

NHS Swindon Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 27 April 2017

Author: Executive Nurse, Swindon CCG

Wards: All Wards

Locality Affected: All Locality Area

Parishes Affected: All Parish Area

1. Purpose and Reasons

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

2. Recommendations

- 2.1 The Committee is recommended to:
- 2.2 Note the report.
- 2.3 Identify any areas of concern that require further investigation.

3. Detail

Sustainability and Transformation Plan

- 3.1 Health and care organisations across Bath and North East Somerset (B&NES), Swindon and Wiltshire have begun working together in an exceptional new way to meet the many challenges facing the health and care system.
- 3.2 Overall across B&NES, Swindon and Wiltshire the standard of health and care services is very good compared to other areas of England. However, there are still improvements that need to be made to make sure that these services are the best they can be – both now and in future years.
- 3.3 Additionally, there are increasing financial pressures. In the last financial year (2015/16), our combined spend on healthcare, across all our NHS organisations (such as GPs, hospitals, Clinical Commissioning Groups and mental health

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services), was approximately £1,570 per person. When we assess the additional needs that will be required from an older population – and of the growing numbers of people in our area based on national projections - then we estimate that by 2020/21 we will need to spend approximately £1,760 per person. This will exceed our expected budget of approximately £1,650 per person.

- 3.4 We therefore need to make choices over the next five years on how services are provided. We believe the only way to bridge the financial gap is to turn this into an opportunity to work smarter and more efficiently.

- 3.5 The full STP plan is available to read on our website <http://tinyurl.com/mkrg7kv>.

Learning Disabilities

- 3.6 The CCG have been working in partnership with Wiltshire to progress the Transforming Care Plan (TCP). The TCP identifies local actions across health and social care to improve local support and ultimately the aspiration to continue to locally avoid specialist hospital placement due to escalating challenging behaviours for people with a learning disability (LD) or autism. The TCP is monitored by a locally chaired TCP Board and NHS England (NHS E) and is deemed as on track with the identified actions and milestones.

- 3.7 A Swindon Policy has been approved which translates nationally mandated processes for the management of people displaying escalating challenging behaviours into local actions and responsibility. This has been shared with providers to articulate how they alert the CCG leads to people requiring additional assessment and support. As a result, the CCG are coordinating individual reviews when required to support quality and safety. Learning from these is being shared with the TCP Board to ensure that practical improvements can and are being made.

- 3.8 The next step is to align the roll out of the national Learning Disabilities Mortality Review (LeDeR) Programme. The programme is commissioned by The Healthcare Quality Improvement Partnership on behalf of NHS E to ensure that deaths of people with a learning disability and/or autism are reviewed. The resulting learning is being centrally held to inform health and social care gaps and the future required improvements.

Community Services

- 3.9 The CCG continue to meet with GWH each week to monitor the transition of community services.
- 3.10 GWH have carried out a thorough and robust due diligence process allowing both the CCG and GWH to understand the status of the organisation.

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- 3.11 The transition has gone well and through this care taking period, GWH have successfully been able to support staff and services to be resistant and sustained over the winter period.

IVF – Final Report

- 3.12 The Swindon CCG policy review for the provision of fertility services as part of the STP work stream 'Demand Management' took place with an aim to achieve a consistent approach across the STP to referral management and alignment of clinical commissioning policies and processes.

- 3.13 The overall aim of the review was to develop a local policy which will support the commissioning of the highest quality, most clinically and cost effective and affordable fertility services that maximise health outcomes in terms of live births and patient/baby safety.

- 3.14 As part of this review a five-week engagement process was undertaken to gather the views of patients, health professionals and the wider public to understand the potential impact of the proposal. The Engagement Report is available to view on the CCG website here:

[http://www.swindonccg.nhs.uk/images/Get%20Involved/IVF%20Engagement%20report_March%202017%20final%20\(ID%20666498\).pdf](http://www.swindonccg.nhs.uk/images/Get%20Involved/IVF%20Engagement%20report_March%202017%20final%20(ID%20666498).pdf)

- 3.15 The CCG has now implemented the new commissioning policy, which will bring us in line with other commissioners in the STP footprint. It will be applicable to new referrals only with effect from 1 April 2017.

4. Alternative Options

- 4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

11.1 Legal and Human Rights Implications

N/A

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

N/A

11.3 Diversity Impact Assessment

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

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11.4 Risk Management

N/A

6. **Consultees**

Not applicable as an update to the Health Overview and Scrutiny Committee.

7. **Background Papers**

7.1 None.

8. **Appendices**

8.1 None.