

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 28 March 2018

Committee Room 6, Civic Offices

At 2.00 p.m.

Contact Officers:

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

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AGENDA

- 1. Apologies for Absence**
- 2. Declarations of Interest**
Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.
- 3. Minutes** (Pages 3 - 8)
To receive the minutes of the meeting held on 13th December 2017.
- 4. Public Question Time**
Please refer to the explanatory notes below.
- 5. Swindon Borough Council's Draft Adult Social Care Strategy** (Pages 9 - 14)
- 6. Prevention Concordat for Better Mental Health** (Pages 15 - 20)
- 7. Air Quality Joint Strategic Needs Assessment** (Pages 21 - 24)
- 8. Joint Strategic Needs Assessment Summary 2017/2018** (Pages 25 - 32)
- 9. Pharmaceutical Needs Assessment** (Pages 33 - 38)
- 10. Urgent Care** (Pages 39 - 46)
- 11. Delayed Transfers of Care** (Pages 47 - 52)
- 12. Healthwatch Swindon Update: Winter 2017** (Pages 53 - 58)
- 13. Accountable Care in Swindon** (Pages 59 - 64)

14. Proposal for the merger of the One Swindon Board and the Health and Wellbeing Board (To Follow)

15. Joint Commissioning Group - Minutes for information and comment
(Pages 65 - 66)

Date of Despatch: 20th March 2018

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

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

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

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

HEALTH AND WELLBEING BOARD

WEDNESDAY, 13 DECEMBER 2017

PRESENT:- Mr Brian Mattock (Lay Member) (Chair), Councillors Ray Ballman, Fionuala Foley and Brian Ford (Swindon Borough Council), Tori Jones (Healthwatch Swindon), Nicki Millin (NHS Swindon Clinical Commissioning Group), and Angus Macpherson (Police and Crime Commissioner).

Also in attendance were: Sue Wald, John Gilbert, David Haley, Cherry Jones, Penny Marno and Peter Nathan (Swindon Borough Council), Shelia Baxter, Frances Mayes and Esther Schmidt (Clinical Commissioning Group).

Apologies for absence were received from Michelle Howard (Healthwatch Swindon), Dr Peter Mack (NHS Swindon Clinical Commissioning Group) (Vice-Chair), Gill May (NHS Swindon Clinical Commissioning Group) and David Wray (Voluntary Action Swindon).

34. 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.

35. Minutes

Resolved – That the minutes of the meeting held on 25th October 2017 be confirmed and signed as a correct record.

36. Public Question Time

No public questions were received prior to or during the meeting.

37. Prevention Concordat for Better Mental Health

The Board considered a presentation by Ms Frances Mayes (Senior Public Health Manager) setting out the principle of the National Prevention Concordat which had been launched by Public Health England in September 2017. Ms Mayes confirmed the Concordat was outlined in the NHS Five Year Forward View for Mental Health and provided a focus for cross-sector action to improve people's mental health and to help reduce the risk of mental illness. The Concordat was a shared commitment between local authorities, the National Health Service, public, private and voluntary sector organisations, educational settings and employers.

Following the presentation Board members discussed the matters raised, including:

- That half of young adults with mental health issues have symptoms by the age of 15 and nearly 75% by their late teens.
- The suicide rates for young adults and adults with symptoms of mental health.
- The life expectancy of somebody with mental health problems.
- The economic and social cost to the country in dealing with mental health issues.

- The measures available to (i) promote good mental health, (ii) prevent mental health problems and (iii) improve the lives of people experiencing and recovering from mental health problems.
- The role of primary prevention (reducing the wider determinants and raising awareness and knowledge of mental health problems), secondary prevention (early identification and intervention to stop the progress of illness) and tertiary prevention (promoting recovery and reducing the risk of reoccurrence).
- The five steps of the Prevention Concordat in Swindon, namely:
 - Needs Assessment and Asset Mapping.
 - Partnership and Alignment.
 - Translating need into deliverable outcomes.
 - Defining successful outcomes.
 - Leadership and accountability.
- Current work being undertaken to promote the objectives of the prevention concordat in Swindon.
- The need to regularly review work to ensure that it meets the concordat guidance.
- The areas of focus for the concordat for the forthcoming year and the role of the Health and Well-Being Board in monitoring and challenging progress made against the concordat.

Resolved – (1) That the Senior Public Health Manager be thanked for the useful and interesting presentation.

(2) That the Prevention Concordat be presented to the next meeting of this Board for approval and referral to the Council's Cabinet and the Clinical Commissioning Group's Governing Body for adoption.

38. Swindon's Transformation Plan for Children and Young People's Mental Health and Well Being - 2017 to 2020

The Board received a report updating members on the refreshed Swindon Local Transformation Plan for Children and Young People's Mental Health which had been developed in liaison with strategic partners. The Children's Commissioning Lead confirmed that improvement in Children's Mental Health was a national priority and was set out in two key documents, "Future in Mind" and "the Five Year Forward view for Mental Health".

Following the presentation of the report, Board members discussed the matters raised, including issues including:

- The alignment of the local plan with national policy.
- The increase in demand for mental health services since the publication of the original plan in 2014/15, leading to increases service pressures.
- That the plan informed a number of services provided by partner organisations and the voluntary sector.
- The recording of good quality data from hospital records had helped shape the prevention agenda.
- Work was still on-going to achieve a single point of access to provide a better service to users.
- The Swindon Priorities which were (i) building resilience through the promotion of good mental health well-being prevention and early intervention, (ii) changing care provision to enable a needs led service, and sustaining a

culture of evidence based improvement through a appropriately skilled work force.

- Key Swindon Transformation Plan Outcomes set out within paragraph 3.5.2 of the report.
- Key achievements and challenges faced since the publication of the original Transformation Plan.
- The need to continue to monitor and challenge the progress of the plan to ensure its objectives remained on track.
- Engagement with partners to avoid unnecessary duplication of work.
- The use of STEPS in improving the dissemination of information to young people.

Resolved – That the report be noted.

39. Adult Mental Health Delivery Plan 2017 - 2019

The Mental Health Commissioner, Swindon Clinical Commissioning Group, submitted a report setting out the Adult Mental Health Delivery Plan 2017/2019 which assessed the existing Swindon Clinical Commissioning Group mental health plans against the Five Year Forward View delivery plan requirements.

Following the presentation of the report, Board members discussed the matters raised, including issues including:

- The development of a position statement in respect of Places of Safety and the requirements in respect of Places of Safety under Section 136 of the Mental Health Act.
- The relocation of the Places of Safety suite from Swindon to Devizes and the current status of negotiations with the Avon and Wiltshire Partnership Trust on service provision and funding.
- Work on an integrated mental and physical health approach.
- Work in respect of (i) Perinatal Mental Health, (ii) Adult Mental Health, and (iii) Suicide Prevention.
- The current status of Key Performance Indicators locally and in comparison with national targets for 2017/18.
- Priorities and investment in services for the period 2017/18 to 2018/19.
- New service commitments during 2017/18 including (i) Street Triage, increasing staffing levels and relocating the 24/7 Crisis Resolution and Home Treatment Service to enable more effective intervention and collaborative working, (iii) the assessing, and screening of all mental health presentations by a dedicated Registered Mental Health Nurse, (iv) the trialling of acute care models for 16-25 year old patients, the development of a Integrated Perinatal Mental Health Pathway, including up skilling the existing workforce.
- Forthcoming challenges in meeting the Plan during 2018/19.
- The use of calming cafes and the range of alternative provision available.
- The jointly agreed business case for the Adult Mental Health Delivery Plan and the need for clarity in respect of its financing.

Resolved – That the Adult Mental Health Delivery Plan 2017-19 be noted and endorsed.

40. Development of Accountable Care in Swindon

The Board received an oral report from Nicki Millin, NHS Swindon Clinical Commissioning Group, updating the Board on the current status of the development of Accountable Care in Swindon including:

- Meetings with staff, carer groups and the public to discuss proposals.
- Work to draw together the themes emerging for Accountable Care and signing posting services in Swindon.
- Work on a pilot project for those people at the end of their life period.
- Work to create a single point of contact and record keeping.
- That the outcomes of consultations would be presented to the next meeting of the Board.

Resolved – That the report be noted.

41. Dementia Joint Strategic Needs Assessment - 2017 Update

The Board received a report setting out an update on the Dementia Joint Strategic Needs Assessment which had been agreed by the Board in 2013. The Consultant in Public Health, Swindon Borough Council, set out the context of the on-going delivery of the Swindon Dementia Strategy 2014-19 which was overseen by a multi-agency steering group.

Following the presentation of the report, Board members discussed the matters raised, including issues including:

- Data on dementia within Swindon gathered since the introduction of the original needs assessment.
- The effect of dementia on elderly people and the primary and secondary support they would require.
- The use of data in service planning and the ability to identify support and services required within different areas of Swindon.
- The on-going role of the Cabinet Member's CMAG on Dementia which met monthly to review local data in respect of dementia. The factors that affected dementia and whether these could be diagnosed at a Parish level.
- The benefits of physical activity and mental resilience in helping to combat dementia.

Resolved – (1) That the report be noted.

(2) That the Board records its support for the continued work around dementia in Swindon.

42. Falls Prevention Update

The Board received an oral update from the Consultant in Public Health, Swindon Borough Council, in respect of the Falls Prevention Strategy including:

- Data collected by the Great Western Hospital and the Swindon Falls and Bone Health Collaborative on the estimated number of Falls within Swindon and the effect this had on individuals and they would subsequently require.
- The Strategy focus on early intervention to maintain independence and reduce the risk of falls.

- Work to prevent falls amongst high risk groups, including the promotion of strength and balance of elderly person.
- Work to understand the prevalence and patterns of falls and injuries.
- A breakdown by month of admission to the Great Western Hospital through injuries created by falls.
- Work in the community to prevent falls in the home.
- Work undertaken at the Greta Western Hospital to prevent, as far as possible, the loss of mobility to patients in hospital.

Resolved – That the report be noted.

43. Swindon Substance Misuse Strategy 2017-2022

The Board received a report of the Senior Public Health Manager, Swindon Borough Council, setting out the Swindon Substance Misuse Strategy 2017 to 2022 and work to align it to national drivers and priorities. Key priorities for Swindon included, (i) prevention and early intervention particularly with young people and their families, (ii) a reduction in health related harms and addressing inequalities, (iii) the promotion of sustained recovery for those dependent on substances, and (iv) a reduction of substance misuse related crime and anti-social behaviour. The Senior Public Health Manager also drew members' attention to key successes of the strategy outlined in paragraph 3.7 of the report.

Resolved – (1) That the report be noted.

(2) That the development of a full Swindon Substance Misuse Strategy Action Plan be endorsed and an annual report on progress in meeting the Strategy's targets and outcomes be submitted to this Board.

(3) That Swindon Borough Council's Cabinet and the Swindon Clinical Commissioning Group's Governing Body be recommended to adopt the Swindon Substance Misuse Strategy 2018-2022.

44. Swindon Challenge

The Board considered a report providing an update on the Swindon Challenge submitted by Mr Peter Nathan, Head of Education, Swindon Borough Council. The report set out the strategy to address underperformance in primary schools, secondary schools and 16-19 year old education in Swindon through a three year programme involving collaboration between the Council, School Governors and Head teachers.

The Head of Education, Swindon Borough Council responded to questions in respect of:

- The imminent release of the findings of the most recent OFSTED inspection of Swindon schools.
- The terms of reference of the Swindon Challenge Board as set out within the report, together with the Swindon Challenge action plan which included (i) Leadership and Management, (ii) Teaching and Learning, and (iii) Behaviour, Personal Development and Welfare.
- Improvements in under 11 year old performance which had seen the strongest improvement in the country.
- Improvements made through sharing information on best practice within

Swindon's education establishments and a mentoring scheme in higher education overseen by Oxford Brookes University.

- The current three year funding commitment of £600,000 provided by Swindon Borough Council to support the Swindon Challenge project.
- Progress in bringing St. Luke's School back into the mainstream education stream.
- The challenges currently being faced by education providers in Swindon and the effect these issues could have on the health and wellbeing of people in Swindon should they not be addressed.
- Visits undertaken by the Cabinet Member and Chief Executive to schools in Swindon to promote and support the Swindon Challenge.

Resolved – That the report be noted and the approach outlined in the Swindon Challenge be supported.

45. Future meeting dates of the Board

The Director of Public Health submitted a report setting out a proposed timetable of meetings for the Board and Chair's Advisory Group for the Municipal Year, 2018/19.

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

(2) That it be noted that the final dates for Board meetings will be subject to agreement by Full Council in May 2017 as part of the Meetings Calendar for 2018/19.

46. Joint Commissioning Group - Minutes for information and comment

Ms Sue Wald, Director of Adult Services, Swindon Borough Council, asked the Board to note that the November data for the delay in Social Care had been reduced to 5 bed days per day.

Resolved – That the minutes of the Joint Commissioning Group meeting held on 25th October 2017 be noted.

Swindon Borough Council's Draft Adult Social Care Strategy

Health and Wellbeing Board

Date: 28th March 2018

Author: Sue Wald, Director Adult Social Services

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To seek the Health and Wellbeing Board's approval of Swindon Borough Council's Adult Social Care Strategy 2018-2022 and to recommend that both Swindon Borough Council's Cabinet and the CCG Governing Body adopt and implement it.
- 1.2 The Health and Wellbeing Strategy demonstrates a commitment across the partnership in ensuring that everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities. Many people will achieve this with minimal support, but some people will need help to do so. This Adult Social Care Strategy describes the Council's approach to adult social care over the next five years. It provides the context for how we will work with partners to care and support people living in Swindon who have additional needs. The focus is on promoting, maintaining and enhancing people's independence in their communities, so that they are healthier, stronger, more resilient and less reliant on formal social care services. Where people require ongoing support to enable them to live fulfilling lives, we will share this responsibility with the individual, their families and their communities. A copy of the draft strategy is attached as Appendix 1.
- 1.3 This Strategy links to Swindon Borough Council's Priority Four: Help people to help themselves while always protecting the most vulnerable children and adults. It also links to the Swindon Health and Wellbeing Strategy: Outcome 2 – Adults and older people in Swindon are living healthier and more independent lives; Outcome 3 – Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders); Outcome 4 – Improved mental health, wellbeing and resilience of all; Outcome 5 – Creation of sustainable environments in which communities can flourish.

2. Recommendations

The Board is recommended to:

- 2.1 Approve Swindon Borough Council's draft Adult Social Care Strategy 2018-2022 (attached at Appendix 1 to the report), and support the ongoing commitment to promote, maintain and enhance people's independence in their communities, so that they are healthier, stronger, more resilient and less reliant on formal social care services.

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

Swindon Borough Council's Draft Adult Social Care Strategy

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- 2.2 Recommend to Cabinet and the Swindon Clinical Commissioning Group Governing Body that they adopt Swindon Borough Council's draft Adult Social Care Strategy 2018-2022.

3. Detail

- 3.1 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. The Adult Social Care Strategy describes 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.
- 3.2 There is growing understanding that councils cannot do many of the things that have been done previously. We want to focus on what we can do, what our partners and communities can do, and what individuals can do. We believe that people know best how to meet their own needs, and we will support people to do that.
- 3.3 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.
- 3.4 We want to achieve the best value and most cost-effective means of delivering and commissioning high quality care. This is important, not just because local authorities are receiving less funding from government to provide care, but also because the vast majority of people using support services contribute to the cost, and many Swindon residents fund their own care. Everyone should expect that the services they are buying or receiving represent the best possible value.
- 3.5 We recognise that for some people there is an enhanced risk to their personal safety because of their particular disabilities or frailties, or due to wider issues in society. We will work with people to enable them to understand and manage risks appropriately, whilst also providing arrangements to safeguard people from significant harm. Our response to concerns about people's safety will be proportionate, flexible and personal and will always be based upon the individual's wishes and feelings alongside the best interests of the wider community.
- 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

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

Swindon Borough Council's Draft Adult Social Care Strategy

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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*
 - 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>).
 - 3.8 The key activities for supporting successful delivery of the Adult Social Care Strategy include:
 - 3.8.1 Ensuring both in-house and commissioned workforce are focused on prevention and enabling, and adopt a person centred, outcome focused approach which empowers people who need care and support.
 - 3.8.2 Preventing the abuse and neglect of adults at risk, and stop it quickly when it happens through the Swindon Safeguarding Adults Board.
 - 3.8.3 Working collaboratively with partners to progress our integration journey, and reduce the current pressures across Swindon's health and social care system by improving levels of health and wellbeing for people living in Swindon.
 - 3.8.4 Maximising the use of assistive technology where appropriate to promote independent living, and providing mobile digital technology to staff (supported by training) to enable more effective working.
 - 3.8.5 Focussing on high quality commissioning using evidence, local knowledge, skills and resources to best effect. This means working in partnership across the health and social care system to promote health and wellbeing and prevent, as far as possible, the need for health and social care.
 - 3.9 We anticipate that successful implementation of the strategy will deliver the following benefits:
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Further information on the subject of this report can be obtained from Phillipa Lamb, 07818510484, plamb@swindon.gov.uk.

Swindon Borough Council's Draft Adult Social Care Strategy

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- 3.9.1 Performance and spend demonstrate the new approach is preventing and reducing the need for care.
- 3.9.2 The service operates within the budget available.
- 3.9.3 The workforce is highly skilled, effective, productive and enjoying their jobs.
- 3.9.4 The potential of technology is being exploited to support citizens, carers and staff.
- 3.9.5 Citizens and carers are telling us that they are able to achieve the things they want to.
- 3.9.6 Our planning and commissioning is effective and we have good relationships with providers.
- 3.10 We plan to develop an easy read version of the Adult Social Care Strategy for the public once it is approved.
- 3.11 We suggest the progress in implementing the strategy is regularly reported to Adults Care, Adults Health and Housing Overview & Scrutiny Committee.

4. Alternative Options

- 4.1 There are no suggested alternative options. This draft Adult Social Care Strategy is key to delivering better outcomes for adults in Swindon as well as reduce demand on services.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The Council already provides resources to fund Adult Social Care provision. No further financial resources are being sought at this time.

Legal and Human Rights Implications

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

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

- 5.3 None have been identified at this stage.

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

Swindon Borough Council's Draft Adult Social Care Strategy

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Diversity Impact Assessment

- 5.4 A Diversity Impact Assessment (DIA) has been completed as part of the Adult Social Care Demand Management Programme. No adverse or other significant issues were found. The Adult Social Care Strategy will positively impact on vulnerable adults living in Swindon's community.

Risk Management

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

6. Consultees

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

7. Background Papers

- 7.1 The Council Plan 2016-2020:
https://www.swindon.gov.uk/info/20028/open_data_and_transparency/759/council_plan_2016_-_2020/1
- 7.2 The Health and Wellbeing Strategy: <http://www.swindonjsna.co.uk/strategy>
- 7.3 Joint Strategic Needs Assessment: <http://www.swindonjsna.co.uk/summaries>
- 7.4 Better Care Fund Plan 2017/19:
http://www.swindonjsna.co.uk/Files/Files/BCF/Integration_and_Better_Care_Fund_Narrative_Plan_Template_11_9_2017_final.pdf

8. Appendices

- 8.1 Appendix 1 – Swindon Borough Council Adult Social Care Draft Strategy 2018-2022 (*circulated to Board members under separate cover and available on the Council's website at:*
<http://www5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8083&Ver=4>).

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Prevention Concordat for Better Mental Health

Health and Wellbeing Board

Date: 28th March 2018

Author: Frances Mayes, Senior Public Health Manager

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The purpose for the National Prevention Concordat is to provide a focus for cross-sector action to deliver a tangible increase the adoption of public mental health approaches across local authorities, the NHS, public, private and VCSE sector organisations, education settings and employers. It acknowledges the active role played by people with lived experience of mental health problems, individually and through user led organisations.
- 1.2 The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieve a fairer and more equitable society.
- 1.3 The National Prevention Concordat was launched by Public Health England in September 2017, it is outlined in the NHS Five Year Forward View for Mental Health.
- 1.4 It provides a focus for cross-sector action to improve people's mental health and reduce the risk of mental illness.
- 1.5 It has been estimated that the economic and social costs of mental health problems in England was £105 billion in 2009-10
- 1.6 The national prevention concordat states that the prevention agenda within local areas needs to be taken on at the highest level and led by the Health and Wellbeing Board. The role of the Health and Wellbeing Board would be to raise the profile of this work, hold partners to account and have annual oversight of this work.
- 1.7 Mental Health and Wellbeing is already recognised as a key priority in the Swindon Health and Wellbeing Strategy.
- 1.8 Four priority areas have been identified for the forthcoming year:
 - 1.8.1 Children and young people
 - 1.8.2 Housing and Homelessness
 - 1.8.3 Mental Health in workplace – SBC and partners

Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

Prevention Concordat for Better Mental Health

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1.8.4 Promote the Five Ways to Wellbeing – Connect, Give, Take Notice, Keep Learning and Keep Physically Active

- Supporting self-care and talking stigma

2. Recommendations

The Board is recommended to:

- 2.1 Support the adoption of the Prevention Concordat for Better Mental Health in Swindon, and endorse the priority areas set out in paragraph 1.8 of the report.
- 2.2 Recommend to Cabinet and the Swindon Clinical Commissioning Group Governing Body that they adopt the Prevention Concordat for Better Mental Health in Swindon.

3. Detail

- 3.1 In addition to the cost of mental health highlighted above there are some other key facts which highlight the need to prevention mental health problems.
 - 3.1.1 Half of young adults with mental health issues have symptoms by the age of 15 and nearly 75% by their late teens.
 - 3.1.2 For those aged 5-19 years, suicide is the second most common cause of death and 1 in 5 adults has considered taking their life
 - 3.1.3 Someone with a severe mental illness will die on average 20 years earlier than the general population
 - 3.1.4 9 in 10 people with mental health problems experience stigma and discrimination
- 3.2 The National Prevention Concordat sets out some guidance and resources for areas to ensure they are delivering core high quality public mental health. It outlines the three different levels of prevention including:
 - 3.2.1 Promoting good mental health and wellbeing
 - 3.2.2 Prevention of mental health problems, suicide and self harm
 - 3.2.3 Improving the lives of people experiencing and recovering from mental health problems

This is across all ages and the life course.
- 3.3 The prevention concordat talks about three different levels of prevention Including:

Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

Prevention Concordat for Better Mental Health

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- 3.3.1 Primary prevention - addressing the wider determinants e.g. debt, poverty, employment, education, housing, access to green space and adverse life experiences (abuse, bullying, bereavement).

Raising awareness and knowledge about mental health problems, maintaining good mental health (5 ways to wellbeing) and tackling stigma associated with poor mental health
- 3.3.2 Secondary Prevention - early identification and early intervention to stop the progress of illness
- 3.3.3 Tertiary Prevention - promoting recovery and reducing the risk of recurrence for people living with mental health problems
- 3.4 Best practice guidance by Public Health England identified 5 key steps to deliver the Prevention Concordat:
 - 3.4.1 Undertake and needs assessment and assets mapping
 - 3.4.2 Working in partnership and alignment
 - 3.4.3 Translating need into deliverable commitments
 - 3.4.4 Defining success outcomes
 - 3.4.5 Leadership and accountability
- 3.5 In Swindon we have undertaken a mental health needs assessment for adults and a separate one for children and young people in which we have included some assets mapping. We also undertake a Suicide Audit which can also inform the prevention agenda.
- 3.6 We have some excellent examples of good partnership working and alignment including STP Transformation Plans, CAMHS transformation plans, suicide prevention and Swindon and Wiltshire Crisis Care Concordat. We need to ensure that the person with lived experience continue to be included in the development of all plans.
- 3.7 The STP Transformation Plan, The Five Year Forward Strategy, The CAMHS transformation Plan and Suicide Prevention and Self-Harm Prevention Strategy and Wiltshire and Swindon Crisis Care Concordat all have action plans which include the recommendations from the needs assessment. However, we would benefit from ensuring prevention is highlighted in all plans and pull all prevention actions into a single plan. We need to define accountability and ensure a wider range of plans include mental health e.g. homelessness strategy, substance misuse strategy etc.

Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

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- 3.8 All public mental health initiatives are evaluated but current measure are often very high level such as the suicide rate or self harm admissions. Prevention and awareness raising are more difficult to measure. For example, the Mindful Employer Network has very good attendance at events, 100s of employers in Swindon engaged, events are evaluated but it is more difficult to measure the impact it has on employees within those organisations.
- 3.9 Overall leadership and accountability for the concordat sits with the Local Authority and Clinical Commissioning Group alongside other partner's contributions. Service users need to be involved and form part of the governance structure. The Public Mental Health Lead and Champion are already established and in post.
- 3.10 The next steps for implementing the prevention concordat will be to review all these different areas in more detail to ensure they meet the concordat best practice guidance:
- Continuous monitoring of needs and data
 - Ensuring all mental health strategies and plans include prevention elements and capture these in one place
 - Ensure clearly defined success outcomes are in place
 - Ensure a wider range of strategies address public mental health issues
 - Review a human rights based approach with regard to public mental health
 - Ensure the service user voice is heard
- 3.11 Four areas have been highlighted for focus over the next year. They are:
- 3.11.1 Building capacity and identify and tackling mental health problems early for children and young people
- 3.11.2 Tackling mental health problems associated with housing and homelessness
- 3.11.3 Mental health in the workplace ensuring that Swindon Borough Council and partners such as CCG focus on the mental health and wellbeing of their employees and tackle the stigma associated with mental health problems whilst continuing to promote mental health in the workplace through the Mindful Employer Network.
- 3.11.4 Promote the Five Ways to Wellbeing
- 3.12 We have also agreed alongside Wiltshire and Banes to have a "Year of Mental Health" in Swindon where we bring together much of the good work that is already taking place under a banner of mental health. Events planned include – Town Centre based activities during Mental Health Awareness Week in May, the roll out of ELSA (Emotional Literacy Support Advisor Training in Schools in September, the roll out of Connect 5 training for Swindon from May, various
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Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

Prevention Concordat for Better Mental Health

Health and Wellbeing Board

Date: 28th March 2018

Mindful Employer Events, Twigs Events and the Launch of Swindon and Gloucestershire Mind.

4. Alternative Options

- 4.1 The Board could choose to not support the adoption of the Prevention Concordat.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising from the prevention concordat. Planned work as outlined in the concordat and under the priorities is covered by existing budgets or will go through appropriate Swindon Borough Council approval processes. In the longer term the impact of the strategy may reduce health and social care costs.

Legal and Human Rights Implications

- 5.2 There are no legal or human rights implications identified through the strategy.

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

- 5.3 The Concordat has the potential to reduce health inequalities associated with mental health. It has a particular focus on improving mental health of the workforce.

Diversity Impact Assessment

- 5.4 A diversity impact assessment will be undertaken alongside development of this work. Diversity was considered as part of the needs assessments which will inform this work.

Risk Management

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

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 Prevention concordat for better mental health: planning resource:
<https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-planning-resource>

Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

Prevention Concordat for Better Mental Health

Health and Wellbeing Board

Date: 28th March 2018

8. Appendices

8.1 None.

Swindon Air Quality Joint Strategic Needs Assessment 2017

Health and Wellbeing Board

Date: 28th March 2018

Author: Cherry Jones, Director of Public Health

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 Air pollution is a serious public health challenge. In 2010, the Department of Health estimated the burden of particulate air pollution in the UK to be equivalent to nearly 29,000 deaths and an associated loss of population life of 340,000 life years lost. This Joint Strategic Needs Assessment (JSNA) provides evidence to help us understand Air Quality in Swindon.
- 1.2 This is the first Swindon Air Quality JSNA developed following recent national guidance on improving air quality from the government and NICE.
- 1.3 The Air Quality Joint Strategic Needs Assessment 2017 bulletin is set out in Appendix 1 and highlights the findings of the full JSNA report, which is available at <http://www.swindonjsna.co.uk/>.
- 1.4 Since this JSNA has been written, Cabinet has approved the declaration of an Air Quality Management Area on Kingshill Road based on recorded annual average of Nitrogen Dioxide exceeding the thresholds advised by DEFRA. A steering group chaired by the Director of Public Health is in the process of producing an Air Quality Action Plan for this area.
- 1.5 The Cabinet Member for Housing and Public Safety has set up a Cabinet Member Advisory Board to consider Air Quality Issues across the Borough.

2. Recommendations

The Board is recommended to:

- 2.1 Note and approve the recommendations identified in the Air Quality Joint Strategic Needs Assessment, as set out in paragraph 3.12 of the report.

3. Detail

- 3.1 The objective of the air quality JSNA is to identify air quality in Swindon, what is already being done, summarise new evidence on improving air quality and formulate recommendations.
- 3.2 Recommendations will be actioned through the established air quality steering group.

Key messages

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

Swindon Air Quality Joint Strategic Needs Assessment 2017

Health and Wellbeing Board

Date: 28th March 2018

- 3.3 Air pollution is a mix of particles and gases. The most important pollutants are oxides of nitrogen (NO_x) and particulate matter (PM).
 - 3.4 Poor air quality can have long term impacts on everyone and immediate effects on vulnerable people (usually people with certain health conditions).
 - 3.5 There is clear evidence that long-term exposure to air pollutants contributes to cardiovascular disease, lung cancer and respiratory disease.
 - 3.6 There is no safe level for Particulate Matter (PM), while oxides of nitrogen (NO_x) is associated with adverse health effects at concentrations at and below the legal limits. Studies have shown that for PM there is a 15% decrease in the risk of heart disease deaths with every particulate matter decrease of 10ug/m³. Any improvement in air quality will have positive health consequences.
 - 3.7 Poor air quality has a disproportionate impact on the young and old, the sick and the poor. Deprived communities are more likely to be situated near polluted busy roads, and are more likely to experience adverse health impacts.
 - 3.8 Air quality in Swindon is relatively good. In Swindon transport is the main contributor to air pollution. Industrial (including energy generation and manufacturing), commercial and domestic sources in Swindon are not thought to contribute significantly to air quality issues.
 - 3.9 In Swindon, in common with other urban authorities, our chief concern is that of NO_x. On average around 80% of NO_x emissions in areas where the UK is exceeding nitrogen dioxide (NO₂) limit values is due to transport, although urban and regional background non-transport sources are still considerable. The largest source is emissions from diesel light duty vehicles (cars and vans) and there has been significant growth in these vehicle numbers over the last ten years in the UK.
 - 3.10 The Council is regularly monitoring monthly average NO_x using passive devices (diffusion tubes), and other recently commissioned monitors which can monitor over shorter time frames. In recent years, the overall decline in measured concentrations of Nitrogen Dioxide, as was previously predicted, has been confirmed, but this year the trend is more mixed. The Council's monitoring has also identified some discrete areas where NO_x levels are close to or above EU limit values. Specific solutions are being implemented in these areas.
 - 3.11 Swindon is doing a lot to improve air quality including: promoting active and sustainable travel; designing the built environment to encourage healthy lifestyles and travel choices; and promoting cleaner energy.
 - 3.12 Recommendations
 - 3.12.1 Prioritise active and sustainable methods of transport to reduce air pollution from a variety of pollutants. This will lead to improvements in
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Further information on the subject of this report can be obtained from Ayoola Oyinloye, 01793 444674, AOyinloye@swindon.gov.uk.

Swindon Air Quality Joint Strategic Needs Assessment 2017

Health and Wellbeing Board

Date: 28th March 2018

health and wellbeing through increased physical activity and improved air quality. Key elements are to:

- Make sure that walking and cycling are prioritised across the Borough.
- Continue to promote Swindon Travel Choices.
- Apply for funding or grants for active transport when available.

3.12.2 Make sure that the vehicles that are travelling through and around Swindon are as clean as possible. To do this there needs to be a move towards zero- and low-emission vehicles. One way to assist with this transition is through applying for available funding and grants to:

- Encourage the switch to ultra-low emission passenger and fleet vehicles.
- Ensure development of electric vehicle infrastructure.

3.12.3 Make sure any specific local solutions in areas of higher nitrogen dioxide as identified within SBC's Air Quality Annual Statement Report to DEFRA take place.

3.12.4 Ensure air quality, including zero- and low-emission travel, is included within key policies such as; Local Plan, Swindon Local Transport Plan, parking standards, Green Infrastructure strategy and Site Masterplans for major developments.

3.12.5 Form a multi-agency working group to ensure a focus on priorities in Swindon and a consistent approach which maximises opportunities to improve air quality across the Borough.

4. Alternative Options

4.1 Continue with the current air quality management processes. This could lead to an increase in air pollution and associated decrease in health and well being.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 No additional financial implications have been identified directly through this report.

Swindon Air Quality Joint Strategic Needs Assessment 2017

Health and Wellbeing Board

Date: 28th March 2018

Legal and Human Rights Implications

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

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

- 5.3 Improvements in air quality are frequently linked with improved sustainability, and therefore the recommendations of the report may lead to improvements in sustainability.

Diversity Impact Assessment

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

Risk Management

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

6. Consultees

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

7. Background Papers

- 7.1 2017 Air Quality Annual Status Report (for 2016), Swindon Borough Council.

8. Appendices

- 8.1 Appendix 1 – Swindon Air Quality Joint Strategic Needs Assessment Bulletin 2017 2022 (*circulated to Board members under separate cover and available on the Council's website at:* <http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8083&Ver=4>).

Joint Strategic Needs Assessment Summary 2017/18: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 28th March 2018

Author:	Tom Frost, Senior Public Health Intelligence Analyst
Wards:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon and is the principal work stream to inform the Joint Health and Wellbeing Strategy (JHWS). The Swindon JSNA is an on-going iterative process led by Swindon Borough Councils public health team and involving a wide range of stakeholders.
- 1.2 The JSNA informs decisions about how services are commissioned, designed and developed.
- 1.3 The 2017/18 JSNA Summary set out in Appendix 1 provides an overview of the current and future health and wellbeing needs of people in Swindon and provides an update to the previous three annual versions of this document. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework and a range of other local and national data sources.
- 1.4 This report presents key facts, intelligence and issues for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and many of these topics are examined in more detail in separate JSNA reports. These more detailed analyses and strategies can be found elsewhere on the Swindon JSNA website.

2. Recommendations

The Board is recommended to:

- 2.1 Note the draft Joint Strategic Needs Assessment: An Overview of Health and Wellbeing in Swindon JSNA Summary 2017/18 attached at Appendix 1 to the report, and endorse its use in commissioning and strategy preparation, including the Joint Health and Wellbeing Strategy.
- 2.2 Recommend that the finalised document be shared with the Clinical Commissioning Group's Clinical Leadership Group.

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

Joint Strategic Needs Assessment Summary 2017/18: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 28th March 2018

3. Detail

Statutory duty

- 3.1 The production of an annual JSNA was made a statutory requirement in the establishment of the Local Government and Public Involvement in Health Act, 2007. In April 2013, the statutory responsibility for producing JSNAs passed to HWBs. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon.

Purpose and use

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

JSNA Framework

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

JSNA Summary 2017/18: An overview of health and wellbeing in Swindon

- 3.7 The report includes a one page summary of 26 health and wellbeing topics following a set template which includes a key fact; two key indicators; key information and key issues. The topics are the same as 2016/17.

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

Joint Strategic Needs Assessment Summary 2017/18: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

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3.8 The 26 topics are:

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

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

- 3.9.1 SBC projections indicate the 65 plus age group will grow by 25,900 people between 2011 and 2031; almost half of the total (all age) projected growth of 55,700
- 3.9.2 In Swindon, in 2014-16, life expectancy is 79.9 years for males and 83.0 years for females, which is similar to England*
- 3.9.3 In the most deprived areas of Swindon, men die on average 8 years earlier and women 4 years earlier than those in the least deprived areas**
- 3.9.4 Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives

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

Joint Strategic Needs Assessment Summary 2017/18: An Overview of Health and Wellbeing in Swindon

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- 3.9.5 Atrial fibrillation increases the risk of stroke by a factor of five. It is estimated that there are 5,000 people registered with a Swindon GP with undiagnosed atrial fibrillation**
- 3.9.6 In Swindon, the risk of a heart attack is 111% higher for those with diabetes compared to those without**
- 3.9.7 Around 40% of cancers can be prevented by making changes to habits around smoking, alcohol, diet and physical activity**
- 3.9.8 The number of cases of Tuberculosis (TB) in Swindon has more than doubled from 28 in 2000-02 to 70 in 2014-16**
- 3.9.9 In Swindon, there are an estimated 34,000 people with some hearing loss and, of these, there are an estimated 3,500 with severe hearing loss**
- 3.9.10 People among the most deprived 10% of society are more than twice as likely to die from suicide than the least deprived 10% of society**
- 3.9.11 There are an estimated 860 adults in Swindon with moderate or severe learning disabilities; around a third of whom live with a parent**
- 3.9.12 Physical activity is the most effective intervention to reduce the risk of dementia
- 3.9.13 Falls are the most common reason for 999 calls and account for 20-25% of ambulance service 999 activities nationally**
- 3.9.14 A study of mothers, who gave birth at the Great Western Hospital in Swindon, found that 51% were of excess weight including 23% who were obese**
- 3.9.15 Surveys found that in 2015/16, 65% of adults in Swindon were categorised as physically active and 22% as physically inactive**
- 3.9.16 In Swindon, in 2016, 552 people aged 15-24 tested positive for Chlamydia, a higher detection rate than England or the South West and meeting recommended levels**
- 3.9.17 In Swindon, in 2016, smoking prevalence in adults was 14.9% and among routine and manual workers it was 20.8%. Both of which are below the England rates*
- 3.9.18 In 2016/17, 52% of alleged abuse of vulnerable adults was in the victim's own home**

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

Joint Strategic Needs Assessment Summary 2017/18: An Overview of Health and Wellbeing in Swindon

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- 3.9.19 Nationally, in 2011 to 2015, male and female carers had a risk of suicide that was almost twice the national average**
- 3.9.20 Swindon has seen a significant surge in the use of child runners being exploited by County Lines networks (urban gangs) supplying crack and heroin in 2017**
- 3.9.21 8% of people in Swindon have accessible woodland of at least two hectares within 500 metres of where they live compared to 17% in England**
- 3.9.22 Switch on to Swindon has gained over 550 ambassadors from more than 380 businesses to promote the town as a great place to live, work and invest**
- 3.9.23 Swindon has 9 parks, over 100 play parks, 21 swimming pools, 8 golf courses, over 250 sports clubs, professional football, ice hockey, basketball, and speedway clubs**
- 3.9.24 The number of people aged over 65 years in Swindon is projected to increase by 89% from 29,000 in 2011 to 55,000 in 2031**
- 3.9.25 In Swindon, 290 children were in care in 2016 up from 250 in 2015. 68.7% of these children have special educational needs or a disability (SEND)**
- 3.9.26 In 2015/16, nationally 21% of mixed race adults were victims of crime compared to 15% of white adults**

Key issues from data

- 3.10 Evidence suggests that in many ways the health of Swindon's population is similar to England as a whole. This in itself presents many challenges. While average life expectancy, smoking rates and physical activity levels are, on the whole, improving there are still wide inequalities amongst our population and no sign that the health gap is being reduced.
- 3.11 Like other places across the country, Swindon has felt the effects of ongoing austerity measures and the impact of unhealthy lifestyles characterised by obesity, physical inactivity, poor diet and alcohol misuse. The JSNA summary also highlights some local issues such as the particularly large increase in numbers of older people projected into the future, the rise of Type 2 diabetes, high levels of excess weight amongst adults, an increase in cases of tuberculosis, and a troubling number of young people being admitted to hospital for reasons connected to alcohol, substance misuse and self-harm.

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

Joint Strategic Needs Assessment Summary 2017/18: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 28th March 2018

- 3.12 The JSNA Summary also shows there has been a fall in female healthy life expectancy in Swindon since 2010-12. Healthy life expectancy is the average number of years a person would expect to live in good health based on mortality rates and self-reported good health. The most likely explanation is that it's as a result of poor self-reported health confined to the youngest age group surveyed [ages 16-19] but which is within expected limits. This is currently the only explanation of a situation where only this particular measure for females (not males) is affected and where any cause would have to be relatively short-term and recent in nature and be confined to Swindon in particular. There are a number of initiatives in place in Swindon to improve the mental and physical health of young women. They include a psychiatric liaison service for young people at Great Western Hospital, training and guidance about self-harm for people working with children and young people and a self-harm service run by Swindon MIND that offers help and support to young people. Swindon also supports the You're Welcome quality criteria for making health services young people friendly, particularly sexual health services. Good sexual health is advocated to help reduce teenage conceptions in addition to a chlamydia screening programme for those aged 15 to 24. The transition from young people's to adult services can be challenging and work is ongoing to make services more seamless, particularly for mental health services. There are also a number of resources about health and wellbeing which are targeted at young people, such as The Dock [thedockswindon.co.uk] which tells young people about the services available to them in Swindon e.g. wellbeing, college, e-safety and getting involved in volunteering and Kooth [Kooth.com] which provides access to online advice, self-help tools and counselling.
- 3.13 The upstream causes of ill-health (known as wider determinants) are also highlighted. Swindon is facing increasing numbers of homeless people, concerns around traffic related air quality, higher rates of recorded crime and challenges in getting more young people, especially from deprived areas, to continue to higher education. Wider determinants are considered the fundamental cause of health outcomes, and variation in how these are experienced drive health inequalities through disease patterns and behavioural risks. Addressing the wider determinants of health has a key role to play in reducing health inequalities in the borough.
- 3.14 There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs. People are more than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.

4. Alternative Options

- 4.1 There are no alternative options proposed.
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Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

Joint Strategic Needs Assessment Summary 2017/18: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 28th March 2018

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

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

Legal and Human Rights Implications

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

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

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

Diversity Impact Assessment

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

Risk Management

- 5.6 No specific risks were identified.

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Draft Joint Strategic Needs Assessment Summary 2017/18: An Overview of Health and Wellbeing in Swindon *(circulated to Board members under separate cover and available on the Council's website at:*

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

Joint Strategic Needs Assessment Summary 2017/18: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

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<http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?Cld=933&Mld=8083&Ver=4>).

Pharmaceutical Needs Assessment

Health and Wellbeing Board

Date: 28th March 2018

Author: Cherry Jones, Director of Public Health

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The Health and Social Care Act 2012 transferred the responsibility for the developing and updating of Pharmaceutical Needs Assessment (PNA) to Health and Wellbeing Boards. Swindon Health and Wellbeing Board (HWB) is required to publish the PNA by 1 April 2018. This is a statement of the pharmaceutical need of the population in the area. It will ultimately form the basis of commissioning plans of NHS England (NHSE) for services within community pharmacies.
- 1.2 This PNA will be used for several key purposes:
- To record the local health needs and identify how these health needs could be met by the provision of pharmaceutical services.
 - To inform commissioning of local services by NHS Swindon Clinical Commissioning Group (CCG) and Swindon Borough Council (SBC).
 - To enable external stakeholders to understand the needs of the local population and the requirements for pharmaceutical services to meet those needs. Providers will be able to use the PNA to inform their applications to provide pharmaceutical and other relevant services.
 - It will be referred to by NHSE when they have to make decisions on whether or not to approve applications to open new pharmaceutical services and dispensing doctors. They will also use this PNA when existing providers of NHS pharmaceutical services apply to make changes to their terms of service.
 - It will help the Swindon HWB to work with providers to ensure that services are targeted to the areas where they are needed to avoid duplication of services in areas where there is adequate provision.
- 1.3 It should be noted that decisions on new pharmaceutical services and changes to existing pharmaceutical arrangements are not made by HWBs.
- 1.4 The 2011 and 2015 Swindon PNAs have been used by NHSE when making decisions around market entry and the PNA recommendations informed the procurement and re procurement of local services by commissioners at SBC and the CCG.
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Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

Pharmaceutical Needs Assessment

Health and Wellbeing Board

Date: 28th March 2018

2. Recommendations

The Board is recommended to:

- 2.1 Note the conclusions and accept the recommendations from the Swindon Pharmaceutical Needs Assessment, as set out in pages 36 - 37 in Appendix 1 attached to the report.
- 2.2 Note the intention to issue additional statements to support the Pharmaceutical Needs Assessment if and when housing development and occupation suggests the current pharmaceutical need has changed.
- 2.3 Approve the draft Swindon Pharmaceutical Needs Assessment 2018 - 2021 for publication by 1st April 2018.

3. Detail

Background

- 3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB's). The Act also transferred responsibility to develop and update Pharmaceutical Needs Assessments (PNA) from Primary Care Trusts (PCTs) to HWBs with the requirement to have a new PNA published by 1st April 2018.
- 3.2 The PNA is a legal document which details services which would be desirable and essential in a locality based on the local health needs and population demographics. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.
- 3.3 PNAs are used to inform commissioning decisions by local authorities (public health services from community pharmacies) and Clinical Commissioning Groups (CCGs). NHS England area teams will also use the PNA to inform whether a pharmacy application would be desirable for a particular location or to make changes to existing pharmacy contracts.
- 3.4 The development of the Swindon PNA 2018 - 2021 has been led by Public Health at Swindon Council and monitored through the Joint Strategic Needs Assessment (JSNA) Steering Group.

Statutory consultation

- 3.5 The draft Swindon PNA 2018 - 2021 was approved for public consultation by the HWB in November 2017. There was a 60 day statutory consultation which ran from 17th November 2017 to 14th January 2018. As specified in Regulation 8 of the Pharmaceutical Services Regulations the following were consulted during this period:

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

Pharmaceutical Needs Assessment

Health and Wellbeing Board

Date: 28th March 2018

- the Local Pharmaceutical Committee (LPC)
 - the Local Medical Committee (LMC)
 - any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - any LPS chemist in its area with whom NHS England has made arrangements for the provision of any local pharmaceutical services
 - Healthwatch, and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area
 - any NHS trust or NHS foundation trust in its area
 - NHS England
 - the neighbouring HWBs of Wiltshire, Gloucestershire, Oxfordshire and West Berkshire.
- 3.6 The draft PNA was hosted on the Swindon JSNA website and comments sought on two questions:
- This document shows that pharmaceutical provision within Swindon is considered satisfactory. Do you agree with this statement? If you do not agree, what else should be considered?
 - Do you have any other relevant comments to add to this document?
- 3.7 There were eight respondents in total to the statutory consultation. The majority of responses received (7 out of 8) agreed with the statement that the pharmaceutical provision within Swindon is satisfactory. The one response that did not agree with this statement was a member of the public.
- 3.8 The responses were analysed and considered by the JSNA Steering Group. Amendments were made to the draft document for clarity and accuracy as considered appropriate. The main comments along with the actions taken (if necessary) are summarised in Appendix 8 of the PNA. The conclusions and recommendations in the PNA were largely unchanged from the draft version.
- PNA conclusions and recommendations
- 3.9 The main conclusions and recommendations are listed below and the full list is set out on pages 36 - 37 in the attached Appendix 1.
- 3.10 After considering the population of Swindon and the provision of pharmaceutical services in Swindon it is concluded that there is adequate provision of pharmaceutical services at the time of writing this PNA. Pharmaceutical services
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Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

Pharmaceutical Needs Assessment

Health and Wellbeing Board

Date: 28th March 2018

are available in a variety of different set ups across Swindon and in a range of accessible locations.

- 3.11 Future population projections (including age profiles and major housing developments), as reflected in this PNA, must be taken into account by NHSE when planning pharmaceutical provision. Based on construction and occupation plans and timescales there has been no current pharmaceutical need identified at major housing sites across Swindon and along its boundary with other local authorities. However, it is likely this will need to be revisited when building is at a more advanced stage and initial planning does include consideration of health facilities. The Swindon HWB will monitor the development of major housing sites and will produce additional statements to this PNA if deemed necessary.
- 3.12 It is recognised that in the rural areas of Blunsdon, Chiseldon and Wanborough patients do not have local access to community pharmacies. The populations of these areas are eligible to access dispensing services from dispensing doctors and can access community pharmacies in larger villages or towns where they go to shop. Therefore, whilst there may not be convenient access to the full range of pharmaceutical services in these areas, it is not believed that there are any gaps in provision for reasons of practicality and value for money.
- 3.13 Across Swindon, the elderly population and the large number of people with long term conditions such as diabetes would benefit from optimum delivery of the MUR (medicine use review) service. Although, all pharmacies in Swindon are offering this service; work is needed to ensure that the appropriate groups of patients are being offered the service and that target numbers are being reached. One particular area of development could be to implement systems, in conjunction with secondary care, to facilitate appropriate patients having an MUR either before admission or post discharge depending on the individual's circumstances.
- 3.14 Ensure that enhanced pharmaceutical services are developed in line with the JSNA and Public Health priorities in Swindon to ensure that equality of access and distribution of services meet the needs of local communities. It is important for all commissioners to work with existing providers to ensure that the highest standards of quality and the optimum range of services are delivered.
- 3.15 The NHS Health Checks programme for 40 to 74 year olds aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia and should be available in all areas of Swindon and all pharmacies should be encouraged to participate in the provision of this service.
- 3.16 Continue to review the provision and commissioning of general minor ailments schemes particularly focusing on deprived areas. Currently, only four pharmacies operate this scheme and two of these are in Wroughton. This will work towards increasing capacity in GP surgeries.

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

Pharmaceutical Needs Assessment

Health and Wellbeing Board

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- 3.17 For all enhanced and locally commissioned services, consideration must be given to raising awareness of the services by the pharmacies which offer them. This needs to be addressed across Swindon to ensure the public and other health and social care professionals have the necessary information.
- 3.18 All community pharmacies in Swindon will be familiar with and actively work within the agreed procedures, guidance and protocols for safeguarding adults and children in Swindon. Community pharmacists should ensure that they are provided with, and that their staff receive, training in safeguarding children and adults. Advice on training can be sought from Swindon Borough Council.

4. Alternative Options

- 4.1 No alternative options are proposed.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising from this report. When the final PNA is published (by 01 April 2018) it will inform commissioning decisions by NHS England, SBC public health and NHS Swindon Clinical Commissioning Group (CCG).

Legal and Human Rights Implications

- 5.2 There are no direct legal or human rights implications arising from this report.

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

- 5.3 None.

Diversity Impact Assessment

- 5.4 Equality and diversity issues are considered in section 5 of the PNA and the statutory consultation on this document included Healthwatch Swindon and the general public.

Risk Management

- 5.5 No specific risks identified for this report.

6. Consultees

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

Pharmaceutical Needs Assessment

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7. Background Papers

7.1 None.

8. Appendices

- 8.1 Appendix 1 – Draft Swindon Pharmaceutical Needs Assessment 2018 – 2021
(circulated to Board members under separate cover and available on the Council's website at:
<http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8083&Ver=4>).

Urgent Care

Health and Wellbeing Board

Date: 28th March 2018

Author: Gill May- Executive Nurse Swindon CCG

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of both the national and local context of urgent and emergency care.

2. Recommendations

The Board is recommended to:

- 2.1 Note the report.

3. Detail

National context

- 3.1 The need for a national change in approach to urgent and emergency care services has been clearly articulated in the five year forward view and the national urgent care strategy *Urgent and Emergency Care Review*, led by Professor Sir Bruce Keogh (NHS England, 2014). Sustainability and resources of urgent care services are, without exception, being tested nationally.
- 3.2 In 2016/17 the NHS coped with its busiest winter which saw record 23 million patients attend A&E ,1.2 million more than three years ago. Despite the best efforts of staff, the proportion of patients waiting longer than four hours in A&E has steadily risen due to increasing front-end demand and difficulty discharging people due to strained social and health care services. The number of calls to NHS 111 doubled over the same time frame to 15 million, while ambulances and GPs, too, saw a record number of patients.
- 3.3 There is also a growing trend for many patients to turn to A&E or call ambulances when they don't need such advanced emergency treatment; or going to see their GP when they would be better seeking advice from NHS 111, or remedies from their pharmacist.
- 3.4 Estimates suggest that if we offer the right services up to 3 million people who attend A&E could have their care needs met elsewhere.
- 3.5 The urgent and emergency care review (the review) details how new models of care can be achieved through a fundamental shift in the way urgent and emergency care services are provided to all ages, improving out-of-hospital services so that we deliver more care closer to home and reduce hospital attendances and admissions.

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

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A system that is safe, sustainable and that provides high quality care consistently. The vision of the review is simple:

- 3.5.1 For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families.
- 3.5.2 For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery.
- 3.5.3 As part of the review, a number of products are being developed to help create the conditions for new ways of working to take root and when combined, deliver an improved system of urgent and emergency services. The review proposes that five key changes need to take place in order for this to be achieved. These are:
 - 3.5.4 Providing better support for people and their families to self-care or care for their dependants.
 - 3.5.5 Helping people who need urgent care to get the right advice in the right place, first time.
 - 3.5.6 Providing responsive, urgent physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments.
 - 3.5.7 Ensuring that adults and children with more serious or life threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise their chances of survival and a good recovery.
 - 3.5.8 Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts.
- 3.6 This new system will ensure patients get the right care, in the right place and at the right time, and importantly as convenient for them as the seriousness of their condition allows.
- 3.7 The new system will look also to prevent patients having to put up with long or uncertain waits to be treated, by streaming them to the place that's most set up for what they need.

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

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- 3.8 In October 2017, NHS England announced further guidance for a modernised and improved urgent and emergency care service for the future (Transforming Urgent and Emergency care, 2017) and the guidance refers to seven pillars, each detailing how they will support whole system Urgent and Emergency Care delivery, each cover the following:
- 3.8.1 NHS 111 online;
 - 3.8.2 NHS 111;
 - 3.8.3 GP Access;
 - 3.8.4 Urgent Care Centres;
 - 3.8.5 Ambulances;
 - 3.8.6 Hospitals;
 - 3.8.7 Hospitals to Home.
- 3.9 The underlying purpose of this is to:
- 3.9.1 Make 111 more accessible by the public accessing 111 services through an app on their phone.
 - 3.9.2 Revolutionise 111 by moving from being a “signposting” service where patients are directed to another service, to a “consult and complete” service. This means that if patients need to speak to a clinician via 111 they can so, and that clinicians can help them there and then. The number of 111 calls receiving clinical assessment will increase by a third by March 2018 so that only patients who genuinely need to attend A&E or use the ambulance service are advised to do so.
 - 3.9.3 Increase the core hours of GPs so that by March 2019 everyone in England will be able to get an evening and weekend appointment, facilitated by our new GP contract agreement.
 - 3.9.4 Simplify the confusing range of places a patient can go if they have an urgent health problem. NHS England aims to end the confusing mix of Urgent Care Centres, Minor Injury Units and Walk-in Centres by standardising opening hours and improving access to diagnostic tests, x-rays and ECGs where possible. These Urgent Treatment Centres will be an integral part of the local urgent care services that are convenient for patients and can be booked directly through 111 or your GP, and where clinicians can access your medical notes.
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Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

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- 3.9.5 Reduce admission to hospitals by improving streaming at the front door so patients get to where they need to go, and making sure hospitals focus on the sickest patients – this will be supported over the next six months with £100m made available in the spring budget statement.
- 3.9.6 Improve ambulance services, with faster recognition of life threatening problems and a new approach that provides the best response for each patient. Patients with life-threatening conditions, such as cardiac arrest where the heartbeat and breathing stop, will receive the fastest response, whilst other patients will receive a more clinically focused service in an appropriate timeframe. This will include telephone advice, treatment on scene or conveyance to hospital or alternatives. New performance measures will encourage the best possible outcomes, with an end to very long waits and an improved patient experience.
- 3.9.7 Strengthen support to Care Homes so as to ensure that they have direct access to clinical advice, including where appropriate on-site assessment.
- 3.9.8 81 specialist psychiatric teams will provide 24-hour cover to almost half of A&Es by March 2019 – up from one in ten now – ensuring that those suffering mental health crises get timely and appropriate support.
- 3.9.9 Reduce the national Delayed Transfer of Care (DToc) rate to September 2015 levels of 4.1% by the end of Spring 2017 – by better working with community and social care.

Local Context

- 3.10 Swindon and Shrivenham, as a rapidly expanding town and village with aging populations, will experience significant proportional pressure as a health and social care economy for these reasons, especially within urgent care provision.
- 3.11 A wide range of urgent and emergency care services are available for the residents of Swindon and Shrivenham to access, including extended access to Primary Care and additional community children's clinics. However, for the public, patients and families it can feel a confusing mix and understanding who, when and how to access the most appropriate service can be confusing.
- 3.12 Delivery of key NHS Constitutional targets is a key responsibility for the CCG and certainly in relation performance in achieving the 4 hr ED target is a challenge, with current performance at 84.8% - in Jan '18 against a target of 95%.
- 3.13 There are comprehensive plans in place to improve and sustain performance. This is largely dependent on the hospitals internal operational processes and pathways of care to ensure patient flow is maintained. This includes access to timely diagnostics, being able to admit a patient into a ward based bed without delay,

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

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through to booking transport in advance to make sure patients who need transport home can do so on the day the discharged is planned.

- 3.14 We have had a higher number of Delayed Transfers of Care compared to our regional partners, although this is improving. Detailed joint plans between the CCG and SBC are in place with positive and improving in performance. The CCG have invested in additional reablement services to increase out of hospital capacity.
- 3.15 There is a detailed Local Improvement Plan that centres on the delivery of each of the 7 pillars. Progress and performance is monitored by the A&E Delivery board. The board has representation from providers and commissioners across Swindon and Wiltshire.
- 3.16 Within a number of the pillars there is a requirement to commission alternative services but in large it is about doing things differently, redesigning current services to ensure providers and staff work and function more effectively and efficiently.
- 3.17 Below provides the board with a specific update on those key services within the 7 pillars that the CCG are now currently reviewing:

3.18 **GP out of hours (OOH) service for Swindon**

3.18.1 The Swindon GP OOH service operates from 18:30 to 08:00 hours on Monday to Friday and 24 hours at weekends and bank holidays. It is accessed directly by patients, as well as via NHS 111 and via referral from acute and community services. It provides telephone consultations, face to face consultations and home visits during the OOH period to meet the urgent health needs of service users that cannot be safely deferred to the in-hours period. The base for the service is the Moredon Health Centre and the doctors also travel to visit individual service users' home.

3.18.2 The service was historically provided by SEQOL, and is currently provided Medvivo who are caretaking the service from 01/02/18 for the next year. Medvivo have experience of providing high quality GP OOH services and are currently providing these in Wiltshire. Medvivo also currently provide the primary care extended access services in Swindon, this includes the SUCCESS Children's and Young Person's Clinic (CYPC) and Urgent Care Clinics (UCC), these are available to patients until 8pm and at weekends. The SUCCESS clinics offer both telephone and face to face appointments and are available to patients registered at all GP practices in Swindon, with clinic appointments at Swindon NHS Health Centre and Moredon Medical Centre.

3.18.3 Swindon CCG are reviewing the procurement plan for a long-term provider for the service, and will be able to confirm this by April 2018.

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

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3.19 Integrated Urgent Care/111 service

3.19.1 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+).

3.19.2 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.'

3.19.3 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.

3.20 Roll out of a Swindon Urgent Treatment Centre

3.20.1 As already mentioned, there is a need to simplify the confusing range of places a patient can go if they have an urgent health problem. NHS England aims to end the confusion of Urgent Care Centres, Minor Injury Units and Walk-in Centres by standardising opening hours and improving access to diagnostic tests, x-rays and ECGs where possible through the development of nationally designated Urgent Treatment Centers. These Urgent Treatment Centers will be an integral part of the local urgent care services that are convenient for patients and can be booked directly through 111 or a patients own GP.

3.20.2 To implement this in Swindon we are reviewing the current service offered in the Urgent Care Centre adjacent to GWHFT A&E. The new service needs to be in place by December 2018. We will also review the walk in centre currently provided within the Swindon Health Centre and it is likely this will become more integrated with the Extended Access GP service (SUCCESS) already provided there to simplify the range of service options available. We would maintain the option for patients to walk in for appointments for a range of services.

3.21 Winter Funding

3.21.1 In December 2017, the CCG received a winter funding allocation, as announced in the Autumn budget. Swindon was allocated c.£1.4m in three tranches to cover discharge to assess, 7-day services and the patient flow in the Emergency Department. The objective of the additional funding secured would be to create additional capacity equivalent to 40 beds to achieve 92%

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occupancy at GWH and deliver 90% 4-hour performance by the end of March 2018.

3.21.2 Additional mental health winter pressure funding of £40,000 had also been secured, which would fund an additional Child and Adolescent Mental Health Services (CAMHS) worker to be based at GWH. Also, Primary Care funding was received to cover the Christmas, New Year and Easter periods through services provided by Medvivo with additional GP capacity and Children and Young Persons clinics.

3.21.3 All winter schemes commissioned with be evaluated and taken to the March A&E Delivery board for review.

3.22 Assurance of patient safety and patient experience

3.22.1 It is critical that patient safety and experience is closely monitored alongside operational delivery and performance. In 2016/17 the Great Western Hospital introduced a number of patient safety initiatives including an Emergency Check List for all patients attending the department. In addition, an early warning score has been implemented to identify acutely ill patients, including sepsis, to ensure the through standardisation of NEWS we can reduce the number of patients whose conditions deteriorate whilst in hospital, and potentially save lives.

4. Alternative Options

4.1 The Board is being asked to note the contents of the report.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 Swindon CCG has built the financial implications into its 2018/19 plans and will need to develop a procurement plan for the long term provider of GP OOHs and Access Hubs.

Legal and Human Rights Implications

5.2 There are no specific Legal or Human Rights implications arising from this report.

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

5.3 None identified.

Diversity Impact Assessment

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

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- 5.4 A diversity impact assessment will be completed as part of the procurement process for the primary care services.

Risk Management

- 5.5 Any risks will be included within the CCG risk register.

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Urgent and Emergency Care (*circulated to Board members under separate cover and available on the Council's website at:*
<http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8083&Ver=4>).

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

Delayed Transfers of Care

Health and Wellbeing Board

Date: 28th March 2018

Author: Sue Wald, Director Adult Social Services

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 Swindon's Better Care Fund Plan (BCF) 2017/19 sets out how partners will work together to improve the delivery of integrated community and acute pathways across Swindon's health and social care system. One of the key outcomes for the Plan is to enable more patients to leave hospital without delay.
- 1.2 The Government requires that performance against the BCF Plan 2017/19 is considered by the Health and Wellbeing Board. This report focuses on Swindon's Delayed Transfers of Care (DToC) performance.

2. Recommendations

The Board is recommended to:

- 2.1 Note the latest performance against the Delayed Transfer of Care Better Care Fund Scheme, as outlined in the Better Care Fund Plan 2017/19.

3. Detail

- 3.1 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.
- 3.2 The approach that Swindon has adopted to support earlier discharge from hospital is outlined in the BCF Plan 2017-19. This includes: increasing capacity in reablement; making better use of discharge to assess beds; re-shaping hospital social work team; the introduction of a seven day working pattern; reducing permanent admissions to residential and nursing care; and fully embedding the health in care homes initiative. More information is available on the BCF Website: <http://www.swindonjsna.co.uk/strategy/Better-Care-Fund>.
- 3.3 In the 2017 Spring Budget, the Chancellor announced that councils would receive an additional investment of £2 billion over the next three years for social care, of which £1 billion would be provided in 2017-18. This additional funding was earmarked to support improved performance at the health and social care interface with pressures of budget cuts and growing demand having a significant impact upon services.

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

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- 3.4 An action plan, agreed with health colleagues and endorsed by the Health and Wellbeing Board in May 2017, sets out how the £2.9m allocated for Swindon would be invested to provide stability and additional capacity within the adult social care market to support safe and timely discharge from hospital. This includes:
- 3.4.1 Funding additional capacity for care packages and fee increases in domiciliary care and care homes including national living wage pressures
 - 3.4.2 Implementing the adult social care re-design programme targeting reablement and the hospital social work team initially
 - 3.4.3 Reviewing the financial support required to secure sustainable long term improvements in adult social care following the outcome of the re-design.
- 3.5 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), along with the reduced length of stay, has resulted in greater throughput of these beds. This has 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 Care. First City Nursing and Care have been through a period of mobilisation and the contract began end of February 2018.
- 3.6 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 average 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 also better than 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
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Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

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work assessment, speedier transfers to residential and nursing care, and less delays in waiting for a care package at home.

- 3.7 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 below the average for the South West (26.8). The main reasons for delays range from a patient waiting for a Continuing Health Care (CHC) placement or package of care (supporting best interest decisions), or stepping down to a community bed.
- 3.8 Health and social care colleagues meet three times a week to review all patients who are currently in hospital but are clinical assessed as fit for discharge or for transfer from the hospital. On average, there are 50 patients each day that could be discharged or transferred across Swindon, Wiltshire and out of area. This review supports the reduction in lost bed days and also supports the delivery of the 4-hour target by tackling the most significant breach reason i.e. decisions to admit and bed availability which constitutes 58% of breaches. To date, the review meetings has created a reduction in lost bed days from 605 to 286 in mid-December 2017.
- 3.9 Additionally, the CCG along with SBC colleagues, have been working with Care Homes and a 6-month pilot of the Swindon Red Bag Scheme. This was launched on 8th December 2017 with two care homes with a history of high admission rates. Contained in the Red Bag is the patient's medication, a letter and care plan stating the patient's current health needs, and signals to the ambulance service and the hospital that the patient is from a care home, and support for a timely discharge. The success of the pilot is reliant on the hospital ensuring plans are sent back in the bag which sets out the resident's on going needs and required support/interventions. This may include end of life care.
- 3.10 The CCG have now appointed a Trusted Assessor. This assessor has visited 50% of the homes in Swindon and begun a programme of joint assessments in the hospital with care home managers. The aim is to build trust for the assessor to commence assessments on behalf of the Care homes to reduce the number of delays for those patients waiting for a care home manager to visit the hospital to assess whether they will accept the patient back to the home.
- 3.11 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). Swindon's NHS BCF Senior Relationship Manager has written to Sue Wald to congratulate Swindon on the latest DToC performance stating: *'This is phenomenal – not only is the change significant it is within the hardest period of the year. The true commitment to the system is shown through the joint delays, it means you are working together as one. This cultural shift isn't easily achieved, I*

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

Delayed Transfers of Care

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will ensure I raise to SLT! Could you please pass on my many congratulations to all of your team'

- 3.12 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 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 from April 2017 to January 2018 is 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.
- 3.13 Work will continue across the partnership to support expeditious and timely hospital discharge so that patients stay until their acute medical episode is finished, receive a high level assessment and then move to a more appropriate location for assessment of future needs. The DTOC Programme continues to monitor performance on a monthly basis and ensures the frailty pathways are embedded to create a cohesive admission alternative pathway to meet the needs of local population including discharge to assess and step down and step up beds. The engagement with the Care Home Forum is ongoing to prevent avoidable admission to hospital from care homes, and ensure speedy discharge at the earliest opportunity. The Repatriation policy is also supporting speedier discharge for out of area patients.

4. Alternative Options

- 4.1 The option of not having a Better Care Fund is rejected as it would mean that there is no agreed plan and no further allocation of funding for Swindon 2017/19.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The planned expenditure is built into the budget planning process for the Clinical Commissioning Group (CCG) and Swindon Borough Council (SBC) for 2017/18 and 2018/19.

Legal and Human Rights Implications

- 5.2 There are no specific Legal or Human Rights implications arising from this report. The section 256 and 75 agreements are a legal contract that outlines the responsibilities of both the CCG and SBC through the aligned and pooled budget arrangement.

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

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

5.3 None identified.

Diversity Impact Assessment

5.4 The BCF Plan 2017/19 will positively impact on vulnerable people living in Swindon's community.

Risk Management

5.5 Risks have been identified as well as mitigating actions which are part of the Better Care Fund Narrative Plan 2017-19.

6. Consultees

6.1 Executive Management groups of both the Clinical Commissioning Group and Swindon Borough Council.

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

7. Background Papers

7.1 Swindon's Better Care Fund Plan (BCF) 2017/19:
<http://www.swindonjsna.co.uk/strategy/Better-Care-Fund>

8. Appendices

8.1 None.

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

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Healthwatch Swindon Update: Winter 2017

Health and Wellbeing Board

Date: 28th March 2018

Author: Tori Jones, Healthwatch Manager

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The purpose of the report is to provide the Health and Wellbeing Board with an update on the activities of Healthwatch Swindon during the period October to December 2017.

2. Recommendations

The Board is recommended to:

- 2.1 Note the report and the work completed by Healthwatch Swindon during October to December 2017.
- 2.2 Provide comments on the emerging work priorities and suggest any further areas of work for the future to be considered by the Healthwatch Swindon and the advisory group.

3. Detail

Background

- 3.1 Healthwatch Swindon give children, young people and adults across Swindon a powerful voice locally and nationally and works to help people get the best out of their local health and social care services through influencing their delivery and design. As part of the contract, Healthwatch Swindon offer an Independent NHS Complaints Advocacy Service. The current contract began 1 April 2016 and is a project delivered by The Care Forum.

Work plan and priorities

- 3.2 The priorities for Healthwatch Swindon for 2017/2018 have been:
- 3.2.1 Sustainability and Transformation Partnerships (STP) – making it real for Swindon
 - 3.2.2 Young people's mental health and wellbeing
 - 3.2.3 Ageing Well
 - 3.2.4 Community Health Contract
 - 3.2.5 Promoting the Independent NHS Complaints Advocacy Service
 - 3.2.6 Learning Disabilities

Further information on the subject of this report can be obtained from Tori Jones, 01793 497777, info@healthwatchswindon.org.uk.

Healthwatch Swindon Update: Winter 2017

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Governance

- 3.3 Healthwatch Swindon is hosted by parent organisation The Care Forum. The work plan is set by the Healthwatch Swindon team manager and overall governance is provided by The Care Forum board of trustees.
- 3.4 The Healthwatch Swindon Advisory Group is a steering group of volunteers, representatives from voluntary sector organisations and Healthwatch Swindon team members. The group is currently chaired by the Team Manager but plans are in place for a co-chaired approach (shared with a volunteer) to take place during 2018.
- 3.5 The group has been redeveloped during October 2017 in order to increase participation and enhance the role of the group. This has included changes to volunteer roles and a revised Terms of Reference in place.
- 3.6 In particular, roles have been realigned to support outcomes within the Swindon Health and Wellbeing Strategy. There will be particular emphasis on increasing contacts with disadvantaged and vulnerable communities.

Engagement, Communications and Outreach

- 3.7 During quarter three, Healthwatch Swindon received 270 contacts of which 132 were recorded as comments/feedback about local services.
- 3.8 In April 2018 a new client record management system will be in place which will enable production of more specific reporting including mapping the way contacts engage with us. This means that Healthwatch Swindon will be able to give an overview of how our clients and stakeholders engage with us and which methods of awareness raising have produced the best outputs. There will be an improvement to demographic reports and recording of this information.
- 3.9 Healthwatch Swindon has represented at over 60 boards, committees and groups during the quarter. In order to progress work engaging with young people's mental health and wellbeing Healthwatch Swindon is committed to the new Autism Spectrum Disorder Strategy Meetings for children and young people.
- 3.10 Healthwatch Swindon in partnership with Healthwatch Wiltshire and Healthwatch Bath and North East Somerset is represented on the Sustainability and Transformation Partnership Engagement and Communications sub group. The three Healthwatch are encouraging that updates to the public be made about the progress of STP and we advise on how this could take shape.
- 3.11 Locally, Healthwatch Swindon advised the Swindon Clinical Commissioning Group (CCG) as part of a communications working group. A series of public conversations have been held to explain the concept of Integrated Care Alliances (formerly Accountable Care) and to ask for public views. Locally, this system is known as Team Swindon and this work also supports the wider STP.

Further information on the subject of this report can be obtained from Tori Jones, 01793 497777, info@healthwatchswindon.org.uk.

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- 3.12 Healthwatch Swindon facilitates the Patient Participation Group (PPG) Forum. The forum met on 27 October 2017 with 22 attendees from 10 local PPGs. The meeting included a presentation given by Nicki Millin (Accountable Officer Swindon CCG) about Team Swindon and the PPG members gave feedback about the topic.
- 3.13 Healthwatch Swindon has been facilitating outreach with Swindon's LGBTQ community to explore health needs and reduce inequalities. This work started during quarter 3 and a resulting focus group is to be hosted by Public Health on 27 March 2018.
- 3.14 Healthwatch Swindon has continued to work in partnership with the Learning Disabilities Partnership Board (LDPB) Forum to ensure the voices of people with learning disabilities are heard. During November, we co-hosted the forum; Talking About Relationships. Over 30 people attended and an outcome was that attendees considered how to safeguard themselves through safer conversations and healthier relationships.
- 3.15 To build on this work, in quarter 3 Healthwatch Swindon took the lead on actions within the BANES, Wiltshire, Swindon Transforming Care Partnership (TCP) Plan. In partnership with Swindon Advocacy Movement, Healthwatch Swindon planned a series of 10 Enter and View visits which will be held during 2018. The visits will be undertaken by volunteers with learning disabilities and/or autism. The volunteers are experts by experience and will Enter and View services in Swindon to check the quality of services provided to people with learning disabilities and/or autism. Following the visits, the Quality Checkers will feedback their observations to Healthwatch Swindon. The feedback from the Enter and View visits will be published and will also feed into the TCP board to influence commissioning. Healthwatch Swindon will be able to add value to the Health and Wellbeing Board by sharing the reports which can be used to support Outcome 3 of the Swindon Health and Wellbeing Strategy. In addition, the visits also focus on community mental health services and we hope that the reports will therefore be useful to the STP.
- 3.16 During Quarter 3, Healthwatch Swindon has engaged with United Lunch Club, Oxford Brookes student nurses, Seniors Forum, Carers Rights Day, Alzheimer's Society, REACH, The Open Door, Harbour Project, Refugee and Asylum Seekers Group, CCG PPI Forum, GWH Smoke Free Group, GWH nutrition and hydration group.

Independent NHS Complaint Advocacy Service

- 3.17 Healthwatch Swindon provides the local Independent NHS Complaints Advocacy Service. Data from Quarter 1 showed us that more work was needed to increase case work. During Quarter 2 Healthwatch Swindon improved signposting into Advocacy from the core Healthwatch Swindon service and improvements to

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promotion of the advocacy service were planned and carried out. The majority of this promotion took place during October and November and included awareness raising visits to sheltered housing complexes. The impact of this has been a sharp increase in referrals of brief interventions (those who with our initial support, go on to self-advocate). During Quarter 1 the advocacy service supported 1 brief intervention however, during Quarter 3 this had increased to 21 brief interventions. A slight increase of case work was seen as a result during Quarter 3 (13 cases being managed) and this has continued to rise during Q4. We continue to develop this service.

Volunteers

- 3.18 Healthwatch Swindon has 20 volunteers who support our work in a number of ways. During Quarter 3 two volunteers were recruited and inducted. Nine volunteers were actively involved in our work during this period and this included attending strategic meetings, developing our Advisory Group, raising awareness and sharing their patient experiences.

Emerging priorities

- 3.19 Healthwatch Swindon is drafting the 2018/19 work plan. The following priorities will be included:

3.19.1 Sustainability and Transformation Partnership (increased public engagement)

3.19.2 Increase of new contacts in disadvantaged and vulnerable communities (supporting outcome 3 of Health and Wellbeing Strategy)

3.19.3 Quality Checkers Enter and View visits/ Transforming Care Partnership Plan

3.19.4 Mental Health

3.19.5 Children and young people's mental health and wellbeing

3.19.6 Adult Safeguarding

4. Alternative Options

- 4.1 This report updates the current activities and outcomes achieved.
- 4.2 Healthwatch Swindon welcomes comments on the emerging work priorities and suggestions for any further areas of work for the future.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

Further information on the subject of this report can be obtained from Tori Jones, 01793 497777, info@healthwatchswindon.org.uk.

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- 5.1 There are no financial or procurement implications as a result of this report. The delivery and performance is monitored against the contract performance indicators.

Legal and Human Rights Implications

- 5.2 There are no legal and human rights implications resulting from this update.

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

- 5.3 Healthwatch Swindon gives children, young people and adults across Swindon a powerful voice. Healthwatch Swindon works with local and national health and social care commissioners and regulators to influence and drive up quality.

Diversity Impact Assessment

- 5.4 None undertaken for this report. Healthwatch Swindon works across the Borough and seeks to monitor equality and diversity data including protected characteristics through its work.

Risk Management

- 5.5 None undertaken for this report.

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 - Q3 Feedback Feed Forward report (*circulated to Board members under separate cover and available on the Council's website at:*
<http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8083&Ver=4>).

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Accountable Care in Swindon

Health and Wellbeing Board

Date: 28th March 2018

Author: Nicki Millin, Accountable Officer, NHS Swindon Clinical Commissioning Group

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To provide the Health & Wellbeing Board with an update of the development of the Accountable Care system in Swindon.

2. Recommendations

The Board is recommended to:

- 2.1 Note the contents of the report and discuss any areas where further clarification may be required.

3. Details

Accountable Care/ Integrated Care

- 3.1 This report provides an update to the Health and Wellbeing Board on the development of Accountable Care within Swindon.

- 3.2 The first point to bring to the Boards attention is that the terminology for Accountable Care has changed within the NHS planning guidance issued in February; it states:

3.2.1 *We are now using the term Integrated Care System as a collective term for both devolved health and care systems.... An Integrated Care system is where health and care organisations voluntarily come together to provide integrated care services for a defined population.*

- 3.3 This definition reflects the work we have been doing in Swindon under the banner of Accountable Care, so we will change this locally to Integrated Care.

Progress report

- 3.4 During the winter months it was agreed to slow the pace of developing Integrated Care to allow clinical services to focus on delivery as demand increases and organisations to keep close watch of financial stability, cancer services and ED performance.
- 3.5 During this period it was identified that we would continue to scope the point of contact centre and to develop an integrated model for end of life care.
-

Further information on the subject of this report can be obtained from Nicki Millin, Accountable Officer, NHS Swindon CCG, 01793 683700

Accountable Care in Swindon

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Main point of contact centre

Talk before you walk



- 3.6 In developing the model for Integrated Care within Swindon it has been recognised that one main point of contact for residents and professionals would support easier access to the right part of the system at the right time.
- 3.7 It has been identified that staff working within this centre will need to access Shared Care Records & Care Planning and have the ability to triage, directly refer to, book into, or access primary care as well as other local services – including on the day urgent care responses. Increase in the promotion of local pharmacies as a place to seek advice on health-related issues.
- 3.8 It is intended that the centre will have a proactive role maintaining contact with individuals with long term conditions using technology such as telehealth to prevent avoidable deterioration or crisis by checking in on patients identified as high risk, picking up on early warning signs and intervening early.

End of life Care

- 3.9 End of life care in Swindon is provided in a variety of organisational settings by a range of health and social care professionals and each provide either core and/or specialist palliative end of life care across primary, acute and community care. Recent data analysis shows that in Swindon there are higher levels of emergency hospitalisation in the final months of life than the national average,

Further information on the subject of this report can be obtained from Nicki Millin, Accountable Officer, NHS Swindon CCG, 01793 683700

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despite there being higher levels of deaths at home than average. This suggests that there is scope to reduce the level of emergency hospital admissions locally through service development.

- 3.10 In Swindon, 1,590 people are predicted to require end of life or specialist palliative care per annum. By 2020, this is predicted to rise to 1,685 (6%). When asked directly, where they would wish to die, most people do not choose hospital. For up to 19% of patients who do die in hospital, the preferred location of death was known not to be hospital. The reasons for this are:
 - 3.10.1 Unpredictability and instability in their condition including rapid deterioration
 - 3.10.2 Complexity of support required in the community
 - 3.10.3 Applying for funding and accessing carers
 - 3.10.4 Lack of availability of other care and support services
 - 3.10.5 Not proactively discussing dying with patients and asking their preference.
- 3.11 A number of complaints received by the CCG from families sharing their experience of end of life care indicate a number of key themes:
 - 3.11.1 Poor communication between health professionals and across organisations
 - 3.11.2 Concern regarding timeliness of response when families call for help
 - 3.11.3 Lack of continuity of care
 - 3.11.4 Not having a direct point of contact to call
- 3.12 It was agreed that developing an integrated model of care would significantly benefit patients, therefore between September and December 2017 a number of workshop meetings were held, led and chaired by the CEO of the Prospect Hospice. Health and social care professionals attended from all key organisations, GWHFT including community and acute staff, Marie Curie, primary care and the CCG. A range of data and information was used to inform the discussions and the following was identified:
 - 3.12.1 Duplication in visiting
 - 3.12.2 Patient having multiple care plans
 - 3.12.3 Lack of continuity of care

Further information on the subject of this report can be obtained from Nicki Millin, Accountable Officer, NHS Swindon CCG, 01793 683700

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- 3.12.4 Lack of a centralised coordination of care provision in the community resulting in multiple access points for patients and families and health professionals to use
 - 3.12.5 Patients dying in hospital before care package or placement could be sourced
 - 3.12.6 Variation of capacity and capability of workforce
 - 3.12.7 Facilitation of discharge from the acute setting not clear
 - 3.12.8 Rapid-response services being used to support care at home
 - 3.13 To address the above a revised End of Life care model was designed and agreed by all attendees. The new model will include:
 - 3.13.1 Single point of contact which will be managed by the Prospect Hospice
 - 3.13.2 Case management of all individuals identified to be in their end of life period
 - 3.13.3 Extended and enhanced primary care team with care at home working with voluntary and charitable sector
 - 3.13.4 A single integrated care record for patients identified as being in that end of life period
 - 3.14 In order to progress the new model one central register will be created during April and May for all those recorded as end of life by GP Practices. The technology for the integrated care record will go live during May and the single care coordination access point will be operationalised led by the prospect hospice where an establish contact point is in place.
 - 3.15 During March and April, the hospice and existing community services will work together to establish an integrated end of life care team, working across organisational boundaries, bringing together existing key staff with the skills, experience and expertise in end of life care.
 - 4. Alternative Options**
 - 4.1 Services to remain configured in the way they are currently delivered.
 - 5. Implications, Diversity Impact Assessment and Risk Management**
 - Patient Benefits
 - 5.1 The benefits to patients of moving to an Integrated Care System are:-
 - Improved access to same day services
-

Further information on the subject of this report can be obtained from Nicki Millin, Accountable Officer, NHS Swindon CCG, 01793 683700

Accountable Care in Swindon

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- Increased amount of care for chronic disease delivered locally, with increased continuity of practitioner
- More systematic and structured approach to Chronic disease management
- Better co-ordinated transfers of care i.e. Hospital to Community
- Hospitals freed up for those that really needs its services
- A sustainable way of providing care
- Support for local communities to help themselves and get involved in priority setting and service development

Safety and Quality Impact

- 5.2 Each work stream once commenced will have a Quality Impact Assessment.

Financial and Procurement Implications

- 5.3 Finance models will be developed which will need to be incorporated into a business case for consideration by relevant organisations before any new mechanisms can be introduced.

Legal and Human Rights Implications

- 5.4 None to note. This remains under review throughout the development of the new models and pathways.

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

- 5.5 Workforce remains a key challenge to ensure sustainability of services. Appropriate estate for the delivery of services will be a consideration. These will be reviewed within the enabling work streams.

Equality & Diversity Impact Assessment

- 5.6 Each work stream once commenced will have an Equality and Diversity Impact Assessment.

Risk Management

- 5.7 Risks will be included on the CCG Risk Register.

6. Consultees

- 6.1 The development of Integrated Care is discussed in a number of different fora including H&WB Board Chairs Advisory Group, Swindon CCG Governing Body & Swindon CCG Patient Involvement Forum.

Further information on the subject of this report can be obtained from Nicki Millin, Accountable Officer, NHS Swindon CCG, 01793 683700

Accountable Care in Swindon

Health and Wellbeing Board

Date: 28th March 2018

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

7. Background Papers

7.1 None.

8. Appendices

8.1 None.

Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 28th March 2018

Author: Sue Wald – Director Adult Social Services

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To allow the Health and Wellbeing Board to consider the issues arising from the meetings of the Joint Commissioning Group held on 22nd November 2017 and 9th January 2018, the minutes of which are attached at Appendix 1 and 2 to the report.

2. Recommendations

The Committee is recommended to:

- 2.1 To review the discussions held and issues arising from the meetings of the Joint Commissioning Group held on 22nd November 2017 and 9th January 2018, and where appropriate request additional information or reports in relation to issues raised.

3. Detail

- 3.1 The Health and Wellbeing Board is invited to consider issues arising from the minutes of the Joint Commissioning Group held on 22nd November 2017 and 9th January 2018 and to request additional information and/or reports on issues raised.

4. Alternative Options

- 4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 This report has no financial or procurement implications.

Legal and Human Rights Implications

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

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

- 5.3 None.

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 28th March 2018

Diversity Impact Assessment

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

Risk Management

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

6. Consultees

- 6.1 This covering report presents the minutes of the Joint Commissioning Group at its meetings on 22nd November 2017 and 9th January 2018. The items discussed at those meetings were / will be consulted upon as appropriate, so no further consultation is required for this report.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Minutes of the Joint Commissioning Group held on 22nd November 2017.
- 8.2 Appendix 2 – Minutes of the Joint Commissioning Group held on 9th January 2018.

Both appendices have been circulated to Board members under separate cover and are available on the Council's website at:

<http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8083&Ver=4>.