus/taxi/wheelchair taxi, etc).
- 3.20 CCGs across the South West spend in excess of £31M per year (Swindon CCG c.£1.9M) on non-emergency patient transport. Initially 11 CCGs across the SW

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 28 March 2018

decided to work together to review their policies and try to align to ensure equality of access so that the limited resources available were used to support those who truly needed support with their travel arrangements to and from hospital appointments.

- 3.21 All CCGs recognised that the extant national guidance is somewhat general and non-specific, and is now over 10 years old. In the period since it was published, this has resulted in differences of interpretation in different CCG areas, resulting in variation and inequality between different patient groups, based either on their clinical diagnosis and/or the CCG to which their GP practice belongs.
- 3.22 Hard copies (380, together with 36 A4 posters, including the weblink address for e copy):
- 25 GP surgeries,
 - Outpatient clinics at GWH (10 OP Clinics)
 - Renal dialysis unit (Churchill Hospital Oxford)
 - Arriva Vehicles for distribution to users of the service
- 3.23 Soft copy: electronic alert with e-address for the questionnaire, on CCG website, and to all the above, plus:
- SBC
 - Parish councils
 - Voluntary Action Swindon for onward sharing
 - Carers organisations
 - Healthwatch Swindon – for their newsletter, website and volunteers
 - NHS partners
 - All renal PTS users
 - PPGs
 - LMC
 - MPs
 - Community Transport
 - Any renal support groups
 - Oncology groups
 - MP
 - HOSCs
 - PALs
- 3.24 Findings
The Findings of the survey for Swindon CCG are shown at Appendix 1. Also shown, where there is any notable variance between the Swindon and the South

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 28 March 2018

West results, are the results from across the South West. Of note, the Swindon results are generally very similar to those of the other CCGs and all the overall South West results.

3.25 Next Steps

The findings are being used to inform discussions between and action by, the CCGs regarding equity of access to PTS services, for all patient groups, and for patients across the South West. This includes determining eligibility based on a patient's need for NHS-funded transport, not their diagnosed condition.

3.26 To this end a targeted communications approach will be taken for those patient groups most likely to be impacted by this change, and appropriate support provided during transition for any patients thus affected.

3.27 For Swindon and the other CCGs currently using Arriva as their PTS provider, the findings are also being used to inform a new service specification for the replacement PTS contract in 2019.

4. **Alternative Options**

4.1 None

5. **Implications, Diversity Impact Assessment and Risk Management**

5.1 Legal and Human Rights Implications

N/A

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

N/A

5.3 Diversity Impact Assessment

A DIA has not been completed for the purposes of this update.

5.4 Risk Management

N/A

6. **Consultees**

The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

Further information about this report can be obtained from Ruth Atkins, 01793 683700, communications@swindonccg.nhs.uk

Clinical Commissioning Group Update

**Adults Care, Adults Health and Housing
Overview & Scrutiny Committee**

Date: 28 March 2018

7. Background Papers

7.1 None.

8. Appendices

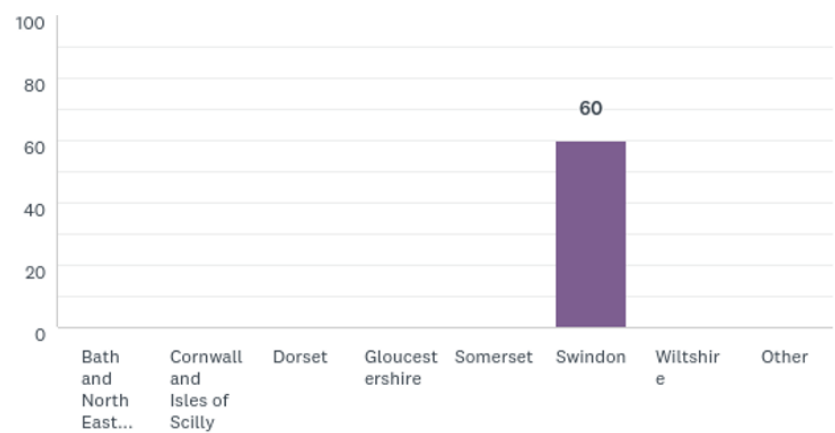
8.1 Appendix 1 - Patient Transport Eligibility Survey results.

APPENDIX 1 – Swindon CCG Survey Responses

Q1: If you are a patient or responding on behalf of a patient please provide us with the first part of your postcode e.g. GL3 or TA9.

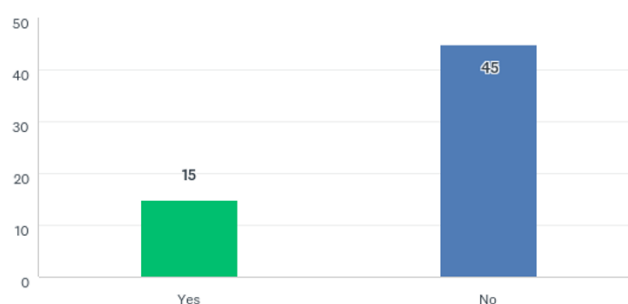
SN25_{SN6} SN4_{SN2} Sn3_{Sn5} SN1

Q2: In which area is your GP practice based?

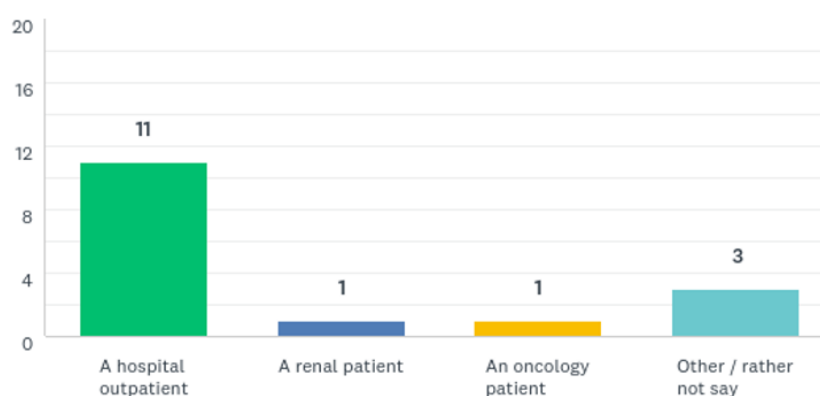


Total of responses across the South West was 2159 of which 60 were specific to Swindon.

Q3: Are you someone who has used NHS funded non-emergency patient transport in the last year



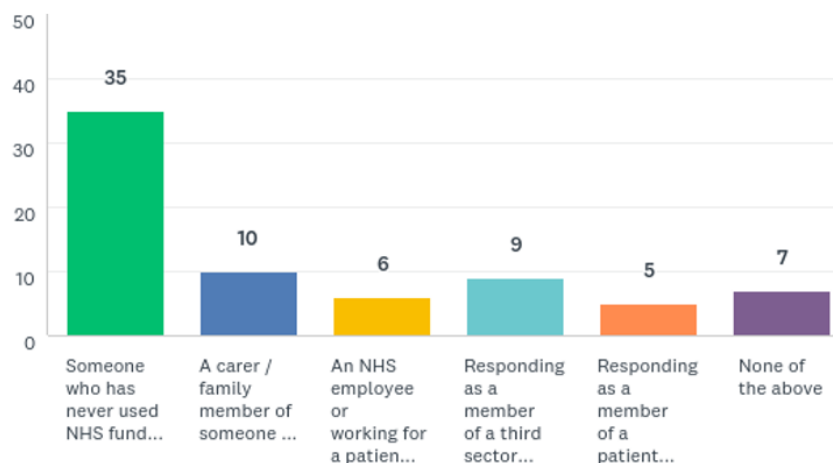
Q3a: If you have said yes to Q3 are you:



Of those who have used NHS funded non-emergency patient transport in the last year, most had done so as outpatients.

Renal patient representation was the lowest in Swindon than across the other CCG's within the South West.

Q4: Are you? (you may tick more than one box)



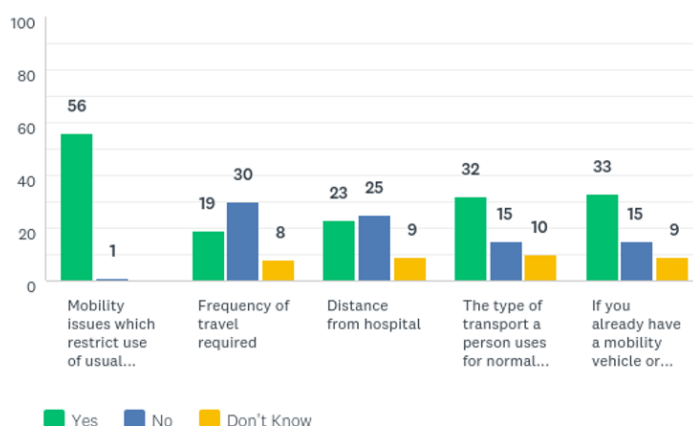
Swindon CCG responses have very similar proportions to the South West overall however very slight differences in the categories detailed below:-

Higher than the South West

A carer/family member of someone who uses NHS funded non-emergency patient transport

Responding as a member of a third sector organisation or community group

Q5: Eligibility is currently based on medical condition, what other factors do you think need to be taken into consideration? (for each factor please select yes, no or don't know)



Options read, in full:

- Mobility issues which restrict use of usual forms of transport
- Frequency of travel required
- Distance from hospital
- The type of transport a person uses for normal daily living
- If you already have a mobility vehicle or other similar benefit

Swindon findings were:

- Strongest support was for **mobility** issues which restrict use of usual forms of transport to be taken into account
- Strong support for type of transport a person uses for **normal daily living** to be taken into account
- Strong support whether having a **mobility vehicle or other benefit** should be taken into account

Swindon CCG responses above match the SW overall proportions with the exception of the following two factors where the responses were higher to **NOT** take the following factors into consideration:

- **distance** from hospital to be taken into account
- **frequency** of travel required to be taken into account (Albeit very close 23 Yes vs 25 No)

Further detailed information on SW overall survey

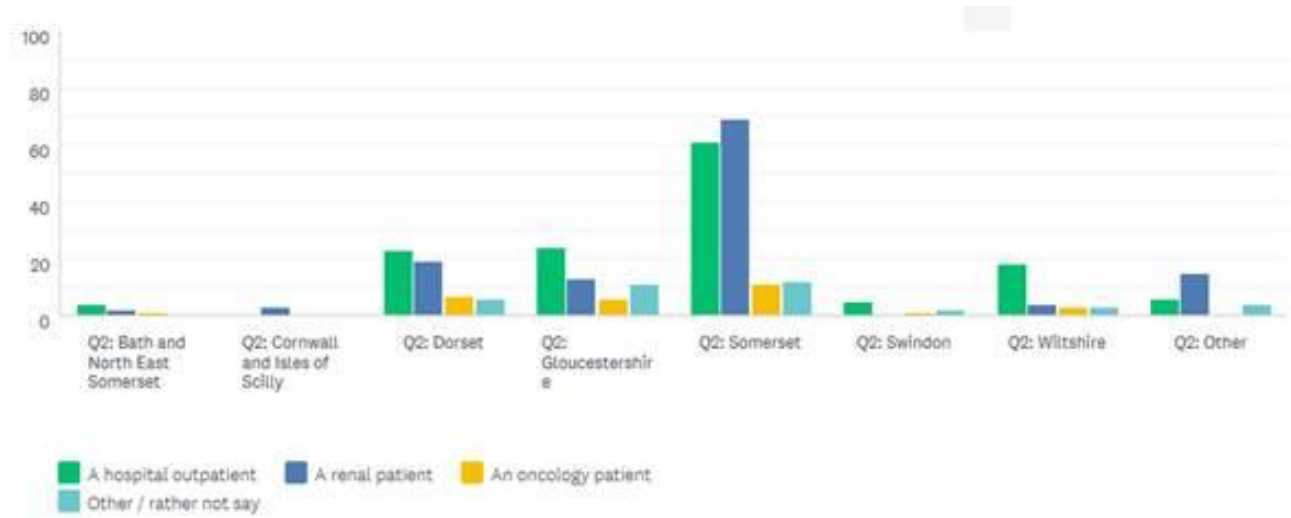
Patients (also cut by renal patients) who have said yes to both frequency and distance as factors that should be considered within the eligibility assessment.

To note:

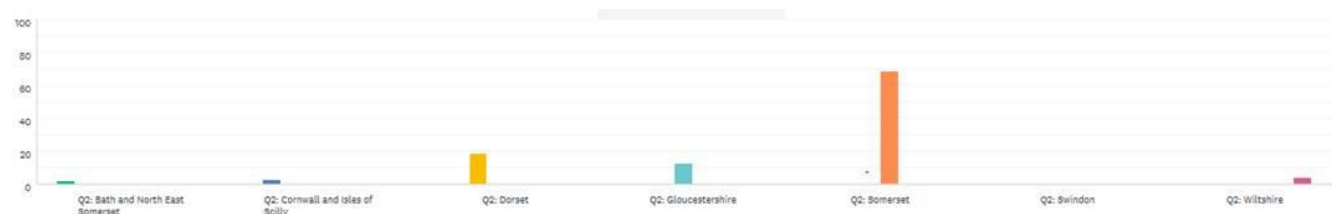
From all responses a total of:-

- 125 patients said yes to both frequency and distance
- 109 selected frequency only
- 105 selected distance only

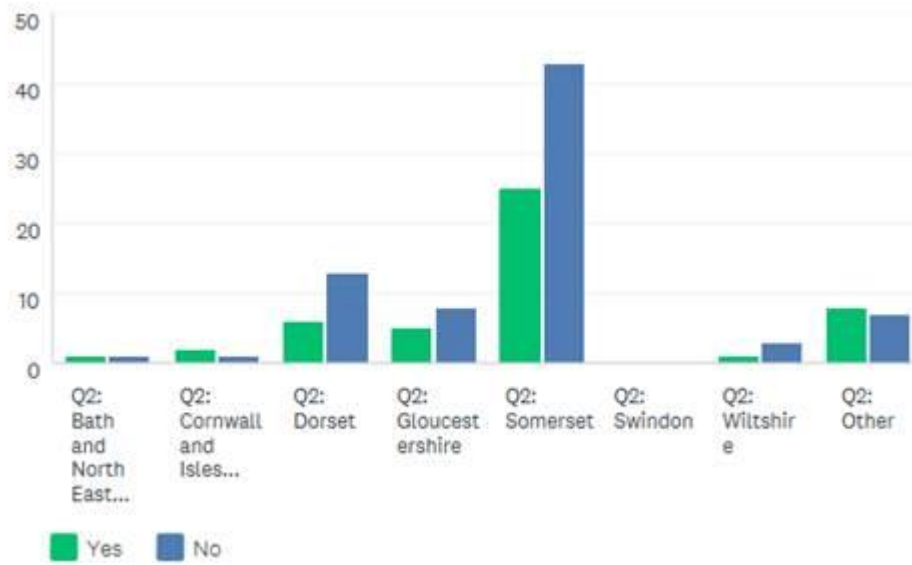
Breakdown of split by area for patients who said yes to both frequency and distance as factors that should be considered within the eligibility assessment.



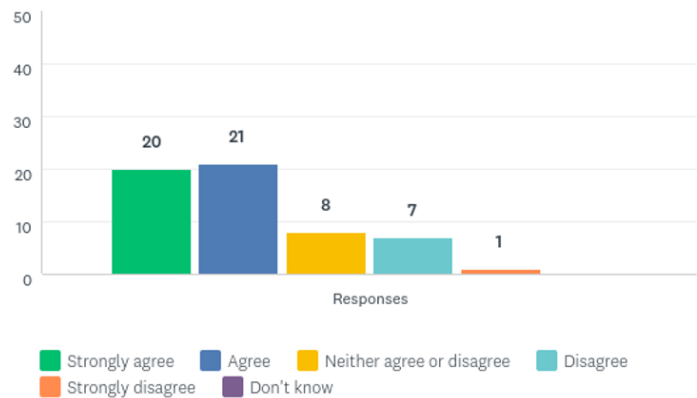
Further breakdown of split by area for **renal** patients who said yes to both frequency and distance as factors that should be considered within the eligibility assessment.



Further detail filtered by renal patients who selected distance and frequency as factors that should be considered within the eligibility assessment.



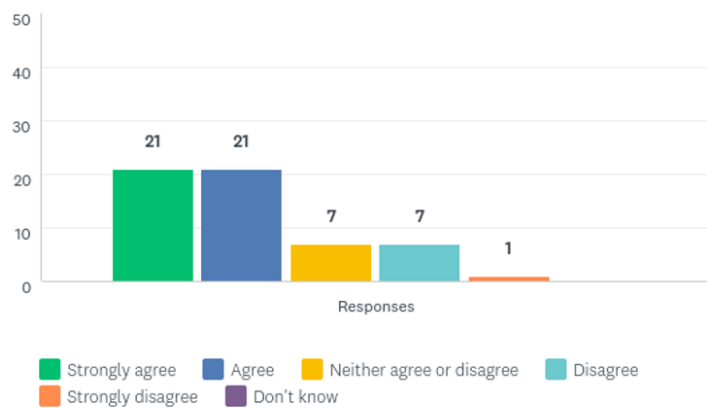
Q6: People who are able to make their own way to or from other appointments including hospital (e.g. driving themselves, being driven by friends, neighbours, family or voluntary services, or able to use public transport) should normally be assessed as NOT eligible for NHS funded non-emergency patient transport (tick one)



Clear overall Swindon support for the view that people who are able to make their own way to or from other appointments including hospital, should **NOT** normally be assessed as eligible for NHS-funded non-emergency patient transport

Swindon CCG responses match SW overall proportions

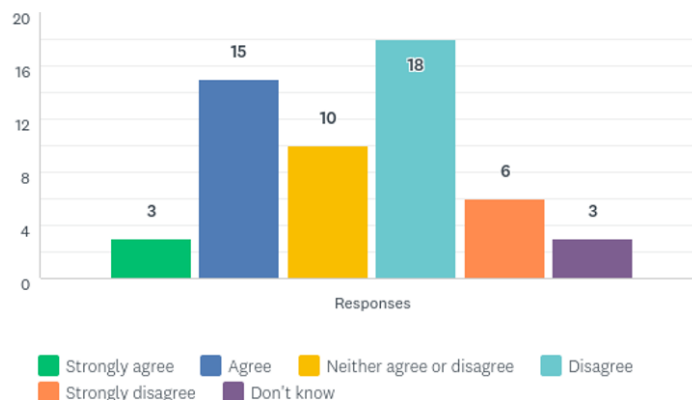
Q7: NHS funded non-emergency patient transport should be available only to people who need it for a medical reason, that is, they cannot travel safely by any other means (tick one)



Clear overall Swindon support for the view that NHS-funded non-emergency patient transport should be available only to those with a medical reason i.e. cannot travel safely by other means

Swindon CCG responses match SW overall proportions

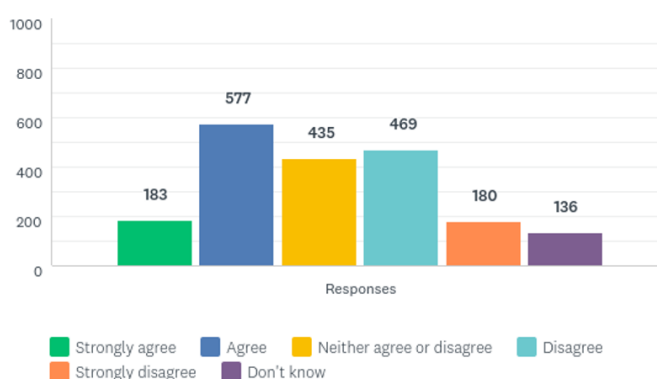
Q8: People should be entitled to NHS funded non-emergency patient transport if they need help getting to and from the vehicle, that is, they have no particular medical or mobility need for the transport journey itself (tick one)



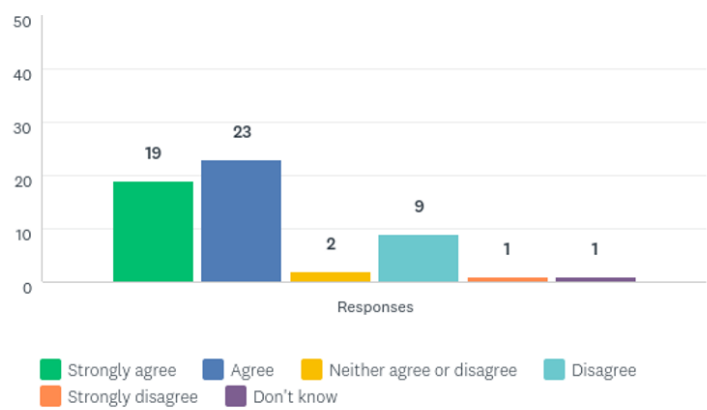
The Swindon view was non-committal for the view that NHS-funded non-emergency patient transport should also be available for those who only need help getting to/from the vehicle, rather than needing support for the transport journey itself. (Strongly agree/Agree 18 vs Disagree 18)

SW showed slightly less support for the view that NHS-funded non-emergency patient transport should also be available for those who only need help getting to/from the vehicle, rather than needing support for the transport journey itself

Q8: People should be entitled to NHS funded non-emergency patient transport if they need help getting to and from the vehicle, that is, they have no particular medical or mobility need for the transport journey itself (tick one)



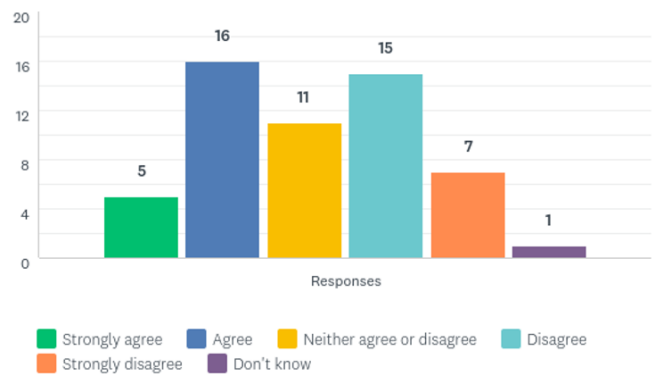
Q9: NHS funded non-emergency patient transport should not be available to people if they are able to travel safely by private car or public transport (tick one)



Strong Swindon support for the view that those who are able to travel by private car or public transport should not normally be eligible for NHS-funded non-emergency patient transport

Swindon CCG responses match SW overall proportions

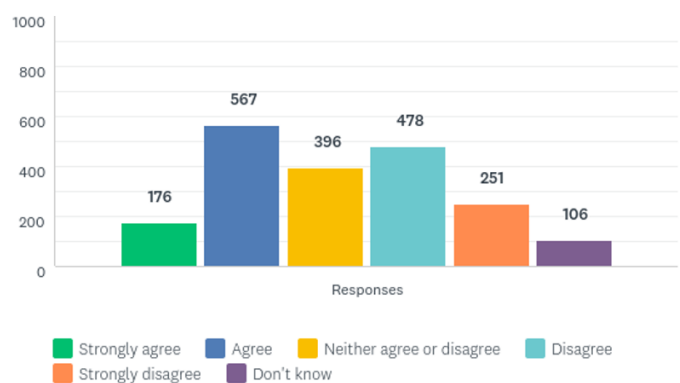
Q10: People who have a mobility vehicle, or similar, or who are in receipt of a higher level mobility payment should also be eligible to receive NHS funded non-emergency patient transport (tick one)



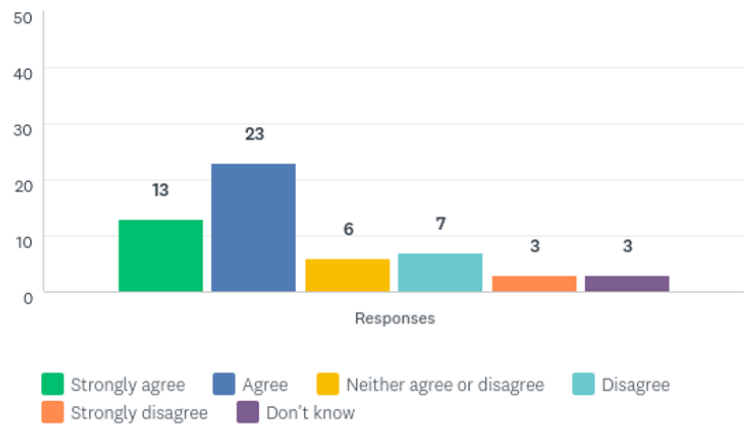
The Swindon view was non-committal for the view that those with access to a mobility vehicle or higher level mobility payment should not be eligible for NHS-funded non-emergency patient transport. (Strongly agree/Agree 21 vs Disagree/strongly disagree 22)

SW showed more support for the view that those with access to a mobility vehicle or higher level mobility payment should not be eligible for NHS-funded non-emergency patient transport.

Q10: People who have a mobility vehicle, or similar, or who are in receipt of a higher level mobility payment should also be eligible to receive NHS funded non-emergency patient transport (tick one)



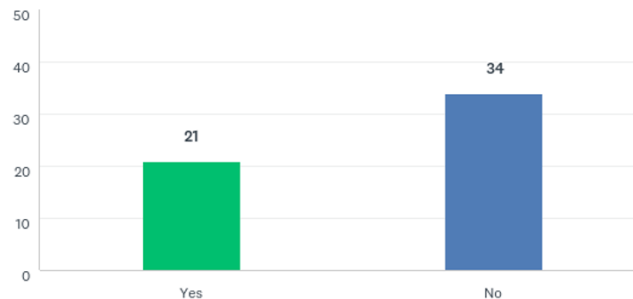
Q11: The same eligibility assessment for NHS funded non-emergency patient transport should be applied equally to all (tick one)



Very strong Swindon support for the view that the same eligibility assessment should be applied to all (i.e. no protected groups/excluded groups)

Swindon CCG responses match SW overall proportions

Q12: Some people who are not eligible for NHS funded non-emergency patient transport but who are either on a low income or in receipt of specific benefits may be eligible to claim travel costs under the Healthcare Travel Cost Scheme (HTCS). Are you aware of this scheme?



Generally low level of awareness of the Healthcare Travel Costs Scheme: awareness 38% in Swindon, 26% across the SW.

Q13: If you have any suggestions or comments, including how we can support people to make alternative plans to get to their hospital appointment rather than rely on NHS funded non-emergency patient transport, please note them here. (Please do not include any personal details) It will not be possible to individually respond to comments but all comments will be considered. The full report will be available on the individual CCG websites in due course.

Voluntary Swindon Travel Safely Issues Cost Help Getting Bus
 GWH Hospital Health Patient Transport
 Scheme Medical Parking Spaces Able Regularly Mobility
 Elderly

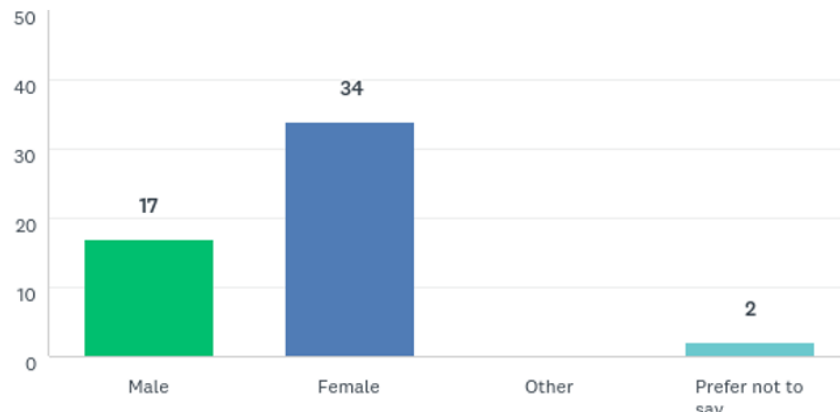
Size of writing denotes frequency of response

Many individual comments were received from Swindon respondents, common themes include:

- Provision of adequate parking (close to the building) especially at peak times
- Reduce hospital parking charges for those on low income / for carers
- Improve Public Transport i.e. more frequent journeys to GWH
- Consider requesting a contribution towards the NEPTS from patients who wouldn't qualify
- Voluntary services
- Potential beneficiaries should be supported by a medical practitioner
- Funding Volunteer Cars or community transport schemes

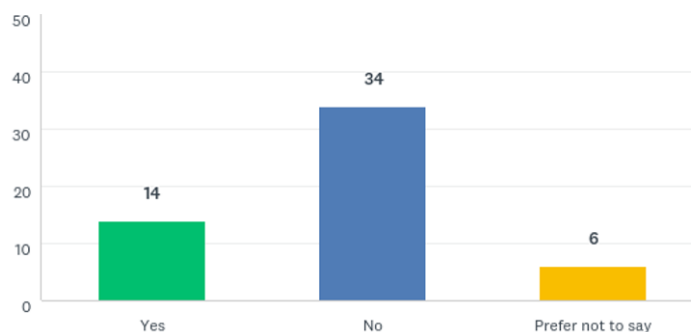
- Consideration of treatments that could be performed at home by the community nurses to save the patients making a journey at all.
- Criteria to be based on medical need and not financial needs.

Q14: What is your Gender?



Swindon CCG responses match SW overall proportions.

Q15: Do you have a disability?(This means a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.)



Swindon CCG responses match SW overall proportions.

Q16: Do you have a disability?(This means a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.)

Limited Pain Condition

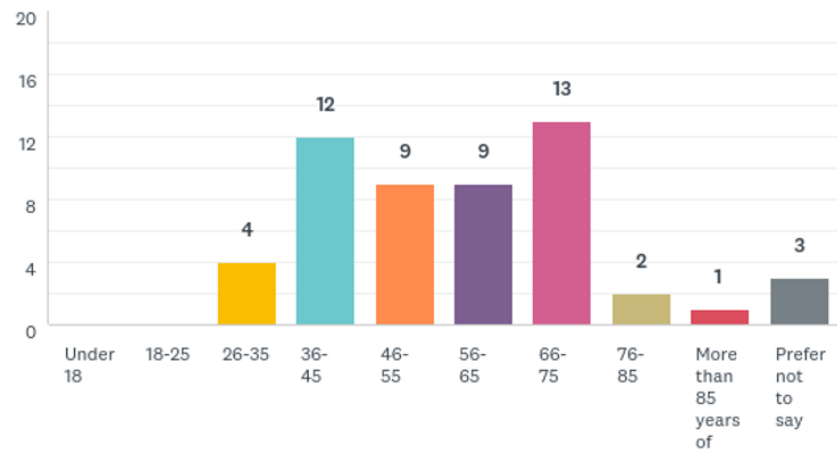
Size of writing denotes frequency of response

SW showed a wider range of disabilities:-

Q16: If you ticked yes and are happy to, please very briefly describe the nature of the disability

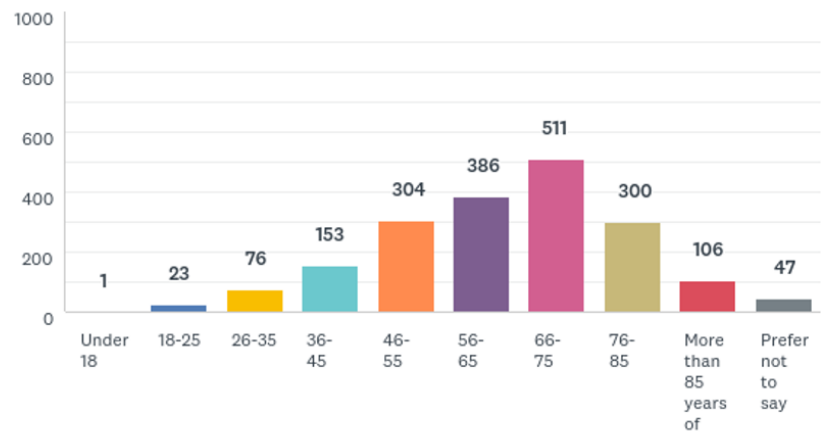
Disease Right Ankle Pain Hip Replacements Cancer Registered Blind
Leg Heart Failure Mobility Renal Failure Arthritis
Sighted Walk Dementia Problems Stroke Knee
Heart Condition Diabetes Blood Pressure COPD Hearing Loss
Spinal Peripheral Neuropathy Kidney Failure

Q17: What is your age?



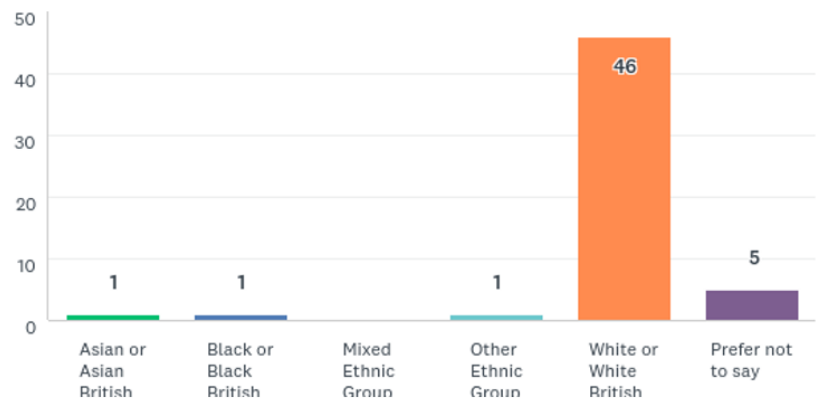
SW

Q17: What is your age?



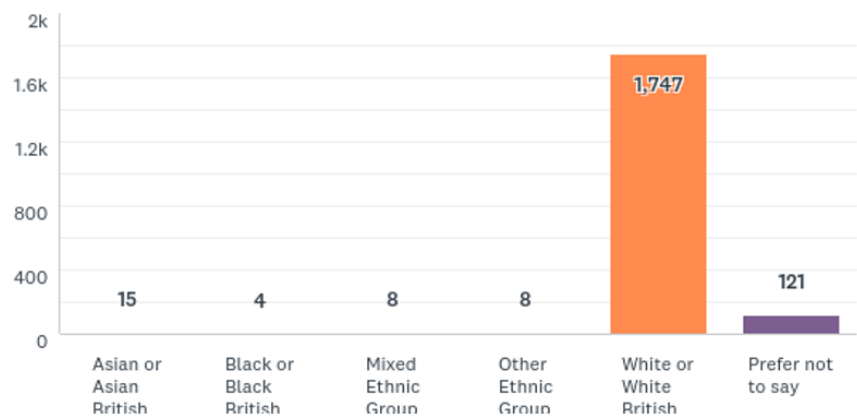
Swindon had a much higher proportion of 36-45 year olds in comparison to the overall SW proportions. Respondents to the survey in the 76-85 age group was much lower than the overall SW proportions.

Q18: How would you define your ethnic origin?



SW

Q18: How would you define your ethnic origin?



Swindon CCG matched the proportions of the SW overall survey with White or White British remaining the predominant ethnic origin.

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Maternity Transformation Plan

Adults Health, Adult's Care and Housing Overview and Scrutiny Committee

Date: 28th March 2018

Author: Carolyn Bell, CCG Quality Lead
Gill May, CCG Executive Nurse
Wards: All
Parishes Affected: All Parish Areas

1. Purpose and Reasons

This briefing provides an oversight of the new co-created Maternity Transformation Plan. The plan details the system wide response across the Strategic Transformation Partnership (STP) footprint to the national Better Birth Recommendations (2016) and the NHS Five Year Forward View. It also describes the vision for local maternity services to ensure that "All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence."

- 1.1 Add the links to the Council Vision's Priorities and Pledges, Corporate Strategy, One Swindon, Strategic Objectives, Plans and Policies here.

2. Recommendations

The Committee is recommended to

- Note the report
- Identify any areas of concern

3. Detail

3.1 National Requirements

All Maternity services were asked to develop a Local Maternity System (LMS) across their STP footprint by October 2017 (44 in England.) The BaNES, Swindon and Wiltshire STP created this in April 2017 with all providers and commissioners across the maternity pathway joining together to discuss and agree operational and strategic aims and the governance framework below was agreed.

All activity and performance data is now peer reviewed at an STP level through this structure to ensure consistency and parity of provision and experience for our population.

Recommendations:

Better Births sets out the following recommendations to improve outcomes for women, their babies and families:

Maternity Transformation Plan

Adults Health, Adult's Care and Housing Overview and Scrutiny Committee

Date: 28th March 2018

- 1) For maternity services to become safer (ambition to reduce still births, neonatal and maternal death by half)
- 2) To have more personalised care which is family friendly, where women can have genuine choice informed by unbiased information on where to give birth, and choose the provider for their antenatal and postnatal care
- 3) Improved continuity of care throughout pregnancy, birth and postnatally
- 4) Better postnatal and perinatal mental health care
- 5) Improved multi-professional working between professionals in maternity services
- 6) Working across geographical and agency boundaries to commission and provide services where they are needed

3.2 Creation of our Plan

Each LMS was asked to produce a Maternity Transformation Plan (MTP) for regional submission on October 20th 2017. A whole system work shop was held in June 2017 with more than 60 attendees including service users, providers, commissioners, and all partner agencies. The vision for our plan was co-created during this work shop along the agreement of four core commitments:

a. Women and their chosen support networks will be partners in care

Women will receive unbiased, timely information to enable them to participate fully in personalised care planning, and they will be encouraged to explore and question available options. Services will reflect on the language they use, focusing on the women's experience. Above all women will be listened to.

b. Maternity services and organisational partners within the LMS will work collaboratively

Woman will receive a service that is seamless and joined up irrespective of where they access their care. Women will receive personalised care and staff will be enabled to provide continuity.

c. We will enhance safety through assisting all women to experience the best birth possible for their personal circumstances.

Woman will be supported to make informed decisions, ensuring risks and benefits are assessed, discussed and managed proportionally. We will adopt an approach that works with the physiology of labour and optimises physical and mental good health. Learning will be shared across organisations and multidisciplinary teams will learn together.

d. Woman, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.

Maternity Transformation Plan

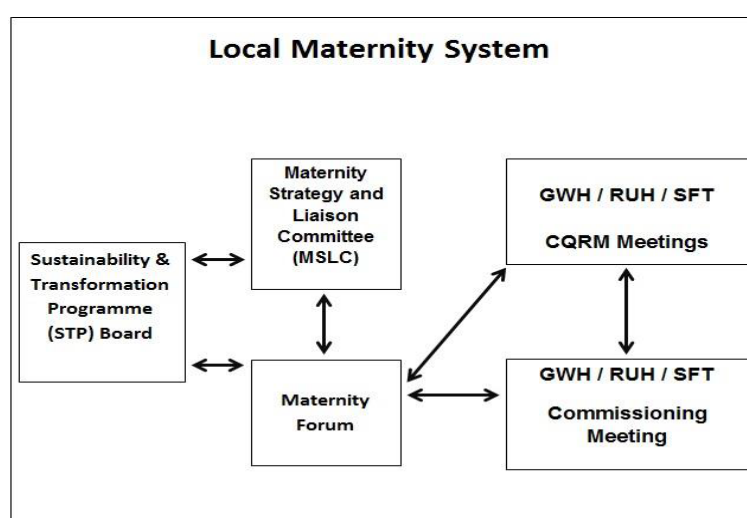
Adults Health, Adult's Care and Housing Overview and Scrutiny Committee

Date: 28th March 2018

Ensuring staff have the skills and confidence to deliver consistent and effective public health interventions that positively impact on outcomes for women and children.

Review events were held to further develop the plan and a follow up work shop took place in September 2017 where more than 35 attendees co-designed the associated action plan to support implementation and mobilisation.

3.3 Governance Framework:



The plan was submitted to the South West Clinical Network on Oct 20th 2017 and to NHSE in November 2017 and further refreshed to NHSE in January 2018. (See 6. Background paper)

An Acute Maternity Services Steering group has been established to oversee the redesign work and the consultation process associated with the delivery of antenatal, post-natal and birth services across the STP. The group comprises of commissioners, providers, clinicians and service user's representation from the STP and adjoining STP areas.

3.4 Public consultation

This will be key to delivering this plan. A full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth options.

Place of Birth Survey - The STP wide Maternity Strategy and Liaison Committee (MSLC) undertook a place of birth survey in 2017 with more than 800 responses. This feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

Maternity Transformation Plan

Adults Health, Adult's Care and Housing Overview and Scrutiny Committee

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Swindon consultation with service users - "Whose Shoes?" toolkit was used in June 2017 by GWH Maternity Leaders to seek service feedback and ideas for improvements. The event was attended by women and their family members, midwives, obstetricians, managers, commissioners, health visitors, public health, and the Community Stroke Co-ordinator. This feedback is being considered alongside similar events in Salisbury, Bath and BaNES to understand local needs and common areas of feedback across the STP.

Further work is needed to consult with the harder to reach groups of women and their partners in Swindon.

Swindon NCT – now actively engaged with helping to shape this delivery and providing birth reflections feedback on a regular basis to the CCG and GWH maternity team. This representative also sits on the LMSC group (Wiltshire wide.)

Support for Delivery - The mobilisation and implementation of the plan will be supported by a dedicated project midwife, which is being funded from national money dedicated to the development of Local Maternity Systems.

4. Implications, Diversity Impact Assessment and Risk Management

4.1 Financial and Procurement Implications

Wiltshire CCG is holding dedicated transformation funding from the national team which can only be used to support transformation work.

4.2 Legal and Human Rights Implications

NA

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

Challenge of continuity of carer (midwife) & working in small teams will be the approach

4.3 Diversity Impact Assessment

NA

4.4 Risk Management

All risk issues are considered as part of the wider CCG reporting mechanisms.

Maternity Transformation Plan

Adults Health, Adult's Care and Housing Overview and Scrutiny Committee

Date: 28th March 2018

5. Consultees

The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

6. Background Papers



Maternity
Transformation Plan_I

Please contact the Committee Officer if you would like an electronic copy of the Maternity Transformation Plan.

7. Appendices

None.

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Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 28 March 2018

Author:	Kevin McNamara, Director of Strategy
Wards:	Swindon
Locality Affected:	Swindon
Parishes Affected:	Swindon

1. Purpose and Reasons

- 1.1** This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of key issues relating to Great Western Hospitals NHS Foundation Trust.
- 1.2** A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold providers of healthcare services to account. As a provider of healthcare in Swindon, Great Western Hospitals NHS Foundation Trust is required to provide information on the planning and provision of healthcare services within the Borough and consult with the Committee on any planned substantial changes or developments.

2. Recommendations

The Committee is recommended to:

- 2.1** Note the report.
- 2.2** Identify any areas of concern or interest that require further investigation.

3. Detail

- 3.1** This is a general update from Great Western Hospitals NHS Foundation Trust.

3.2 Business as usual during adverse winter weather

Teams across the Trust pulled out all the stops earlier this month to ensure as many services as possible could continue during the recent adverse winter weather.

With heavy snow and ice affecting large parts of Swindon and Wiltshire, many staff battled through the treacherous conditions to make it into work, while teams in the community carried out many journeys to and from patients' homes on foot.

Emergency transport was provided for staff living in rural areas whose absence from work would have had a detrimental impact on patient care, such as consultants and senior nurses.

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 28 March 2018

Overnight accommodation at nearby hotels was also provided by the Trust for members of staff who were unable to make it home at the end of their shift. The commitment and dedication of staff meant that the vast majority of routine procedures and outpatient appointments on Friday 2 March, when the bad weather was at its peak, could go ahead as planned, with only a few minor clinic delays occurring where staff had understandably taken longer than normal to get to work.

Support from the public, as well as our partner agencies, such as Wessex 4x4, was also invaluable during this 48 hour period, especially when it came to offers of transportation and help with clearing snow from the roads around GWH. Staff were thanked by the Chief Executive, as well as other members of the Trust Board, for going above and beyond the call of duty.

3.3 Update on Trust's end-of-year financial position

With the end of the current financial period imminent, the Trust is now expected to end the year with a deficit of around £11.4 million.

This figure, which is around £6 million from where the Trust thought it would be at this stage, is a result of the numerous challenges and difficult climate facing the whole NHS at this time.

While there is not one sole reason for the move from original predictions, the increased deficit of the organisation can be linked to several different factors, all of which have had impacted on finances.

In January, the Trust lost valuable income after a joint directive from NHS England and NHS Improvement instructed hospitals across to postpone all planned activity so that priority could be given to the rising number of emergency admissions.

Additionally, the heightened demand of the current winter season has led to more being spent on extra staffing resource, while also having a knock-on effect to the amount of money being saved across the organisation.

A financial recovery plan, which sets out the Trust's plans for 2018/19, as well as its revised savings target of around £12.6 million, is now in place.

3.4 Update on Emergency Department performance

The first three months of 2018 have continued in much the same way as 2017 finished, with increasingly high numbers of emergency patients coming to hospital for urgent care and treatment.

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 28 March 2018

During January and February, almost 12,000 people attended the Emergency Department at GWH and, of that number, more than 7,400 required an admission to hospital for further treatment, tests or monitoring.

With the high demand expected to continue right through until Easter, and possibly beyond, the Trust has already started to review the winter plan that was in place for 2017, ahead of what is likely to be another difficult winter in 2018.

As part of the review, the Trust will look at what actions worked well this year in easing the pressure and what initiatives need to be changed or reworked after taking into account this year's learning and feedback from staff on the ground. Space at GWH is already known to be a problem that will become even more challenging over time – especially with Swindon's growing population – and addressing this issue with a solution that is achievable in light of the current constraints around planning and finances will be a priority.

3.5 Brighter Futures launches new Incubator Appeal

Earlier this month, Trust charity Brighter Futures announced a new fundraising campaign that will support premature babies during the difficult first few days of life.

The Incubator Appeal will see the charity raise £175,000 to buy a set of five state-of-the-art machines that will offer lifesaving support to the 450 infants treated each year in the Special Care Baby Unit at GWH.

The new incubators will arrive with a number of innovative features, such as a hood that can be opened with just one finger, an adjustable height allowing parents to get closer to their babies and even an iPod dock so soft music or recordings of parents' voices can be played to the little ones.

This latest fundraising drive comes as Brighter Futures nears the end of its epic Radiotherapy Appeal, a three year campaign that will, upon completion, have brought in £2.9 million to equip Swindon's soon-to-be built radiotherapy centre with the machinery needed to produce the lifesaving cancer treatment.

3.6 New ward opens at GWH

A new ward opened its doors for the first time at the beginning of February, providing GWH with extra capacity for the winter season. The newly constructed Dorcan Unit is located in former office space on the ground floor of the Brunel Treatment Centre and has room for 10 patients, most

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

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of whom will be well enough to leave hospital but unable to do so as arrangements regarding their onward care are still being made.

By having a dedicated area for patients who are all but ready to leave, the Trust will be able to free up more beds for emergency patients needing admission. Dorcan Unit was able to be constructed following an award of special government funds designed to help hospitals manage the extra winter demand.

The ward is expected to be in use until the spring, at which time a permanent decision regarding its future will be made.

Roger Hill, Trust Chairman, officially opened Dorcan Unit with help from staff across the organisation on Thursday 1 February.

3.7 Red Bag scheme helps patients in and out of hospital

Since December, the Trust has been working with two Swindon care homes as part of a new initiative, in which residents who need to come to GWH are accompanied by a distinctive red bag.

The red bag stays with the patient throughout their time in hospital and is used to keep their medical information and personal belongings safe.

Designed as a simple method of keeping all the patient's admission and discharge checklists in one place, the red bag will help ensure that all staff see the same information and nothing gets lost on the journey from care home to hospital, and vice versa.

The success of the six-month pilot is being monitored closely by both the Trust and Swindon Clinical Commissioning Group and could be rolled out to all care homes across Swindon in 2018.

Large enough to hold items such as dentures, glasses, hearing aids and clothing, the red bags also contain details of the patient's general medical history, such as pre-existing conditions and current medication.

Many of the Trust's partner agencies, including South Western Ambulance Service and Arriva Patient Transport, are also involved with the pilot project.

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

Date: 28 March 2018

3.8 Trust is best in south west for falls prevention

Patients at GWH are more likely to receive special assessments to minimise their risk of falling than at any other hospital in the south west.

People requiring an overnight stay in hospital can be subject to up to seven different falls assessments, with each one linked to a separate falls risk, and now data from the Royal College of Physicians has shown that more patients in Swindon are getting more of these tests than at any neighbouring hospital.

The college's statistics showed that 100 per cent of patients had an assessment when doctors identified an issue with their mobility, while 97 per cent received an assessment when staff believed they would be unable to safely ring a call bell. Eighteen regional hospitals were included in the report, with GWH being the only one to offer at least four of the seven assessments to more than 90 per cent of patients.

Elsewhere, data revealed that since the beginning of 2017, more than nine out of ten patients were given their assessment within four hours of arrival.

3.9 Improving outcomes for premature babies

A year-long quality improvement project that has taken place within the Special Care Baby Unit has shown improving outcomes for premature babies born at GWH.

Over the last 12 months, the SCBU team have been looking at ways to enhance the care given to families and their work has produced some very impressive results.

More than 90 per cent of babies born before 32 weeks now benefit from a procedure called delayed cord clamping, which involves leaving the infant attached to their mother for an extra 60 seconds after birth.

The additional minute dramatically reduces the risk of a premature baby developing a serious brain bleed or gut complication.

Staff have also worked hard on reducing the time it takes for a baby to receive their mother's milk – from 30 hours in January 2017 to just ten hours in January 2018.

Great Western Hospital NHS Foundation Trust Update

Adults Care, Adults Health and Housing Overview and Scrutiny Committee

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While the full extent of the project's success remains to be seen, early indications suggest the combined improvements have led to an overall reduction in the number of babies suffering a serious brain injury.

4. Alternative Options

4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 None

Legal and Human Rights Implications

5.2 None

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

5.3 None

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None

6. Consultees

6.1 The Director of Resources (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

Further information on the subject of this report can be obtained from Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust - 01793 604676, kevin.mcnamara@gwh.nhs.uk

Performance for Adult Social Care Commissioning (ASCC)

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 28th March 2018

Author: Director of Adult Social Services
Wards: All
Parishes Affected: All

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Adult Social Care commissioning and performance.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold commissioners and providers of Health and Social Care Services to account.
- 1.3 Any commissioner or provider of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report
- 2.2 Identify any areas of concern or interest that require further investigation.

3. Detail

Priorities and Pledges

- 3.1 This report informs Scrutiny Committee Members on the progress we are making in delivering the priorities and pledges set out in Swindon's vision for 2016-2020 around supporting vulnerable adults to live as independently as possible and enjoy safe and fulfilling lives (priority 4). The three pledges we are committed to in delivering this priority include:
 - 3.1.1 Working with the Clinical Commissioning Group (CCG) and GP surgeries to help people with long term health and social care needs to manage their health effectively with support from community groups and multidisciplinary teams (Pledge 26)
 - 3.1.2 Ensuring that more people and their carers are supported to live as independently as possible and reducing the length of time people need to spend in residential care. (Pledge 27)

Further information on the subject of this report can be obtained from Phillipa Lamb, 07818510484, plamb@swindon.gov.uk.

Performance for Adult Social Care Commissioning (ASCC)

Adult's Health, Adult's Care and Housing

Overview and Scrutiny

Date: 28th March 2018

3.1.3 Reducing smoking prevalence to less than England average (Pledge 30)

- 3.2 This is an interim report to provide an overview of performance as at the end of January 2018. A more comprehensive report will be prepared at year end. Background details on expenditure and funding of Public Health and Prevention Services is provided in Appendix 1. Performance and activity data are provided in Appendix 2 and 3. We have highlighted those performance areas which we jointly deliver with the Clinical Commissioning Group as part of the Better Care Fund (BCF)

Managing Demand and financial pressures

- 3.3 The latest forecast outturn position as at January 2018 across Adults is an under-spend of £306k at year end. To date, we have achieved £2.82m of savings and over-achieved the challenging target we set ourselves for 2017/18 of £2.62m. Details of expenditure and funding of Public Health Prevention Services for 2017/18 is attached as appendix 1.
- 3.4 The number of people who might need social care services in the future is expected to rise significantly. The numbers of people living with for example, dementia, learning disability or poor mental health will all increase and the rise in demand for health and social care comes at a time when funding is decreasing. A draft Adult Social Care Strategy has been developed which outlines the Council's approach to supporting people living in Swindon who have additional needs over the next five years. It provides the context for how we will work with partners to provide a more joined up health and social care system.
- 3.5 Our starting point will be entering into conversations with people who seek support building on strengths, and what people can do, and how communities, families and friends can help. We recognise that for some people, social care services are required for longer to enable them to live fulfilling lives. Where people need ongoing support, we will share this responsibility with the individual, their families and their communities. We will try to meet people's needs in a personalised way which delivers the outcomes that people seek.
- 3.6 To meet our obligations within the Care Act 2014 and to manage our key challenges in rising demand and ongoing budget pressures, we have developed a model of care and support with three levels. It is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people's independence. The three levels of support are:
- 3.6.1 Helping you to help yourself - Accessible, friendly, quick, information, advice and advocacy, universal services for the whole community, prevention

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- 3.6.2 Helping you when you need it - Immediate help, minimal delays, no presumption about long-term support, goal focussed
 - 3.6.3 Helping you to live your life by providing ongoing support for those who need it - *Self- directed, personal budgets, choice and control, highly personalised*
 - 3.7 The strategy provides detail on how we will deliver these three levels of support, what we aim to achieve for each level, and the associated benefits. More detail on preventative and public health interventions are outlined in Swindon's Health and Wellbeing Strategy (<http://www.swindonjsna.co.uk/strategy>) and details on 2017/18 expenditure and funding of Public Health and Prevention Services is provided in appendix 1. The draft Adult Social Care strategy is out for consultation and is on the Health and Wellbeing Board agenda for March 28 2018.

Delayed Transfers of Care (DToC) – (BCF Scheme and Indicator)

- 3.8 A delayed transfer of care is where a patient is ready and safe to leave hospital care, but unable to do so, and remains occupying a hospital bed. Swindon Borough Council, Swindon CCG, Great Western Hospital, and Wiltshire Council continue to work together to tackle the blockages leading to patients having their discharge from hospital delayed. Delayed discharge is a challenge nationally and regionally.
- 3.9 Delayed Transfers of Care attributable to social care has significantly reduced following the successful delivery of the Adult Social Care re-design Transformation Programme launched in April 2017. The Reablement Service continues to improve resulting in greater throughput, reduced length of stay and better outcomes. Individuals are monitored daily to ensure progression through the service is at the appropriate pace to reduce delays in their discharge. Successful recruitment to the Reablement Team has improved capacity enabling additional patients to be supported by the service. The utilisation of the Fessey House Discharge to Assess Residential beds (D2A) and reduced Length of Stay has resulted in greater throughput of these beds, and had a positive impact on the number of adults returning home with either no package of care or a reduced package of care. A seven day working pattern for the Hospital Social Work Team, Reablement Team and Rapid Response Team has been successfully implemented. The daily Swindon Borough Council 'Gold Calls' has also positively impacted on reducing delays. Decision making within the hospital social work team and the front door team has improved which has led to fewer admissions to residential and nursing care. Capacity in domiciliary care remains a challenge but following a competitive tendering exercise, we have recently awarded the Domiciliary Care Master Vendor contract to First City Nursing and

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Care. First City Nursing and Care have been through a period of mobilisation and the contract began end of February 2018.

- 3.10 The latest published DToC performance as at end of January 2018 is 1.84 bed days lost due to discharge delays attributable to social care against a target of 6. This is significantly better than the averages for the South West (16.81). Our cumulative year to date (YTD) performance, April 2017 to January 2018, for delayed discharge attributable to social care is 9.19 days which is below the average for the South West (21.7). In January 2018, there were no joint attributable delays (e.g. NHS and social care). The provisional DToC data for end of February 2018 indicates further improvement with 0.93 bed days lost attributable to social care and again no joint attributable delays. The main areas of reduction in delays attributable to social care have been due to more timely completion of social work assessment, speedier transfers to residential and nursing care, and less delays in waiting for a care package at home.
- 3.11 Delays attributable to NHS only, as at end of January 2018, is 18.42 bed days. Provisional data for February 2018 shows a significant improvement to 8.89 bed days. The published cumulative performance (YTD) for delayed bed days attributable to NHS, as at January 2018, is 15.72 which is better than the South West average (26.8). The main reasons for these delays are due to waiting for further non acute NHS care (including intermediate care, rehabilitation), transfers to nursing home placements and awaiting care packages in own home.
- 3.12 The YTD total delayed bed days for Swindon attributable to NHS, Social Care or Both, as at January 2018, is 24.91 which is better than the average for the South West (48.46).
- 3.13 In March 2018 a new DToC measure was introduced which calculates the DToC bed rate per calendar month per 100,000 of the population. This measure will be monitored and reported nationally and locally going forward. The year to date Swindon position at the end of January was a total of 14.8 bed day delays per 100,000 people attributable to the NHS and Social Care. This is lower than the South West average of 16.4 and higher than the England average which was 12.6. Total social care delays for the year to date at the end of January was 5.4 days which is significantly better than the South West total of 7.3 days and is also lower than the England average which stands at 5.5.

Learning Disability Services

- 3.14 Work is ongoing to reduce spend on Learning Disability services to align with spend in similar authorities. Progress against our savings plan of £1.1m has exceeded target and as at the end of January we have achieved £1.244m. The service re-design programme is making good progress in changing the approach to service delivery to enable individuals to become more independent.

Further information on the subject of this report can be obtained from Phillipa Lamb, 07818510484, plamb@swindon.gov.uk.

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- 3.15 Supporting people with a disability into paid employment is a national policy priority as well as a local pledge. At the end of January there are 32 adults in receipt of support who are in employment equating to 5.25% (against a target of 5%) which is an improvement on last year's performance of 4.6%. There are an additional eight learning disability support clients who are no longer receiving long term support services who are in meaningful employment of 16 hours or more per week. A strategy for Supported Employment is being developed, which will set out how the Council aims to increase the number of Swindon's vulnerable residents (particularly people with learning disabilities) who gain and retain paid employment in the open market or another meaningful employment related activity. The Strategy is being drafted by end March for consultation.
- 3.16 We continue to strive to undertake timely reviews within learning disability services but performance has been impacted by capacity, a focus on delivering savings, and the timely processing of data which has led to under reporting.

Front Door

- 3.17 We continue to focus on helping people to maintain and prolong their independence through improving our first point of contact /front door. Our aim is to divert people into community based solutions where that is the right thing to do, and for those who do need help, we need to make sure they get it quickly. So far this year we have received 11436 contacts, and it is pleasing to see that a higher proportion of these are now being dealt with more effectively at the front door compared to the same period last year. Only 46% of these contacts (5261) progressed to an assessment of need, compared with 51% last year. From April 2017 to the end of December 2018, 49.4% of people progressed to a service following an assessment compared with 46.4% last year. With the front door becoming more effective in dealing with people with lower level needs through the provision of better information, advice and signposting, we should see the right people (i.e. those with higher levels of need) progressing to assessment and service.

Reablement (BCF Scheme and Indicator)

- 3.18 As mentioned previously (see paragraph 3.9), there continues to be significant improvements in the Reablement Service. From April 2017 to January 2018, 400 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 30 to 19 days, with 63.5% gaining independence following the service and not requiring ongoing support. We have also improved the number of people receiving reablement at any one time from an average of 34 people weekly to 49 people per week by the end of January 2018. This has been achieved through changing staff rostering and working more efficiently.

Performance for Adult Social Care Commissioning (ASCC)

Adult's Health, Adult's Care and Housing

Overview and Scrutiny

Date: 28th March 2018

Permanent admissions to Residential Care and Nursing Homes (BCF scheme and Indicator)

- 3.19 Admissions to residential and nursing care are being effectively managed and remain below target for older adults (aged 65 and over). From April 2017 to January 2018, 149 older people have been admitted to permanent care: 56 to a nursing home placement and 93 to residential care. Amongst these first time permanent admission to care, 31 people were admitted with mental health needs and 116 people were admitted with personal care/physical support needs (older people) and 2 people with learning disability needs. Permanent Residential and Nursing Admissions 65 years per 100,000 of the population is 441.70 as at January 2018 which is below the target of 550.89 (lower is better).
- 3.20 For younger adults from April 2017 to January 2018, 4 additional people have been admitted than forecasted. In total, 15 younger adults have been admitted to permanent care, 10 to residential and 5 to nursing care. Of those, 7 had a learning disability, 3 had mental health needs and 5 had personal care/physical support needs. Permanent Residential and Nursing Admissions 18-64 year olds per 100,000 of the Population is 11.14 as at January 2018 which is above the target of 8.14 (lower is better). Where possible, we place people in Care Homes and Extra Care Housing that are owned by Swindon Borough Council to reduce budget pressures.

Carers (BCF Scheme and Indicator)

- 3.21 Carers provide regular and substantial support for service users so it is encouraging that we are on track to meet our year-end target for 70% of carers to have had an assessment or review of their needs. As at December 2017, 60.7% (988) carers have received an assessment or review, and 58 carers have received a direct payment from the Carer Support Scheme to give them a break from their caring responsibilities, making a total of 144 carers who have received a direct payment since April 2017.

4. Supporting Information

- 4.1 None

5. Alternative Options

- 5.1 None

Performance for Adult Social Care Commissioning (ASCC)

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 28th March 2018

6. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 6.1 There are no direct financial implications arising from this report. Any financial pressures resulting from changes in demand for social care services will be identified and included within the Council's Medium Term Resourcing Plan.

Legal and Human Rights Implications

- 6.2 None

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

- 6.3 None

Diversity Impact Assessment

- 6.4 None

Risk Management

- 6.5 None

7. Consultees

- 7.1 Director of Adult Social Care, Deputy Director of Adult Social Care, Cabinet Member for Adults' Health and Social Care, Director of Public Health and Adult Social Care Managers.
- 7.2 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

8. Background Papers

- 8.1 None.

9. Appendices

- 9.1 Appendix 1 – Expenditure and Funding of Public Health and Prevention Services for 2017/18
- 9.2 Appendix 2 - Performance Data as at January 2018
- 9.3 Appendix 3 – Activity Data as at January 2018

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Appendix 1: Expenditure and Funding of Public Health an

Public Health	Budget 2017-18
Expenditure	
- Public Health team	£815,600
- Health Checks & Protection Planning	£175,000
- Sexual Health	£1,956,000
- Substance Misuse	£2,300,300
- Smoking & Tobacco	£437,000
- Child Health programmes	£3,843,500
- Healthy Weight	£405,000
- Other Public Health programmes	£569,900
	£10,502,300

Social and Health - Prevention Services		Budget 2017-18
Expenditure		
- Adult services		£2,396,200
- Children services		£466,300
		£2,862,500

id Prevention Services: 2017-18

Explanation of Services

aspects of Public Health and the prevention agenda. Health improvement - healthy lifestyles including Healthy Schools, Dementia , Tobacco Control, Diabetes prevention, Healthy Weight/Physical Activity/Breast Feeding. Health Protection - including Immunisation and screening, Sexual Health, Infection prevention and control. Public Health Intelligence - Needs Assessments and PH Information analytics. PH Mental Health and wellbeing including suicide prevention. Maternity and Children and Young People and Domestic Abuse.

40-74 designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, dementia. Commissioned from GPs, Pharmacies and SBCs Community health and Wellbeing Team

Provision of the integrated sexual health service commissioned from Great Western Hospital and GPs. This includes the prevention, diagnosis and treatment of STIs (Sexually Transmitted Infections) inc Chlamydia, HIV testing and contraception.

Provision of the commissioned integrated substance misuse service currently provided by CGL (Change Grow Live) but from 1st April 2018 moves to the new provider Turning Point providing treatment and support to adults around their drug and and/or alcohol use. (including prescription medications) Provision of the children and young peoples service U Turn provided in house from SBC Childrens services.

Provision of the stop smoking service commissioned from GPs, Pharmacies and SBCs Community Health and Wellbeing Team. (including prescription medications).

Nursing. All working to deliver the Healthy Child Programme, improve and protect the health of young people, promoting early intervention and ensuring that families thrive.

A range of initiatives to promote and support healthy weight and healthy eating including breastfeeding. Programmes include Football Fans in Training, Weight Watchers and Slimming World and a range of programmes provided by SBCs Community Health and Wellbeing Team including Health Walks.

affordable warmth and prevention of excess winter deaths and the CHWT Health Ambassadors who work with our more vulnerable residents to support positive lifestyle behaviour change.

Explanation of Services
Provision of a large range of advice, guidance and support services provided by voluntary sector. Examples includes Citizens Advice Bureau, Healthwatch, advocacy services and Swindon Carers Centre.

Appendix 2: Adult Social Care Performance Dashboard Summary of Results 31/01/18

Indicator	NA 2016/17	PYA 16/17 Y/End	Annual Target	Jan 18 Actual	Good is..
Enhancing Quality of Life					
% of Service Users who receive self directed support (M)	89.4	88.1	100	84.27	high
% of Services Users who receive a direct payment (M)	28.3	24.3	30	26.86	high
% of Carers who receive self directed support (M)	83.1	32.1	36	24.24	high
% of Carers who receive a direct payment (M)	74.3	30.9	34	26.13	high
% of Mental Health adults in paid employment (M)	7	16	11	14.2	high
% of mental Health working age adults living independantly with or without support (M)	54	85	84	74.1	high
Delaying and Reducing the Need for Care					
Permanent admissions to residential & nursing care for Younger Adults aged 18-64 per 100K population (M)	12.8	6.7	10.39	11.14	low
Ensuring People have a Positive Experience of Care and Support					
Delayed bed days attributable to NHS or Social Care or Both- All days (M)-New national measure April 17	NA	18.2	13	24.91 (14.79 per 100k pop)	low
Better Care Fund					
Permanent admissions to residential & nursing care for Older Adults per 100K population (M)	610.7	569.2	661.07	441.7	low
Delayed bed days attributable to Social Care- All days (M). Asat	NA	7.8	6	1.84 (1.09 per 100k pop)	low
Corporate Pledges					
Increase % of working age adults with learning disabilities receiving services who are in employment (Q)	5.7	5.4	5	5.25	high

KEY

* Results are for October

NA: National Average

Reporting Frequency (M) Monthly

Reporting Frequency (Q) Quarterly

PYA: Previous Year Actual at year end

Reporting Frequency (A) Annually

socserv/wginfo/PI2017/18/Scrutiny Reports

Appendix 3: Background activity and performance Data

Number of service users receiving Permanent Nursing & Residential care in Swindon between April 17 to January 2018

Primary Support Reason	18-64 Year Olds				65+ Year Olds			
	Nursing Care		Residential Care		Nursing Care		Residential Care	
	April-Jan 17	April-Jan 18	April-Jan 17	April-Jan 18	April-Jan 17	April-Jan 18	April-Jan 17	April-Jan 18
Physical Support: Access and Mobility Only	0	0	0	0	0	2	0	2
Physical Support: Personal Care Support	4	10	13	9	222	217	260	254
Sensory Support: Support for Visual Impairment	0	0	0	0	2	2	3	3
Sensory Support: Support for Hearing Impairment	0	0	0	0	1	2	1	0
Sensory Support: Support for Dual Impairment	0	0	0	0	1	1	3	0
Support with Memory and Cognition	2	1	1	2	50	58	87	82
Learning Disability Support	3	3	158	160	6	3	36	40
Mental Health Support	3	3	32	32	15	12	39	32
Totals	12	17	204	203	297	297	429	414

Number of service users receiving Community Services in Swindon between April 17 to January 2018

Primary Support Reason	Services to help users maintain mobility & independence; Adaptations, Equipment, & Telecare (e.g. home alarms & sensors)		Preventative services to support users during crisis & help remain independent; Crisis support, hospital discharge services & reablement		Community Services to help users remain independent & living in the community; Homecare services, day care support, direct payments, short term breaks	
	April-Jan 17	April-Jan 18	April-Jan 17	April-Jan 18	April-Jan 17	April-Jan 18
Learning Disability Support	64	77	13	11	497	526
Mental Health Support	4	5	4	2	74	74
Physical Support - Access & Mobility only	478	491	2	1	8	8
Physical Support - Personal Care Support	159	156	75	98	296	300
Sensory Support - Support for Dual Impairment	1	3	0	0	3	3
Sensory Support - Support for Hearing Impairment	6	7	0	0	0	1
Sensory Support - Support for Visual Impairment	10	7	2	1	11	9
Support with Memory & Cognition	2	2	0	1	11	9
18 -64 Year Old Total	724	748	96	114	900	930
	April-Jan 17	April-Jan 18	April-Jan 17	April-Jan 18	April-Jan 17	April-Jan 18
	April-Jan 17	April-Jan 18	April-Jan 17	April-Jan 18	April-Jan 17	April-Jan 18
Learning Disability Support	14	20	3	3	46	48
Mental Health Support	11	27	4	18	48	50
Physical Support - Access & Mobilty only	1167	1130	10	16	13	19
Physical Support - Personal Care Support	437	482	900	920	972	938
Sensory Support - Support for Dual Impairment	12	4	5	1	12	12
Sensory Support - Support for Hearing Impairment	22	13	10	12	8	8
Sensory Support - Support for Visual Impairment	30	20	11	13	15	18
Support with Memory and Cognition	28	36	14	12	69	58
65+ Year Old Total	1721	1732	957	995	1183	1151

Avon and Wiltshire Partnership NHS Trust Update

Adults Health, Adult's Care and Housing Overview and Scrutiny Committee

Date: 28th March 2018

Author:	Sarah Jones, Clinical Lead, AWP
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Avon and Wiltshire Mental Health Partnership NHS Trust.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold Commissioners and providers of Health and Social Care Services to account.
- 1.3 Any Commissioner or provider of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report
- 2.2 Identify any areas of concern or interest that require further investigation.

3. Detail

- 3.1 The NHS has undergone significant change over the past 10 years, and mental health services are no different. More recently, we have experienced a significant increase in demand of our services, perhaps in part due to the increased public awareness around mental health. We, like other mental health trusts across the country, now need to look at different models of working to ensure that our services remain safe, high quality but are financially sustainable and make the best and most efficient use of public monies.

Along with a move to Sustainable and Transformational Partnerships (STPs) and in accordance with the '*Five Year Forward for Mental Health*', the Trust has

Avon and Wiltshire Partnership NHS Trust Update

Adults Health, Adult's Care and Housing Overview and Scrutiny Committee

Date: 28th March 2018

revised our clinical strategy to strengthen the provision of community services to reduce reliance on inpatient provision.

Developing community services will enable the Trust to make better use of inpatient beds and to develop a highly specialist inpatient resource to provide care to people with the most complex mental health needs.

The Trust has developed a Transformational Programme which will review current models of care and develop these in light of current and projected demand to ensure sustainability for the future.

3.1.1 Top Five Priorities

Top Five Priorities	Process	Outcomes
Financial austerity	A Financial Improvement Plan has been developed by the Trust.	The elements within the FIP are progressing in year.
Recruitment and retention	Developing through the Accountable Care System (STP) workforce plan with GWH, SBC and Public Health.	Improvement in substantive staffing levels and reduction of agency usage. Challenges remains in recruitment and retention within the Inpatient wards across the Swindon Locality.
Bed pressures (AOWA & older adults)	Further development of community services, to support the robust Acute Care Pathway in Swindon. A bed management project has been piloted in the Bristol area.	Reduction in admission rates and length of stay. Reduction of Out of Area and Out of Trust admission. Demand over the past 2 months has been increasing.
Health Based Place of Safety	Agreed decision made by NHSE regarding East Health Based Place of Safety. Public engagement to occur.	Discussed further below in report

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CQC inspection	CQC inspection report October 2017	The CQC made 72 recommendations with 27 of these "actions the provider must take to improve". A significant number of the 'Safe' and 'Effective' areas for improvement are related to the Trusts Health Based Places of safety
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3.2 Health Based Place of Safety

Due to quality issues identified by the Care Quality Commission following an inspection of the Avon and Wiltshire Mental Health Partnership Trust (AWP) in 2016 and 2017, NHS England has authorised the temporary consolidation of two of three Health Based Places of Safety (HBPoS) Suites in Swindon and Salisbury to a third site in Devizes in Wiltshire for 12 months. This will provide an opportunity to address the CQC improvement requirements, particularly around assessment times. A key element of this will be to support the delivery of the Policing and Crime Act 2017 that amended the Mental Health Act to reduce the maximum period someone can be detained on a Section 135/6 from 72 to 24 hours"

During the period of temporary reallocation, engagement will be undertaken with the populations of Swindon and Wiltshire and individuals using the service. This will then lead to recommendations to NHS England and NHS Improvement.

Longer term arrangements in relation to these HSPoS suites will be subject to an NHS England assurance process.

3.3 Care Quality Commission (CQC)

Currently, there are 2 HBPoS in Wiltshire and 1 in Swindon. The CQC state that the Trust must make changes to the way in which individuals receive services, particularly in relation to the time that it takes to receive an assessment and the time taken to find a bed for those that require ongoing in-patient care. The CQC did acknowledge in their report that AWP Trust would not be able to resolve all issues without multi-agency solutions.

The specific 'requirements' are:

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Date: 28th March 2018

-
- 'There were significant problems accessing beds for people requiring admission to hospital. We saw examples of patients waiting 32 to 50 hours after being assessed in all the place of safety suites before admission to hospital'.
 - The CQC stated that 'There was limited access to Section 12 Doctors (a Psychiatrist) who acts as a second opinion in the application of the (MHA) which was causing delays to Mental Health Act assessments, in order to work within the trust's Section 136 joint protocols and the Mental Health Act Code of Practice'.
 - The CQC stated that 'There regularly remained significant delays in assessments commencing at the places of safety. There were significant problems with the availability of section 12 approved doctors. There were times when the AMHP services were delayed in attending due to the need to attend when the doctor was available or due to problems with their own capacity to respond. Overall 61% of people waited more than 12 hours to be seen for assessment. This was an increase on the level of people waiting 12 hours or more than at our inspection in May 2016.
 - The provider should ensure that local guidelines are followed so that the places of safety are staffed with staff trained in prevention and management of violence (PMVA).
 - In 2016 the CQC stated 'that the HBPos in Salisbury and Swindon lacked general space and both environments lacked an outdoor space that could be accessed without using the ward facilities, which created 'mixed' dynamic of ward based patients and detainees within the same area'.
 - The provider must demonstrate that action is being taken to ensure that limitations on access to Section 12 doctors are not responsible for delays to Mental Health act assessments in order to work within the trust's Section 136 joint protocols and the Mental Health Act Code of Practice.
 - The provider must ensure that there are clear procedures and joint working arrangements in place with local authorities, to ensure assessments take place in a timely manner in the each place of safety and reduce the level of transfers between places of safety.

As from the 11th December 2017, the Police and Crime Act has amended the Mental Health Act to reduce the maximum period someone can be detained on a Section 135/6 from 72 to 24 hours.

This change in the law increases the pressure to make significant changes to increase pace and flow through the system requiring oversight by staff skilled in managing and accessing 136 detention services.

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This change requires a dedicated HBPoS improving capability and capacity to manage these processes as efficiently and effectively as possible.

4. Alternative Options

4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no financial and procurement implications contained within this report. Any emerging financial and procurement implications will be detailed if the committee wishes to investigate the issue further or to make recommendations for improvement.

Legal and Human Rights Implications

5.2 There are no legal and human rights implications contained within this report. Any emerging legal and human rights implications will be detailed if the committee wishes to investigate the issue further or to make recommendations for improvement.

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

5.3 None.

Diversity Impact Assessment

5.4 A DIA has not been done for the purposes of this report.

Risk Management

5.5 None.

6. Consultees

6.1 The Director of Resources (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

None.

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Workforce Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 28 March 2018

Author:	Director of HR GWHFT and Executive Nurse, Swindon CCG
Wards:	All Wards
Locality Affected:	All Locality Areas
Parishes Affected:	All Parish Areas

1. Purpose and Reasons

This is a joint report to inform the committee of the plans and actions being taken by the CCG and Great Western Hospital Foundation Trust (GWHFT) to address the current workforce issues and challenges and importantly to ensure Swindon is seen as a place of choice to work.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern that require further investigation.

3. Detail

- 3.1 Ensuring that the NHS has the workforce it needs with the right skills and support is fundamental to an effective and sustainable health care system. It is recognised that we have workforce challenges across the system and currently there lacks a coherent and comprehensive workforce strategy but this is now being addressed at a national and STP level.
- 3.2 Despite a growing workforce, NHS staff are under real pressure. The number and complexity of the patients cared for continues to increase. Some geographies and types of job are hard to recruit to. Further challenge arises from ongoing pay restraint and uncertainty for our international staff.
- 3.3 Swindon CCG and GWHFT are members of the Local Workforce Advisory Board, a subcommittee of the BSW STP. The purpose of the Board is to provide a strategic workforce solution for the STP current and future workforce challenges. Action will be taken locally to ensure we have:
 - Availability of workforce intelligence
 - A supply pipe line for the identified future workforce
 - Workforce development and transformation enablers
 - Quality built into education and training provision

Further information about this report can be obtained from Ruth Atkins, 01793 683700, communications@swindonccg.nhs.uk

Workforce Update

Adults Care, Adults Health and Housing

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- Leadership and organisational development that is embedded across the STP

The CCG and GWHFT have a Swindon workforce group to ensure all the above are addressed locally. In addition, we are working with other public and private organisations to explore how we may jointly recruit, and how by working together the Swindon offer could entice staff to work in Swindon and feel it offers great potential for their careers and professional development.

Below, provides detail for how we are supporting and addressing workforce challenges in Primary Care and in the Acute and Community Care.

4. Primary Care Workforce

- 4.1 In Swindon there are 233,375 patients registered across 24 GP practices. List sizes range from 2,300 to 17,000, but recently there has been a number of practice mergers and groups of practices coming together to share resources. Swindon has recently seen the formation of a federation, a super partnership and alignment with IHM, changing the landscape in Swindon and offering scope for a change in utilisation of workforce.

Swindon is also an area of high population growth highlighted in the 2015/16 JSNA. The summary states that Swindon Borough Council estimates that Swindon's population could increase by 14% from 2011 to 2021, and a further 10% from 2021 to 2031. Figures from mid-2014 for Swindon show that there were 48,604 under 18s (22.5%); 134,958 aged between 18 and 64 (62.5%) and 32,237 aged 65 or older (14.9%)

- 4.2 Improvements are being made in relation to the data collection of the Primary Care workforce. In the past data was a requested requirement from Health Education England (HEE) on practices but during the last year this has been made a mandatory return. Data is now supplied on the Primary Care workforce every 6/12 in March and September.
- 4.3 Swindon has a relatively high dependency on GP locums in relation to other comparative areas. Swindon has experienced difficulty in retaining and then recruiting GP provision into the area for several years, and SCCG has been working towards alternative solutions and differing care models to enhance sustainable general practice in the future.
- 4.4 **GP International Recruitment** - Working with Gloucestershire, Banes and Wiltshire, Swindon has been successful in bidding to be part of this national initiative and has made a request for 10 GP's in 2018 and another 10 in 2019 for the Swindon patch. All recruitment and training is managed by HEE, but the

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local welcome, and induction to the area will be undertaken by the recruiting practices.

- 4.5 **GP portfolio careers** – SCCG working with the Swindon Clinical Education Provider Network (CEPN) and GWH are looking at options to enable GP's to enjoy flexible, and variable job roles by enabling them to work across multiple organisations and within multiple roles. Examples of career roles are part time in GP practice and part time Safeguarding Lead for Primary Care; working across several practices, right up to holding 5 roles on a day per week basis sometimes linking this with an educational element to the role. We are also sighted on project work across pan STP's looking at models for GP's to also work within Urgent Care Centres, or in the acute setting or indeed both. These national project outputs expected this summer will give us sample job descriptions, competency frameworks, detail on legislation / regulation issues, and research on what type of offers appeal to this staffing group.
- 4.6 **Swindon Blended Job Plan with HEE funded educational sessions** - In order to enhance recruitment of GPs in the Swindon area, Health Education England (HEE) have confirmed additional funding of 4 sessions for 12 months to provide a portfolio job plan with educational sessions for 2 doctors. This will commence from March 2018.
- 4.7 **Clinical Fellowships** - The CCG is sponsoring 2 x part time Clinical Fellows posts. These roles provide research based evidence in relation to change projects, but also offer to the post holder an enhanced career option.
- 4.8 **GP Supporters Programme** – this programme recognised the difficult situation in Primary Care and is available via the Wessex Local Medical Committee for all practices in need of help and guidance. All Swindon practices are eligible for this provision.
- 4.9 **Alternative Clinical Staffing Models** – There are a number of initiatives in place in Swindon to support the development of alternative models of care and delivery by alternative staffing groups as follows: -
- 4.10 Swindon now have a paramedic recruited to a GP practice and the CCG are working with the Clinical Education Provider Network (CEPN) and HEE to increase the potential for paramedic placements, and future roles in Primary Care. Of particular interest is a rotational paramedic post where roles can be between the ambulance service and primary care or an urgent care centre. This approach reduces the risk of destabilising the ambulance service as well as enabling practitioners to become more highly skilled.
- 4.11 4 of the Swindon practices have now recruited Pharmacists. Clinical Pharmacists is an area Swindon is developing through supporting students to

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become future workforce, potentially reducing demand on GP time and increasing the capability and capacity of the pharmacy workforce.

- 4.12 SCCG are actively aiding practice nurses to upskill, and work towards advanced practitioner status. We have managed Health Education England (HEE) provision to achieve 100% take up of CPD courses in long term conditions which enables practices to establish nurse lead clinics, and also to utilise more non-medical prescribing.
- 4.13 The Swindon GP Education provision in Swindon is based in the Academy at GWH. They work to offer the best educational experience in Swindon as possible via GP placements to try and encourage qualified GP's to consider Swindon as a place of choice to work.
- 4.14 Through the Educational Facilitator role assigned to Swindon, we are planning to encourage more primary care nurse placements to be made available in Swindon, and also work with the University providers to encourage pre-reg students to consider moving straight into primary care as a first destination post qualifying. Many areas are doing the same re this and there is a lot of positive marketing already available to support this.
- 4.15 Working with others, the Swindon Area Primary Care Network in collaboration with the Swindon Education Trust are advertising on a continual basis for GP's looking for work and practices advertising vacancies.
- 4.16 All of the above projects are hoped will have a positive effect on the workload issues for GP's within practices and aid GP retention. However, these are regional and national initiatives being undertaken by many others in the service so we can't be complacent about this issue. There are still other factors in relation to attracting people to come to live and work in Swindon that need more exploration.

5. Recruitment of Healthcare Professionals- GWHFT

5.1 Background

There is a global shortage of healthcare workers driving a gap between available workers and increasing demand as patients are getting older, long term conditions are growing sharply and the population is increasing. This shortage is reflected in our vacancy position which currently stands at 360 vacancies (8.31%) of our total workforce. This includes gaps of 126 newly qualified nurses, 25 consultants, 25 junior doctors in training, 10 radiographers, 10 pharmacists, 2 podiatrists and 7 specialist lab staff amongst other roles. Nationally the nursing shortfall is 8.9% (36,000 vacancies) and it is predicted to rise to 11.4% by 2020.

Workforce Update

Adults Care, Adults Health and Housing

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The market is therefore very competitive for healthcare workers and the Trust competes with other hospitals, private healthcare organisations, GP practices, agencies and the attraction of working overseas.

5.2 Why is there a shortage?

The NHS does not train enough healthcare professionals to be self-sufficient as decisions in the past have been made on affordability rather than demand and demographic data. The NHS therefore relies on EU and international staff (13%) to ensure safe staffing levels. However, BREXIT has been an unwelcome uncertainty, tougher language tests have been set for EU nurses since 1/4/16 and an Immigration charge of £1,000 has been levied since April 16 for every non-EU health professional the NHS recruits every year.

In terms of workforce planning, the NHS workforce is also ageing and 19% of our workforce are over 55 and a % could potentially take early retirement.

Students' training to be health professionals used to receive a bursary but the model changed in 2017 and there was a reduction in applications (23%) for places in nurse training. The most significant reduction was in the mature student category and this has affected us locally in Swindon.

5.3 What is the impact of the shortages

The staffing shortages mean that most teams, ward and services are short of staff. This puts pressure on existing individuals and teams as demands continue to rise. Most gaps on rosters are filled with temporary staff both from our internal bank and external agencies. The latter can be really expensive and the Trust has spent £11.2m on agency staff over the last year to ensure that there are enough staff. This has been one of the key drivers behind our deficit position. There are not enough temporary workers to fill vacant slots so a number of shifts remain unfilled. We also pay incentives so staff will work additional shifts and pay recruitment and retention premia of £2,000 for hard to recruit areas.

Great Western Hospitals NHS Foundation Trust staff are amazing and staff go above and beyond every day to meet patients' needs. We are very proud of our leaders and teams who work incredibly hard in these difficult times and we are working hard to support staff in different ways. However, the on-going and persistent pressure takes its toll and the main reason for, staff sickness is now stress and anxiety.

5.4 What action are we taking to reduce our vacancies?

We recognise the importance of being a good employer and have been implementing our People Strategy since 2014. This strategy makes six

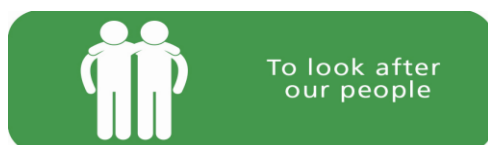
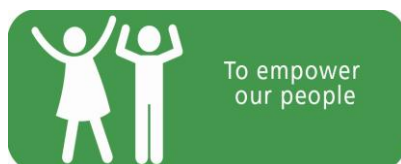
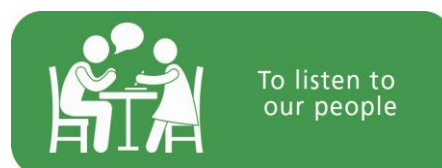
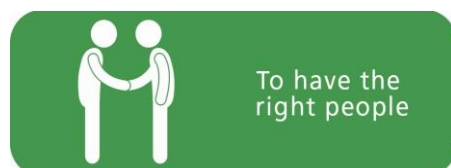
Workforce Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 28 March 2018

commitments to our staff so that we can continue to improve their experience at work. What we are striving to achieve is engaged staff who have the right skills, who have been developed and feel they can have a career with us, we recognise that they will deliver improving standards of care as they will be involved in the design of great care.



We are an organisational ambassador for the 'Switch on to Swindon' **campaign** and contribute to the Skills and Employment Board to link in with other work locally to position Swindon as a destination for high calibre professionals.

We re-launched our recruitment strategy in April 2017 and have used our staff stories as our unique selling point to attract people to Swindon and to encourage local people into the hospital and community services. You will have seen our campaign on buses, billboards and heard our adverts on local radio. The campaign has been really successful and has generated an average of 292 hits on our 'Work for Us' section of our website and our level of vacancies has reduced since April 2017.



Workforce Update

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

Date: 28 March 2018

"I always wanted to be a nurse," said 23-year-old Oxford Brookes University student Grace Brown.

Along with friend Ellie Spanton, the pair are just two of more than 100 students from the Swindon-based University who are currently working with staff and patients at the Great Western Hospital to gain the skills and experience needed to gain full nursing registration.

"I live in Swindon, so being able to do my on-the-ward training at GWH is perfect as it means I don't have to travel far and can do all my studying while living at home," said Grace. Ellie agreed: "This is my local hospital, it's right on my doorstep and I don't have to bother with complicated travel arrangements. With everything else going on in my studies, it's one less thing to worry about."

Currently, more than 80 per cent of graduating nurses from Oxford Brookes will start their NHS career on the wards at GWH. "Every ward I've worked on has been so welcoming and the support I've received from staff has been invaluable. I can't wait to come back when I'm fully qualified," said Grace.

We have also surveyed our staff to understand what would make a difference to keep them in our organisation and as a result have further developed our offer of continuous professional development. We also prepare people for promotion by providing them with traineeship programmes and secondment opportunities to keep their career fresh.

We have recruited from EU countries (46 staff over the last 2 years) but 50% have returned or left the organisation. We continue to recruit from India and the Philippines as they train high calibre nurses who want to work in the UK. The majority of local people in Swindon are very kind to our overseas staff. Swindon has a long history of recruiting from the Philippines and some of the staff from the 2008 trip remain in post.

We have worked with the military and military spouse's network to encourage ex-military staff into the NHS.

We continue to work very closely with University of Bristol and Oxford for medical students and Oxford Brookes in Swindon for nursing students and other Universities. We also have very close working relationships with Swindon College for apprenticeships and New College for BTEC health and social care

Workforce Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

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students. We have been growing our apprentices and are now delighted to have 82 across our services.

We took over responsibility for Swindon Community Health Services in October 2016 with a high level of vacancies. We have increased the skill level and number of qualified staff in community services and in SWICC in order to improve services. This investment led to a high vacancy rate during 17/18 but we have been recruiting steadily to posts across community services and anticipate an improving position.

5.5. What further action are we planning during 18/19

We will continue to attract people to work for GWH and our community services and to Swindon. We will exploit Swindon's unique selling points and encourage people to move to Swindon as well as working with schools to attract local people into careers in health through the Skills and Employment Board.

We will also support the work programme to increase the level of education attainment so that we can offer more local people jobs and careers in health. We also recognise the importance of local people choosing a second career in health as they retrain to care for others.

6.6. Conclusion

High levels of vacancies will continue over the next few years across our services and remain our significant strategic challenge as we strive to deliver high quality services to the people of Swindon and surrounding areas. Our focus needs to remain on both recruitment and retention so that we have safe staffing levels.

7. Alternative Options

7.1 None

8. Implications, Diversity Impact Assessment and Risk Management

8.1 Legal and Human Rights Implications

N/A

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

N/A

Workforce Update

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

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9. Diversity Impact Assessment

9.1 A DIA has not been completed for the purpose of this update

9.2 Risk Management

N/A

10. Consultees

The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

Workforce Update

Adults Care, Adults Health and Housing
Overview & Scrutiny Committee

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11. Background Papers

11.1 Please find the following supporting information.



The Swindon Area Primary Care Network

In collaboration with Swindon Education

Are you a GP looking for work?
Does your Practice have vacancies to fill?
Then the Swindon Area Primary Care Network is for you
<https://sapcn.primarycareexchange.com>



GP looking for locum, salaried or partnership opportunities

- Rapidly locate vacancies that precisely match what you are looking for
- Get filtered vacancies sent to you directly
- Build your profile so Practices can contact you with new vacancies
- Be part of a dynamic professional network in and around the Swindon area
- Sign up for just £6 per month with no obligation and get connected today!

Practices looking for staff

- A local focus that connects you with suitable applicants in Swindon, Cirencester and parts of Wiltshire
- Efficient web tools to save you time posting multiple vacancies
- Automatically identify who is available for your short- or long-term vacancies
- Internal messaging system for fast, confidential communication and urgent recruitment
- For just £1 per 1000 patients covered, sign up now and start saving money on agency fees



Connecting clinical professionals to high quality job opportunities and

Work Programme 2017/18

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 28th March 2018

Author:	Director of Law & Democratic Services
Wards:	All Wards
Locality Affected:	All Localities
Parishes Affected:	All Parish Areas

1. Purpose and Reasons

- 1.1 Each Overview and Scrutiny Committee is requested to have a work programme that details the activities that it will be undertaking during the Municipal year.
- 1.2 The work programme details the various topics and issues that each Committee intends to look into during the coming year with the aim of producing evidence based recommendations intended to provide service improvements for Cabinet and external agencies/bodies to consider.
- 1.3 Under the Council's Constitution, Overview and Scrutiny Committees are required to agree a work programme at the start of the municipal year outlining their priorities and likely outcomes of considering these issues.

The work programme is developed taking into account:

- Corporate priorities and objectives, including the Cabinet Forward Plan.
 - Partnership strategic priorities and objectives.
 - The interests and concerns of Members, Council officers, members of the public and other stakeholders such as community and voluntary groups and local businesses.
- 1.4 Committees are encouraged to review the work programme on a regular basis to ensure it remains relevant and to prioritise the workload of the Committee.
 - 1.5 Members are reminded that the work programme must also take into account:
 - The workload of the Committee and of individual members.
 - The capacity of the Scrutiny Unit and other officers to support a review.
 - The resource implications of carrying out a review.
 - The timescales for a review.
 - The most appropriate method of carrying out a review e.g. Committee meeting, Task Group, Member Champion review.
 - 1.6 The Local Government and Public Involvement in Health Act 2007 have presented the Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee with a role, remit and powers regarding local health matters.

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

Work Programme 2017/18

Adults' Health, Adults' Care and Housing

Overview & Scrutiny Committee

Date: 28th March 2018

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- 1.7 The Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee is encouraged to be mindful of its role and remit when considering a work programme for the 2017/18 Municipal Year.

2. Recommendations

The Committee is recommended to:

- Consider and discuss the Chair's proposal for the 2017/18 work programme.
- Approve the proposed Work Programme for the 2017/18 Municipal year.
- Appoint Members to any Task Groups agreed by the Committee.

3. Detail

- 3.1 It is important that Overview and Scrutiny adds value to the work of the Council and the Borough and produces tangible outcomes for local people that result in real service improvements. Selecting the right topics is crucial to ensure that Overview and Scrutiny will be effective.

The work programme will be reviewed at every Committee meeting or as the Committee sees fit to ensure that it remains relevant and that Members and Officers have sufficient capacity to effectively achieve its objectives.

- 3.2 The Work Programme attached at Appendix 1 includes these suggestions and the Committee is asked to approve the work programme for the 2017/18 Municipal year.
- 3.3 Attention is drawn to the Scrutiny Process Flowchart, attached at Appendix 2, which is aimed at assisting the Committee in identifying how they could influence policy development.
- 3.4 To assist Members in developing the Committee's Work Programme, a copy of the current Cabinet Work Programme and Forward Plan, for the period 28th November 2017 to 28th November 2018, is included as Appendix 3. This appendix can be inspected on the Council's website (links listed below) and copies can be obtained from the Committee Officer. A hard copy will be available for inspection at the meeting.

Task Group Reviews

- 3.5 The Committee is required to undertake individual reviews throughout the municipal year and proposals for reviews should be proposed and discussed at the Committee meeting.

Work Programme 2017/18

Adults' Health, Adults' Care and Housing Overview & Scrutiny Committee

Date: 28th March 2018

4. Alternative Options

- 4.1 The Committee can choose not to have a detailed work programme although it is recommended that it is best practice to do so.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising as a result of this report. Any expenditure arising as a result of an item on the Committee's work programme will be met by the Overview and Scrutiny Support budget, subject to the approval of the Committee.

Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act requires every local authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance.

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

There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Scrutiny Committee and in any recommendations made by the Scrutiny Committee.

Diversity Impact Assessment

- 5.3 No Diversity Impact Assessment is required at this stage, any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

Risk Management

- 5.4 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is under review by the Scrutiny Committee and if it makes any recommendations.

6. Consultees

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

Work Programme 2017/18

Adults' Health, Adults' Care and Housing Overview & Scrutiny Committee

Date: 28th March 2018

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Work Programme for 2017/18.

8.2 Appendix 2 – Scrutiny Process Flowchart.

8.3 Appendix 3 – Cabinet Work Programme and Forward Plan, for the period 27th February 2018 to 27th February 2019. (This appendix can be inspected on the Council's website and copies can be obtained from the Committee Officer. A hard copy will be available for inspection at the meeting.)

Internal link: <http://sbcvpwmmgv02:9070/mgListPlans.aspx?RPId=285&RD=0>

External link:

<http://ww5.swindon.gov.uk/moderngov/mgListPlans.aspx?RPId=285&RD=0>

Adults' Health, Adults' Care and Housing **Work Programme 2017 - 2018**

Terms of Reference of the Committee

To fulfil all the functions of an overview and scrutiny committee as they relate to –

- the review, scrutiny, and development of policy recommendations
- the management of performance
- the monitoring of progress towards delivering relevant strategies and corporate priorities
- the formulation of advice for the Cabinet, Council and other partners and stakeholders

To have specific responsibility for (but not limited to) the scrutiny of:–

- Adult Social Care
- Community and Neighbourhoods
- Housing

In addition, as these relate to Adults and Adult Social Care:

- The performance of services seeking to deliver healthy communities towards agreed local and national performance indicators
- Health, health commissioning and service delivery
- Public Health, Health promotion and the work of the Health and Wellbeing Board
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners

In accordance with Section 7 of the Health and Social Care Act 2001 (as amended), the Adults' Health, Adults' Care, and Housing Overview and Scrutiny Committee will undertake scrutiny of local health service providers jointly with Children's Health, Social Care, and Education Overview and Scrutiny Committee.

Reports for noting

Reports with a recommendation "to note the report" will be included in a separate section at the back of the Agenda and will not be heard at the committee meeting, unless specifically requested by a Member of the Committee.

Review of the Work Programme

The work programme will be reviewed at every meeting of the Adults' Health, Adults' Care and Housing Overview & Scrutiny Committee to ensure that it remains relevant, to ensure that Members and Officers have sufficient capacity to deliver the work programme and to include any additional items on the work programme, if appropriate, to ensure that Members and Officers have sufficient capacity to deliver the work programme and to include any additional items on the work programme, if appropriate.

Contact details

Committee Officer: Rita Glen-Gallo
Email: rglen-gallo@swindon.gov.uk
Tel: 01793 463611

22nd June 2017			
Item	Objectives	Scope	Witnesses
Co-optees Appointment	To agree membership	To confirm the appointment of Co-optees to the Committee.	Chair
Performance update reports	Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.	To receive regular performance reports from Commissioners and Providers.	<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership (AWP) • NHS Swindon Clinical Commissioning Group • Adult Social Care Commissioning (ASCC)
Work Programme discussion	Consider and discuss the Chair's proposal for the 2017/18 work programme.	To set the work programme for the forthcoming municipal year and agree Task and Finish Groups and Membership on to those group	Chair

19th September 2017			
Item	Objectives	Scope	Witnesses
Performance update reports	<p>Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.</p> <p>Receive an update of the CCG prescribing project to understand success and impact of the project</p>	<p>To receive regular performance reports from Commissioners and Providers.</p> <p>Receive an update report from Clinical Commissioning Group</p>	<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership (AWP) • NHS Swindon Clinical Commissioning Group • Adult Social Care Commissioning (ASCC) • Housing
Standards and Safety of Tower Blocks in Swindon	Update the Committee	Review of changes that are to be implemented	<ul style="list-style-type: none"> • Head of Housing & Community Safety

<u>7th November 2017</u>			
Item	Objectives	Scope	Witnesses
Performance update reports	Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.	To receive regular performance reports from Commissioners and Providers. AWP report to reflect support offered to families of those with emotional disorders	<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership (AWP) • NHS Swindon Clinical Commissioning Group • Adult Social Care Commissioning (ASCC) • Housing
Dementia	To present an update on work being undertaken through dementia Steering Group		Public Health
Housing – Repairs and improvements	To present an update.		<ul style="list-style-type: none"> • Head of Housing & Community Safety

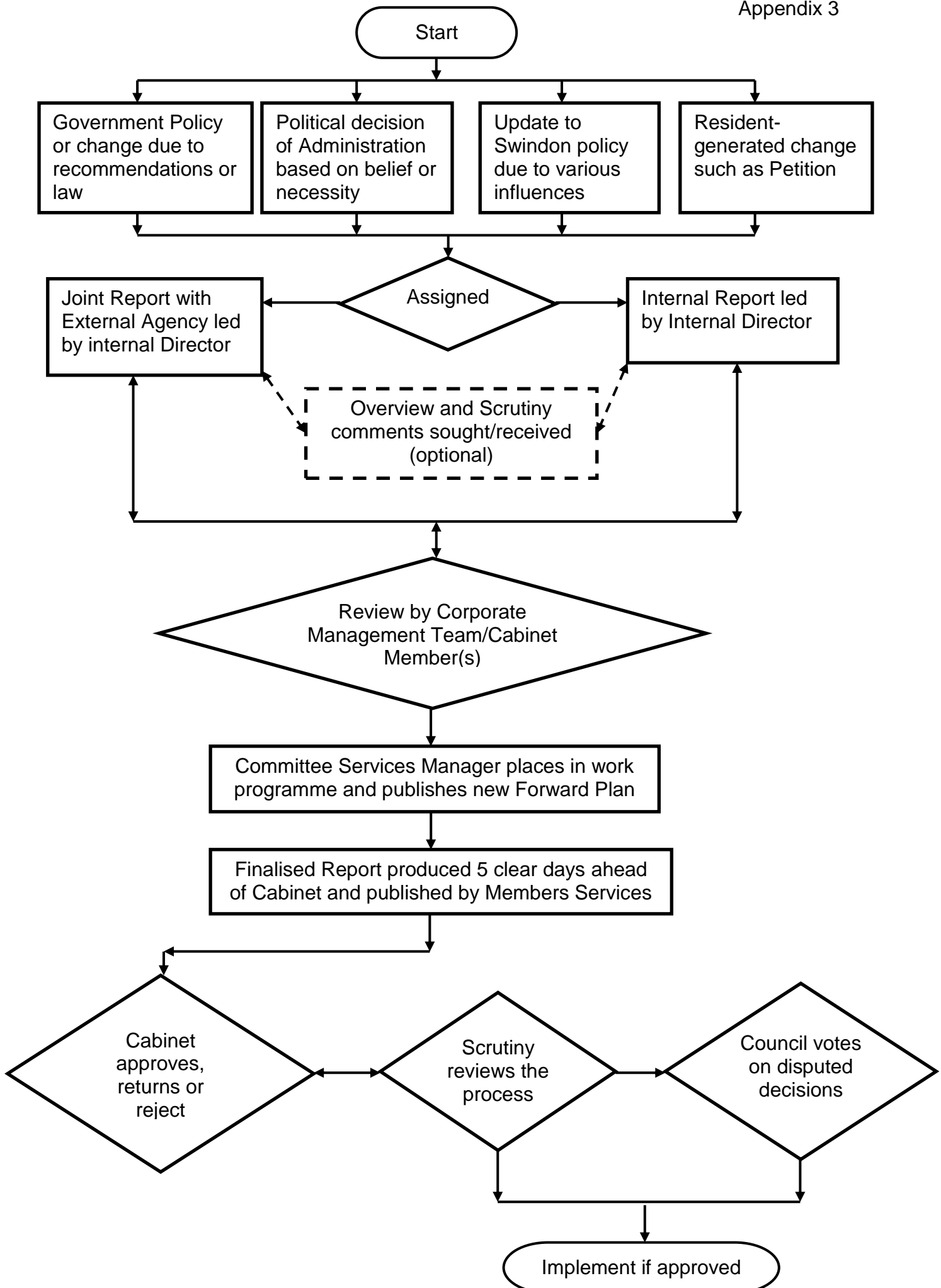
<u>30th January 2018</u>			
Item	Objectives	Scope	Witnesses
Performance update reports	Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.	To receive regular performance reports from Commissioners and Providers.	<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership (AWP) • NHS Swindon Clinical Commissioning Group • Adult Social Care Commissioning (ASCC) • Housing

28th March 2018

Item	Objectives	Scope	Witnesses
Performance update reports	Members are requested to raise questions in advance so that the relevant Stakeholder is available for questioning at the meeting.	To receive regular performance reports from Commissioners and Providers.	<ul style="list-style-type: none"> • Great Western Hospital (GWH) • Avon & Wiltshire Mental Health Partnership (AWP) • NHS Swindon Clinical Commissioning Group • Adult Social Care Commissioning (ASCC) • Housing
Recruitment of health staff	Review the plans to address recruitment and retention across the health care system in Swindon		Gill May / Kevin McNamara / Newland Anning
South Western Ambulance Service NHS Foundation Trust Update	Annual update	To update the Committee	Michelle Allsop, Communications Administrator (South Western Ambulance Service NHS Foundation Trust)

ADVISORY GROUP

Item	Objectives
Cabinet Member Advisory Group - Dementia	Further to Minute 51 – A Cabinet Member Advisory Group be set up to review the recommendations of the Dementia Task Group submitted at the Adult's Health, Adults' Care and Housing meeting held on 25 th April 2017.



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