

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 7 January 2015

Committee Room 6, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

Contact Officers:

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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. Public Question Time**
Please refer to the explanatory notes below.
- 4. Minutes** (Pages 1 - 8)
To receive the minutes of the meeting held on 8 October 2014.
- 5. Sexual Health Joint Strategic Needs Assessment** (Pages 9 - 22)
- 6. Joint Strategic Needs Assessment 2014-2015 Summary** (Pages 23 - 76)
- 7. Transfer of 0-5 children's public health commissioning to Local Authorities**
(Pages 77 - 80)
- 8. Voluntary Sector Commissioning in Swindon** (Pages 81 - 90)
- 9. Healthwatch Swindon Update** (Pages 91 - 104)
- 10. Mental Health Crisis Care Concordat** (Pages 105 - 112)
- 11. Future meeting dates of the Board** (Pages 113 - 116)

Date of Despatch: 29 December 2014

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 on the Council's Website.

(<http://www5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0>) or from the Committee Officer named above.

Access Arrangements - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you would wish to attend the meeting but have any special requirement to enable you to do so please contact the Committee Officer, whose name appears at the top of this agenda, as soon as possible prior to the date of the meeting.

If you would like to receive any of the pages contained in this agenda in a larger print size please contact the Committee Officer whose name appears on the first page of this agenda.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 8 OCTOBER 2014

PRESENT: Councillors David Renard (Chair), Brian Mattock and Ray Ballman, Gavin Jones (Chief Executive, Swindon Borough Council), Cherry Jones (Acting Director of Public Health, Swindon Borough Council), Nicki Millin (NHS Swindon Clinical Commissioning Group), Julie Hughes (NHS England) and David Wray (Third Sector representative).

Also in attendance were: Councillors Fionuala Foley and Maureen Penny, Mike Howard (Chair of the Local Safeguarding Adults Board and Local Safeguarding Children's Board), Peter Rowe (Healthwatch Swindon), and Gill May (NHS Swindon Clinical Commissioning Group).

Apologies for absence were received from John Gilbert (Board Director - Commissioning, Swindon Borough Council), Ben Curtis (Healthwatch Swindon), Paul Bearman (NHS Swindon Clinical Commissioning Group), Dr Peter Crouch (NHS Swindon Clinical Commissioning Group Clinical Chair and Vice-Chair), Jennifer Howells (NHS England) and Angus Macpherson (Police and Crime Commissioner).

71. 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.

72. Public Question Time

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

73. Minutes

Resolved – That the minutes of the meetings held on 23 July and 10 September 2014 be accepted as a correct record.

74. Safeguarding Adults at Risk in Swindon and Local Safeguarding Children Board Annual Reports

The Board received a report presenting the Annual Reports for the Safeguarding Adults at Risk in Swindon 2013/14 and the Local Safeguarding Board. The Annual Reports detail progress against the annual Business Plans for each Board.

With the agreement of the Board, Mike Howard, Chair of the Local Safeguarding Adults Board (LSAB) and the Local Safeguarding Children's Board (LSCB), introduced the report in two sections and firstly dealt with the Annual Report for the Safeguarding Adults at Risk in Swindon 2013/14.

Mr Howard highlighted the large number of examples and case studies contained within the Report, and asked the Board to note that one of the Swindon examples was taken forward nationally as guidance. The Service Users Forum requires better representation and the Safeguarding Board is looking at ways to include the voice of

the users. Mr Howard noted that the introduction of the Care Act will change the Local Authority response to safeguarding vulnerable adults as the term 'vulnerable adults' itself will change and also who it covers. The Safeguarding Board will become statutory and case reviews will be mandatory.

Members then asked questions and made observations on the following issues:

- Clarity was requested on the positioning of referrals from the third sector to the Multiple Sclerosis Centre, and if they are classed under care providers.
- It was queried what the complimentary and challenging connections between this Annual Report and the Health and Wellbeing Strategy are, and plans for the future evolution of ties between the Joint Strategic Needs Assessment priorities, Health and Wellbeing Strategy priorities, and the Annual Report.
- It was agreed that the Board should receive confirmation and demonstration that processes are being followed and progress is being achieved.
- It was noted that the Board will need to be clear on responsibilities under the Care Act when it is introduced, and that a further connection could be introduced by reflecting the Health and Wellbeing Board agendas in the agendas for the Safeguarding Board.

Mr Howard then introduced the second part of the report regarding the Local Safeguarding Children Annual Report 2013/14. He referred to the recent Ofsted evaluation in which the Board was rated as 'Good', and asked the Board to note some highlights of the previous year including: the feeling safe survey involving Thamesdown Transport; the changes to the Annual Report and Business Plan following feedback from Ofsted; training and workforce development; a conference hosted by the Board attended by over 270 people; work undertaken on the cross cutting issues of domestic abuse; and the activity reports produced by Board members which shows the independence of the Board as a whole.

Members then asked questions and made observations on the following issues:

- It was queried what the relationship is between the Safeguarding Board and the Health and Wellbeing Board.
- It was noted that there is confusion over the governance of domestic abuse and clarity could be provided by Health and Wellbeing Board members due to their seniority within their organisations.
- It was also noted that there are issues with the membership of the Safeguarding Board, including a lack of seniority of those members already present, and addressing the lack of senior representation from those agencies not already present.

Resolved – To note the Annual Reports for 2013/14 for Safeguarding Adults at Risk and the Swindon Local Safeguarding Children Board.

75. NHS Swindon Clinical Commissioning Group Operational Resilience

The Board received a report regarding the Swindon Clinical Commissioning Group (CCG) Operational Resilience Capacity Plan (ORCP) for 2014/15, designed to improve the planning of scheduled and unscheduled care for the registered population of Swindon and Shrivenham. The ORCP has been collaboratively developed between health and social care partners.

Gill May, Executive Nurse, Swindon CCG, introduced the report and asked members to note that the CCG works with partners all year round on resilience and capacity planning. Revised governance arrangements have been produced working with primary care providers, and a System Resilience Group has been set up with attendees at Chief Executive level. The Board noted that the Swindon CCG works with other commissioning groups, such as Wiltshire and Oxford, to ensure that postcode boundaries are not a barrier, and that the ORCP fits in with the Health and Wellbeing Strategy, the Care Act, and the Better Care Fund priorities. The ORCP is a dynamic and changing plan, and has been heavily tested, and reassurance can be provided to the Board over the next few months that it is achieving results.

After the presentation of the report, Board members asked questions and made observations on the following issues:

- The degree to which financial constraints factored in to the development of the ORCP and what the impacts have been. It was noted that the Swindon CCG had received no resilience funding in the previous financial year, but that £1.2m has been received this year providing an opportunity to forward plan and prioritise.
- It was noted that partners will be invited to review current practices, such as the emergency intensive care support team visiting Great Western Hospital and assessing working practices.
- The CCG will be adapting to seasonal changes and evaluating the benefits from funding spent.
- It was suggested that the current encouragement of childhood vaccination for flu should be included in the ORCP, and that the social care teams should also be mentioned alongside NHS England in terms of the prevention and management of seasonal and pandemic flu.

Resolved – To note the Swindon Clinical Commissioning Group Operational Resilience Capacity Plan for 2014/15.

76. Pharmaceutical Needs Assessment

The Board received a report highlighting how the Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Swindon which has to be published by 1 April 2015. The report presented information regarding the background and purpose, governance, consultation requirements and overview of proposed contents and timescales.

The purpose of the PNA is to:

- Identify the pharmaceutical services currently available and assess the need for pharmaceutical services now and in the future;
- Inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be; and
- Inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide new pharmaceutical services, including new pharmacies, and also to make changes to existing contracts. The organisation that will make these decisions is NHS England.

Cherry Jones, Acting Director of Public Health, introduced the report and noted that there is already an existing PNA which was agreed in 2011. PNAs are informed by the Joint Strategic Needs Assessments, and are subject to a 60 day statutory consultation period. The draft PNA will be available by the end of November 2014 and will be circulated to Board members at that time for their comments.

Neighbouring Health and Wellbeing Boards are Wiltshire, Gloucestershire, Oxfordshire and Berkshire. These will be asking for a consultation response on their PNAs and it was noted that the Acting Director of Public Health could formulate those responses using a checklist of issues to consider.

After the presentation of the report, Board members asked questions and made observations on the following issues:

- It was agreed that Board members should receive and approve the final version of the PNA before being submitted by the Acting Director of Public Health.
- It was queried and noted that there is confidence that all relevant groups and organisations will be consulted on the draft PNA. It was agreed that Localities will be liaised with, along with elected members, and Healthwatch could add this as an agenda item at their Health and Social Care Forum.
- It was agreed that the asset database of current pharmacies will be appended to the report requesting final sign off of the PNA.

Resolved – (1) To note the report.

(2) To delegate authority to the Acting Director of Public Health to respond, on behalf of the Board, to neighbouring Health and Wellbeing Board's Pharmaceutical Needs Assessments consultations.

(3) To receive and approve the final Pharmaceutical Needs Assessment by the end of March 2015 in advance of its submission by the Acting Director of Public Health.

77. Swindon Dementia Strategy

The Board received a report regarding the Swindon Dementia Strategy 2014-2019 which has been informed by the Dementia Joint Strategic Needs Assessment published in 2013. Dementia is a long term condition which affects significant numbers of patients and families in Swindon, and increasing quality of life and independence whilst living with dementia related illnesses is a national and local priority. The vision for Swindon is for people with dementia and their carers to live a healthy, safe and fulfilling life.

Cherry Jones, Acting Director of Public Health, introduced the report and asked the Board to note that the Strategy will be revised to bring safeguarding issues to the forefront before being finalised. The purpose of a dementia strategy for Swindon was highlighted, including identifying key priorities for what needs to improve and engaging local people in discussion on what works best for people in Swindon. The Board noted the eleven key priorities that have been identified based on the findings of the Joint Strategic Needs Assessment and a series of stakeholder involvement events, and that the Clinical Commissioning Group Executive are supportive of this.

After the presentation of the report, Board members asked questions and made observations on the following issues:

- Reconsidering this Strategy following the issuing of guidance on the Care Act.
- Introducing a new priority of bringing safeguarding to the forefront when commissioning services for the safety and wellbeing of those with dementia.
- The waiting list for the Memory Clinic.
- The range of awareness-raising contained within the Strategy, such as local providers and employers training employees to recognise signs of dementia in both members of staff and customers.
- Keeping the Board informed on the impact of the Strategy and how attainment is being measured. The specific outcomes in the Strategy can be measured by the Dementia Steering Group, Public Health Outcome Indicators will also be measured, and the annual report updating the Board on progress against Joint Strategic Needs Assessments can provide reassurance.
- The processes in place to determine susceptibility to dementia to ensure support is in place earlier to patients.

Resolved – (1) To recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they approve the Dementia Strategy for 2014 – 2019.

(2) To raise awareness to all partner Health and Wellbeing Board agencies of the importance of creating dementia friendly communities and delivering on the priorities identified within the strategy.

78. Disabled Children's Charter for Health and Wellbeing Boards

The Board received a report regarding the new Disabled Children's Charter for Health and Wellbeing Boards. The Charter was created by Every Disabled Child Matters and The Children's Trust, Tadworth. The report outlined the commitments within the Charter, and some key areas in which the needs of disabled children, young people and their families are currently being met in Swindon.

Cherry Jones, Acting Director of Public Health, introduced the report and highlighted the seven specific commitments that signatories to the Charter pledge to meet within one year of signing. Key areas of development include: integrated service for disabled children and young people; early support pathway; participation; short breaks; children and families Special Educational Needs Bill; and disabled children being given priority for the consideration of their needs in the Children and Young People Joint Strategic Needs Assessment. It was noted that a significant amount of work has already taken place in Swindon across the areas outlined in the Charter.

After the presentation of the report, Board members asked questions and made observations on the following issues:

- It was noted that this Charter is similar to the Charter the Local Authority has already signed up to.
- It was queried and noted that the Children's Trust Board would monitor the achievement against these commitments based on self-evidence provided to them.

- It was noted that even though a significant amount of work has already taken place in Swindon in achieving these commitments, the value added by signing up to the Charter is the attention it brings to these issues.
- Concerns were raised at the possibility of financial challenges being caused by signing up to the Charter.
- It was noted that the Board as a whole has to agree to sign up to the Charter – individual members would then take that back to their own organisations to inform and implement.

Resolved – (1) To note the Disabled Children's Charter for Health and Wellbeing Boards.

(2) To sign up to the Disabled Children's Charter for Health and Wellbeing Boards.

(3) To receive a report from the Children's Trust Board demonstrating compliance with the Charter in twelve months' time.

79. Healthwatch Swindon

The Board received a report providing an update on the progress of Healthwatch Swindon with examples of ways in which they are contributing to the Board's work to improve the health and wellbeing of the local population and reducing health inequalities. The Board has agreed at a previous meeting to receive regular updates from Healthwatch Swindon.

Peter Rowe, Manager of Healthwatch Swindon, introduced the report and advised that two people are currently going through the process to become Directors and one is currently being confirmed as a Director, meaning that there will be five in total who are all local people. He asked the Board to note that the Health Observatory had taken a long time to get off the ground but that it is now moving forward as a priority. Healthwatch have started a volunteer action programme which one of the Directors will be tasked to lead on, and their Engagement and Communication Strategy is being reviewed working closely with the Clinical Commissioning Group and NHS England. Mr Rowe also advised the Board that Healthwatch have extended their in-house advocacy to 20 hours per week and he asked the Board to note some of the projects that they have been involved in, such as collating data, summarising and presenting the results of the survey conducted by the Learning Disability and Partnership Board.

After the presentation of the report, Board members asked questions and made observations on the following issues:

- It was queried if the next update report could cross reference the asks from the Clinical Commissioning Group as well.
- It was noted that the data being collected as part of the Swindon Health Observatory project would be helpful for third sector organisations when applying for grant funding.
- It was suggested that the links between Healthwatch and the Local Safeguarding Boards could be improved.
- It was noted that personal data is not held as part of the Observatory database, and that monitoring of the data flow will be worked on as part of finalising the project.
- It was noted that the Joint Strategic Needs Assessment (JSNA) process uses

data and intelligence which the Observatory data could compliment. The concept will be taken to the next JSNA Steering Group meeting.

Resolved – To note the update from Healthwatch Swindon.

80. Any Other Business

Board members were invited to note the Department of Health and Public Health England consultation on the Health Premium Scheme for 2014/15 which has recently been published. The proposal contained within the consultation document shows that two indicators will be measured against – a national indicator (successful completion of drugs treatment) and a local indicator which is selected by Local Authorities from the list of approved indicators. The consultation also asks authorities to answer a list of questions which Public Health England will feed back on.

Concerns have been raised over how this has been consulted upon, and members were asked to pass any thoughts or comments to the Acting Director of Public Health and the Cabinet Member for Health and Adult Social Care.

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Sexual Health Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Board

Date: 7 January 2015

Author:	Acting Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board (HWB) of the Sexual Health JSNA, seek support for its recommendations and raise awareness of the issues surrounding sexual health in Swindon.
- 1.2 The Sexual Health JSNA is an objective analysis of the current and future needs in Swindon. Based on available data, it identifies the current national and local sexual health status and services used. The recommendations from the Sexual Health JSNA together with national guidance, quality standards and good practice will improve sexual health in Swindon.
- 1.3 The Sexual Health JSNA provides information that informs the commissioning of sexual health services and links with the priorities and outcomes identified in the Swindon Health and Wellbeing Strategy and One Swindon.

2. Recommendations

The Board is recommended to:

- 2.1 Note the recommendations from the Sexual Health JSNA Bulletin.
- 2.2 Support the development of a Sexual Health Strategy and Action Plan for Swindon.
- 2.3 Commission the established multi agency Sexual Health Executive Group to oversee and monitor the development of the strategy and implementation plan and the recommendations identified in the JSNA.

3. Detail

- 3.1 Sexual health matters to both individuals and communities and is important across the whole life course. It encompasses a wide range of areas including promotion of healthy sexual relationships, avoiding sexually transmitted infections (STIs), teenage pregnancy, safe termination of pregnancy, contraception and sexual offences. STIs are passed from one person to another through unprotected sex or genital contact. Examples of such infections include HIV (Human Immunodeficiency Virus), chlamydia and gonorrhoea.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk or Chaam Klinger on 01793 444672, cklinger@swindon.gov.uk

Sexual Health Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Board

Date: 7 January 2015

- 3.2 The World Health Organisation defines sexual health as “a state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”
- 3.3 In 2013, Swindon ranked 72 (out of 326 local authorities in England, with the first in the rank having the highest rates) for rates of new sexually transmitted infections (STIs). 1891 new STIs were diagnosed in Swindon residents (892.3 per 100,000 population, compared to 810.9 per 100,000 for England). 58% of diagnoses of new STIs in Swindon were in people aged 15- 24 years (compared to 55% in England). Swindon Sexual Health services effectively targets and tests those most of risk (for example, high rates of partner notification) and this is reflected in the high STI diagnosis rates.
- 3.4 In 2013 the total abortion rate for Swindon local authority was 16.2 per 1,000 female population aged 15-44 years, compared to 16.6 in England. Of those women under 25 years who had an abortion in that year, the proportion of those who had had a previous abortion was 26.5%, while in England the proportion was 26.9%. Nine out of every ten terminations occur before 10 weeks gestation (87%) this is one of the highest in the country and reduces the risk of complications from the procedure.
- 3.5 In 2012, the under 18 conception rate per 1,000 female aged 15 to 17 years in Swindon was 27.8, while in England the rate was 27.7. The conception rate for under 16s (13 to 15 year olds) is 4.7 per 1000 which is better than both the South West (4.9 per 1,000) and England (5.6 per 1,000) rates.
- 3.6 Swindon Sexual Health (Great Western Hospitals) is the major provider of sexual health services in Swindon. Other providers include General Practice (especially regarding contraception), the school nursing team, the Sexual Assault Referral Centre (SARC) and voluntary organisations such as the British Pregnancy Advisory Service (BPAS) and the Terence Higgins Trust. Swindon Sexual Health Service, contraceptive services provided through General Practice, and the Terence Higgins Trust (THT) are all commissioned by Swindon Borough Council. Abortion services are commissioned by Swindon Clinical Commissioning Group (CCG). The SARC is commissioned by NHS England but jointly monitored by SBC and Wiltshire Council. The School Nursing service is part of SBC's integrated locality team and is jointly commissioned by NHS England and Swindon Borough Council.
- 3.7 The JSNA makes the following 13 recommendations
- 3.7.1 Increase the uptake of chlamydia screening amongst 15-24 year olds.
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Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk. or Chaam Klinger on 01793 444672, cklinger@swindon.gov.uk

Sexual Health Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Board

Date: 7 January 2015

- 3.7.2 Improve uptake of HIV (human immunodeficiency virus) testing amongst women and heterosexual men with a view to reducing the proportion of late HIV diagnoses.
- 3.7.3 Continue to provide an excellent HPV (human papilloma virus) vaccination programme to ensure high vaccine uptake rates.
- 3.7.4 Continue to provide the majority of abortions during early pregnancy to ensure low complication rates for women.
- 3.7.5 Increase the uptake of Long Acting Reversible Contraception (LARC). Continue to train more general practitioners (GPs) in LARC insertion and ensure that LARC continues to be available in all General Practices.
- 3.7.6 Conduct qualitative research with service users to better understand the barriers for the uptake of LARC.
- 3.7.7 Increase the number of pharmacies providing emergency hormonal contraception.
- 3.7.8 Work closely with schools and colleges to encourage the use of quality assured packages available for the delivery of Sex and Relationships Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur.
- 3.7.9 Encourage more organisations within Swindon to achieve the Young People Friendly accreditation.
- 3.7.10 Explore how to provide a specialist psycho-sexual counselling service for Swindon residents.
- 3.7.11 Develop and coordinate a child sexual exploitation (CSE) strategy and action plan, linking with the Local Safeguarding Children Board (LSCB).
- 3.7.12 Develop and coordinate a female genital mutilation (FGM) prevention strategy and action plan, linking with the LSCB.
- 3.7.13 Ensure cross correlation of data across local partnerships, to ensure that all agencies have the necessary information to protect the vulnerable. The Multi-Agency Risk Panel (MARP) is an example where information sharing is used effectively to prevent harm and protect vulnerable children.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk or Chaam Klinger on 01793 444672, cklinger@swindon.gov.uk

Sexual Health Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Board

Date: 7 January 2015

The above recommendations require a multi-agency and partnership approach and will be monitored through the Sexual Health Executive Group led by public health.

4. Alternative Options

- 4.1 Not to proceed to develop a Sexual Health Strategy.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial implications within this report. If the strategy and action plan require additional resources, they will be addressed as part of the agreement of the strategy.

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 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon JSNA and that everyone in Swindon has fair access to services and are free from discrimination.

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

- 5.4 The Sexual Health JSNA highlights a number of key areas of focus that will provide the opportunity to improve outcomes for residents of Swindon.
- 5.5 The recommendations from this JSNA will inform commissioning and provision of services and actions required to positively impact on health and wellbeing of the residents of Swindon.

Diversity Impact Assessment

- 5.6 A Diversity Impact Assessment (DIA) for Sexual Health Services and Men's Sexual Health has been completed. No adverse impacts were identified based on religion, sexual orientation, marital/civil partnership status, or pregnancy/maternity. A copy of the DIA with more detailed information can be requested from the report author.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk or Chaam Klinger on 01793 444672, cklinger@swindon.gov.uk

Sexual Health Joint Strategic Needs Assessment (JSNA)

Health and Wellbeing Board

Date: 7 January 2015

Risk Management

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

6. Consultees

6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None.

8. Appendices

8.1 Sexual health JSNA Bulletin.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, cherryjones@swindon.gov.uk or Chaam Klinger on 01793 444672, cklinger@swindon.gov.uk

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Swindon's Joint Strategic Needs Assessment

Bulletin: Sexual Health

Key Points

- The JSNA provides evidence to help us understand the sexual health and wellbeing needs of people in Swindon.
- Sexual health matters to both individuals and communities and is important across the whole life course. It encompasses a wide range of areas including sexually transmitted infections (STIs), teenage pregnancy, abortions, contraception and sexual offences as well as the promotion of good sexual health and the prevention of STIs, unplanned pregnancies and poor sexual health.
- STIs are passed from one person to another through unprotected sex or genital contact. Examples of such infections include HIV (human immunodeficiency virus), chlamydia and gonorrhoea.
- In 2013, the Swindon Chlamydia Screening Programme performed significantly better than England and the South West, reaching the national target of 2,300 diagnoses per 100,000 young adults per year. However, a smaller proportion of the 15-24 year old population is screened for chlamydia when compared to regional and national figures (22.2% compared to 23.8% and 24.9% respectively in 2013).
- A high proportion of people newly diagnosed with HIV in Swindon have a late diagnosis of HIV (57.1%), but this is no worse than the national picture. The uptake of HIV tests within Genito-Urinary Medicine (GUM) settings is highest within the MSM (men who have sex with men) group at 95.3% and lowest amongst women (70.4%).
- The uptake rates of the HPV (human papilloma virus) vaccine (to prevent cervical cancer) in Swindon have been consistently high and better than regional and national rates (96.2% in 2012/13 compared to 81.5% and 86.1% respectively).
- 86.7% of abortions in Swindon are performed under 10 weeks gestation, which is high when compared to regional and national data. This is desirable as early abortion ensures that women undergoing abortions experience fewer complications.
- Teenage pregnancy rates in Swindon have continued to decline, in line with national figures.
- The Swindon Local Safeguarding Children Board (LSCB) has overview of all safeguarding issues in Swindon, including child sexual exploitation (CSE) and female genital mutilation (FGM).
- The JSNA makes 13 recommendations (see page 8).

What is Joint Strategic Needs Assessment?

A JSNA helps us to understand:

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

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

is vital in setting priorities and planning future services.

The Sexual Health Needs Assessment

The World Health Organisation defines sexual health as "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. " The purpose of this needs assessment is to inform the commissioning of sexual health services in Swindon so that services are provided in a way that meets the needs of the population

Influences on sexual health

A number of factors can influence sexual health. An understanding of these is needed to ensure that good sexual health services

are provided across the life-course. Factors influencing sexual health are summarised in Box 1.

Box 1: Influences on sexual health.

- Personal beliefs, for example the degree of perceived risk of pregnancy or catching an STI or HIV.
- Personal understanding and perception of risk associated with certain sexual behaviours.
- Attitudes, for example the belief that condom use or male sterilisation can decrease sexual pleasure.
- Social norms and peer pressure. For example, in surveys both parents and young people significantly overestimate the levels of sexual activity under the age of 16.
- Self-esteem and confidence impact on the way people feel about their bodies; their attractiveness and their physical value can influence sexual health. People with low body confidence may be more likely to engage in risky behaviour, such as unprotected sex.
- Past behaviour, for example in using condoms or contraception.
- Relationships within families: young people who are able to have open and supportive conversations with their parents about sexual health matters are more likely to make better and informed choices about their sexual health and behaviour.
- Stigma and discrimination can prevent individuals from getting early diagnosis and treatment, disclosing to friends and family and getting the support they need.
- Behavioural willingness, for example if a person believes that someone who does not use contraception is attractive, that person is at higher risk of adopting these practices.

Adapted from "A framework for sexual health improvement in England", Department of Health, 2013

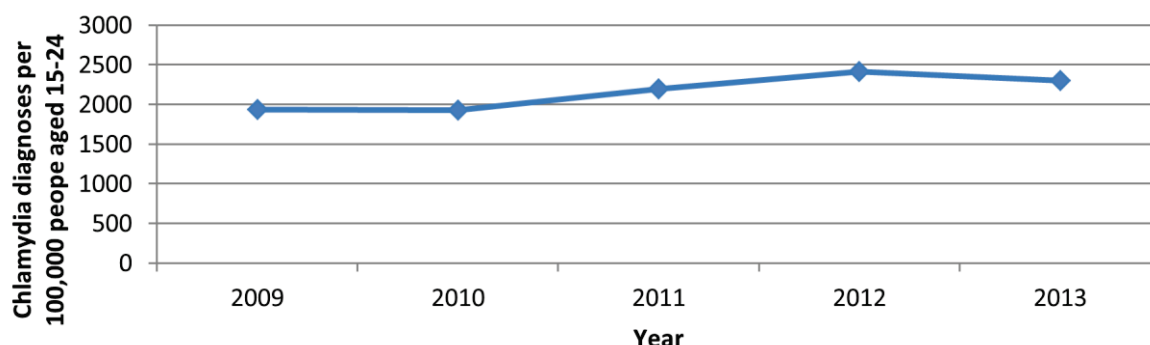
Sexual health in Swindon

In 2013, Swindon ranked 72 (out of 326 local authorities in England, with the first in the rank having the highest rates) for rates of new sexually transmitted infections (STIs). 1891 new STIs were diagnosed in Swindon residents (892.3 per 100,000 population, compared to 810.9 per 100,000 for England). Swindon successfully targets people at risk of

STIs, as is evident by the high rates of STI diagnoses.

58% of diagnoses of new STIs in Swindon were in people aged 15- 24 years (compared to 55% in England). Figures 1 and 2 provide an overview of STI trends in Swindon in recent years.

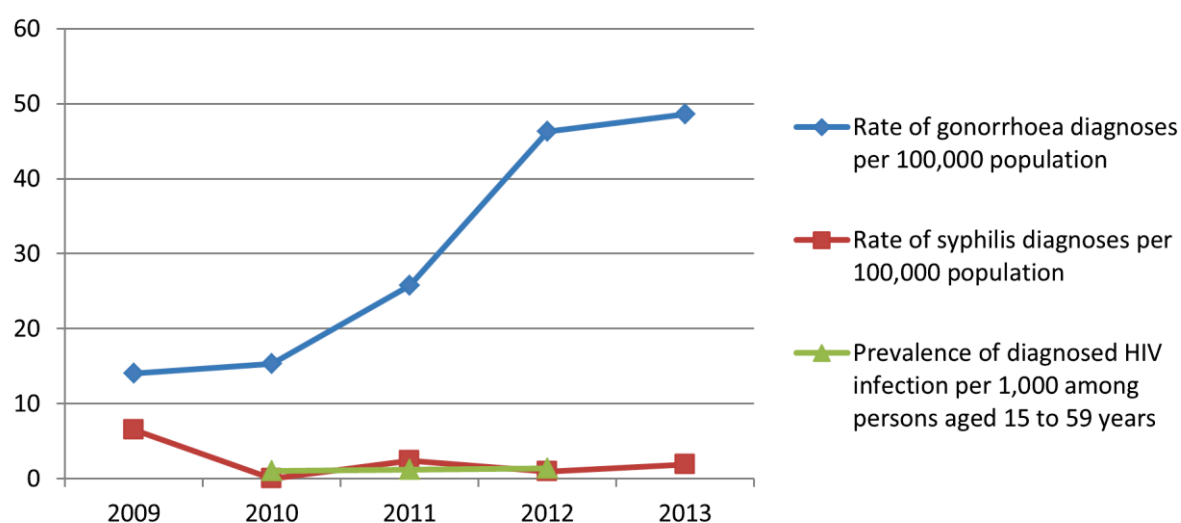
Figure 1: Rate of chlamydia diagnoses per 100,000 young people aged 15 to 24 in Swindon from 2009 to 2013 (Sexual & Reproductive Health Profile data) (SRHP)



The proportion of the population aged 15 -24 screened for chlamydia has increased slightly from 19.5% in 2009 to 22.2% in 2013. However, as can be seen by the high rates

of chlamydia diagnoses (Figure 1), Swindon is good at targeting people at high risk of chlamydia for chlamydia screening.

Figure 2: Trends in STIs in Swindon 2009-2013 (SRHP)



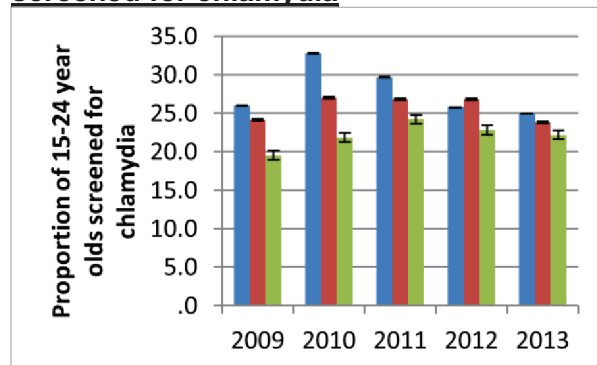
As can be seen by Figure 2, the rate of gonorrhoea diagnoses have increased significantly from 14.1 per 100,000 in 2009 to 48.6 in 2013. The rates have increased considerably in England for the same time period, from 26.8 in 2009 to 52.9 in 2013. The reason behind the national increase in Gonorrhoea is unknown. The increase in gonorrhoea diagnoses in Swindon may be partly due to the introduction of the more sensitive Nucleic Acid Amplification Test (NAAT) in August 2012.

Key findings

Swindon is good at targeting those most at risk of **chlamydia**, and is performing significantly better than England and the South West in chlamydia screening, reaching the national target of 2,300 diagnoses per 100,000 young adults per year in 2013.

As can be seen by Figure 3, smaller proportion of the 15-24 year old population is screened by chlamydia screening when compared to regional and national figures (22.2% compared to 23.8% and 24.9% respectively in 2013).

Figure 3: Proportion of 15-24 year olds screened for chlamydia



Key: ■ England ■ South West ■ Swindon

In line with national trends, the rate of **gonorrhoea** diagnoses continues to rise in Swindon. In 2013, the rate of gonorrhoea diagnoses was 48.6 per 100,000 in Swindon, compared to 52.9 per 100,000 in England.

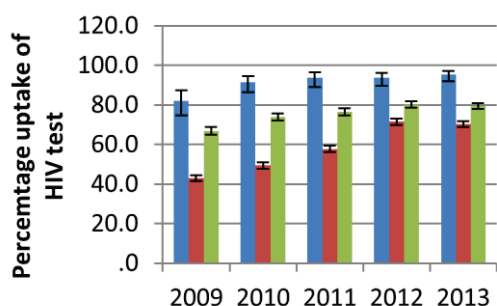
In 2013, the diagnosed **HIV (human immunodeficiency virus)** prevalence in Swindon was 1.5 per 1,000 population aged 15-59, with 18 new diagnoses during that year. The national prevalence of HIV in 2013 was 2.1.

In 2013, 66.0% of Genito-Urinary Medicine (GUM) clinic patients from Swindon who were eligible to be tested for HIV were tested. This compares to a national rate of 71%.

The uptake of HIV tests within GUM settings is best within the MSM (men who have sex with men) group and worst amongst women (Figure 4).

The commonest route of HIV transmission in Swindon is heterosexual intercourse (64%). A high proportion (57.1%) of people newly diagnosed with HIV in Swindon have a late diagnosis of HIV, but this is no worse than the national picture.

Figure 4: Uptake of HIV testing amongst different patient groups within Swindon



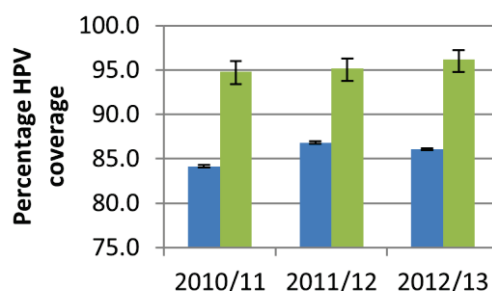
Key: MSM Women Men

It is also important to note that there are relatively few new HIV diagnoses in Swindon (18 new diagnoses in 2013).

The uptake rates of the **Human Papilloma Virus vaccine** in Swindon have been consistently high (96.2% in 2012/13) and better than regional and national rates (81.5%

and 86.1% respectively for the same time period) (Figure 5).

Figure 5: Percentage of girls aged 12-13 who have received all three doses of HPV vaccine (SRHP data)



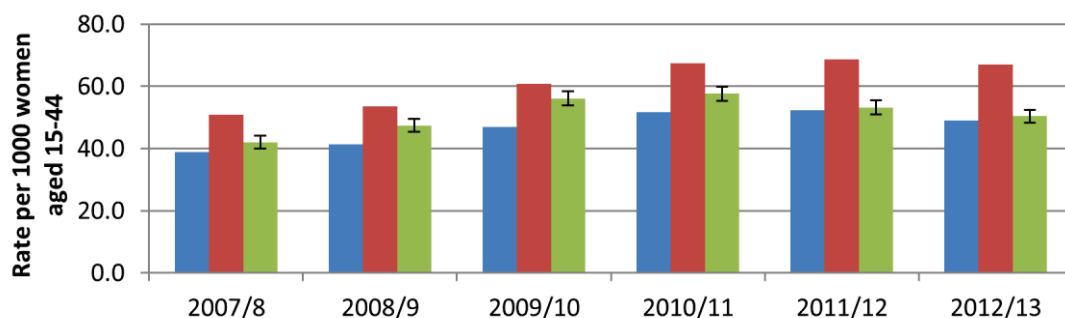
Key: England Swindon

In 2013, 86.7% of **abortions** in Swindon were performed under 10 weeks gestation, which is high when compared to regional and national data (78.6% and 79.4% respectively in 2013). This is desirable as early abortion ensures that women undergoing abortions experience fewer complications.

In line with national data, Swindon had a high rate of repeat abortions in the under 25 age group (26.5% in Swindon compared to 26.9% in England during 2013).

In 2012/13, the GP prescribed **Long Acting Reversible Contraception (LARC)** rate in Swindon was 50.1 per 1,000 registered women aged 15-44 years, compared to 49.0 per 1,000 women in England (Figure 6).

Figure 6: Rate of GPs prescribing LARC per 1000 registered female population aged 15- 44 within Swindon PCT area (SRHP data)

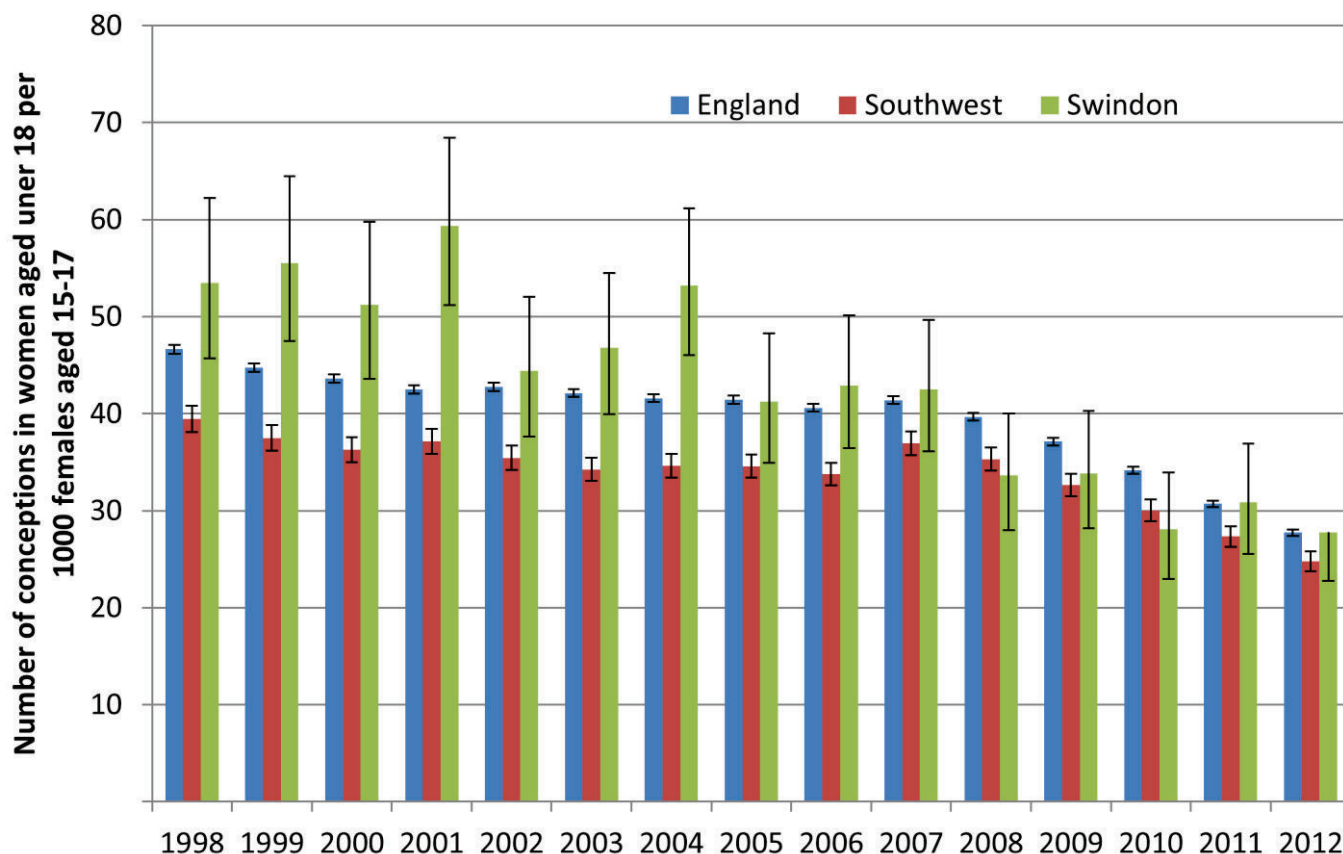


Key: England South West Swindon

Teenage pregnancy rates in Swindon have continued to decline, in line with national trends (Figure 7). In 2012, the under 18

conception rate per 1,000 females aged 15-17 years in Swindon was 27.8, whilst the national rate was 27.7.

Figure 7: Conception rates in women aged under 18 per 1,000 females aged 15-17 (SRHP data)



Sex and relationships education (SRE) in schools across Swindon is delivered almost exclusively by teachers, with some sporadic delivery of discrete aspects of sex education, (e.g. puberty, contraception, STIs) by school nurses where the school has a traded services arrangement with the school nursing service. Some training on effective delivery of SRE has been undertaken by teachers. SRE is a significant part of the non-statutory Personal, Social and Health Education (PSHE) curriculum. All schools in Swindon and school nurses are entitled to free membership to the PSHE association's resources held on their website. A PSHE audit was developed by SBC and completed by all schools in 2014, and work is on-going to further develop the audit to help ensure PSHE is comprehensively covered.

The rate of **sexual offences** recorded by police in Swindon was 88 per 100,000 in 2013. This was not significantly different from the rates in the South West (84 per 100,000) or England (83 per 100,000). Equity of access to Sexual Assault Referral Centres (SARC) is an issue which has been highlighted nationally and Swindon is fortunate to have a SARC located within the borough.

The Swindon Local Safeguarding Children Board (LSCB) has overview of all safeguarding issues in Swindon, including **child sexual exploitation (CSE)** and **female genital mutilation (FGM)**. CSE is defined in Box 2.

Box 2- Definition of CSE

'The sexual exploitation of children and young people under the age of 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/ or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.'

The National Working Group for Sexually Exploited Children and Young People, 2008.

Box 3- Types of FGM

Type 1- Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2- Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).

Type 3- Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Type 4- Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

The Swindon LSCB has been raising awareness of CSE amongst all frontline staff and has made available both face to face and online training for all agencies involved. The LSCB has also developed a screening tool so that frontline staff can identify those at risk of CSE. The Outreach and Group-work Team within SBC provides group work to young people at risk on healthy relationships and a more intensive group for girls identified to be at risk of CSE. A Multi-Agency Risk Panel (MARP) meets regularly to discuss children considered to be at high risk and where possible perpetrators are also discussed and information is shared between agencies.

FGM has been defined as follows:

"FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons."¹

The WHO classifies FGM into four types as defined in Box 3.

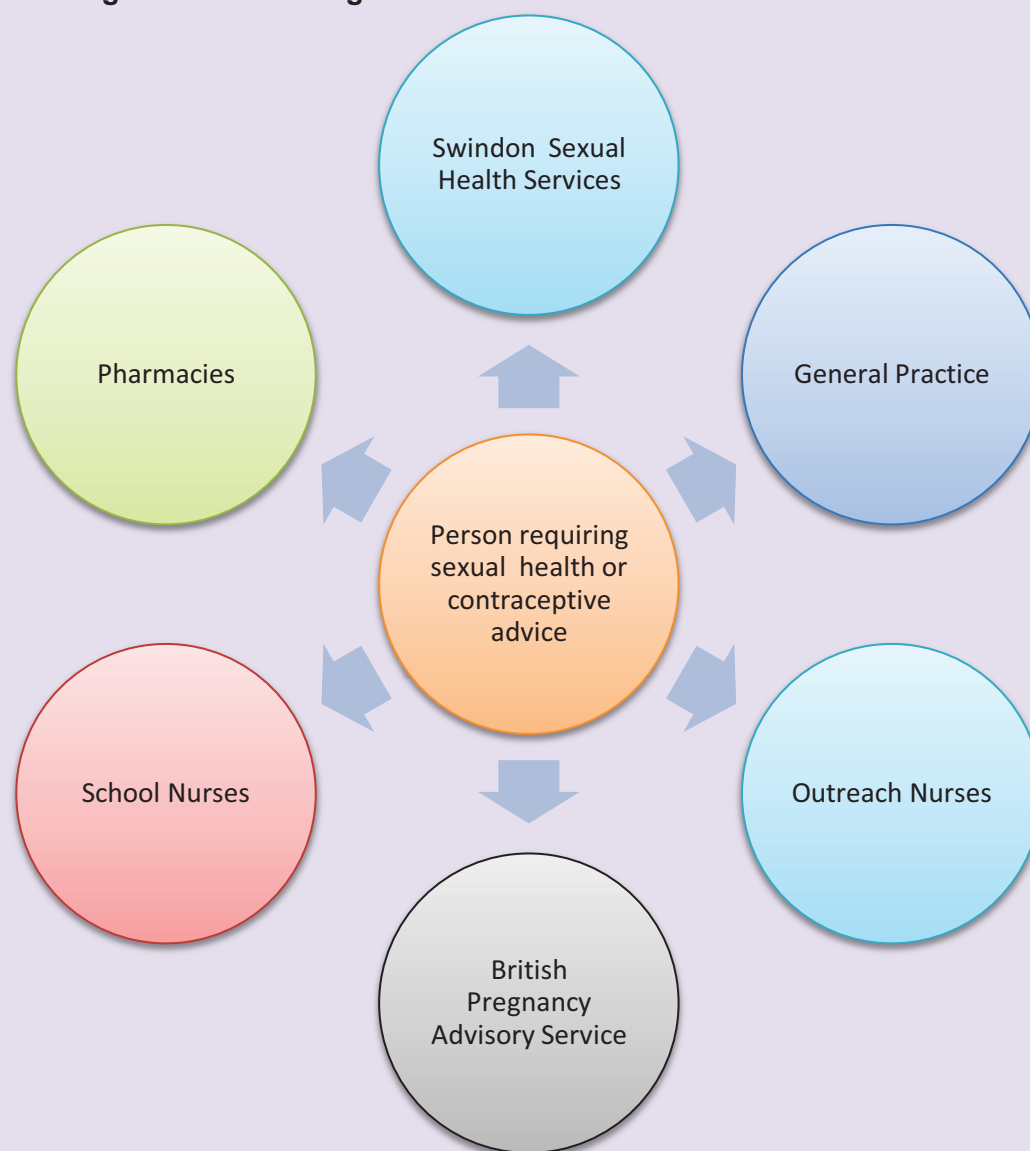
The detection and prevention of **FGM** is both a national and local priority. Multi-agency training on FGM is delivered by the Swindon Community Safety Partnership. Swindon currently follows the South West Child Protection Procedures for FGM. A FGM Working group, which is a sub-group of Swindon LSBC, is working on a set of local procedures and guidance on FGM.

What services do people use?

The sexual health services in Swindon are mostly provided by Swindon Sexual Health (SSH), an integrated sexual health service which provides both sexual health and contraceptive services and advice. Other providers include General Practice (especially regarding contraception), the school nursing team, voluntary organisations such as the British Pregnancy Advisory Service and the Terence Higgins Trust (THT) and the Sexual Assault Referral Centre (SARC). Figure 8 summarises the sources of sexual health advice and treatment in Swindon.

¹ Multiagency Practice Guidelines- Female Genital Mutilation, Department of Health, 2011

Figure 8: Diagram summarising access to sexual health services in Swindon



Contraceptive services

Contraception advice and treatment are available through a range of different services throughout Swindon: General practice, Swindon Sexual Health, pharmacies and the British Pregnancy Advisory Services (BPAS).

Emergency contraception is available from eight pharmacies located across Swindon, as well as from GPs and SSH. The outreach nurses have a particular role in providing contraception services and advice to the most vulnerable groups in Swindon.

School nurses work within schools to provide contraception advice and emergency contraception when needed. Finally, condom schemes operate in a variety of locations across Swindon (the two higher education colleges and the sexual health outreach clinic at Carfax Street).

High risk groups

SSH offers an outreach service to engage those who are at high risk of poor sexual health. For example, a clinic targeting MSM has been set up recently in a sauna which is frequented by MSM. Commercial sex workers are targeted with STI screening and the offer of condoms by outreach workers in collaboration with Crime Reduction Initiative. Sex workers are also advised around safety issues at work and offered hepatitis B vaccination if appropriate. An outreach service provides venous and dried blood spot testing for HIV, Hepatitis B and C for intravenous drug users in collaboration with the Crime Reduction Initiative. The outreach team run young person's clinics at Carfax Street and in Swindon and New Colleges.

The outreach team also engages in partnership work with all agencies working with young people (for example, youth engagement workers, school nurses, mental health and the Drug & Alcohol services). All these agencies refer into SSH.

Recommendations

The recommendations require a multi-agency and partnership approach and will be monitored through the Sexual Health Executive Group led by public health.

1. Increase the uptake of chlamydia screening amongst 15-24 year olds.
2. Improve uptake of HIV testing amongst women and heterosexual men with a view to reducing the proportion of late HIV diagnoses. Increased uptake could be achieved by
 - a. raising awareness of the need for HIV testing amongst heterosexual men and women
 - b. raising awareness of HIV with GPs so that they consider HIV as a differential diagnosis
 - c. making HIV tests available within other healthcare settings, for example, pharmacies.
3. Continue to provide an excellent HPV vaccination programme to ensure high vaccine uptake rates.
4. Continue to provide the majority of abortions during early pregnancy to ensure low complication rates for women.
5. Continue to train more GPs in LARC insertion and ensure that LARC continues to be available in all General Practices.
6. Conduct qualitative research with service users to better understand the barriers for the uptake of LARC.
7. Increase the number of pharmacies providing emergency hormonal contraception.
8. Encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationships Education, so that young people are well

informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur.

9. Encourage more organisations within Swindon achieve the Young People Friendly accreditation. Consider how to commission specialist psycho-sexual counselling. This issue and a way forward is currently being discussed by Swindon Borough Council, Public Health and Swindon CCG.
11. Develop and coordinate a CSE strategy and action plan, working with the LSCB.
12. Develop and coordinate a FGM prevention strategy and action plan, working with the LSCB.
13. Ensure cross correlation of data across local partnerships, to ensure that all agencies have the necessary information to protect the vulnerable. The MARP is an example where information sharing is used effectively to prevent harm and protect vulnerable children.

Where to find more information

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

<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx>

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

cbartlett@swindon.gov.uk

Information on sexual health services in Swindon can be found at

<http://www.swindonsexualhealth.nhs.uk/>

This JSNA was led by Chaam Klinger (Public Health Registrar) with support from Ayoola Oyinloye, Jo Hartley, Cherry Jones and members of the Sexual Health Executive Group. The author would like to thank all those who contributed to the development of this JSNA.

This bulletin will be reviewed in 2017.

Joint Strategic Needs Assessment (JSNA) 2014/2015 summary: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 7 January 2015

Author:	Acting Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon and is the principal work stream to inform the Joint Health and Wellbeing Strategy (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 and designed.
- 1.3 The 2014/15 JSNA Summary (Appendix one) provides an overview of the current and future health and wellbeing needs of people in Swindon. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework and a range of other local and national data sources. This report presents key facts, intelligence and issues for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and needs for many of these topics are examined in more detail in separate JSNA reports.

2. Recommendations

The Board is recommended to:

- 2.1 Note the 2014/15 JSNA Summary report.
- 2.2 Endorse its use in commissioning and strategy preparation, including the Joint Health and Wellbeing Strategy (JHWS).
- 2.3 Discuss this JSNA framework and consider:
 - Is this JSNA summary useful to you and how could it be improved in future?
 - What specific topics should be covered by future JSNA bulletins?
 - How should JSNA information be communicated in future?
 - How can we involve more people in the JSNA process?

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

Joint Strategic Needs Assessment (JSNA) 2014/2015 summary: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 7 January 2015

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. The JSNA is the principal work stream to inform the JHWS.
- 3.3 The JSNA supports an overall approach to using evidence and intelligence to identify priorities in order to help us all improve health and wellbeing in Swindon – it is not an end in itself.
- 3.4 The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities. Users of JSNA include partnership bodies such as the HWB and One Swindon, commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group and a much wider range of agencies and individuals who contribute to improving health and reducing inequalities.
- 3.5 The JSNA is used to guide strategy. This summary document provides an overview of key issues and should be used alongside other JSNA reports and bulletins and other supporting evidence. Whilst it is hard to summarise complex forces that interact with each other, it provides an important focus for strategy development.

JSNA Framework

- 3.6 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

JSNA Summary 2014/15: An overview of health and wellbeing in Swindon

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

Joint Strategic Needs Assessment (JSNA) 2014/2015 summary: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 7 January 2015

3.7 The summary document is arranged in 3 parts:

- Part 1: a short introduction which explains what the document is for and what it contains along with a selection of key facts and issues and priorities.
- Part 2: a 1 page summary of 24 health and wellbeing topics following a set template which includes a key fact; 2 key indicators; key information and key issues.
- Part 3: a further resources section which signposts readers to key resources, including the existing suite of JSNA topic reports (Appendix two).

3.8 The 24 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
- Children and young people summary

3.9 This approach incorporates some flexibility and the topic list can be added to or amended in future versions to reflect priorities and responsibilities.

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

Joint Strategic Needs Assessment (JSNA) 2014/2015 summary: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 7 January 2015

Key facts

- Swindon Council projections estimate that Swindon's population could increase by 14% from 2011 to 2021, and a further 10% from 2021 to 2031
- In Swindon, in 2010-12, average life expectancy is 79.3 years for males and 82.7 years for females, which is similar to England
- In the most deprived areas of Swindon, men die on average 7.2 years earlier and women 3.7 years earlier than those in the least deprived areas
- People with Long Term Conditions (LTCs) account for 50% of all GP appointments; 64% of outpatient appointments and 70% of all inpatient bed days
- Cardiovascular diseases accounts for about a quarter of all deaths in Swindon each year
- Diabetes is associated with a life expectancy that is ten years shorter than average
- More than one in three people will develop some form of cancer during their lifetime
- In 2012/13, in Swindon, 96.2% of girls aged 12-13 received all 3 doses of the HPV vaccine, the highest coverage in the country
- In Swindon LA, 10,500 people are estimated to have a moderate disability and a further 3,000 to have a severe disability
- One person in four will develop one or more mental disorders during their life time
- People with a learning disability have a median age at death which is 25 years younger than the general population
- One in six people over 65 will develop dementia at some stage during their lifetime
- Half of people aged 80 or over have a fall / fall related injury each year. Accidents and injuries account for 13% of emergency hospital admissions
- 2,911 babies were born in Swindon UA in 2013, 28 of these were born to women aged under 18 and 85 to women aged 40 or above

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

Joint Strategic Needs Assessment (JSNA) 2014/2015 summary: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

Date: 7 January 2015

-
- In 2012, an estimated 70.4% of adults in Swindon were overweight or obese. Surveys also found that only 50.1% of adults in Swindon were physically active in 2013
 - In 2013, 1,891 new STIs were diagnosed in Swindon residents
 - Smoking is the principal avoidable cause of premature deaths in the UK and treating disease caused by smoking costs the NHS 5.5% of its budget
 - In 2014, Ofsted judged Swindon Council's services for children in need of help and protection; children looked after and care leavers 'required improvement'
 - The 2011 Census indicated there were 19,450 people in Swindon providing unpaid care
 - In Swindon, between August 2013 and July 2014, domestic abuse accounted for 38% of "Violence Against the Person" crimes
 - 22,000 new homes will be built in Swindon between 2011 and 2026
 - 82.7% of those aged 16-64 in Swindon UA are economically active and 84.8% of employee jobs are in the Services industry
 - Sport provides an estimated £91.2m in added economic value to Swindon by way of improved quality and length of life plus health care costs avoided
 - Young people under 20 years old make up about 1/4 of the population of Swindon UA. 20% of Swindon school children are from a minority ethnic group

Key issues from data

- 3.10 Evidence suggests that in many ways the health of Swindon's population is similar to England as a whole. This in itself presents many challenges. While average life expectancy and smoking levels are improving there are still wide inequalities amongst our population and no sign that the health gap is being reduced.
- 3.11 Like other places across the country, Swindon people have been impacted upon from the economic recession and by growing problems of obesity and physical inactivity and the rise in Type 2 diabetes. The JSNA summary also highlights some local issues such as the particularly large increase in numbers of older people projected into the future; incidents of domestic abuse, chlamydia screening in the 15-24 age group, and a worrying 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.

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

3.13 There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs. People are more than passive recipients of services and it is well recognised that a large amount of health and social care is provided by individuals, families and friends themselves.

4. Alternative Options

4.1 No alternative options are proposed.

5. Implications

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 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

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

6. Consultees

6.1 The Board Director, Revenue, Benefits and Property (Section 151 Officer), Director of Law and Democratic Services (Monitoring Officer) and (Acting) Director of Public Health are consulted in respect of all reports.

7. Background Papers

7.1 None.

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

Joint Strategic Needs Assessment (JSNA) 2014/2015 summary: An Overview of Health and Wellbeing in Swindon

Health and Wellbeing Board

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8. Appendices

- 8.1 Appendix one. 2014/15 JSNA Summary: An Overview of Health and Wellbeing in Swindon.
- 8.2 Appendix two. 2014/15 JSNA Summary: Further Resources.

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JSNA Summary 2014/15:

An Overview of Health and Wellbeing in Swindon

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24	Children and young people

Authorship

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

Introduction

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

The JSNA Summary 2014/15 provides an overview of the current and future health and wellbeing needs of people in Swindon. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework and a range of other local and national data sources. This report presents key facts, intelligence and issues for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and needs for many of these topics are examined in more detail in separate JSNA reports.

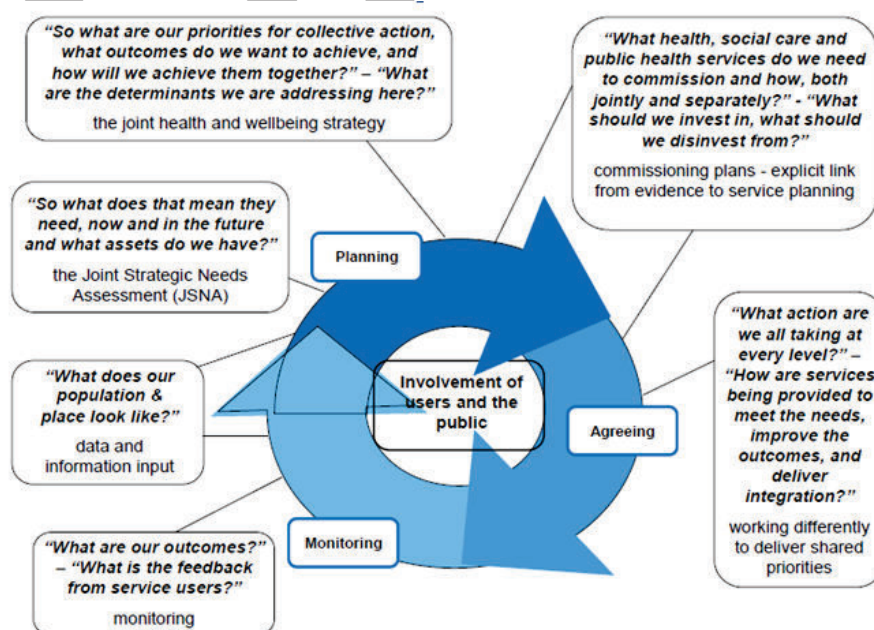
Purpose and use

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

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

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

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



Shared priorities

The following table outlines the agreed priorities for Swindon that have been articulated in the JHWS and from the One Swindon Partnership. It also contains the current Public Health England (PHE) priorities¹.

JHWS priorities	One Swindon priorities	Public Health England priorities
Every child and young person in Swindon has a healthy start in life	We can all benefit from a growing economy and a better Town Centre.	Tackling obesity particularly among children
Adults and older people in Swindon are living healthier and more independent lives	I like where I live.	Reducing harmful drinking and alcohol-related hospital admissions
Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)	Everyone is enjoying sports, leisure and cultural opportunities.	Reducing the risk of dementia, its incidence and prevalence in 65-75 year olds
Improved mental health, wellbeing and resilience for all	Living independently, protected from harm, leading healthy lives and making a positive contribution	Achieving a year-on-year decline in tuberculosis incidence
Creation of sustainable environments in which communities can flourish		Reducing smoking and stopping children starting
		Tackling the growth in antimicrobial resistance
		Ensuring every child has the best start in life

JSNA Framework

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

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

¹ From evidence into action: opportunities to protect and improve the nation's health, Public Health England, © Crown Copyright, October 2014. <https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>

JSNA Summary 2014/15: An overview of health and wellbeing in Swindon

The summary document is arranged in 3 parts:

- Part 1: a short introduction which explains what the document is for and what it contains along with a selection of key facts and issues and priorities.
- Part 2: a 1 page summary of 24 health and wellbeing topics following a set template which includes a key fact; 2 key indicators; key information and key issues.
- Part 3: a separate further information appendix which signposts readers to key resources, including the existing suite of JSNA topic reports.

Main sources of information

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

- Swindon JSNA webpage: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx>
- Public Health Outcome Framework (PHOF): <http://www.phoutcomes.info/>
- Public Health England (PHE) knowledge and data gateway: <http://datagateway.phe.org.uk/>
- PHE General Practice profiles: <http://fingertips.phe.org.uk/profile/general-practice>
- National Child and Maternal Health Intelligence Network (Chimat): <http://www.chimat.org.uk/>
- Children and young people's health benchmarking tool: <http://fingertips.phe.org.uk/profile/cyphof>
- Quality and Outcomes Framework (QOF): <http://www.hscic.gov.uk/catalogue/PUB15751>
- Projecting Adult Needs and Service Information (PANSI): <http://www.pansi.org.uk/>
- Projecting Older People Population Information (POPPI): <http://www.poppi.org.uk/>
- Office for National Statistics: <http://www.ons.gov.uk/ons/index.html>
- Swindon Borough Local Plan 2026: <http://www.swindon.gov.uk/ep/ep-planning/planningpolicy/ep-planning-localdev/Pages/ep-planning-localdev-localplan.aspx>
- Nomis (official labour market statistics): <http://www.nomisweb.co.uk/>

Additional background information, data and intelligence for each of the 24 topics can be found in the accompanying 'Further Resources' appendix.

Acknowledgements

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

Key facts

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

In Swindon, in 2011-13, average life expectancy is 79.3 years for males and 82.8 years for females, which is similar to England

In the most deprived areas of Swindon, men die on average 7.2 years earlier and women 3.7 years earlier than those in the least deprived areas

People with Long Term Conditions (LTCs) account for 50% of all GP appointments; 64% of outpatient appointments and 70% of all inpatient bed days

Cardiovascular disease accounts for about a quarter of all deaths in Swindon each year

Diabetes is associated with a life expectancy that is ten years shorter than average

More than one in three people will develop some form of cancer during their lifetime

In 2012/13, in Swindon, 96.2% of girls aged 12-13 received all 3 doses of the HPV vaccine, the highest coverage in the country

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

One person in four will develop one or more mental disorders during their life time

People with a learning disability have a median age at death which is 25 years younger than the general population

One in six people over 65 will develop dementia at some stage during their lifetime

Half of people aged 80 or over have a fall / fall related injury each year. Accidents and injuries account for 13% of emergency hospital admissions

2,911 babies were born in Swindon UA in 2013, 28 of these were born to women aged under 18 and 85 to women aged 40 or above

In 2012, an estimated 70.4% of adults in Swindon were overweight or obese. Surveys also found that only 50.1% of adults in Swindon were physically active in 2013

In 2013, 1,891 new STIs were diagnosed in Swindon residents

Smoking is the principal avoidable cause of premature deaths in the UK and treating disease caused by smoking costs the NHS 5.5% of its budget

In 2014, Ofsted judged Swindon Council's services for children in need of help and protection; children looked after and care leavers 'required improvement'

The 2011 Census indicated there were 19,450 people in Swindon providing unpaid care

In Swindon, between August 2013 and July 2014, domestic abuse accounted for 38% of "Violence Against the Person" crimes

22,000 new homes will be built in Swindon between 2011 and 2026

82.7% of those aged 16-64 in Swindon UA are economically active and 84.8% of employee jobs are in the Services industry

Sport provides an estimated £91.2m in added economic value to Swindon by way of improved quality and length of life plus health care costs avoided

Young people under 20 years old make up about 1/4 of the population of Swindon UA. 20% of Swindon school children are from a minority ethnic group

Key issues

Introduction

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

Like other places across the country, Swindon people have been damaged by the economic recession and by growing problems of obesity and physical inactivity and the rise in Type 2 diabetes. The JSNA summary also highlights some local issues such as the particularly large increase in numbers of older people projected into the future; incidents of domestic abuse, chlamydia screening in the 15-24 age group, and a worrying number of young people being admitted to hospital for reasons connected to alcohol, substance misuse and self-harm.

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

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

Key issues from topic sections

This report contains 24 topic pages which each highlight some key issues for that topic. The following pages provide a summary of some of these issues grouped under six broad headings. They are not the only, nor necessarily the most important ones, but are shown in this format to highlight the range of issues that Swindon is facing at the present time and how they are interconnected.

General

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

Increase the length of time and percentage of life spent in good health, adding life to years not just years to life.

Reduce health inequalities by taking action on six policy objectives:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Good start in life

Increase the number of women who initiate breastfeeding and support those who start to sustain breastfeeding for longer, especially in areas of deprivation which have lower breastfeeding prevalence rates.

Tackle the leading, preventable causes of death and serious long-term harm in children under the age of five: choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning.

Continue to develop and coordinate strategies and action plans for child sexual exploitation and female genital mutilation, linking with the Local Safeguarding Children Board (LSCB).

Raise educational attainment in Swindon at the end of secondary school to the England average and increase qualification levels at the end of Further Education so that young people in Swindon can progress into sustained employment or into higher education.

Healthy and risky behaviours

Reduce risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating which all increase the risk of developing long-term conditions, cancer and dementia.

Making physical activity and healthy eating part of everyday life and tackling perceived barriers around eating healthier and doing more physical activity, e.g. price of healthy food and lack of time to exercise

Reduce overall smoking prevalence, the number of people starting smoking, those smoking during pregnancy and the higher prevalence rates in routine and manual occupation groups.

The rate of sexually transmitted infections (STIs) in young people is still higher than the national average and a greater proportion of 15-24 year old young people need to be taking part in chlamydia screening.

To reduce the harm caused by alcohol.

Identify and assist people with drug and alcohol misuse problems who also have mental health issues (dual diagnosis).

Improve health and wellbeing for all by increasing and widening participation in sports, leisure and cultural activities.

Promote healthy ageing including physical activity and other healthier lifestyle choices as protective factors for falls and osteoporosis, and ensure those at high risk of a fall are identified and considered for their ability to benefit from interventions to improve strength and balance.

Mental health and wellbeing

Promote and implement the 'Five ways to Wellbeing' (connect; be active; keep learning; take notice; and give), as part of strategy to prevent mental health problems and develop mental resilience of the population

Raise employment rates for people with learning disabilities.

Raise awareness of dementia for everyone by promoting the Dementia Friends Initiative.

Burden of ill-health

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

Support carers to care effectively and safely; look after their own health and well-being; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities.

Health protection and safeguarding against harm

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

Ensure effective implementation of the Care Act that puts safeguarding adults on a 'legal footing'.

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

Notes on the data

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

- All data refers to Swindon Unitary Authority area unless otherwise stated.
- All data is the most recent data at the time of compilation (November 2014); newer data may have been published since that time.
- All differences labelled as statistically significant or significant have been tested at a 95% significance level.

A Data Guide to the JSNA Summary 2014/15 has also been compiled to show where all the data used in the Summary has originated. This will be published alongside the Summary.

1. Population



Key fact

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

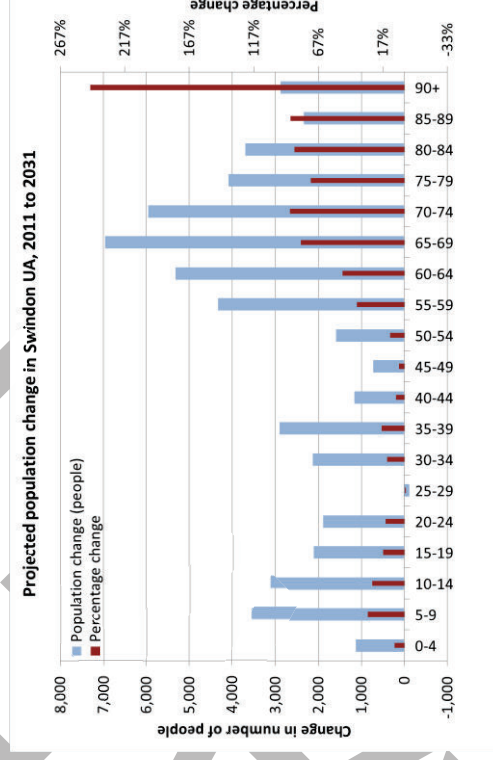


Key indicator



Key indicator

Area	Population	Period
Swindon Unitary Authority (people living within the SBC boundaries)	214,037	Mid 2013
Swindon CCG residents (people living within the SBC boundaries or in Shrivenham ward)	219,324	Mid 2013
Swindon CCG registered patients (patients registered with a Swindon CCG GP, irrespective of where they live)	226,551	31/03/2014



Key information

- Estimates for the resident and GP registered population in Swindon show that numbers are increasing and are currently around 220,000.
- Figures from mid-2013 for Swindon UA show that there were 50,544 under 18s (23.6%); 132,132 aged between 19 and 64 (61.7%) and 31,361 aged 65 or older (14.7%).
- Policy-led projections produced by Swindon Borough Council indicate that almost half (25,900 people) of the population growth between 2011 and 2031 will be in the 65 plus age group. Population increases are driven by people living longer and (net) internal migration.



Key issues

- The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.
- The challenge of providing appropriate services, without a large increase in available resources and of providing more ways of helping the population to be more resilient.
- The structure and characteristics of the population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.



Key resources: see Appendix for further information

2. Life Expectancy

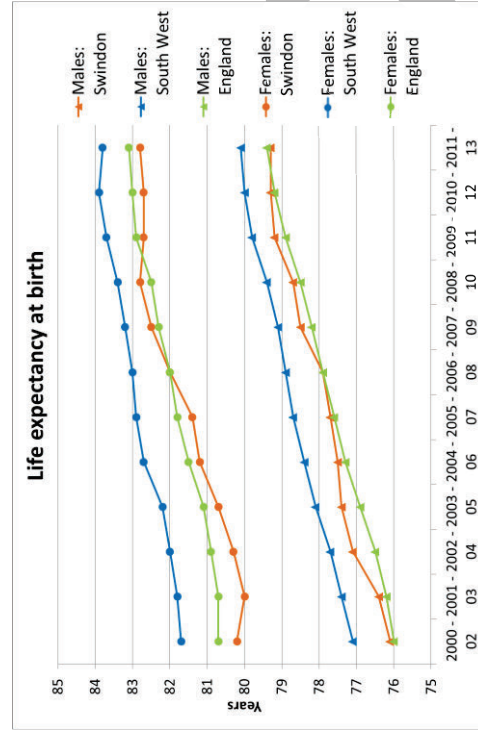
All life expectancy and healthy life expectancy figures quoted on this page are for Swindon Unitary Authority. Figures for Swindon CCG were within 0.1 years of the UA values in 2010-12.

Key fact

In Swindon, in 2011-13, average life expectancy is 79.3 years for males and 82.8 years for females, which is similar to England

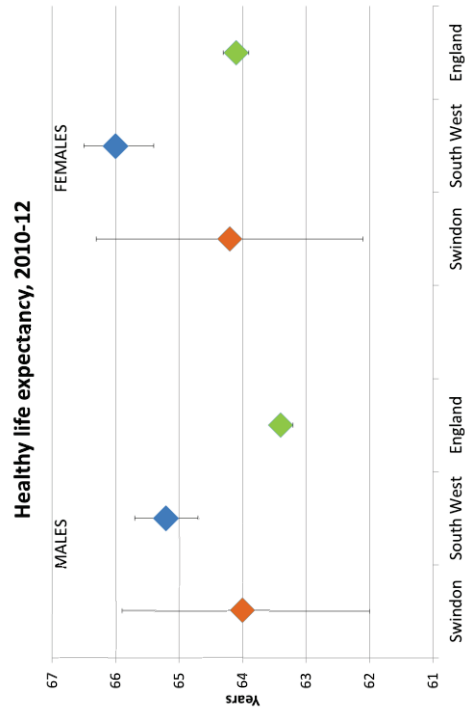
Key indicator

Key indicator



Key information

- Over the last decade life expectancy in Swindon is rising; people are living longer. However, female life expectancy peaked at 82.8 in 2008-10 and has returned to this level in 2011-13.
- Males in Swindon will spend 80.7% of their lives in good health, whereas women will only spend 77.6% in good health.
- At age 65, life expectancy for males in Swindon is an additional 18.5 years compared to 21.0 years for females. However, there is almost no difference between sexes in the remaining length of time spent in good health (9.4 years compared to 9.8 years).



Key issues

- As life expectancy is a key health indicator, maintaining the upward trend is imperative.
- Reducing the inequality in life expectancy between men and women.
- Increasing the length of time and percentage of life spent in good health, adding life to years not just years to life.
- Maintain the downward trend in infant mortality rates and remain significantly lower than England

Key resources: see Appendix for further information

3. Deprivation and health inequalities



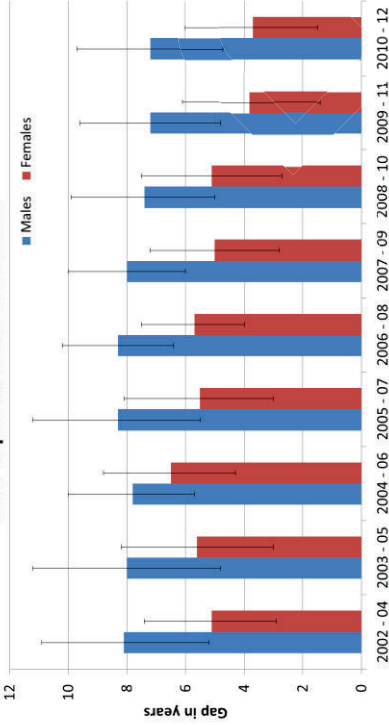
Key fact

In the most deprived areas of Swindon, men die on average 7.2 years earlier and women 3.7 years earlier than those in the least deprived areas



Key indicator

Difference in life expectancy (at birth) between most and least deprived areas in Swindon



Key information

- The Index of Multiple Deprivation (IMD) combines over 30 statistical indicators to rank the 32,482 Lower Layer Super Output Areas (LSOAs) in England in terms of their deprivation. The IMD 2010 shows 14.4% of people in Swindon live in the 20% most deprived areas in England.
- In Swindon, as in England as a whole, people in more affluent groups have better life chances and better health than deprived people.
- People in the most deprived groups have a shorter life-expectancy, more emergency hospital admissions before retirement age, and more long term illness before retirement age, compared with more affluent people.



Key resources: see Appendix for further information



Key indicator

Children in poverty



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



Key issues

- Reducing health inequalities will require action on six policy objectives:
 - Give every child the best start in life
 - Enable all children young people and adults to maximise their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure a healthy standard of living for all
 - Create and develop healthy and sustainable places and communities
 - Strengthen the role and impact of ill-health prevention

4. Long term conditions (LTCs)

LTCs cannot be cured, but can be controlled by medication and other therapies. This overview looks at some individual LTCs and the overall picture. Other LTCs are also considered in other sections, e.g. cancer, CVD, diabetes and mental health.

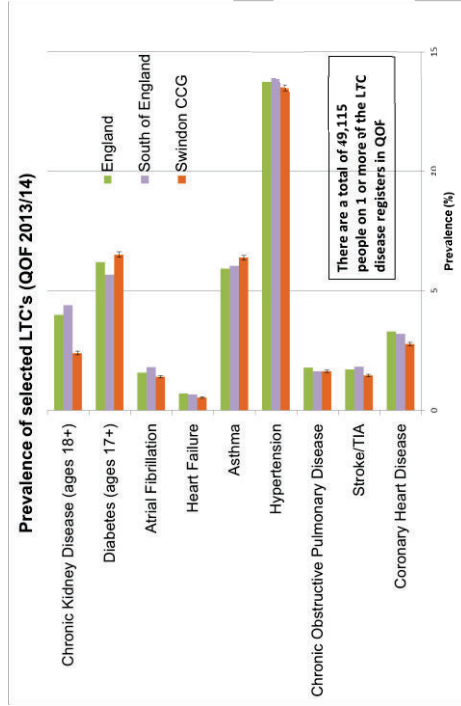
Key fact

People with LTCs account for 50% of all GP appointments; 64% of outpatient appointments and 70% of all inpatient bed days

Key indicator



Key indicator

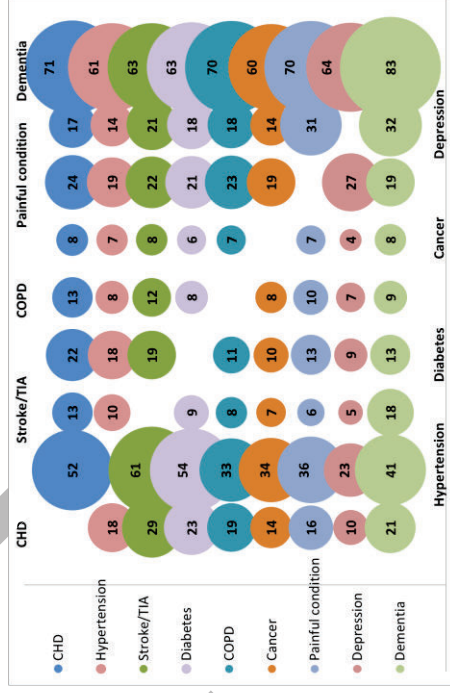


Key information



- The two key factors for developing a LTC are lifestyle and ageing. 14% of those aged under forty report having an LTC and 58% of those aged 60 and over report having an LTC, with 25% of over 60s having two or more. 70% of those aged 80 or over have at least one LTC. People with a LTC are more likely to have high blood pressure and be obese.
- People with physical LTCs often have psychological distress, in addition. In such cases NICE recommends psychological interventions to relieve distress and improve coping skills.

% of people with conditions on the left...
...who also have conditions across the top and bottom.
E.g. 52% of CHD patients also have hypertension (Scottish data)



Key issues

- With increasing prevalence of LTCs, in particular people having two or more conditions, and the financial pressures facing the Health Services in the coming years, a radically new approach is required, to be adopted by services and the public alike, to tackle this trend.
- Prevention, delaying onset and slowing progression of LTCs can happen through improved public health, messaging/targeting personalised care planning, information and supported self-care.
- Reduce risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating which all increase the risk of developing a long-term condition.



Key resources: see Appendix for further information

5. Cardiovascular disease (CVD)

This is a general term for diseases of the heart and blood vessels and includes Coronary Heart Disease (Heart Attack or Angina), Stroke and peripheral arterial disease



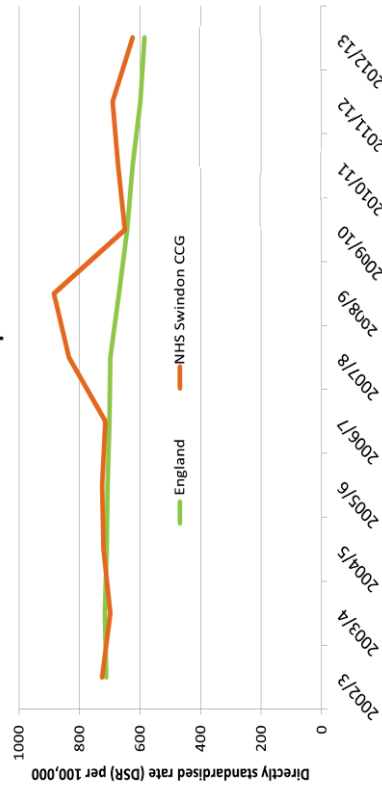
Key fact

Cardiovascular disease accounts for about a quarter of all deaths in Swindon each year



Key indicator

Rate of hospital admissions for Coronary Heart Disease in NHS Swindon CCG over the period 2002-2013



Key information

- In 2013/14, there were 6,294 people with diagnosed Coronary Heart Disease in Swindon CCG (2.78%). Over the same period there were 3,321 people with diagnosed stroke in Swindon CCG (1.46%).
- 360 people under 75 died from CVD in Swindon UA in 2011-13, a rate of 77.3 (DSR per 100,000), a value similar to England. 238 people under 75 died from CVD considered preventable, a rate of 50.4 (DSR per 100,000), similar to that for England
- Behavioural risk factors are responsible for 80% of heart disease and strokes and preventable by addressing activities such as tobacco use, unhealthy diet, obesity and physical inactivity.

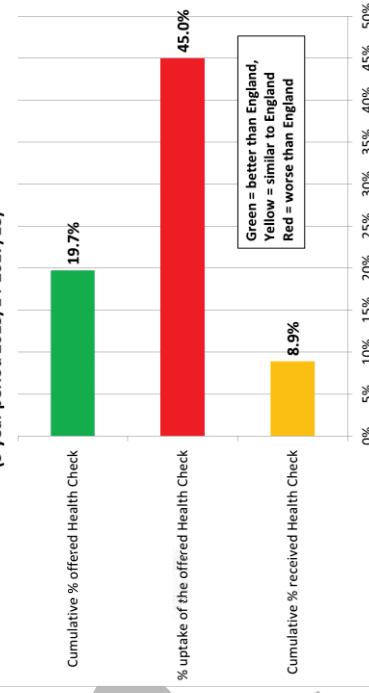


Key resources: see Appendix for further information



Key indicator

Cumulative % of the eligible population aged 40-74 who were offered/received an NHS Health Check (5 year period 2013/14-2017/18)



Key issues

- The 5 year Strategic Plan for Swindon CCG has identified as the key cost-effective intervention to drive down premature death from CVD in deprived areas using statins and anti-hypertensive medication to reduce cholesterol and lower blood pressure for those at high risk.
- Continue to more positively encourage uptake of Health Checks.
- Performance on QOF CHD treatment indicators (e.g. blood pressure and cholesterol readings) were comparable with England.
- The hospital admissions for heart disease and stroke have decreased in the last year and are now comparable to England rates (DSR per 100,000) which suggests Swindon is managing these conditions better.

6. Diabetes

Key fact

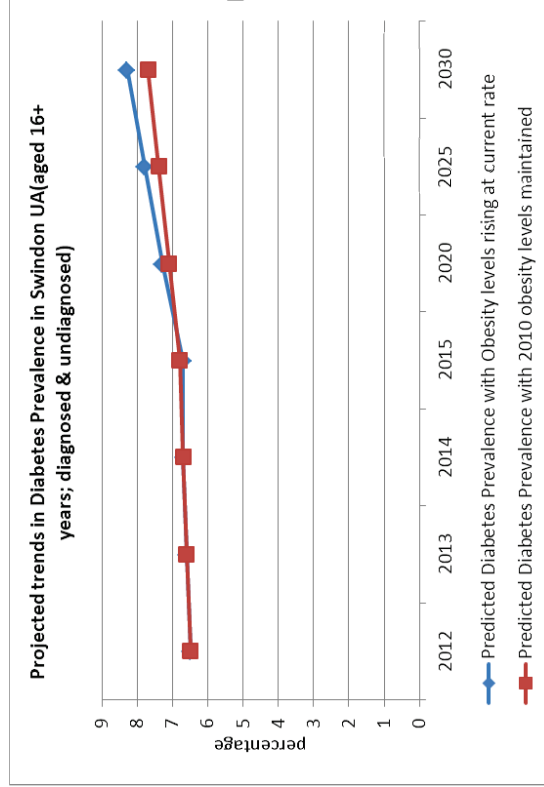


Diabetes is associated with a life expectancy that is ten years shorter than average

Key indicator



Key indicator



Key information

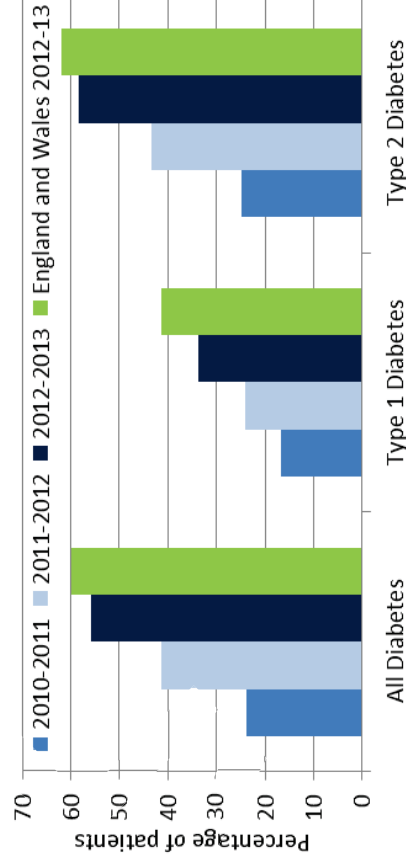


- At the end of 2013/14, 11,665 Swindon CCG patients were living with diagnosed diabetes. It is likely there are around 1,000 more people in Swindon who have undiagnosed diabetes.
- If current trends in obesity continue, in Swindon UA there will be around 13,422 people with diabetes by 2020 and 16,993 by 2030. If obesity trends stay at 2010 rates, the increase by 2030 will be 1,200 people lower.
- For 8 of the 9 NICE recommended care processes/treatment targets for primary care patients with diabetes, Swindon CCG patients received a level slightly lower (55%) than the England level of 59.9% in 2012/13.



Key resources: see Appendix for further information

Percentage of all patients in NHS Swindon CCG receiving the eight NICE recommended care processes by Audit year and Diabetes type



Key issues



- Tackling preventable risk factors for Type 2 Diabetes including being overweight or obese and being physically inactive.
- Reduce the risk of complications from diabetes such as blindness, kidney failure, foot ulcers and amputations, heart attacks, heart failure and stroke by following NICE recommended treatment targets.
- Investigating the reasons for Swindon women (all ages considered) having a higher death rate (2008-2010) compared to their peers in England, the South West and the New and Growing Towns Group.
- Building on developments such as the specialised foot care service at Great Western Hospital and the Community Diabetes Interface Service.

7. Cancer

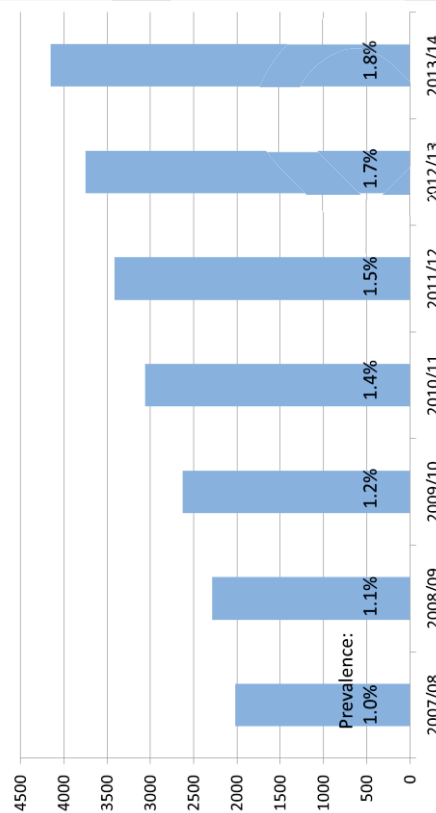
Key fact

More than one in three people will develop some form of cancer during their lifetime



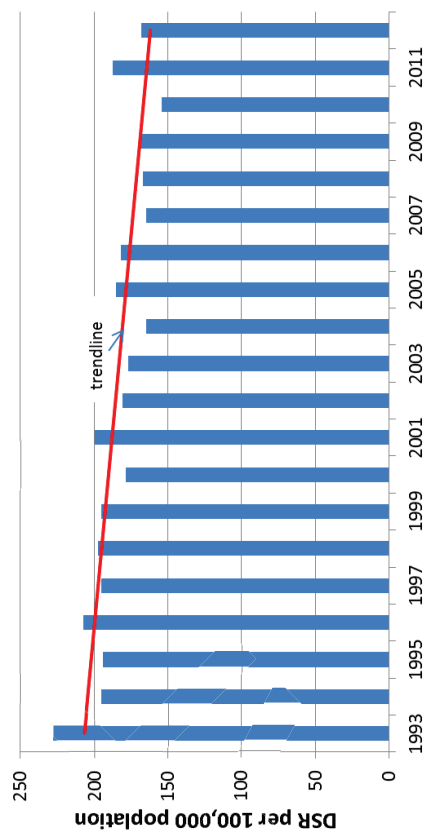
Key indicator

Number of people on the GP cancer disease register in Swindon CCG (PCT)



Key indicator

Cancer mortality (directly standardised rate), all persons, Swindon LA 1993-2012



Key information

- Cancer is the leading cause of death in Swindon. 469 people in the LA area died from cancer in 2012, 29% of total deaths. Breast, prostate, lung and colorectal (bowel) cancer are the most common cancers.
- Incidence is stable over the last 20 years but mortality rates are falling. This is mainly due to earlier detection and better treatment and means there are more cancer survivors needing support.
- Around 40% of cancers can be prevented by making changes to habits around smoking, alcohol, diet and obesity
- Early awareness of symptoms and early detection, e.g. by screening, is also important. Cervical screening coverage was significantly lower in Swindon (73%) than nationally (76%) in 2013



Key issues

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



Key resources: see Appendix for further information

8. Communicable disease and immunisation



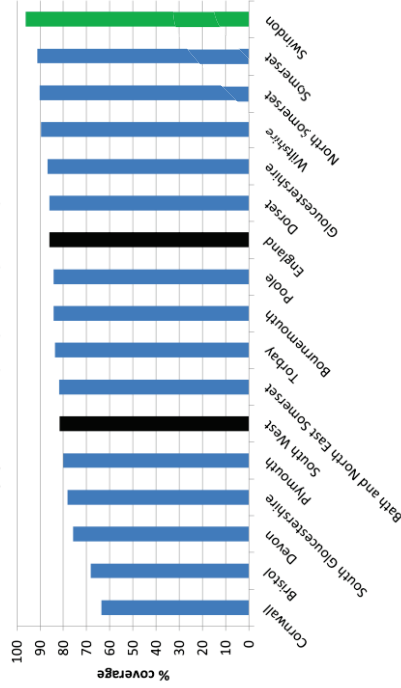
Key fact

In 2012/13, in Swindon, 96.2% of girls aged 12-13 received all 3 doses of the HPV vaccine, the highest coverage in the country



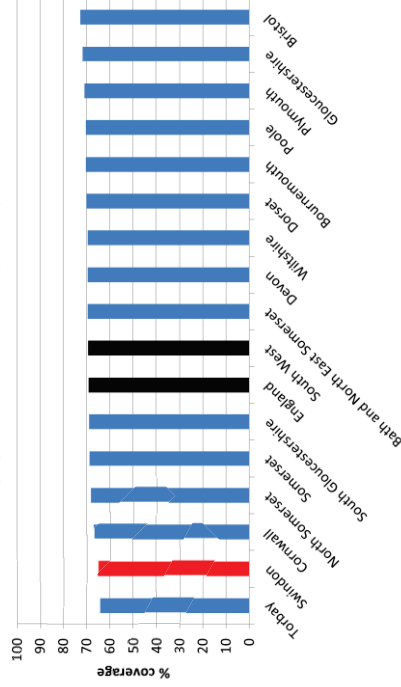
Key indicator

% of girls (aged 12 - 13) who have received all 3 doses of the human papilloma virus (HPV) vaccine (2012/13)



Key indicator

% of eligible adults (aged 65+) who have received the pneumococcal polysaccharide vaccine (PPV) (2012/13)



Key information

- In Swindon, in 2010-12, there were 360 deaths from communicable diseases which is equivalent to 78 per 100,000 people and significantly higher than the England rate (62.2 per 100,000). This is due to higher mortality rates from pneumonia in Swindon than nationally. However, rates have fallen by 28% in Swindon between 2006-8 and 2010-12.
- Swindon has significantly higher coverage rates than England for the majority of routine immunisations (e.g. MMR and Dtap / IPV / Hib).
- There were 20 cases of TB in Swindon in 2010-12, significantly less than nationally.



Key resources: see Appendix for further information



Key issues

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

HPV: Human Papilloma Virus	MMR: measles, mumps and rubella	IPV: inactivated polio vaccine
TB: Tuberculosis	Dtap: Diphtheria, pertussis (whooping cough) and tetanus	Hib: Haemophilus influenzae type b
PPV: Pneumococcal Polysaccharide Vaccine		

9. Physical and sensory disabilities



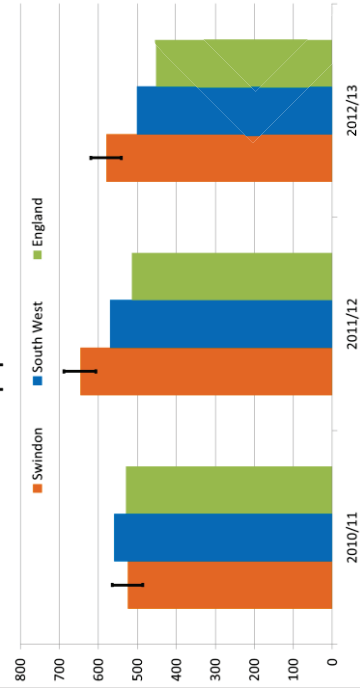
Key fact

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



Key indicator

Adults (18-64) with physical disabilities supported by adult social care throughout the year per 100,000 population



Key information

- Swindon social services support a significantly higher % of adults (18-64) with physical disabilities than England or the South West.
- The 2011 Census found long term health problems or disability limited the day to day activities of 15.4% (32,302) of people in Swindon.
- There are an estimated 5,300 people (2.5%) living with sight loss in Swindon which compares to an estimated UK prevalence of 2.95%. In Swindon, there are an estimated 88 blind or partially sighted children aged 0-16 and 45 aged 17-25.
- In Swindon, there are an estimated 18,663 people with a moderate or severe hearing impairment and 397 with a profound impairment.

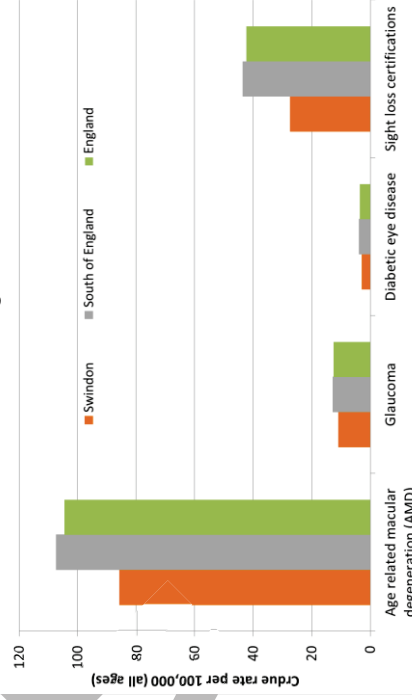


Key resources: see Appendix for further information



Key indicator

Preventable sight loss



Key issues

- Responding to the increasing numbers of elderly people with range and combination of disabilities in need of health and care services.
- Prevent sight loss by diagnosing and treating eye problems in a timely fashion.
- Diagnosis of hearing loss in adults is opportunistic and ad hoc. On average, there is a 10 year delay in people seeking help.
- Members of the community with physical disabilities are more likely to live in poverty

10. Mental Health and Wellbeing

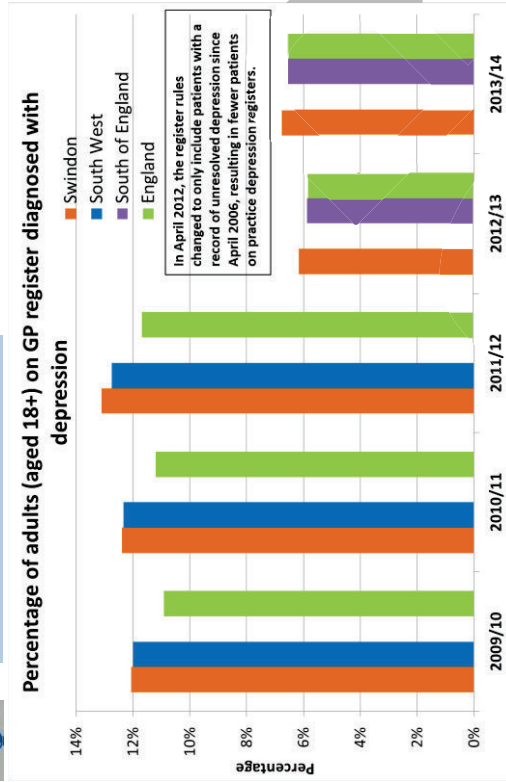
This section includes both measures of the overall wellbeing of the population as well indicators for clinically diagnosed common mental health disorders.

One person in four will develop one or more mental disorders during their life time

Key fact



Key indicator



Key information



- In Swindon, there are an estimated 22,600-29,000 individuals with depression or common mental health problems.
- Data indicates Swindon has higher rates of depression than the national and regional average, which could be linked to better recording of depression and access to psychological therapy services.
- Swindon also has the third highest rate of anti-depressant prescribing in the South West.
- In Swindon CCG, in 2012/13, the rate of emergency hospital admissions due to self-harm was significantly higher than the England rate.

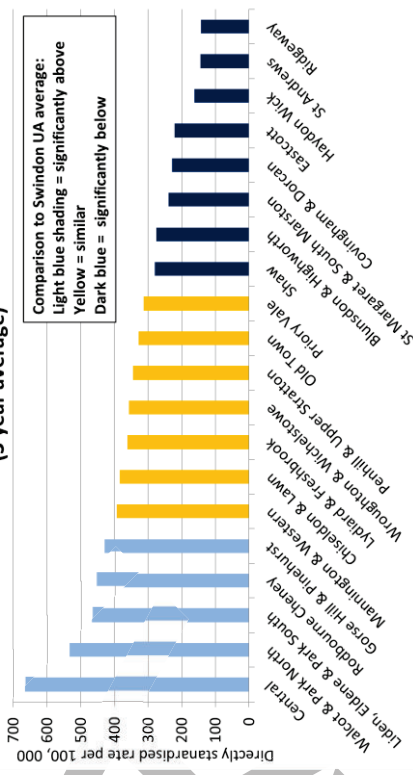


Key resources: see Appendix for further information

Key indicator



Directly age standardised rate of hospital admissions for intentional self-harm, Swindon wards, 2010/11-2012/13 (3 year average)



Key issues



- Promote and implement the 'Five ways to Wellbeing' (connect; be active; keep learning; take notice; and give), as part of strategy to prevent mental health problems and develop mental resilience of the population.
- Ensure Mental Health Services are accessible to all equality and marginalised groups including: ethnicity and disability sight and hearing loss and learning disabilities; those living in areas of deprivation and those who are homeless.
- Reduce hospital admissions for self-harm, in young people and the general population.

11. Learning disabilities



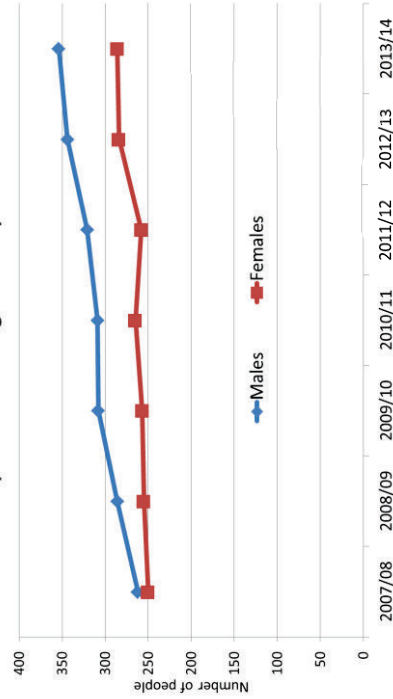
Key fact

People with a learning disability have a median age at death which is 25 years younger than the general population



Key indicator

Adult Social Care clients with Learning Disabilities
(Swindon Borough Council)



Key indicator

Focus group and consultation work has explored satisfaction with services for people with Learning Disabilities living in Swindon

Type of service	Experiences	
	Satisfied	Less satisfied
GP Health checks	Overall satisfied	
Open Door service users	Satisfied	But more choice needed
Carers (particularly older parent carers)		Need to be recognised and supported better
Living independent lives with appropriate support		Need initial preparation to live more independently
Employment		Need more opportunities for supported employment



Key information

- Swindon Adult Social Care had 640 clients with learning disabilities in March 2014. Most of these would have been people with moderate or severe LD. 40% of those receiving a service are placed in residential care with 60% of these being outside Swindon.
- Higher rates of learning disabilities are expected in communities that have a younger demographic profile, or a greater proportion of people from Pakistani or Bangladeshi communities.
- Swindon is the lowest of all comparator local authorities in providing self-direct support and direct payments.



Key issues

- Raise employment rates for people with learning disabilities.
- Tackling unhealthy behaviours such as poor diet, unhealthy teeth and gums, obesity and diabetes and drug resistant epileptic seizures.
- Addressing challenging behaviours (aggression, destruction, injury) and mental health problems.
- Ensure hate crime and abuse of people with learning disabilities is appropriately reported, investigated and prevented.
- Ensure people with learning disabilities do not suffer discrimination in terms of their physical healthcare.



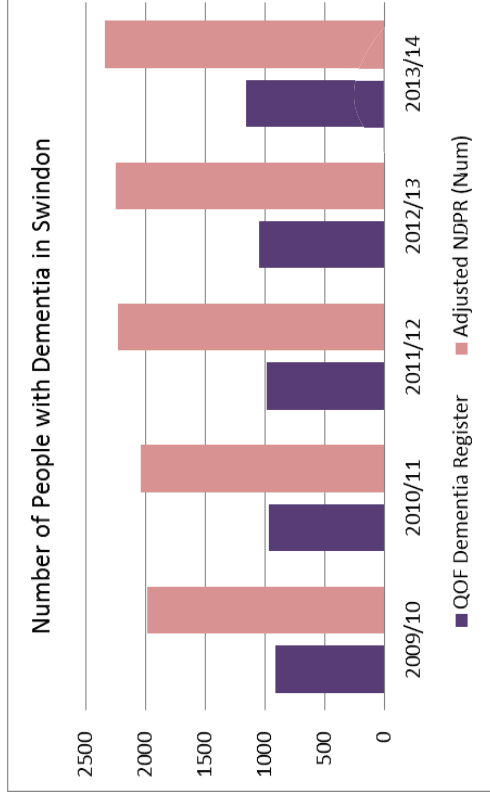
Key resources: see Appendix for further information

12. Dementia

Key fact

One in six people over 65 will develop dementia at some stage during their lifetime

Key indicator



Quality Outcomes Framework (QOF) data is collected by GPs on diagnosed cases.

The Adjusted National Dementia Prevalence Rate (ANDPR) models expected prevalence based on age and gender.

Key indicator



Key information

- Estimates suggest there are about 2035 people aged 65+ with dementia in Swindon based on the Dementia UK 2007 Consensus Report, nearly half of whom are over 85. This equates to about 7% of the total population over 65.
- There is some evidence the incidence of dementia is decreasing although prevalence is increasing as there are more older people and age is the biggest risk factor for dementia.
- Research suggested people wait an average of 3 years after first symptoms of dementia before contacting their GP.
- Estimates for a population of 225,000 like Swindon, there are 42,000 people living with a neurological condition such as MS, Parkinson's, Motor Neurone Disease or epilepsy.

Key issues

- Reducing risk through healthy lifestyle messages about smoking, diet and exercise.
- Improving timely diagnosis and ensuring support services are in place for people who need them post diagnosis
- Raising awareness of dementia for everyone by promoting the Dementia Friends Initiative
- Increasing community clinical support for people living with dementia
- Providing information and support for carers
- Reducing avoidable hospital and care home admissions and reduce length of stay
- Safeguarding people living with dementia

Key resources: see Appendix for further information

13. Falls and bone health, accidents and injuries



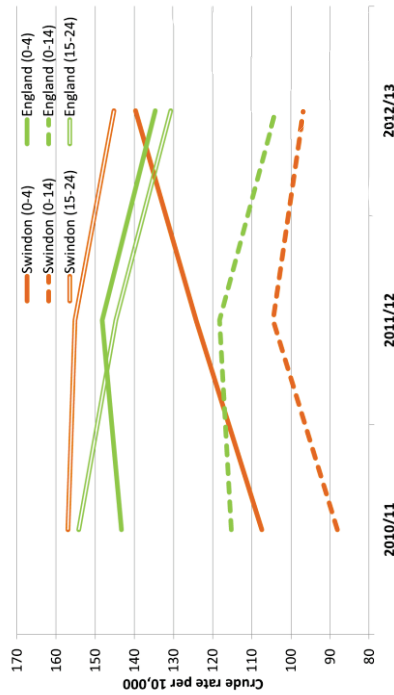
Key fact

Half of people aged 80 or over have a fall / fall related injury each year
Accidents and injuries account for 13% of emergency hospital admissions



Key indicator

Hospital admissions caused by unintentional and deliberate injuries in young people



Key information

- In Swindon, in 2012/13, there were 1,864 (rate per 100,000 population) hospital admissions for injuries due to falls in people aged 65 plus, which was similar to the England rate. For the 80 plus age group, the rate was 4,555 per 100,000, again similar to England rate.
- In Swindon, in 2012/13, there were 383 hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 and 362 in those aged 15-24. Admission rates were similar to England rates.
- Over 2011-13, 219 people from Swindon were killed or seriously injured in road collisions. This equates to 34.4 per 100,000 and is significantly lower than the England rate of 39.7 per 100,000.

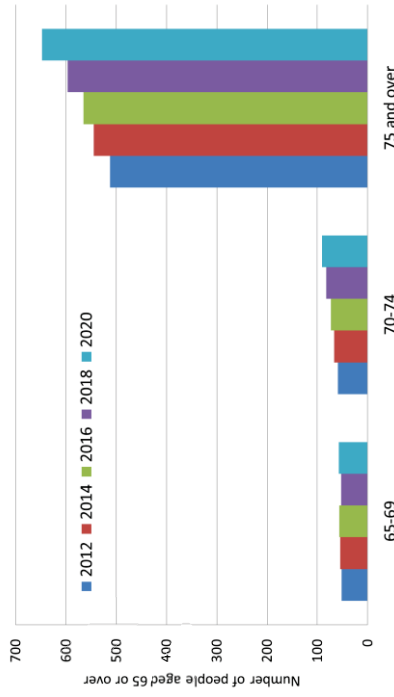


Key resources: see Appendix for further information



Key indicator

People aged 65 or over in Swindon UA predicted to be admitted to hospital as a result of a fall, by age, projected to 2020



Key issues

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

14. Maternity and breastfeeding

2,911 babies were born in Swindon UA in 2013, 28 of these were born to women aged under 18 and 85 to women aged 40 or above

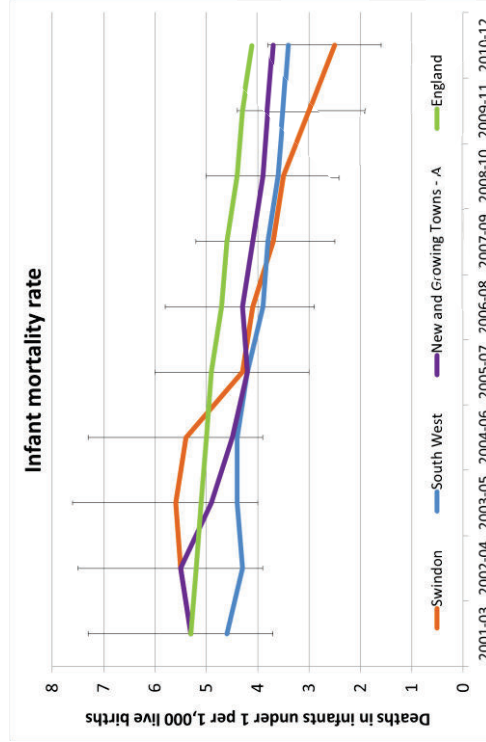
Key fact



Key indicator



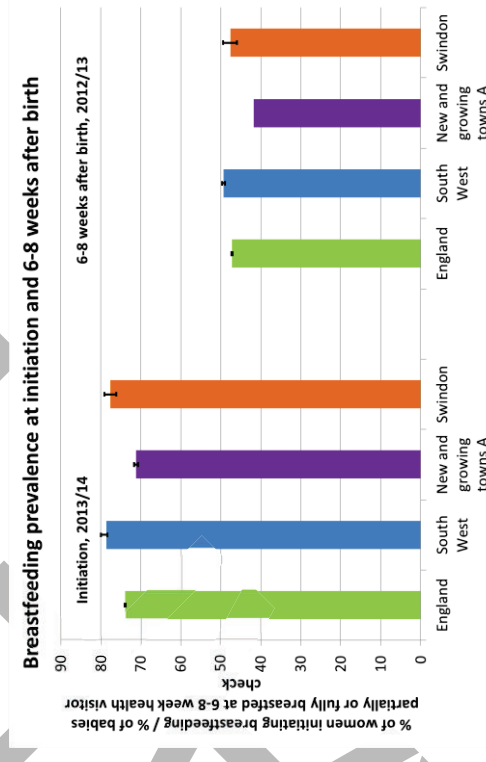
Key indicator



Key information



- Swindon's general fertility rate in 2013 was 67.3 births per 1,000 women aged 15-44. This was higher than England (62.4). Multiple births account for around 3% of live births nationally.
- Between 2010 and 2012, 23 infants under 1 died in Swindon. Swindon's infant mortality rate was significantly lower than England's.
- 2.9% of babies born in Swindon in 2012 weighed less than 2.5kg (deemed low birth-weight) which was similar to England (2.8%).
- Smoking at the time of delivery was up from 13.0% in 2012/13 to 14.1% in 2013/14 which is significantly higher than England (12.0%).



Key issues



- Increase the number of women who initiate breastfeeding and support those who start to sustain breastfeeding for longer, especially in areas of deprivation which have lower breastfeeding prevalence rates.
- Maintain continuity of care and appropriate staffing levels alongside a rising birth rate, increasing complexity and financial constraints.
- Improve maternal nutrition and reduce maternal obesity levels.
- Improve the care pathway for women with maternal mental health difficulties including those with chronic low-level problems.
- Reduce smoking in pregnancy to the 11% Government target by 2015.

Key resources: see Appendix for further information



15. Obesity, healthy eating and physical activity



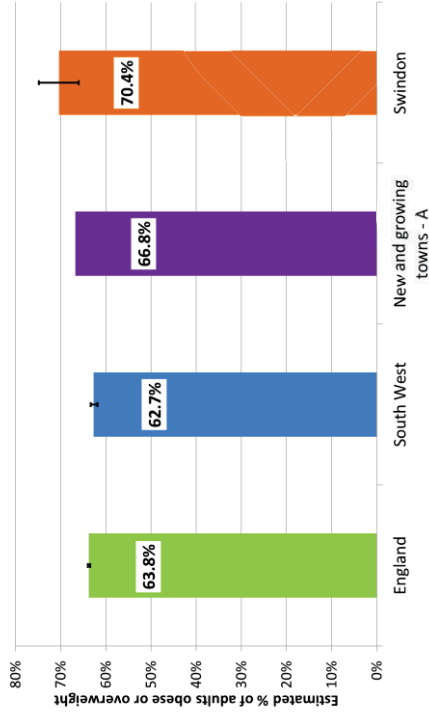
Key fact

In 2012, an estimated 70.4% of adults in Swindon were overweight or obese. Surveys also found that only 50.1% of adults were physically active in 2013



Key indicator

Excess weight (obese and overweight adults), 2012



Key information

- Swindon has comparatively high percentages of people with excess weight. The data suggest that it is in the "overweight, not obese" category where Swindon fares poorly.
- Nationally, more women (45%) than men (33%) don't meet the current Chief Medical Officers (CMO) recommendations for physical activity.
- People living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas.
- 27.1% of adults in Swindon were meeting the '5ADAY' healthy eating standard compared to 28.7% for England overall.

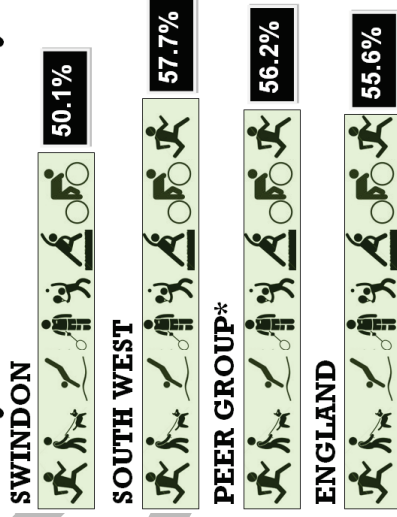


Key resources: see Appendix for further information



Key indicator

Physical Activity



Percentage of physically active adults (>150 mins per week)
* Average of local authorities with similar deprivation levels (Public Health Outcomes Framework: www.phoutcomes.info)



Key issues

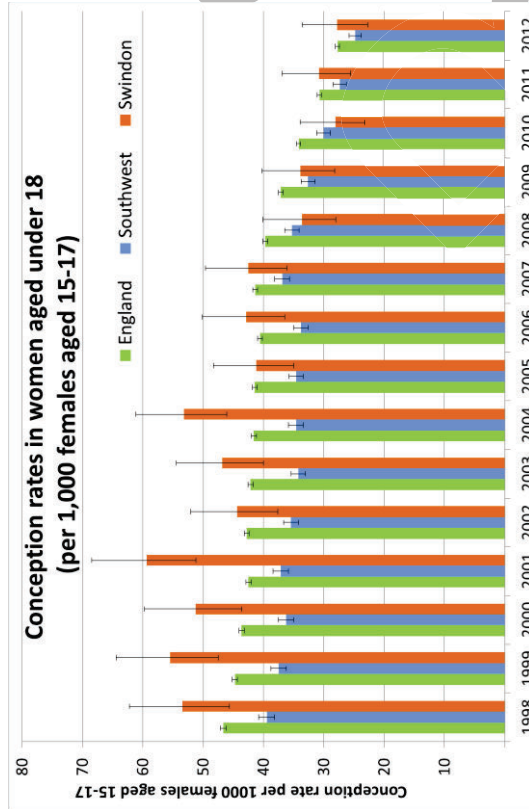
- The increasing rates of obesity (and associated hospital admissions).
- Making physical activity and healthy eating part of everyday life.
- Influencing the built environment so that being active becomes an easy choice for Swindon residents
- Encouraging physical activity within workplaces
- Tackling perceived barriers around eating healthier and doing more physical activity, e.g. price of healthy food and lack of time to exercise.
- Only 1/4 of people eat the recommended 5 portions a day of fruit or vegetables

16. Sexual health

Key fact

In 2013, 1,891 new STIs were diagnosed in Swindon residents

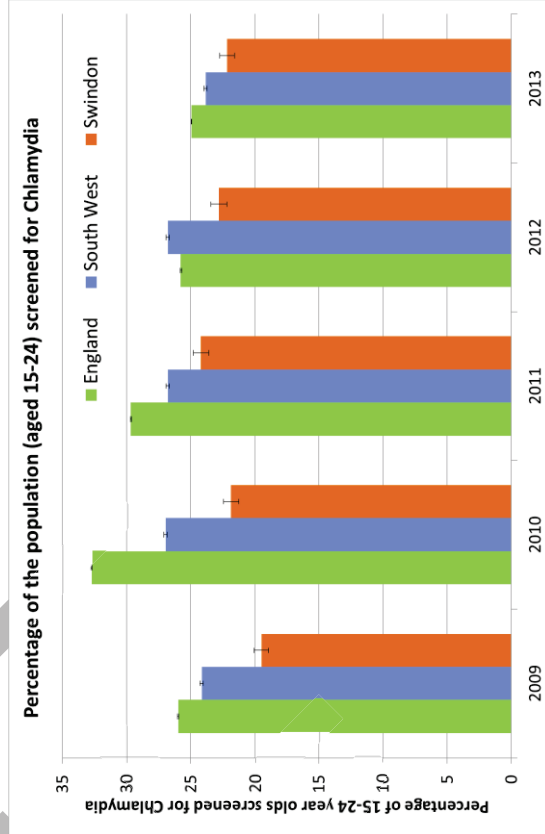
Key indicator



Key information

- Sexual health covers a wide range of areas including contraception, sexually transmitted infections (STIs), teenage pregnancy, abortions and sexual offences and is important across the whole life course.
- The rates of STI detection in Swindon have increased, due to novel diagnostic tests and improved partner notification.
- In Swindon, a high proportion (57.1%) of those newly diagnosed with HIV have a late diagnosis, this is similar to England value (48.2%).
- Swindon has a high proportion of abortions being performed under 10 weeks gestation (86.7% in 2013) compared to England (79.4%). Early abortion ensures that women undergoing abortions experience fewer complications.

Key indicator



Key issues

- Continue to deliver high quality sexual health services in Swindon
- A greater proportion of 15-24 year old young people need to be taking part in chlamydia screening.
- Uptake of HIV testing amongst women and heterosexual men needs to be improved to reduce the proportion of late HIV diagnoses.
- Encourage more organisations within Swindon achieve the Young People Friendly accreditation.
- Continue to develop and coordinate strategies and action plans for child sexual exploitation and female genital mutilation, linking with the Local Safeguarding Children Board (LSCB).

Key resources: see Appendix for further information

17. Substance misuse

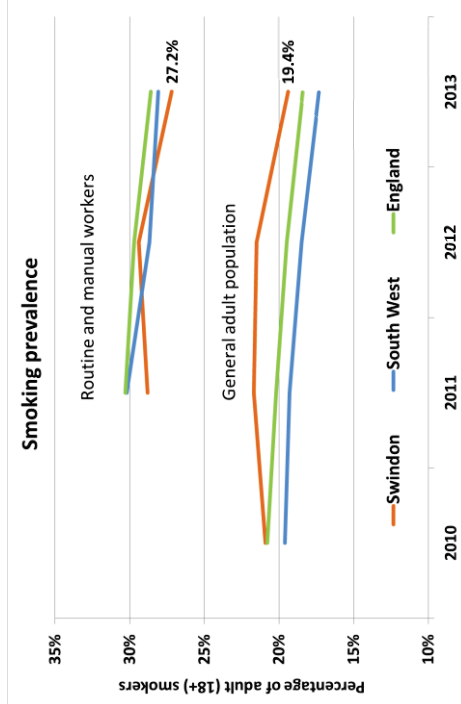


Key fact

Smoking is the principal avoidable cause of premature deaths in the UK and treating disease caused by smoking costs the NHS 5.5% of its budget



Key indicator



Key information

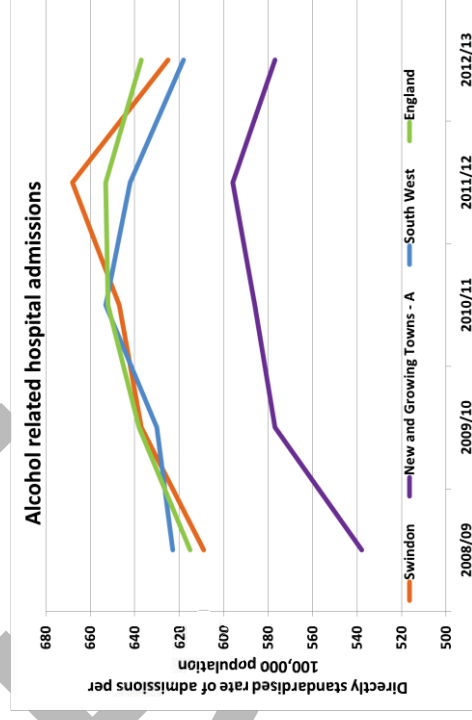
- Overall smoking prevalence in adults in Swindon in 2013 was 19.4% down from 21.5% in 2012. Smoking amongst routine and manual workers was also down from 29.4% in 2012 to 27.2% in 2012/13.
- An estimated one in three of those in drug or alcohol treatment has a child living with them at least some of the time (England data)
- 5% of opiate users and 36.3% of non-opiate users in Swindon successfully completed their drug treatment in 2013. The percentage for opiate users is significantly lower than the England value (7.8%).
- Alcohol related admissions for males in Swindon are significantly lower than the England rate; however admissions for females are slightly higher than England.



Key resources: see Appendix for further information



Key indicator



Key issues

- Reduce overall smoking prevalence, the number of people starting smoking, those smoking during pregnancy and the higher prevalence rates in routine and manual occupation groups.
- The increasing use of Novel Psychoactive Substances (legal highs).
- People with drug and alcohol misuse problems who also have mental health issues (dual diagnosis)
- To reduce the harm caused by alcohol
- Deciding on a consistent public health approach to e-cigarettes

18. Safeguarding

An Adult at Risk is someone who is 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

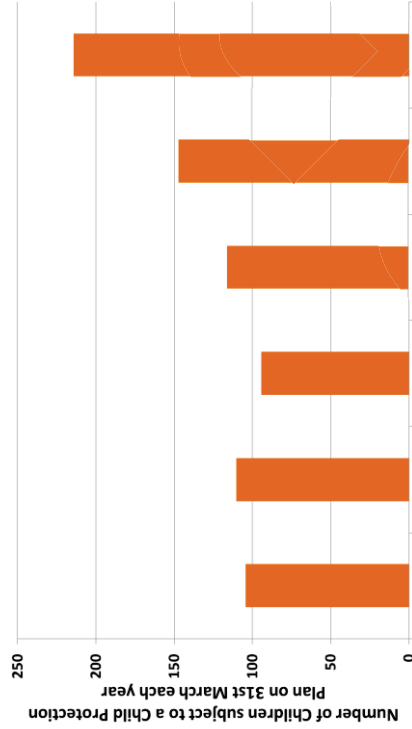
Key fact

In 2014, Ofsted judged Swindon Council's services for children in need of help and protection; children looked after and care leavers 'required improvement'

Key indicator

Key indicator

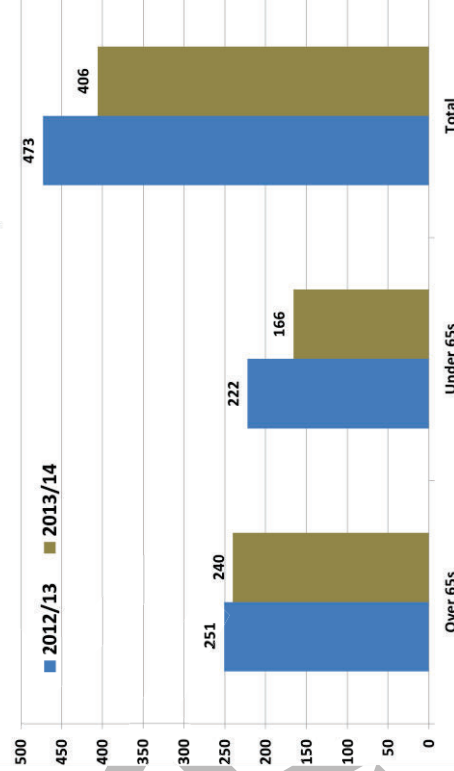
Child Protection Plans, Swindon



Key information

- 214 children were subject to a child protection plan at 31st March 2014, up from 147 in 12/13. This is a 45.6% increase. Swindon now has a higher rate (45.4 per 10,000 population under 18) than the national average (37.9) and statistical neighbours (37.3).
- The number of alerts reported to adult services for further investigation rose by 17% between 2012/13 and 2013/14. Other local authorities are reporting continued increases too, which indicates improved awareness, rather than an increase in the amount of abuse taking place.

Number of Vulnerable Adult Alerts, Swindon



Key issues

- Ensuring effective implementation of the Care Act that puts safeguarding adults on a 'legal footing'
- Swindon's has higher than average teenage care entrants into care, and a higher rate of teenagers in the care population.
- Address lack of engagement of the secondary school sector with the Schools Internet survey
- Review the causes of death in BME children to identify any need to target any specific preventative work with this community

Key resources: see Appendix for further information

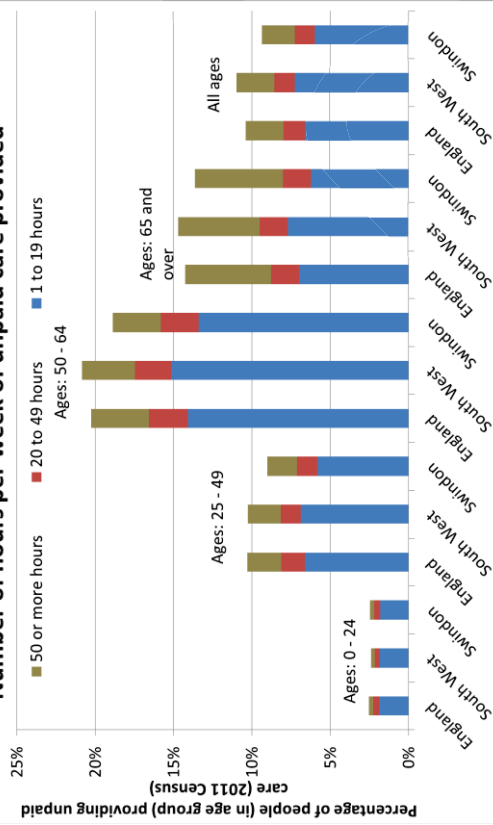
19. Carers

Key fact

The 2011 Census indicated there were 19,450 people in Swindon providing unpaid care

Key indicator

Number of hours per week of unpaid care provided



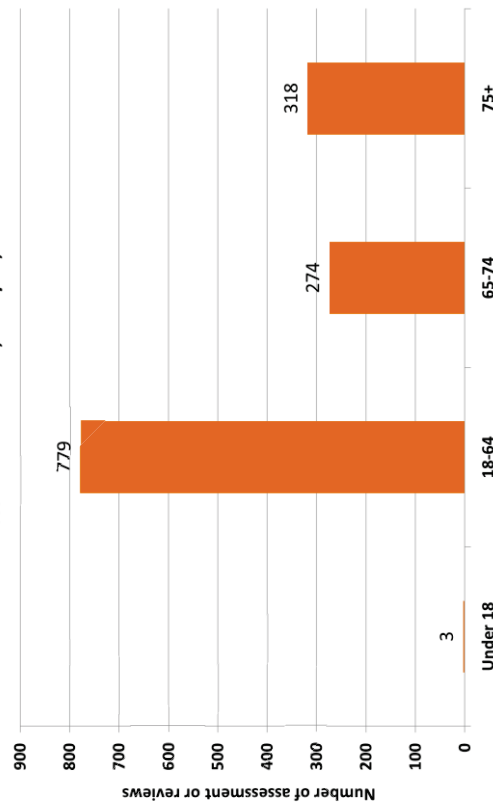
Key information

- Carers provide unpaid care to a child, relative or friend needing help due to age, addiction, mental/physical impairment or illness.
- 57% of carers in Swindon are men. 8% are under 25; 72% between 25 and 64 and 20% are 65 or above. The estimated number of carers in Swindon has grown by 3,700 (23%) between 2001 and 2011.
- An estimated 1,000 people have multiple caring roles. 161 carers in Swindon aged under 25 provide 50 hours or more of care per week.
- There were 1,374 adult carer assessments or reviews in Swindon in 2013/14, 1,381 in 2012/13 and 1,414 in 2011/12.
- The true number of carers is high than in the Census. E.g. based on national survey data there are an estimated 3,000 young carers (under 18) in Swindon.

Key resources: see Appendix for further information

Key indicator

Adult carers: assessment or reviews, 2013/14, Swindon BC



Key issues

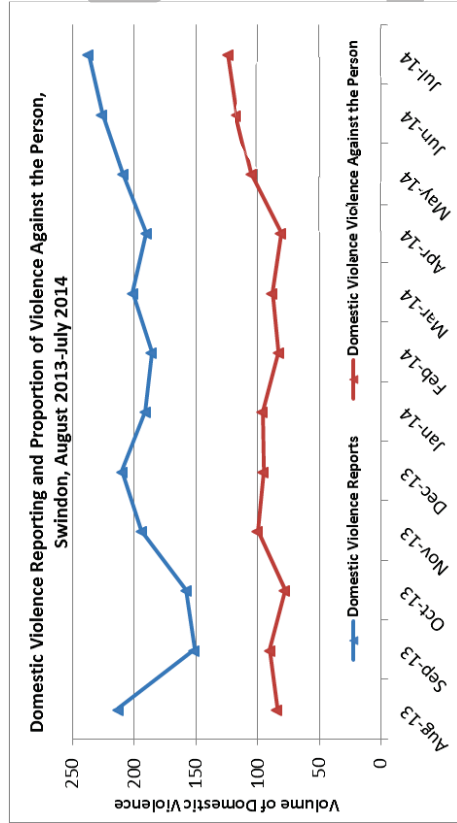
- Support carers to care effectively and safely; look after their own health and well-being; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities.
- A young carer becomes vulnerable when the level of care-giving and responsibility becomes excessive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

20. Community safety

Key fact

In Swindon, between August 2013 and July 2014, domestic abuse accounted for 38% of "Violence Against the Person" crimes

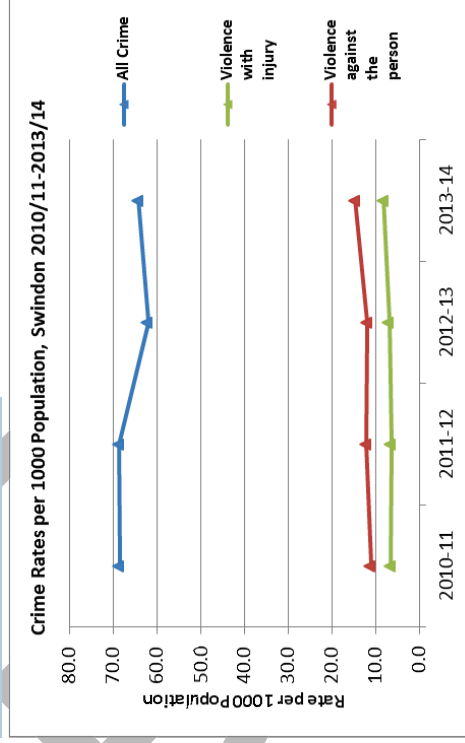
Key indicator



Key information

- Comparisons between 2012/13 and 2013/14 show:
 - "Violence With Injury" increased by 9%;
 - "Private Space" violence increased 15%;
 - "Violence Against the Person" incidents increased 10% overall;
 - Visits to Accident and Emergency for violence related injuries fell from 521 visits to 505 during the above time frame.
- Lower level harm resulting from Anti-Social Behaviour has seen a significant reduction with 648 fewer incidents (12% less) in reports to the Police between August-July 2012/13 compared to August-July 2013/14.

Key indicator



Key issues

- Whilst Anti-Social Behaviour is declining, more harmful incidents are increasing e.g. domestic abuse and violence resulting in injury.
- Reporting of domestic abuse is increasing, enabling more effective harm reduction interventions. However, given its hidden nature the levels could be much higher than currently reported.
- The hidden harm of abuse within the home has significant ramifications for the health and well-being of young children witnessing violent acts; on the mental health of victims; risk of suicide; and substance misuse issues, including smoking.

Key resources: see Appendix for further information

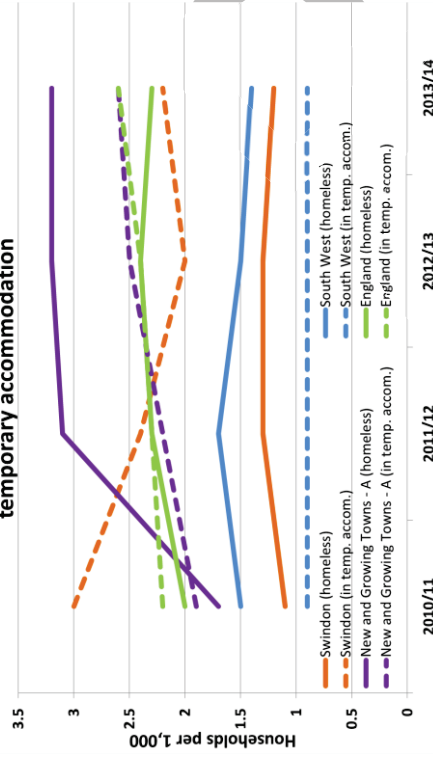
21. Housing, transport and the environment

Key fact

22,000 new homes will be built in Swindon between 2011 and 2026

Key indicator

Households accepted as homeless and households in temporary accommodation



Key information

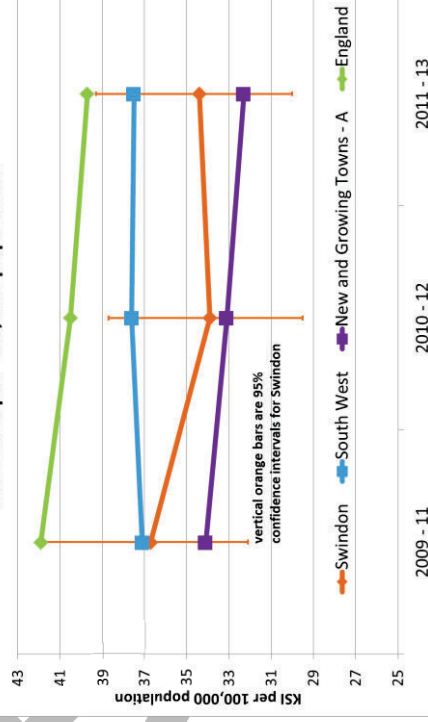
- 110 households were accepted as homeless in 2013/14 and on 31/03/2014 there were 202 households in temporary accommodation.
- The number of possession orders granted to mortgagees rose to a peak of 435 in 2009 at the height of the recession, but have since fallen back to pre-recessionary levels
- In 2012/13, there were 1,366 noise complaints in Swindon; 6.4 per 1,000 people, which was significantly lower than England (7.5)
- Transport is a means to an end. If managed properly it can act as an “enabler” to allow Swindon to achieve its wider aims and ambitions.



Key resources: see Appendix for further information

Key indicator

Number of people killed or seriously injured (KSI) in road collisions per 100,000 population



Key issues

- Building 1,625 homes per year between 2016 and 2026.
- Development of physical, green and social and community infrastructure to support increases in population, employment and housing development.
- Reducing homelessness and limiting the use of temporary accommodation.
- Encouraging active travel and sustainable travel and minimise the level of carbon emissions. alternatives to vehicle use.



22. Education, skills and the economy



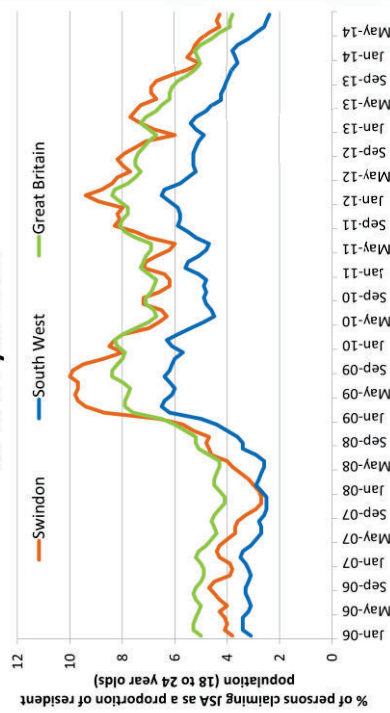
Key fact

82.7% of those aged 16-64 in Swindon UA are economically active and 84.8% of employee jobs are in the Services industry



Key indicator

**JobSeekers Allowance Claimants, 2006-2014,
18 to 24 year olds**



Key information

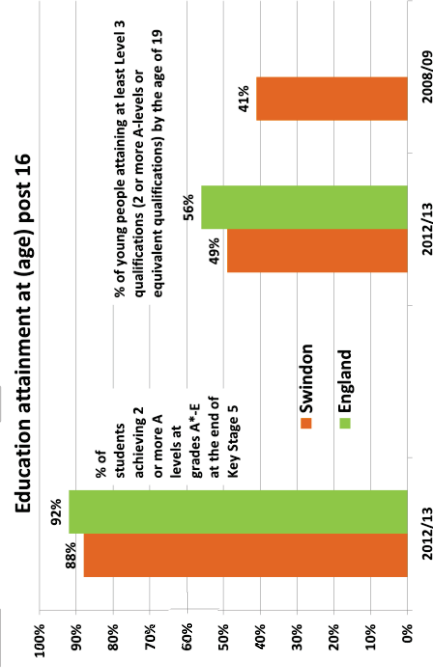
- 56% of Swindon pupils achieved 5 or more A*-C GCSEs or equivalents (including English and Maths) at the end of Year 11 in 2012/13. This compares to 61% in England and 46% in Swindon in 2008/09.
- Swindon's attainment gap (between disadvantaged pupils and their peers) at the end of Year 11 was 27 % points in 2012/13, down from 30 % points in 2011/12 and in line with the national average.
- The number of 19-24 year old apprentices has increased by 7% in Swindon during 2012/13, compared to 1% nationally.
- Swindon University Technical College opened in September 2014 and the Regent Circus scheme in October 2014.



Key resources: see Appendix for further information



Key indicator



Key issues

- Local Economic Assessment key issues include: higher than average % of residents with low qualification levels; high youth unemployment; town centre in need of significant regeneration and up-lift; absence of significant university presence; weak commercial office market.
- Raise educational attainment in Swindon at the end of secondary school to the England average and increase qualification levels at the end of Further Education so that young people in Swindon can progress into sustained employment or into higher education.
- Address the attainment gap between disadvantaged pupils and their peers.

23. Leisure, arts and culture

Key fact

Sport provides an estimated £91.2m in added economic value to Swindon by way of improved quality and length of life plus health care costs avoided

Key indicator

How active is Swindon's community?	
50.1%	of adults undertake 150 minutes of moderate intensity physical activity compared to 55.6% nationally.
32.6%	adults take part in sport at least once a week compared to the national average of 36.7%: that's 40.9% of men and 24.2% of women in Swindon.
21.8%	adults take part in sport and active recreation three times a week compared 26.0% nationally. that's 25.2% of men and 18.9% of women in Swindon.
43.1%	of adults who are inactive, want to take part in sport, demonstrating there is an opportunity to increase participation.

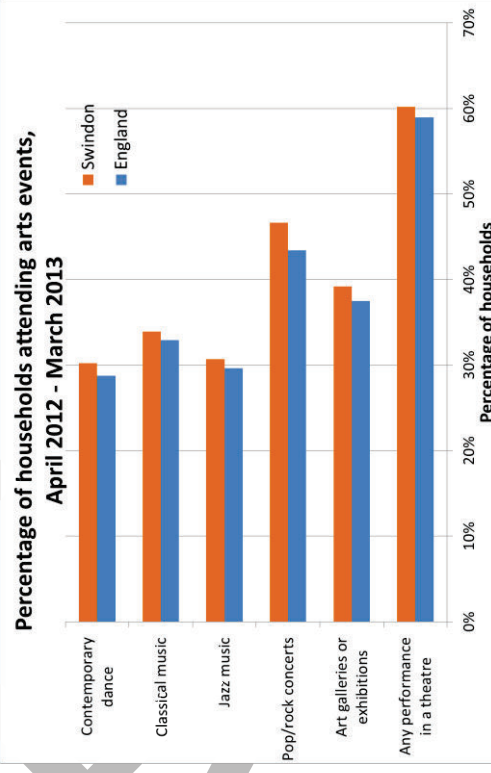
Key information

- Sport, leisure and cultural opportunities offer a positive and rewarding experience to the most vulnerable individuals in society e.g. improving mental health; reducing social isolation, stress, depression and anxiety; lowering blood pressure and reducing the need for medication.
- Swindon has a lower number of arts, museums, libraries, sports and heritage assets per person than the England average.
- SBC is bidding for £12m from the Heritage Lottery Fund to help fund a new Museum and Art Gallery to replace the current facility.

The most popular sports for adults in Swindon are:



Key indicator



Key issues

- Improve health and wellbeing for all by increasing and widening participation in sports, leisure and cultural activities.
- Make Swindon a preferred destination for arts, leisure and culture.
- Support more young people to take part in arts, leisure and culture.
- Improve the number, size and quality of the arts, leisure and cultural facilities in Swindon and find new ways of accurately measuring participation and satisfaction in arts and cultural activities.
- Better publicise Swindon's community based arts and cultural offer.

Key resources: see Appendix for further information

24. Children and young people



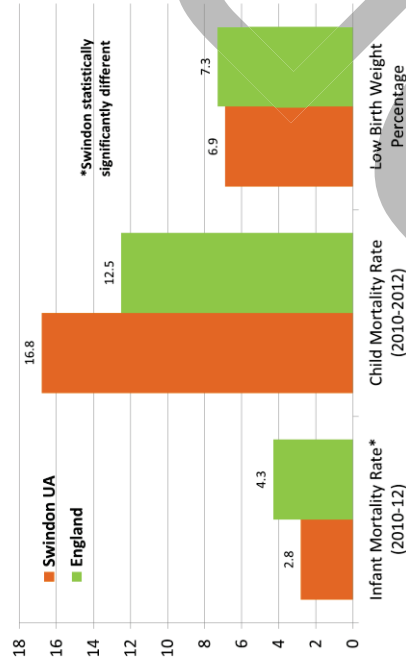
Key fact

Young people under 20 years old make up about 1/4 of the population of Swindon UA. 20% of Swindon school children are from a minority ethnic group



Key indicator

Infant and Child Mortality, and Low Birth Weight in Swindon & England



Key information

- The infant mortality rate in Swindon (2010-2012) is significantly lower than the national figure and the child mortality rate (2010-2012) and the low birth weight % (2012) are similar to those for England.
- The level of child poverty is better than the England average with 17.3% of children under 16 living in poverty in Swindon (2011).
- Children in Swindon have average levels of obesity (2012/2013).
- In 2012/13, 55.1% of Swindon children achieved a good level of development at the end of the foundation stage of schooling, a higher than average proportion.
- Swindon's Teenage Pregnancy rate is now similar to that for England.

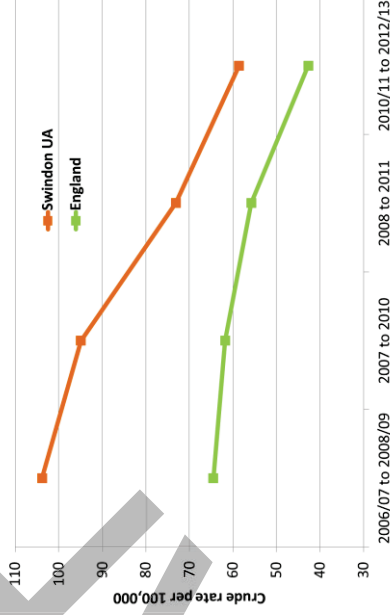


Key resources: see Appendix for further information



Key indicator

Alcohol-Specific Hospital Admissions per 100,000 for under 18 year olds



Key issues

- The rate of sexually transmitted infections (STIs) in young people is still higher than the national average.
- The rate of alcohol-specific hospital admissions for Swindon young people is about a third higher than for England (2010/11 to 2012/13), though the number of young people involved is in itself not large.
- The rate of hospital admissions for self-harm in young people aged 10 to 24 years is significantly higher than in England as a whole. As this is a persistent trend, admissions in Swindon are being audited to ascertain whether this is due to high levels of distress in the population or to clinical arrangements and decision-making in Swindon.

JSNA Summary 2014/15

Further Resources Appendix

1. Population

- JSNA demographic profiles for Swindon:
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Census-Demographic-Profiles.aspx>
- Office for National Statistics (ONS) population theme:
<http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population>
- Public Health England (PHE) General Practice profiles:
<http://fingertips.phe.org.uk/profile/general-practice>
- Swindon policy led population projections, 2011-2031:
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Population-Projections-to-2031.aspx>

Many thanks are due to Christopher Bartlett and Amanda Castelino for their assistance in compiling the Population section.

2. Life expectancy

- JSNA demographic profiles for Swindon:
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Census-Demographic-Profiles.aspx>
- Public Health Outcomes Framework (PHOF) overarching indicators:
<http://www.phoutcomes.info/>
- ONS life expectancy theme:
<http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Life+Expectancies>

Many thanks are due to Christopher Bartlett for his assistance in compiling the Life Expectancy section.

3. Deprivation and health inequalities

- Public Health Outcomes Framework (PHOF) overarching indicators: <http://www.phoutcomes.info/>
- English Indices of Deprivation 2010: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>
- Swindon Child Poverty Needs Assessment: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Child-Poverty-Needs-Assessment.aspx>
- Local Action on Health Inequalities Series: <https://www.instituteofhealthequity.org/projects/local-action-on-health-inequalities-series-overview>
- Joseph Rowntree Foundation, Poverty in the UK: <http://www.jrf.org.uk/work/poverty>
- Department for Work and Pensions statistics on Households below average income: <https://www.gov.uk/government/statistics/households-below-average-income-hbai-199495-to-201213>

Many thanks are due to Christopher Bartlett for his assistance in compiling the Health Inequalities and Poverty section.

4. Long term conditions

- Long term conditions compendium of information (3rd edition): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216528/dh_134486.pdf
- Quality and Outcomes Framework (QOF): <http://www.hscic.gov.uk/catalogue/PUB15751>
- Public Health England Healthier Lives: premature mortality: <http://healthierlives.phe.org.uk/topic/mortality>
- Regional variation in hospital admission rates for long term conditions: <http://www.hscic.gov.uk/article/2671/Regional-variation-in-hospital-admission-rates-for-long-term-conditions>

Many thanks are due to Christopher Bartlett and Ayo Oyinloye for their assistance in compiling the Long Term Conditions section.

5. Cardiovascular disease

- Cardiovascular disease profiles:
 - PDF: <http://www.yhpho.org.uk/resource/view.aspx?RID=203617>
 - Website: <http://fingertips.phe.org.uk/profile/cardiovascular>
- Quality and Outcomes Framework (QOF): <http://www.hscic.gov.uk/catalogue/PUB15751>
- NHS Health Checks:
 - Profiles: <http://fingertips.phe.org.uk/profile/nhs-health-check-detailed>
 - Healthier Lives: <http://healthierlives.phe.org.uk/topic/nhs-health-check>
- Outcomes versus expenditure tool: cardiovascular:
<http://www.yhpho.org.uk/default.aspx?RID=200330>

Many thanks are due to Christopher Bartlett and Soma Mukherjee for their assistance in compiling the Cardiovascular Disease section.

6. Diabetes

- Swindon Diabetes JSNA:
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Diabetes-Needs-Assessment.aspx>
- National Diabetes Audit: <http://www.hscic.gov.uk/nda>
- Diabetes profile (part of cardiovascular profile suite):
http://www.yhpho.org.uk/ncvncvd/pdfs/Diabetes/12D_Diabetes.pdf
- Diabetes footcare activity profile:
http://www.yhpho.org.uk/diabetesprofilesfoot/ccg_pdfs14/12D_Diabetes_Footcare_Profile_2014.pdf
- Diabetes UK: briefings for members of Health and Wellbeing Boards:
http://www.diabetes.org.uk/About_us/What-we-say/Improving-services--standards/Briefings-for-members-of-health-and-wellbeing-boards/
- The Atlas of Variation in Healthcare for People with Diabetes:
<http://www.rightcare.nhs.uk/index.php/atlas/diabetes/>
- Diabetes Outcomes Versus Expenditure Tool (DOVE):
<http://www.yhpho.org.uk/default.aspx?RID=88739>

Many thanks are due to Christopher Bartlett, Soma Mukherjee and Ayo Oyinloye for their assistance in compiling the Diabetes section.

7. Cancer

- National Cancer Intelligence Network (NCIN): <http://www.ncin.org.uk/home>
- NCIN Cancer Commissioning Toolkit – source of data, indicators and benchmarking information for local area:
<https://www.cancertoolkit.co.uk/Home/PublicUsers>
- Cancer in the Swindon PCT area 2012. Data overview produced in 2012 for Swindon PCT. Produced by Public Health team.
- Overview of Cancer & Deprivation in the Swindon PCT Population 2011. HOSC Paper. Produced by Public Health team.
- Swindon cancer statistics, 2014. Produced by Public Health team.
- Cancer Research UK cancer statistics: <http://www.cancerresearchuk.org/cancer-info/cancerstats/>

Many thanks are due to Sarah Weld, Ayo Oyinloye and Cherry Jones for their assistance in compiling the Cancer section.

8. Communicable disease and immunisation

- Hepatitis B and C JSNA report and bulletin:
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Hepatitis-B-and-C-Needs-Assessment.aspx>
- Public Health England infectious diseases:
<https://www.gov.uk/health-protection/infectious-diseases>
- Childhood immunisation statistics: <http://www.hscic.gov.uk/catalogue/PUB11665>

Many thanks are due to Christopher Bartlett and Ayo Oyinloye for their assistance in compiling the Communicable Disease and Immunisation section.

9. Physical and sensory disabilities

- A summary of statistics on disability in Great Britain
<https://www.gov.uk/government/statistics/disability-facts-and-figures>
- RNIB Sight Loss JSNA tool:
<http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>
- Swindon Sight Loss Profile: due to be published Spring 2015
- Projecting Adult Needs and Service Information (PANSI): <http://www.pansi.org.uk/>
- Projecting Older People Population Information (POPPI): <http://www.poppi.org.uk/>

Many thanks are due to Penny Marno for her assistance in compiling the Physical and Sensory Disabilities section.

10. Mental Health

- Swindon Adult Mental Health and Wellbeing Needs Assessment:
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Adult-Mental-Health-and-Wellbeing-Needs-Assessment.aspx>
- 5 ways to wellbeing:
<http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx>
- National Mental Health Dementia and Neurology Intelligence Network (NMHDNIN):
<http://www.yhpho.org.uk/mhdnin>
- The Mental Health Dementia and Neurology Intelligence Network profiles:
<http://fingertips.phe.org.uk/profile-group/mental-health>
- Co-existing substance misuse and mental health issues profiling tool:
<http://fingertips.phe.org.uk/profile-group/mental-health/profile/drugsandmentalhealth>
- Mental Health Minimum Data Set: <http://www.hscic.gov.uk/mhmds>

Many thanks are due to Sarah Weld, Soma Mukherjee and Frances Mayes for their assistance in compiling the Mental Health section.

11. Learning disabilities

- Swindon Learning Disability Needs Assessment: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Learning-Disability-Needs-Assessment.aspx>
- National Adult Social Care Intelligence Service: <https://nascis.hscic.gov.uk/>
- Projecting Adult Needs and Service Information (PANSI): <http://www.pansi.org.uk/>
- Learning Disabilities Observatory: <http://www.improvinghealthandlives.org.uk/about/>
 - Profiles: <http://www.improvinghealthandlives.org.uk/profiles/>

Many thanks are due to Soma Mukherjee for her assistance in compiling the Learning Disabilities section.

12. Dementia and neurological disorders

- Swindon Dementia Needs Assessment: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Dementia-Needs-Assessment.aspx>
- National Mental Health Dementia and Neurology Intelligence Network (NMHDNIN): <http://www.yhpho.org.uk/mhdnin>
- The Mental Health Dementia and Neurology Intelligence Network profiles: <http://fingertips.phe.org.uk/profile-group/mental-health>
- Health and Social Care Information Centre, Dementia: <http://www.hscic.gov.uk/dementia>
- Dementia Challenge: <http://dementiachallenge.dh.gov.uk/>

Many thanks are due to Penny Marno for her assistance in compiling the Dementia and Neurological Disorders section.

13. Falls and bone health, accidents and injuries

- Swindon Falls and Bone Health Needs Assessment: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Falls-and-Bone-Health-Needs-Assessment.aspx>
- Injury Observatory for England and Ireland: <http://www.injuryobservatory.net/>
- The Royal Society for the Prevention of Accidents: <http://www.rosipa.com/>
- Reducing unintentional injuries among children and young people (action areas for local authorities and their partners to help develop injury prevention strategies for children and young people): <https://www.gov.uk/government/publications/reducing-unintentional-injuries-among-children-and-young-people>

Many thanks are due to Sarah Weld and Soma Mukherjee for their assistance in compiling the Falls and Bone Health, Accidents and Injuries section.

14. Maternity and breastfeeding

- ONE SWINDON: Protect, Promote & Support Breastfeeding in Swindon: Strategy 2013 – 2016
- Swindon Children and Young People's Early Support Strategy 2013-2016: <http://www.swindon.gov.uk/cd/foi/cd-foi-publicationscheme/Documents/ChildrenAndYoungPeoplesEarlySupportStrategy2013-16.pdf>
- National Child and Maternal Health Intelligence Network (Chimat): <http://www.chimat.org.uk/>
- Chimat, breastfeeding profiles: <http://atlas.chimat.org.uk/IAS/dataviews/breastfeedingprofile>
- Children and young people's health benchmarking tool: <http://fingertips.phe.org.uk/profile/cyphof>

Many thanks are due to Fiona Dickens, Janet Janeway and Chris Woodward for their assistance in compiling the Maternity and Breastfeeding section.

15. Obesity, healthy eating and physical activity

- National Obesity Observatory/Public Health England Obesity:
<http://www.noo.org.uk/>
- Guide to online tools for valuing physical activity, sport and obesity programmes:
<http://www.noo.org.uk/gsf.php5?f=313207&fv=20622>
- Health Impact of Physical Inactivity (HIPI) tool:
<http://www.apho.org.uk/resource/view.aspx?RID=123459>
- Local government public health briefings: physical activity, National Institute for Health and Clinical Excellence:
<http://publications.nice.org.uk/physical-activity-phb3>

Many thanks are due to Fiona Dickens and Chaam Klinger for their assistance in compiling the Obesity, Healthy Eating and Physical Activity section.

16. Sexual health

- Sexual and Reproductive Health Profiles:
<http://fingertips.phe.org.uk/profile/sexualhealth>
- Child Sex Exploitation: an evidence review (Swindon BC):
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-child-sex-exploitation.aspx>
- Swindon Sexual Health JSNA: to be published soon
- A Framework for Sexual Health Improvement in England:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf
- Female Genital Mutilation (FGM): A Councillor's Guide:
http://www.local.gov.uk/documents/10180/5854661/L14-567+FGM+guidance+for+councillors_09.pdf

Many thanks are due to Chaam Klinger for her assistance in compiling the Sexual Health section.

17. Substance misuse

- Adult Alcohol Needs Assessment:
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Adult-Alcohol-Needs-Assessment.aspx>
- Local Tobacco Control Profiles: <http://www.tobaccoprofiles.info/>
- Local Alcohol Profiles: <http://www.lape.org.uk/>
- Swindon Hepatitis B & C Joint Strategic Needs Assessment:
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Hepatitis-B-and-C-Needs-Assessment.aspx>
- Co-existing substance misuse and mental health issues profiling tool:
<http://fingertips.phe.org.uk/profile-group/mental-health/profile/drugsandmentalhealth>
- Liver disease profiles: <http://fingertips.phe.org.uk/profile/liver-disease>
- Healthier Lives: Alcohol and Drugs: <http://healthierlives.phe.org.uk/topic/drugs-and-alcohol>

Many thanks are due to Frances Mayes, Chris Woodward, Jennifer Laibach and Kate Daniels for their assistance in compiling the Substance Misuse section.

18. Safeguarding

- Swindon Local Safeguarding Children Board (LSCB) Annual Report 2013/14:
<http://www.swindonlscb.org.uk/about/Pages/AnnualReports.aspx>
- Swindon Local Safeguarding Adults Board (LSAB) Annual Report 2013/14:
<http://www5.swindon.gov.uk/moderngov/documents/s69489/Safeguarding%20Adults%20and%20Children%20Annual%20Reports.pdf>
- Swindon Annual School Safeguarding Report:
<http://schoolsonline.swindon.gov.uk/sc/cp/Safeguarding%20Policies/Annual%20School%20Safeguarding%20Report%202012%20-2013.doc>

Many thanks are due to Doug Bales, John Hughes and Lucy Young for their assistance in compiling the Safeguarding section.

19. Carers

- Carers Strategy: Second National Action Plan 2014-2016:
<https://www.gov.uk/government/publications/carers-strategy-actions-for-2014-to-2016>
- Carer's UK briefing on the 2014 Care Act:
<http://www.carersuk.org/for-professionals/policy/policy-library/care-act-2014>
- Swindon Carers Centre: <http://www.swindoncarers.org.uk/>

Many thanks are due to Lyn McDermott, Claire Smith and Debbie Clutton for their assistance in compiling the Carers section.

20. Community safety

- Local crime statistics: <http://www.police.uk/wiltshire/DT/crime/>
- Wiltshire Police: <http://www.wiltshire.police.uk/>
- Swindon Domestic Violence and Abuse Needs Assessment:
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Domestic-Violence-and-Abuse-Needs-Assessment.aspx>

Many thanks are due to Wayne Firenze and Cheri Fayers for their assistance in compiling the Community Safety section.

21. Housing, transport and the environment

- Swindon Borough Local Plan 2026:
<http://www.swindon.gov.uk/ep/ep-planning/planningpolicy/ep-planning-localdev/Pages/ep-planning-localdev-localplan.aspx>
- Swindon Infrastructure Delivery Plan:
<http://www.swindon.gov.uk/ep/ep-planning/planningpolicy/ep-planning-localdev/Documents/Infrastructure%20Delivery%20Plan.pdf>
- Swindon housing market and housing need (Strategic Housing Market Assessment (SHMA):
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Housing-Market-and-Housing-Need.aspx>
- Local Transport Plan:
<http://www.swindon.gov.uk/cd/foi/cd-foi-publicationscheme/documents/localtransportplan3-2011-26-mainstrategy.pdf>
- State of the Environment report for Wiltshire and Swindon 2013:
<http://www.intelligentnetwork.org.uk/environment/>
- Natural Solutions to tackling Health Inequalities:
<http://www.instituteofhealthequity.org/projects/natural-solutions-to-tackling-health-inequalities>

Many thanks are due to James Graham for his assistance in compiling the Housing, Transport and Environment section.

22. Education, skills and the economy

- Nomis (official labour market statistics): <http://www.nomisweb.co.uk/>
- Swindon and Wiltshire Local Economic Assessment 2013: <http://www.swlep.biz/resources/document635319487275422000.pdf>
- Swindon and Wiltshire Local Enterprise Partnership: <http://www.swlep.biz/>
- Swindon Skills and Employment Strategy, 2014-2016: <https://www5.swindon.gov.uk/moderngov/documents/s63928/Appendix%201%20-%20Strategy%20Document.pdf>
- Swindon and Wiltshire Local Enterprise Partnership, Strategic Economic Plan March 2014: <http://www.swlep.biz/resources/document635349836561033846.pdf>
- Education and skills in your area: www.education.gov.uk/inyourarea/

Many thanks are due to Daniel Corticeiro, Sally Burnett, Gill Illic and Emma Gee for their assistance in compiling the Education, Skills and the Economy section.

23. Leisure, arts and culture

- Sport England website: <http://www.sportengland.org/partnering-local-government>
- Sport England profile (available from Gladys Barr, sports development, SBC Gbarr@swindon.gov.uk)
- DCMS Taking Part survey: <https://www.gov.uk/government/collections/taking-part>
- Wiltshire and Swindon Sports Partnership: <http://www.wiltssport.org/>
- Local Culture and Heritage Profile tool: <https://www.gov.uk/case-programme-local-tools-sport-and-culture-and-heritage#local-culture-and-heritage-profile-tool>
- Swindon Leisure Key Lines of Enquiry report: <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Leisure-KLOE-Report.aspx>

Many thanks are due to Gladys Barr and Helen Miah for their assistance in compiling the Leisure, Arts and Culture section.

24. Children and young people

- National Child and Maternal Health Intelligence Network (Chimat): <http://www.chimat.org.uk/>
- Children and young people's health benchmarking tool: <http://fingertips.phe.org.uk/profile/cyphof>
- Local authority interactive tool (LAIT): www.gov.uk/government/publications/local-authority-interactive-tool-lait
- NHS Atlas of Variation in Healthcare for Children and Young People: www.chimat.org.uk/variation

Many thanks are due to Christopher Bartlett and Janet Janeway for their assistance in compiling the Leisure, Arts and Culture section.

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Transfer of 0-5 children's public health commissioning to local authorities

Health and Wellbeing Board

Date: 7 January 2015

Author: Acting Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 In October 2015, commissioning of the Healthy Child Programme (0-5 years) will transfer from NHS England to Local Authorities.

1.2 The purpose of the report is to provide a local update on the transfer of the commissioning responsibility for the 0-5 Healthy Child Programme and the Family Nurse Partnership from NHS England to local authorities.

2. Recommendations

The Board is recommended to:

2.1 Note this report and welcome the Local Authority's Healthy Child Programme (0-5 years) new commissioning responsibility from October 2015.

3. Detail

3.1 The Healthy Child Programme is the early intervention and prevention public health programme that provides a universal service for children and families at a crucial stage of life.

3.2 It provides an important opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes. Transition to parenthood and the first 1001 days from conception to age 2 is widely recognised as a crucial period, impacting and influencing the rest of the life course.

3.3 The Programme offers every family a programme of screening tests immunisations, developmental reviews, and information and guidance to support parenting and healthy choices.

3.4 These services ensure that children and families achieve their optimum health, wellbeing and best life chances.

3.5 The Healthy Child Programme (0-5 years) is currently commissioned through NHS England as part of the section 7a mandate of the Health and Social Care Act (2012). The programme includes health visiting and the family nurse partnership programme. Commissioning of Child Health Information Systems will continue to be provided by NHS England until 2020 when it is expected that this

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

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responsibility will also be transferred to Local Authorities. All of these services are delivered by Swindon Borough Councils Children, Families and Health directorate.

- 3.6 Health visiting is a workforce of specialist community public health nurses who deliver the universal 0-5 Healthy Child Programme. They provide advice, support and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing. The service is central to delivering public health outcomes for children.
- 3.7 Family Nurse Partnership is an intensive, evidence based, structured, home visiting programme, which is offered to first time parents under the age of 20. A specially trained family nurse visits the mother regularly from early pregnancy until the baby is 2 years old and builds a close, supportive relationship with the family
- 3.8 The Healthy Child Programme (5-19 years) is already commissioned by Local Authorities and in Swindon the school nursing service employed by the local authority lead this programme. Responsibility for commissioning this service transferred across with Public Health responsibilities in April 2013.
- 3.9 In October 2015, commissioning responsibilities for the healthy child programme (0-5 years) will transfer across to Local Authorities from NHS England. The transfer of the commissioning responsibilities for the 0-5 healthy child programme (HCP) and Family Nurse Partnerships will join-up the commissioning already carried out by Local Authorities for public health services for children and young people 5-19, (and up to age 25 for young people with Special Educational Needs and Disability (SEND).)
- 3.10 Swindon has a long history of commissioning the healthy child programme (0-5) as this was part of the joint commissioning arrangements with the PCT. The arrangements were governed through the National Health Services Act 2006 Section 75 Agreements. Although it is only the commissioning responsibility being transferred nationally, In Swindon an integrated approach already exists with both these services provided by Swindon Borough Councils early help teams and staff employed by Swindon Borough Council.
- 3.11 Following the transfer of the commissioning responsibility in October 2015, the funding for the service will be added to existing public health grant allocations to local government to form an overall public health grant allocation The public health grant allocation formula will be amended to take account of the transfer of commissioning responsibility for the 0-5 Healthy child programme and the Family Nurse Partnership (FNP) and the Secretary of State has written to the Chair of

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

Transfer of 0-5 children's public health commissioning to local authorities

Health and Wellbeing Board

Date: 7 January 2015

the Advisory Committee on Resource Allocation to include this in their work programme.

- 3.12 Swindon Borough Council have completed returns in conjunction with the NHS England Area Team to build an accurate and well understood picture of 0-5 finances and contracts in 2014/15 and forecasts for delivery for the whole of 2015/16.
- 3.13 Following a number of concerns that we have raised with the area team and NHS England regarding the allocation confirmation has now been received that the baseline will include additional funding for the commissioning of 0-5 services and that the LGA will confirm the funding for future health visiting training and growth based on rising birth rate. There will be a consultation period on the final allocation.
- 3.14 Subject to parliamentary approval, the aim is that regulations will be in place by May 2015, with a 'sunset clause' at 18 months. A review at 12 months involving Public Health England, will inform future arrangements.
- 3.15 A fact sheet has been produced that outlines these proposals
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347047/Mandation_factsheet_final_22-8-14.pdf

4. Alternative Options

- 4.1 No alternative options exist as this has been mandated nationally.

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. The funding being transferred is in line with existing funding for 14/15.

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 There are no other implications arising from this report.

Diversity Impact Assessment

- 5.4 There is no Diversity Impact Assessment for this report.

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

Transfer of 0-5 children's public health commissioning to local authorities

Health and Wellbeing Board

Date: 7 January 2015

Risk Management

- 5.5 A risk assessment has not been completed as this report is not recommending a specific amendment to a policy or strategy.

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 None.

Voluntary Sector Commissioning in Swindon

Health and Wellbeing Board

Date: 7 January 2015

Author:	Lynn McDermott, Strategic Commissioner Voluntary Sector
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 In February 2013 Swindon Borough Council, NHS Swindon and Swindon Clinical Commissioning Group agreed a joint consultation in relation to the next steps for reshaping the voluntary and third sector commissioned services. The consultation informed the re-shaping of adult voluntary sector contracts and this report details the progress made. This report comments on and summarises the progress of Voluntary Sector commissioning, re-commissioning and de-commissioning.
- 1.2 The 2014/15 budget for jointly commissioned voluntary sector support for adults in Swindon is £2.6M. From 2015/16 the Voluntary Sector budget will be included in the Swindon Better Care Fund. Savings identified through the current reshaping programme will be re-invested in voluntary sector services commissioned to meet priorities and targets identified by SBC and Swindon CCG.

2. Recommendations

The Board is recommended to:

- 2.1 Note the update and comment as appropriate on current and future commissioning plans for the voluntary sector.

3. Detail

- 3.1 Swindon has a diverse sector of voluntary and community groups which have not been as effectively co-ordinated as we would like. Since 2013, a number of services have been re-shaped and / or re-commissioned and a small number have been decommissioned. Overall the number of contracts held with the voluntary sector has halved but the scope of services has not reduced.
- 3.2 All services tendered in this round of commissioning are outcome based with a focus on prevention, reducing isolation, maximising independence and increasing employment opportunities, in line with Swindon Borough Council (SBC) and Swindon Clinical Commissioning Group (CCG) priorities. All tender processes require satisfactory responses from organisations that demonstrate their ability to meet safeguarding, financial and equality responsibilities.

Further information on the subject of this report can be obtained from Lynn McDermott 01793 463066 lmcdermott@swindon.gov.uk .

Voluntary Sector Commissioning in Swindon

Health and Wellbeing Board

Date: 7 January 2015

- 3.3 Commissioners meet at least quarterly with all providers, monitoring activity and outcomes achieved.
- 3.4 **Carer Support and Development** – Carer Services were re-commissioned and a new contract was awarded for adult and young carer services in January 2013. Additional funding to increase support to carers was included. The new contract has delivered significantly higher numbers of Carers Assessment and carers report they are well supported in their caring role. Young carers also report feeling well supported (100%) and that they are helped to ask for support from their school and colleges. They also tell us they experience positive transitions at key stages of their education.
- 3.5 **Swindon Healthwatch** – Swindon Borough Council had a statutory duty to commission a local, independent Healthwatch that replaced the Swindon Link in April 2013. This contract experienced a mixed start in relation to establishing an Independent Board of Directors and in engaging with the public. However, the service was awarded a national contract to establish patient participation groups and the model will be rolled out across the country. Impressive use of digital technology has resulted in 1,500 Twitter followers and a doubling of Facebook activity. The in house complaints advocacy service has support 39 people in the last 12 months, with most reporting satisfaction with the end resolution.
- 3.6 **Voluntary Community Sector Support** – This service provides support for all community organisations in Swindon to build capacity, increase their financial envelopes, and improve networking between organisations, of which co-location in the former Sanford House is a good example. The new contract incorporated support for Swindon Equality Coalition and increased volunteering capacity. Yearly surveys engage the wider voluntary and community sector. A recent survey by a consortium of larger voluntary organisations shows an increase of 19% of organisations engaging with the service.
- 3.7 **Support Planning and Direct Payment Support** – A service to support individuals in receipt of a direct payment was reshaped to reduce levels of dependency on the service and to create capacity to offer independent support planning. The service is delivering good outcomes for people with learning disabilities as part of a joint project with two other voluntary organisations using independent support planning to raise aspirations for individuals and create opportunities to access more community and maximise personal resources. Outcomes have included access to voluntary work, learning how to use key bus routes to improve independence, accessing peer support for social activities. The cost of supporting individuals with a direct payment has reduced by 30%.
- 3.8 **Benefit Advice and Guidance** - This service was tendered and a new contract awarded to commence in April 2014. In addition to the traditional benefit advice service, the delivery of a general advice and information service was included in this tender (please see section 3.28).
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Further information on the subject of this report can be obtained from Lynn McDermott 01793 463066 lmcdermott@swindon.gov.uk .

Voluntary Sector Commissioning in Swindon

Health and Wellbeing Board

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- 3.9 The Benefits service has seen more than 9,000 people in the last 12 months, and dealt with over 20,000 separate issues. 35% of these relate to Benefits advice and 23% to debt advice. Other reasons for visiting the service include employment, housing, immigration, family relationships and legal consumer issues. The volunteer workforce has increased by 65% in the past year, and 8 individual volunteers have moved on to fulltime employment.
- 3.10 **Support for Adults with a Physical Disability** – Through the performance management of contracts and the consultation process a decision was made not to recommission this service. The service supported a relatively small number of clients to access traditional drop-in facilities that duplicated services provided by other organisations in Swindon, for example benefit advice. However, through support from commissioners and the SBC Locality team the group has been supported to continue to run a support group, meeting regularly in a local community centre.
- 3.11 **Support for Adults with Learning Disabilities** – An invitation to tender for learning disability and advocacy services was published in September 2013. A small number of tender submissions were received but, following an evaluation process, the decision was taken not to award a contract.
- 3.12 Since then commissioners have been working with three local providers and a number of service users to trial person centred planning approaches and targeted support to identify how best to meet individual aspirations and potential and reduce dependency on traditional service models. A Steering Group has been set up to oversee the changes to the service and help commissioners to scope a new specification to be tendered during 2015.
- 3.13 **Mental Health Support for Adults** - An historic complexity of contracts held by various organisations within Swindon, offering support to adults suffering poor mental health, has taken some time to understand.
- 3.14 Following the consultation process, the decision was taken to decommission three contracts which duplicated national schemes or have been replaced by new statutory services. However the Swindon User Network and the Swindon Listening Line have been successful in attracting money from other areas and are still operating within Swindon. Financial support for an employment scheme ended in 2013 but trustees have worked with commissioners and others to ensure the business is now able to function without financial support from SBC/CCG.
- 3.15 A new specification was tendered in June 2014, reshaped to offer a more joined up service, supporting individuals through a recovery model that will ensure people are as well as they can be. The new service will commence on 1st January 2015, and will use the recently trialled Wellbeing Co-ordination approach to ensure adults are enabled to access the support they need. The new provider
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Further information on the subject of this report can be obtained from Lynn McDermott 01793 463066 lmcdermott@swindon.gov.uk.

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will be a key partner in developing improved interfaces between primary and secondary services offering support to adults with poor mental health. A steering group comprising of SBC and CCG commissioners and mental health providers will oversee the implementation and development of the new service.

- 3.16 The current therapeutic gardening service for adults with poor mental health will be retendered early in 2015 to complement the new mental health support contract.
- 3.17 A final mental health service supports adults recovering from poor mental health by offering work experience in gardening, recycling and garden waste services. The business element of this service relies heavily on work contracted informally to them by SBC (previously Swindon Commercial Services). Commissioners are currently working to agree new arrangements to maximise the business opportunities and offer a social value through jointly commissioning a new service, with a view to retendering during 2015/16.
- 3.18 **Reducing Isolation** – A small number of contracts tendered independently of each other have been in place for some time. These offer low levels of support to a small number of adults through a befriending and a home from hospital service. These focus mainly on older people, but the low levels of people engaging with the services makes little impact on targets to reduce isolation and promote independence.
- 3.19 Commissioners have agreed to run a pilot Home from Hospital service from January 2015 to support greater numbers of people who have no support at home when they leave hospital. The service will work in partnership with existing services providing home from hospital and befriending services that will maintain support and contact with individuals for longer.
- 3.20 Alongside this service a wider befriending service will be trialled to provide greater support to vulnerable groups to help them gain the confidence and skills to support independent living, to be safe in their homes and access networks and support through their local communities.
- 3.21 This approach will enable us to understand the impact of these types of services and to ensure this is the best way to deliver good outcomes to meet the priorities set by SBC and Swindon CCG.
- 3.22 Commissioners intend to use the learning from these pilots to inform a specification to be tendered during 2016.
- 3.23 **Advocacy** – Swindon has a successful advocacy service supporting adults with learning disabilities using a mix of paid and volunteer advocates. Statutory advocacy is provided under the Mental Health Act 2007, and the Mental Capacity Act 2005. The organisation providing this service has recently given notice.

Further information on the subject of this report can be obtained from Lynn McDermott 01793 463066 lmcdermott@swindon.gov.uk .

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- 3.24 Local authorities have seen increased demand for statutory advocacy under the Mental Capacity Act 2005 following a recent ruling in the Supreme Court.
- 3.25 The Care Act 2014 introduces a new statutory requirement to provide an independent advocacy service for people and their carers who would have substantial difficulty in engaging with social care in areas of assessment, and support planning, review and safeguarding and for whom there is no appropriate individual who can support them. Anticipating demand for this is difficult as it will be an entirely new service.
- 3.26 Commissioners will work with a local provider to develop a Swindon Advocacy service that will offer advocacy for the three elements of learning disability, mental health/mental capacity and social care. Best practice guidance has only just been published by SCIE nationally.
- 3.27 This will ensure that we continue to deliver the independent statutory mental health advocacy while we grow and test a service that can meet the new requirements of the Care Act. This approach will help us to understand what future demand is likely to be for Swindon.
- 3.28 Commissioners will use the learning from the pilot, together with national research and learning, to develop a specification to tender an enhanced advocacy service during 2016.
- 3.29 **Swindon Advice and Support Centre** – opened to the public in June 2014, and is a shared building with a shared reception run by the voluntary sector. It hosts a number of commissioned and non-commissioned voluntary sector agencies, who contribute to the advice and information function and it provides a hub for residents for information and advice on adult social care, wellbeing and welfare issues, as well as easy access to information and support for more vulnerable voluntary sector service users.
- 3.30 Services based in the centre include welfare and benefit advice, mental health support services (including employment support) advocacy for mental health and learning disability, care planning and direct payment support, the local carers centre, Swindon Law Centre and local Healthwatch.
- 3.31 As well as providing local people access to information, advice and support, work is underway to improve joint stakeholder participation, to streamline pathways and develop proportionate and timely resources to meet the community's needs. This includes single referral and assessment processes, easy transfer of information between organisations involved with individuals and joined up support that enables individuals to be as independent and engaged with their community as possible.
- 3.32 A hot desk facility allows other, small organisations to engage with the centre.

Further information on the subject of this report can be obtained from Lynn McDermott 01793 463066 lmcdermott@swindon.gov.uk .

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- 3.33 **Children's Voluntary Sector Services** - include Young Carer Services (see 3.3) and a Children Rights Service that supports children and young people to participate in Case Conferences and at their Looked after Children Review. High numbers (95%) of children and young people report the service has allowed them to have a voice. The service also supports the Children in Care Council which looks at key areas for improvements for children in care. This service was successfully re-commissioned and a new service was in place in May 2013.
- 3.34 Therapeutic Support for Children and Young People aged 10 to 18 works with children and young people in group settings to deal with issues such as behaviour management, bullying, improving social skills etc. Many of the young people are at risk of school exclusion. The service also supports the Youth Forum and the Member of Youth Parliament as well as supporting groups of children with disabilities. Commissioners are currently working with colleagues in Children and Families to scope a specification to retender this service in 2015.
- 3.35 **Other contracts** - There remains a small group of contracts, of low financial value, that address specialist areas of service delivery, Examples are support for refugees and asylum seekers, bereavement counselling and support for people with head injuries. The service contracts have been let for three years and the emphasis has been on improving co-ordination between services and encouraging service users to become involved in wider community activity.

4. Alternative Options

- 4.1 Legally we are required to recommission services as contracts come to an end, or if we specify requirements for new services. Testing the local and national market, as well as piloting new services such as a home from hospital and advocacy services, enables commissioners to reach the best configuration for future service commissioning. Retendering existing services without reshaping or aligning to SBC and CCG priorities will not deliver the outcomes required for Swindon residents or deliver good value for money.

Financial and Procurement Implications

- 4.2 Some services described above are statutory and the Council is obliged to provide, for example, a local Healthwatch. New legislation outlined in the Care Act, and legislation in relation to mental health and mental capacity requires independent advocacy.
- 4.3 All new voluntary sector services are commissioned against outcomes that contribute to SBC and CCG priorities to reducing demand for more expensive packages of care, to reduce isolation, increase independence and encourage and support adults into employment.
- 4.4 Commissioned voluntary sector organisations offer good value for money, delivering services with lower staff overheads, good use of volunteers and

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attracting additional funding through fund raising, grants and other methods. Many locally based voluntary sector services are part of national organisations which bring the benefits of infrastructure support, policy development and who, for example the Red Cross and The Alzheimer Society fund considerably more service provision in the area than they are commissioned to provide.

4.5 Legal and Human Rights Implications

4.6 There are none specific to this report.

All other Implications

4.7 There are none specific to this report.

5. Consultees

5.1 None.

6. Background Papers

6.1 None.

7. Appendices

7.1 Appendix 1 – List of Organisations.

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Voluntary Sector Commissioning in Swindon

Health and Wellbeing Board 7 January 2015

ORGANISATION	Description
Age UK	Pilot Trial – Home from Hospital & Befriending
British Red Cross	Pilot Trial – Home from Hospital
DHI	Support Planning and Direct Payment Support
CAB	Welfare Advice and Swindon Advice and Support Centre
Headway	Ongoing service for people with brain injuries
Living Options	Decommissioned January 2014
Prospect Hospice	Ongoing support for carers at end of life
Aster Living	Contract ending 31st March 2015
Stoke Association	Ongoing – communication support for people who have had a stroke
Swindon Carers	Re-commissioned January 2013 – support for adult and young carers
Wiltshire Swindon User Network	Decommissioned Summer 2013
Alzheimer's Society	Ongoing -Support for people experiencing dementia
Swindon MIND	Mental Health Support Service - New Service from 1 st January 2015
Richmond Fellowship	Contract ends 31.12.14 – employment services for people experiencing poor mental health (incorporated into new Mental Health Support Service)

Phoenix Mailing	Decommissioned 31 st March 2014
LEAVES	Work experience for adults recovering from mental health difficulties – to be recommissioned during 2015/15
TWIGS	To be re-tendered January 2015 – Therapeutic support for people with poor mental health
PASH	Contract ends 31.12.14 – Self Harm counselling (incorporated into new Mental Health Support Service)
SUNS	Decommissioned in summer 2013
SAMS	Pilot Trial – advocacy service
Open Door	Interim contract following unsuccessful tender – to be retendered during 2015/16
NSPCC	Ongoing service
STEP	To be retendered 2015/16 – therapeutic support and Youth Forum
Coram Voice	Recommissioned - May 2013 Children's Right Service
Voluntary Action Swindon	Recommissioned in April 2013 - reshaped to include volunteering and Swindon support
Harbour Project	Ongoing – support for Refugees and Asylum Seekers

Healthwatch Swindon

Health and Wellbeing Board

Date: 7 January 2015

Author:	Pete Rowe, Manager, Healthwatch Swindon
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The report provides an update on the progress of Healthwatch Swindon, and highlights ways in which we are contributing to the Board's work to improve the health and wellbeing of our local population and reduce health inequalities.
- 1.2 It was agreed that Healthwatch Swindon would provide regular updates to the Health and Wellbeing Board to address the concerns raised by Commissioning Officers in their report dated 23rd July 2014.

2. Recommendations

The Board is recommended to:

- 2.1 Note the update from Healthwatch Swindon.

3. Detail

3.1 Executive Summary

- Healthwatch Swindon sees fifth member appointed to the board of directors. This includes the resignation of Tony Hewitt (Parkwood Healthcare). January 2015 will see a further appointment to the board.
- Feedback received regarding Arriva Non Emergency throughout October and November 2014 leads to bordering Healthwatch working together to carry out survey. The survey will run from December 2014.
- Healthwatch Swindon finalises project to review service user experiences of mental health services following issues raised by service user group (Appendix 1).
- Volunteer director joins Healthwatch working group to review access to primary care services, particularly for those with a hearing or visual impairment.
- Action by Healthwatch Swindon, following comments raised regarding patient confusion over reducing hours at a GP surgery, encourages meetings between NHS England Area Team, the surgery and patients.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 49777, pete.rowe@healthwatchswindon.org.uk.

Healthwatch Swindon

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- Healthwatch Swindon work in partnership with Delivering Health and Independence (DHI) to conduct a training needs analysis of personal assistants. The project is running from December 2014 and will be completed by the end of January 2015.
- Following the collating and analysis of the survey conducted by the Learning Disability Partnership Board (LDPB), Healthwatch Swindon presented the findings and key points identified formed the focus of the planning for the LDPB forum in November 2014.
- Since April 2014, Healthwatch Swindon has supported 39 people through their independent NHS complaints advocacy service. 11 Cases have seen resolution during the same period, ranging from a delayed referral or operation being prioritised to an apology received from the service provider. Please see attached case studies (Appendix 2).

3.2 Board Update

As at November 2014, we have 5 volunteer directors registered at Companies House with 1 more going through the appointment process. Including the resignation of Tony Hewitt (Parkwood Healthcare) from the board, there will be 6 board members from January 2015.

The first board meeting of the new members took place on 18 December 2014 where the Chair and roles were officially appointed.

Healthwatch Swindon will continue to recruit new board members based on a specific skill set and criteria up to a maximum of 9.

3.3 Current Work Priorities

The work of Healthwatch Swindon continues to be diverse due to the wide range of health and social comments received and the wide remit in a complex system that covers health and wellbeing.

Based on views and comments collected, the key work priorities this year have been:

3.3.1 Arriva Non Emergency Patient Transport

Since the Non-Emergency Patient Transport contract to Arriva Transport Solutions (ATS) began on 1 December 2013, Healthwatch Swindon has continued to receive a steady flow of comments and views.

Since January 2014 approximately 1 in 15 comments relate to the Non-Emergency Patient Transport Solution (NEPTS)

Healthwatch Swindon

Health and Wellbeing Board

Date: 7 January 2015

Dec 2013 - Oct 2014	Total
Eligibility	19
Rang HWS To Book Transport	18
Delayed Homebound Journey	9
Suitable Vehicle	7
Complaint Process	4
Phone Related	2
Positive Feedback	1
Total	60

In September 2014 a report was submitted to the Quality Surveillance Group by local Healthwatch for discussion.

Healthwatch Swindon will also be sharing feedback direct with the contract lead at Swindon Clinical Commissioning Group.

3.3.2 Access to Primary Care Services

Primary care related comments continue to feature for Healthwatch Swindon, whether it is access to, concerns about reduction of hours or visibility of the complaints process.

Regionally, concerns raised about access to Primary Care have resulted in a working group of local Healthwatch and NHSE to address the issues and propose recommendations. Initially the focus will be on access for those with a hearing or visual impairment.

Concerns have also been raised locally regarding the visibility and awareness of the complaints procedure within GP surgeries. Healthwatch Swindon will also focus on this in January 2015.

In September 2014, Healthwatch Swindon also met with the Care Quality Commission prior to their inspections of GP surgeries, to discuss feedback received locally.

3.3.3 Reviewing Service User Experiences Of Mental Health Services

An independent survey by Service User Network Swindon (SUNS) gave cause for concern about the experience of service users of some mental health services provided by Avon & Wiltshire Mental Health Partnership NHS Trust (AWP).

Further information on the subject of this report can be obtained from Pete Rowe, 01793 49777, pete.rowe@healthwatchswindon.org.uk.

Healthwatch Swindon

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In addition to the survey, Healthwatch Swindon also receives feedback regarding service users' experiences and enquiries around accessing mental health services.

The project will be completed and a presentation prepared to present to the Health and Wellbeing Board by June 2015. (See Appendix 1 for full project brief and time plan).

3.4 Building up Evidence Based Insight (Formerly Health Observatory).

Following submission to the previous Health and Wellbeing Board of the Swindon Health Observatory, Healthwatch Swindon have met with Public Health to discuss the brief and identify how the work of Healthwatch Swindon can compliment the work of the Joint Strategic Needs Assessment Steering Group and prevent duplication.

3.5 Volunteers

Due to capacity Healthwatch Swindon continues to utilise volunteers to support our activities both practically and strategically. Since April 2014, over 100 hours have been given by volunteers to help deliver the contract.

The Volunteer Development Strategy is near completion and will be submitted to the Healthwatch Swindon board of directors for approval by December 2014.

3.6 Independent NHS Complaints Advocacy.

It had been previously identified that there needs to be a higher level of reporting to allow a better understanding. Further work is being undertaken to focus on:

- Outcomes of the complaint and impacts, if any.
- Any agreed resolutions by the service provider are actioned.
- Identifying areas of concern or gaps in provision of service.

Further to evidence released by Healthwatch England regarding people finding the NHS complaints process complex and frustrating, Healthwatch Swindon have conducted a short poll that showed 59% did not know where to go to complain about an NHS service they had received.

Headline Data

It must be noted that, due to numbers and the diverse range of issues reported, caution must be exercised without comprehensive evidence to support.

- Two thirds of clients were aged between 25 to 64, with a 50% even split between males and females.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 49777, pete.rowe@healthwatchswindon.org.uk.

Healthwatch Swindon

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- SN1 and SN3 were the most re-occurring postcode, accounting for nearly 50% of clients.
- 43% of issues raised related to experience with Great Western Hospital.
- Over 25% of issues raised related to experience with a local GP surgery.
- Treatment (22%), diagnosis (19%) and communication (16%) were the top 3 classifications for issue reported.

Healthwatch Swindon is supporting 5 clients through the Parliamentary Health Service Ombudsman complaint process.

4. Alternative Options

4.1 No alternative options.

5. Implications

5.1 None.

Financial and Procurement Implications

5.2 None.

Legal and Human Rights Implications

5.3 None.

All other Implications

5.4 None.

6. Consultees

6.1 None.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Reviewing Service User Experiences Of Mental Health Services Project Brief.

8.2 Appendix 2 – Advocacy Case Studies.

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Reviewing Service User Experiences Of Mental Health Services In Swindon

INTRODUCTION:

An independent survey by Service User Network Swindon (SUNS) in June 2014, gave cause for concern about the experience of service users of some mental health services provided by Avon & Wiltshire Mental Health Partnership NHS Trust (AWP). (See Reference Point 1).

As the provider of secondary mental health inpatient, community and specialist services in Swindon, AWP received a copy of the survey results at the trust board meeting on 25 June 2014. This was presented to them by SUNS with the offer to AWP to feedback on the survey.

Swindon Clinical Commissioning Group (CCG) are focussing on the potential for redesign and improvement of mental health services in Swindon and held a service redesign workshop to inform a mental health strategy to cover the next five years.

Key statistics presented at the mental health service redesign workshop highlighted:

“Mental health affects 1 in 4 of people in a life time. Once diagnosed, the average life expectancy of a patient is twenty years less than the average person.”

“Mental Health services in the UK are one of the services most likely to face significant growth, placing Mental Health high on the agenda.”

July 2014 also saw the council and health service commissioners in Swindon issue an invitation to tender for the provision of reshaped mental health services in the borough.

The specification required bringing together elements of services, previously delivered by a number of organisations, and develop a holistic service that provides integrated support for adults experiencing poor mental health. The new contract will start on 1 January 2015.

This highlights the importance of getting the design of services correct now and therefore it is imperative to build the experience of patients into the process.

It is recognised that AWP acknowledges that services provided by a large trust are best managed at a local level; and that considerable changes in delivery have taken place over the last two years.

However, although the SUNS survey had limited circulation and therefore may not be statistically representative, it highlights some poor experiences and serious concerns. In addition to this Healthwatch Swindon also receives feedback regarding service users' experiences and enquiries around accessing mental health services.

This project proposal is based on gathering views from service users and their carers and families in Swindon. It will also look to involve input from service providers (including staff), mental health support service providers other than AWP and primary care professionals. It is pleasing to note that this project fits into the positive planning that was introduced at the Swindon Clinical Commissioning Group Mental Health Service Redesign in November 2014.



BACKGROUND:

Swindon is a mainly urban medium sized town with an estimated population of 212,000. The overall population of Swindon is forecast to rise to around 250,000 by 2030.

As with any predominantly urban area there are challenges around inequality and disadvantage. Deprivation is lower than average, however about 17.3% (7,200) children live in poverty. Life expectancy for both men and women is similar to the England average.

Swindon has a diverse and growing population of Black and Minority Ethnic families.

Mental Health and Wellbeing (See Reference Point 2):

Mental health and wellbeing are fundamental to our ability to flourish as individuals and as a community.

Mental wellbeing can be defined as “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization (WHO)). Mental illness can be defined as the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions (WHO).

Using the National Wellbeing Survey and the Swindon Residents Survey, the Swindon Joint Strategic Needs Assessment for Adult Mental Health and Wellbeing 2014 (JSNA) highlighted that:

- mental wellbeing in the national population improved during 2012/13, whereas in Swindon it slightly deteriorated.
- There was no difference in wellbeing between genders but those over 65 years of age had better wellbeing than those aged 16-24 years and those in most deprived parts of Swindon had significantly worse wellbeing scores than those in the least deprived areas.

The JSNA estimated that:

- between 22,600 and 29,000 individuals have a common mental health disorder such as anxiety, depression, phobias, panic and Post Traumatic Stress Disorder.
- the number of people in Swindon with depression is slightly higher than the national and regional average but the numbers with severe and enduring mental health conditions is slightly lower than national and regional averages.
- The number of people with mental health disorders is predicted to rise over the next twenty years due mainly to demographic changes.

The JSNA also sought the views with regards to Swindon mental health services of service users and carers. It concluded that mental health service users and carer thought that:

- changes to the services would reduce capacity and choice.
- services should focus on early intervention rather than leaving problems to get worse before being able to access services.
- there were concerns about re-accessing services in a timely manner when they are required.

It was also noted that Carers thought social isolation was a real concern and that service users would be completely socially excluded without their carers support. Carers also expressed concerns that their voice, as a carer, was not heard particularly within the GP and Social Care environment.



WHO WE ARE:

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Swindon works to help local people get the best out of local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Swindon is about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

Project management will be undertaken by Will Evans, Director of Healthwatch Swindon and Pete Rowe, Manager of Healthwatch Swindon.

PROJECT AIM:

This project proposal is based on service users of adult mental health care who live in the borough of Swindon and who have accessed any mental health services in Swindon in the last 2 years. The primary questions is: are the results and comments of both the independent survey carried out by SUNS and feedback we receive representative of service users and is there a platform for those who support the service user to also voice their comments.

It is hoped that the information generated from this project will:

- go towards influencing and improving the delivery and access of these services within Swindon.
- enhance the quality of the currently commissioned provisions.

TARGET GROUP:

For the purposes of this project, target groups have been divided into 4 key areas:

1. service user, including those that are housebound.
2. family and carers.
3. service providers and mental health support service providers.
4. general practices – their role in early intervention and primary mental health services.

The aim is to gain a representative sample of at least 100 adult service users across age, gender and ethnicity.

RESEARCH OBJECTIVES AND METHODOLOGY:

- To undertake a review of the independent survey conducted by SUNS and ongoing feedback we received to establish key areas of concern.
- To confirm the work undertaken by Swindon CCG to inform the mental health strategy.
- To review the findings of the CQC inspection of AWP (June 2014) to establish what change or improvements have been required; and what action has been planned or taken by AWP as a result.
- To consider the conclusions and key recommendations of the Swindon JSNA for Adult Mental Health and Wellbeing.
- To obtain the service user, family and carers perspective on the issues and concerns raised, which will result in the collection of data from at least 100 participants. This will include:
 - To undertake 3 focus groups with service users, family and carers.
 - To distribute and receive at least 70 completed questionnaires (Face-to-Face, Online, Service User Touch Points such as LIFT Psychology).
 - To undertake 4 Discovery interviews with service users, family and carers.



- To identify and explore opportunities to work with the support of AWP (including staff), Mental Health Support Services and general practices to engage with their service users to ensure a representative sample.

RECRUITMENT OF PARTICIPANTS:

There will be two approaches to recruitment:

1. Healthwatch Swindon will invite participation via local service user groups and organisations that provide mental health support services. Service users will see anonymity maintained as potential participants will respond to Healthwatch Swindon.
2. Healthwatch Swindon will invite participation from amongst the 3000 local people registered on its database.
3. Recruitment will be done via community engagement activities as and when an opportunity presents itself.
4. To ensure a wider engagement we will undertake to highlight the project through a press release to local media connections.

A researcher or trained volunteer will be available to answer any questions prior to participation and each participant will be invited to sign a consent form.

WAYS OF PARTICIPATING:

Participants will be invited to select one or more of the following methods of participation: Focus Group, Questionnaire and Discovery Interview.

Focus Group: This approach is useful for establishing consensual views in peer groups about experiences and attitudes (Krueger and Casey, 2009). The focus groups will be a series of ongoing groups to allow service users, family members and carers to influence the questions and highlight the key areas of concerns based on their experiences. This will then allow us to develop a service user-led questionnaire.

Questionnaire: This approach will enable a 'high level' view of the research topic. The questionnaire will be produced and trialled prior to 'going live'. Volunteers will be trained prior to carrying out any face-to-face interviews. Participants will not be required to provide contact details unless they are interested in either exploring their experiences in more detail (focus group or discovery interview) or they would like to receive a copy of the final report/attend a feedback session. Their details will be recorded on a separate form.

Discovery Interview: Traditional 'Tell us about your health needs' questions have proven difficult for people to answer so Discovery interviews were developed as the least intrusive, and most empowering, way of enabling community members to share their experience. Healthwatch Swindon volunteers will conduct these interviews and all participants will receive a letter explaining exactly what is involved and a consent form will be required. Interviews will be recorded using a dictation machine.



FEEDBACK MECHANISM

- The project will be completed and a presentation prepared to present to the Health and Wellbeing Board by June 2015.
- To formally feedback to appropriate service providers, commissioning bodies and scrutiny committees.
- To hold a feedback session for participants.

NEXT STEPS

Healthwatch Swindon to make contact with key organisations to finalise plans.

Contact List 1: To be contacted in December 2014

1. Avon and Wiltshire Mental Health Partnership Trust
2. Swindon Clinical Commissioning Group
3. Swindon Mind
4. Great Western Hospital Mental Health Lead
5. GP Mental Health Lead

Contact List 2: To be contacted in January 2015

1. Service User Network Swindon (SUNS)
2. Lift Psychology
3. Community and Voluntary Sector (Voluntary Action Swindon)
4. TWIGS/LEAVES
5. Richmond Fellowship
6. Carers Centre and Young Carers
7. Swindon Advice and Support Centre
8. Day Centres
9. SEQOL

REFERENCES

- (1) Appendix 1: Review of independent survey by SUNS as summarised by Healthwatch Swindon.
- (2) Swindon Joint Strategic Needs Assessment: Adult Mental Health and Wellbeing. Available: <http://www.swindon.gov.uk/sc/Health%20Document%20Library/Information%20-%20Adult%20Mental%20Health%20and%20Wellbeing%20Needs%20Assessment.pdf>

Author:

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PROJECT TIMEPLAN

Week Ending	Dec-14				Jan-15				Feb-15				Mar-15				Apr-15				May-15				Jun-15
	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	
Task																									
SETUP																									Prepare presentation for the Health and Wellbeing Board
Contact made with Group 1 Contacts																									
Brief included in Health and Wellbeing Report																									
Meetings And Feedback From Group 1 Contacts																									
Finalise Project Brief																									
Contact made with Group 2 Contacts																									
Press Release Issued																									
Focus Group 1: Set Objectives																									
DESIGN																									
Focus Group 2: Develop Questionnaire																									
Health Professionals Focus Group: Feedback																									
Review Against Project Brief																									
TEST																									
Focus Group 3: Test Questionnaire																									
Review Against Project Brief																									
IMPLEMENTATION																									
Complete Questionnaires																									
Discovery Interviews																									
ANALYSIS																									
Review Data And Analyse																									
Prepare Report																									

Case Study 1:

Client: HG/382

Reason for referral: A long wait for surgery and lack of response to her formal complaint.

time she contacted admissions or PALS she felt as if she had not being taken seriously. She had put in a complaint several weeks previously to PALS and had not had a formal response. The informal response that she received was 'there are other people waiting too'.

During the advocacy period, the client informed the advocate that she had been given a date for her surgery, but that it had then been cancelled, and she had been told that she would have to wait a further few weeks before she could have the

The actions taken by the Advocate: The Advocate gave the client information on making complaints against the NHS, and let her know that it is within her right to request that GWH find a suitable alternative since they have been unable to operate on her within the timescale outlined by the NHS Constitution.

On hearing of the surgery cancellation, the advocate contacted CSCS PALS on the clients' behalf, so that they could underline the clients urgent need to have surgery especially given the timeframe.

Impact made by the Advocate: As a result of the advocates support, the client was given an earlier date for surgery.

Outcome achieved: Client was given an earlier date for her surgery, and received a satisfactory response from her formal

Case Study 2:

Client: JL/272

Reason for referral: Needs clarification on the status of the eye clinic at Swindon and wants to know why he has to travel to

Client background and reasons for referral: Has been told that the eye clinic is shutting down at the Great Western Hospital and he has to travel to either Reading, Tewkesbury or Cheltenham for his referral. Thought it was a joke as no-one knows the truth. Has tried to work out transport and get confirmation on when the appointment will be.

During the advocacy period, the client was informed regarding the current situation for new eye referrals at the Great Western Hospital, which meant he would need to travel out of area for consultation. It was also explained that, due to this situation, transport would be provided by the Arriva Non Emergency Transport Service, which he was unaware of.

The actions taken by the Advocate: The Advocate gave the client information on the current situation and due to his circumstance, rung and booked the transport and confirmed the appointment at Cheltenham General Hospital. As no letter was received to confirm the appointment the advocate later contacted the PALS team to understand why no communication had been received by the client and explain the effect it has to not be informed.

appointment at Cheltenham, which was one less thing to concern the client. The advocate also supported the client to register his complaint with PALS who acknowledged and apologised for the inconvenience, stress and misunderstanding the situation had caused.

Outcome achieved: As well as resolving the complaint for the client, Healthwatch Swindon highlighted the misunderstanding regarding the situation with eye clinic at the Great Western Hospital. The Swindon Clinical

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Mental Health Crisis Care Concordat

Health and Wellbeing Board

Date: 7 January 2015

Author:	Acting Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better locally to make sure that people get the help they need when they are having a mental health crisis.
- 1.2 In March 2014 the Health and Wellbeing Board agreed to support the principles of the national Mental Health Crisis Concordat and board members were tasked with taking this proposal back to their respective organisation for discussion and adoption. The Swindon Mental Health Crisis Care Concordat declaration (see Appendix one) has been agreed and is supported by:
 - 1.2.1 Avon and Wiltshire Mental Health Partnership NHS Trust
 - 1.2.2 CRI – Substance Misuse Service
 - 1.2.3 Great Western Hospital
 - 1.2.4 Office of Police Crime Commissioner for Wiltshire and Swindon
 - 1.2.5 Oxford Health NHS Foundation Trust
 - 1.2.6 SEQOL
 - 1.2.7 South West Ambulance Service Foundation Trust
 - 1.2.8 Swindon Borough Council
 - 1.2.9 Swindon Clinical Commissioning Group (CCG)
 - 1.2.10 Swindon Mind
 - 1.2.11 Wiltshire Police
- 1.3 An action plan to support delivery against the principles outlined in the concordat is being drafted.

2. Recommendations

The Board is recommended to:

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

Mental Health Crisis Care Concordat

Health and Wellbeing Board

Date: 7 January 2015

- 2.1 Endorse the aims of the Mental Health Crisis Care Concordat and acknowledge that Swindon CCG, Swindon Borough Council, Wiltshire Police, Avon and Wiltshire Mental Health Foundation Trust, South West Ambulance Service NHS Foundation Trust, Great Western Hospital NHS Foundation Trust, Office of Police Crime Commissioner for Wiltshire and Swindon, Oxford Health NHS Foundation Trust, SEQOL, Swindon Mind, CRI, have sign up to the Concordat.
- 2.2 Receive an update at its meeting on 11 March 2015 on how the principles outlined in the Concordat will be implemented.
- 2.3 Note that delivery on the Swindon Mental Health Crisis Care Concordat is dependent on agencies committing to working collaboratively together to improve outcomes.

3. Detail

- 3.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.
- 3.2 In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:

Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.

Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.

Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.

Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

- 3.3 Department of Health working with the Home Office and Mind expect each locality to have agreed a Mental Health Crisis Declaration by December 2014. Swindon uploaded the Mental Health Crisis Care Declaration in December.
- 3.4 Meetings have been hosted by Swindon CCG and included, Swindon Borough Council, Wiltshire Police, Avon and Wiltshire Mental Health Trust, South West Ambulance Service NHS Foundation Trust and Great Western Hospital

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

Mental Health Crisis Care Concordat

Health and Wellbeing Board

Date: 7 January 2015

- 3.5 A first draft action plan has been developed. The development of the action plan will be on going and include children and young people and other partners and will be monitored at the Mental Health Commissioners Meeting.

4. Alternative Options

- 4.1 The Board could choose not to endorse the local Swindon Mental Health Crisis Care Concordat.

5. Implications

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising from this report.
- 5.2 Where further work has been identified in order to meet the commitments of the concordat this will be undertaken within existing budget allocation and resource.

Legal and Human Rights Implications

- 5.3 There are no direct legal or human rights implication arising directly from this report.

All other Implications

- 5.4 There are positive implications for improving the mental health crisis care provided to those experiencing an acute episode of mental crisis. There are also opportunities to prevent future crisis.

6. Consultees

- 6.1 Swindon CCG, Swindon Borough Council, Wiltshire Police, Avon and Wiltshire Mental Health Trust, South West Ambulance Service NHS Foundation Trust and Great Western Hospital have been directly involved in the development of the local concordat.
- 6.2 A mental health workshop has been held which included stakeholders from across the mental health services and partners where the mental health concordat was discussed. This included: Services Users and Carers, Primary Care, CRI substance misuse services and other third sector organisations.
- 6.3 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

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

Mental Health Crisis Care Concordat

Health and Wellbeing Board

Date: 7 January 2015

8. Appendices

8.1 Appendix one - Swindon Mental Health Crisis Care Concordat.

The 2014 Swindon Health and Social Care Economy Declaration on improving outcomes for people experiencing mental health crisis. 3rd November 2014

We, as partner organisations in Swindon, will work together to put in place the principles of the national **Crisis Concordat** to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in Swindon by putting in place, reviewing and regularly updating the action plan.

This declaration supports 'parity of esteem' (see the glossary) between physical and mental health care in the following ways:

- Through everyone agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in Swindon for help in a crisis. This will result in the best outcomes for people with suspected serious mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.
- By making sure there is a safe and effective service with clear and agreed policies and procedures in place for people in crisis, and that organisations can access the service and refer people to it in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to staff, carers, patients and service users or the wider community and to support people's recovery and wellbeing.

We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in Swindon.

- **Avon and Wiltshire Mental Health Partnership NHS Foundation Trust**
- **CRI – Substance Misuse Service**
- **Great Western Hospital NHS Foundation Trust**
- **Office of Police Crime Commissioner for Wiltshire and Swindon**
- **Oxford Health NHS Foundation Trust**
- **Swindon Borough Council**
- **SEQOL**
- **South West Ambulance Service Foundation Trust**
- **Swindon Clinical Commissioning Group**
- **Swindon Mind**
- **Wiltshire Police**



Peter Crouch



[Signature]



South Western Ambulance Service NHS Foundation Trust

[Signature]
Ken Wenman, Chief Executive

M. Maguire

Oxford Health NHS Foundation Trust



Avon and Wiltshire Mental Health Partnership NHS Trust

[Signature]



Great Western Hospitals NHS Foundation Trust



Glossary of terms used in this declaration

Concordat	<p>A document published by the Government.</p> <p>The Concordat is a shared, agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental-health crisis need help.</p> <p>It contains a set of agreements made between national organisations, each of which has a formal responsibility of some kind towards people who need help. It also contains an action plan agreed between the organisations who have signed the Concordat.</p> <p>Title: Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis Author: Department of Health and Concordat signatories Document purpose: Guidance Publication date: 18th February 2014</p> <p>Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf</p>
Mental health crisis	<p>When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger.</p>
Parity of esteem	<p>Parity of esteem is when mental health is valued equally with physical health.</p> <p>If people become mentally unwell, the services they use will assess and treat mental health disorders or conditions on a par with physical illnesses.</p> <p>Further information: http://www.england.nhs.uk/ourwork/qual-clin-lead/pe</p>

Recovery	<p>One definition of Recovery within the context of mental health is from Dr. William Anthony:</p> <p>"Recovery is a deeply personal, unique process changing one's attitude, values, feelings, goals, skills, and/or roles.</p> <p>It is a way of living a satisfying, hopeful, and contributing life.</p> <p>Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability" (Anthony, 1993)</p> <p>Further information http://www.imroc.org/</p>
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Future meeting dates of the Board

Health and Wellbeing Board

Date: 7 January 2015

Author: Cherry Jones – Acting Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To provide an opportunity to members of the Board to discuss and agree the proposed meeting dates for the 2015 – 2016 Municipal Year.
- 1.2 To assist members of the Board in determining whether the status quo of holding six meetings of the Board per year should continue, or if reducing the number to five meetings per year is a practicable alternative to ensure the Board meets its obligations under the Health and Social Care Act 2012.

2. Recommendations

The Board is recommended to:

- 2.1 Agree that the Terms of Reference of the Board be amended accordingly by the Acting Director of Public Health to show the reduction in the annual number of Board meetings from six to five.
- 2.2 Agree the proposed dates as set out in paragraph 3.5 of the report, subject to any changes made as a result of discussions held at the meeting.
- 2.3 Note that the final dates will be subject to sign-off by Full Council in May 2015 as part of the Meetings Calendar for 2015 – 2016.

3. Detail

- 3.1 The Terms of Reference of the Health and Wellbeing Board were agreed at its meeting held on 10 July 2013 and set out the procedures for meetings of the Board.
- 3.2 Board meetings are held every two months, usually on the second Wednesday of the month (where possible) at 2.00pm. The six public Health and Wellbeing Board meetings are held on alternate months to the Chair's Advisory Group, which is a non-decision making forum used to brief Board members. The Chair's Advisory Group meeting is also usually held on the second Wednesday of the month at 2.00pm where possible.
- 3.3 During the current 2014-2015 Municipal Year only five meetings of the Board will be held. The November 2014 meeting was cancelled, as agreed by the Chair, due to the lack of items being brought forward for consideration. The cancellation

Further information on the subject of this report can be obtained from Vicki Yull, Direct Dial 01793 463603, vyull@swindon.gov.uk.

Future meeting dates of the Board

Health and Wellbeing Board

Date: 7 January 2015

of this meeting has not impacted negatively on the Work Programme of the Board.

- 3.4 The Health and Wellbeing Board had its initial meeting on 8 May 2013, and at that time it was felt that six meetings a year would be necessary to ensure the development and evolution of the Board. As the Board has successfully been embedded, and has full participation from partners, it is felt that a decrease in the number of meetings held per year to five would reduce the pressure on partners and have no direct negative impact on the Work Programme of the Board.
- 3.5 The dates proposed for the meetings during the 2015 – 2016 Municipal Year are as follows (based on the new number of meetings being five per year):

Meeting	Date
Health & Wellbeing Board	11 March 2015 (already agreed)
Chairs Advisory Group	22 April 2015 (already agreed)
Health & Wellbeing Board	27 May 2015
Chairs Advisory Group	17 June 2015
Health & Wellbeing Board	8 July 2015
Chairs Advisory Group	2 September 2015
Health & Wellbeing Board	21 October 2015
Chairs Advisory Group	4 November 2015
Health & Wellbeing Board	9 December 2015
Chairs Advisory Group	10 February 2016
Health and Wellbeing Board	9 March 2016
Chairs Advisory Group	13 April 2016

4. Alternative Options

- 4.1 Board members have previously indicated their preference that meetings are held on the second Wednesday of the month at 2.00pm. As such, this premise has been followed whilst determining all the proposed dates set out in this report.
- 4.2 Should Board members choose to retain the existing number of Board meetings per year (six) then the dates proposed for the 2015-2016 Municipal Year would be as follows:

Meeting	Date
Health & Wellbeing Board	11 March 2015 (already agreed)

Further information on the subject of this report can be obtained from Vicki Yull, Direct Dial 01793 463603, vyull@swindon.gov.uk.

Future meeting dates of the Board

Health and Wellbeing Board

Date: 7 January 2015

Chairs Advisory Group	22 April 2015 (already agreed)
Health & Wellbeing Board	27 May 2015
Chairs Advisory Group	17 June 2015
Health & Wellbeing Board	8 July 2015
Chairs Advisory Group	2 September 2015
Health & Wellbeing Board	21 October 2015
Chairs Advisory Group	4 November 2015
Health & Wellbeing Board	9 December 2015
Chairs Advisory Group	13 January 2016
Health and Wellbeing Board	10 February 2016
Chairs Advisory Group	9 March 2016
Health and Wellbeing Board	13 April 2016

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 Not applicable.

Legal and Human Rights Implications

5.2 Not applicable.

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

5.3 Not applicable.

Diversity Impact Assessment

5.4 Not applicable.

Risk Management

5.5 Not applicable.

6. Consultees

6.1 None.

Further information on the subject of this report can be obtained from Vicki Yull, Direct Dial 01793 463603, vyull@swindon.gov.uk.

Future meeting dates of the Board

Health and Wellbeing Board

Date: 7 January 2015

7. Background Papers

7.1 None.

8. Appendices

8.1 None.