Swindon Borough Council

Health and Wellbeing Board

Wednesday, 27 May 2015

Committee Room 2, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

Contact Officers:
Vicki Yull (Committee Officer), 01793 463603, vyull@swindon.gov.uk
Cherry Jones (Director of Public Health), 01793 444681, cherryjones@swindon.gov.uk

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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 3 - 8)
   To receive the minutes of the meeting held on 11 March 2015.

5. **Joint Commissioning Intentions** (Pages 9 - 42)

6. **Local Safeguarding Children Board and Local Safeguarding Adults Board Business Plans** (Pages 43 - 66)

7. **Swindon Clinical Commissioning Group Operating Plan 2015/16** (Pages 67 - 120)

8. **Better Care Fund Plan 2015-16** (Pages 121 - 134)

9. **People detained under Section 136 MHA taken to Police Custody** (Pages 135 - 140)

10. **Local Account for 2013/2014** (Pages 141 - 168)

11. **Any other business**

Date of Despatch: 19 May 2015

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://ww5.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, 11 MARCH 2015

PRESENT:- Councillors David Renard (Chair), Ray Ballman, Fionuala Foley, Brian Mattock, Dr Peter Crouch (NHS Swindon Clinical Commissioning Group), John Gilbert Board Director - Commissioning, Swindon Borough Council), Cherry Jones (Director of Public Health, Swindon Borough Council), Kieran Kiligallen (Police and Crime Commissioner's Office), Angus Macpherson (Police and Crime Commissioner), Nicki Millin (NHS Swindon Clinical Commissioning Group) and Dave Potts (Third Sector Representative).

Also in attendance: Tom Frost (Swindon Borough Council), Penny Marno (Swindon Borough Council), Peter Rowe (Healthwatch Swindon) and Sue Wald (Swindon Borough Council).

Apologies for absence were received from Councillors Gavin Jones (Chief Executive, Swindon Borough Council) and David Wray (Third Sector Representative).

30. 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.

31. Public Question Time

No public questions were received during the meeting.

32. Minutes

Resolved – That the minutes of the meeting held on 7th January 2015, be confirmed and signed as a correct record.

33. Sight Loss Joint Strategic Needs Assessment Profile

The Board received a report of the Director of Public Health setting out the initial findings of the Sight Loss Joint Strategic Needs Assessment Profile, and setting out the current position of people living with sight loss in Swindon together with possible policy proposals moving forward.

Penny Marno, Registrar in Public Health Medicine, introduced the report referencing (a) recommendations set out within the action plan (paragraph 3.10 of the report), (b) current data and projections for sight loss in Swindon, (c) joint work with the Clinical Commissioning Group, including a workshop on sight loss to be held on 13th March 2015, (d) consultations undertaken with the voluntary sector, and (e) access to and the provision of services.

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

- The monitoring of work undertaken on a cross agency basis and of work

relating to the findings set out in paragraph 3.10 of the report of the Director of Public Health.

- The identification of oversight responsibility, for example whether schools or parents were responsible for children's eye tests, and how such oversight would be reported to the Board.
- The active promotion of information arising from work undertaken through the promotion of the recommendations set out in the report.

Resolved – (1) That the findings of the Sight Loss Joint Strategic Needs Assessment Profile be noted.

(2) That commissioners be requested to take note of the recommendations set out in paragraph 3.10 of the report of the Director of Public Health.

34. Adult Autism Joint Strategic Needs Assessment

The Director of Public Health submitted a report updating Members on the Adult Autism Joint Strategic Needs Assessment and seeking the Board's support for the recommendations contained in the Assessment. The Director of Public Health drew Members' attention to (a) that the assessment updated the "Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England" Strategy published in April 2014, (b) the findings of the profile of people with autism in Swindon, (c) the ten recommendations within the JSNA made for future work to improve the lives of people with autism in Swindon, (d) the implementation plan arising from the recommendations made by the JSNA, (e) the fifteen priority challenges for action within the Think Autism National Strategy, and (f) how these priorities and recommendations informed Swindon policies.

Members discussed the flowing issues:

- Awareness of Services availability.
- The role of DASH indicators in Service provision and in creating awareness of Autism in Swindon.
- Referral times and the effect on individuals and service provision.
- The fifteen priority challenges of the Think Autism National Strategy set out on page 63 of the report and how these might inform the Swindon Strategy.
- The future role of DASH given the charity was now only open 5 days a week when demand for its services was increasing and the possibility of additional assistance to support its work.
- How autism was diagnosed in Swindon, the current waiting lists for assessment within the Borough and the need to monitor waiting times.
- The current take-up of the Wiltshire Autism Card given the generally positive feedback from card holders.

Resolved – (1) That the recommendations set out within the Adult Autism JSNA Bulletin, as set out in Appendix 1 to the report be noted and agreed.

(2) That the development of an Adult Strategy for Swindon, in line with the national policy, statutory guidance and local needs (as identified through this JNSA) be supported.

(3) That, further to (2) above, it be noted that the strategy would be led by the Swindon Autism Partnership Board.

35. Swindon's Joint Health and Wellbeing Strategy - Update Report 2014/15

The Director of Public Health submitted a report reviewing the Swindon Joint Health and Wellbeing Strategy for the period 2014/15. The Director of Public Health drew Members attention to (a) performance over the previous 18 month period and (b) trends and direction of travel.

Members of the Board discussed:

- The criteria used in determining the success of the Strategy.
- How Swindon measured against comparator authorities for breast feeding.
- Improved detail and presentation within the report.
- The variance in reporting data between national and local figures (which used admittance rates) for alcohol issues locally and how these figures and the effect of alcohol on medical conditions might be raised in a manner that leads to greater awareness.

Resolved – (1) That the Joint Health and Wellbeing Strategy Update Report 2014/15 be noted.

(2) That progress to date against the priority outcomes and the areas where particular challenges affect the achievement of long term aims and the overall strategy vision be noted.

(3) That it be agreed that a review of the Joint Health and Wellbeing Strategy priorities, as informed by the report, and reflecting the latest Joint Strategic Needs Assessment findings, be undertaken.

36. Get Swindon Active

The Board received a report of the Director of Public Health setting out the Get Swindon Active Strategy. Director of Public Health introduced the report and drew Members' attention to (a) that the previous physical activity strategy had been completed in 2009, (b) that the strategy was targeted at both a Swindon and National problem, the plan focused primarily on the six priority areas of (i) promoting forms of exercise that could be built into everyday life, (ii) supporting neighbourhoods, communities and voluntary organisations with initiatives to promote physical activity, (iii) influencing the built environment so that being active becomes an easy choice for Swindon residents, (iv) Encouraging employers to promote healthy work places and to encourage physical activity, (v) encouraging frontline professionals to promote physical activity, and (vi) continuing to provide easily accessible information on opportunities for physical activity within Swindon, (c) work to ensure information on the strategy and physical activity options was accessible to the public, and (d) the establishment of a working group to implement and oversee the action plan.

The Board Members asked questions and commented upon:

- Actions by leisure providers to promote physical activity.
- The Get Swindon Active Action Plan.
- The remit and work of the working group being established to implement and oversee the action plan.
- Encouraging greater use of Swindon's green spaces.
- Joint work with the Council's Planning Department and Transport team to

promote opportunities and engagement.

Resolved – (1) That Swindon Borough Council Cabinet and the Governing Body of Swindon Clinical Commissioning Group be recommended to approve the adoption of the "Get Swindon Active" Strategy.

(2) That the Board supports on-going work to raise awareness of the importance of physical activity for health and wellbeing within their respective member organisations.

37. NHS Swindon Clinical Commissioning Group Annual Operating Plan 2015-2016

The Chief Operating Officer – Swindon Clinical Commissioning Group submitted a report setting out the draft NHS Swindon Clinical Commissioning Group Annual operating Plan 2015/16 which took account of the JSNA key priorities.

The Board discussed:

- The priorities set out in section 8 of the report, capacity planning and urgent care.
- Discussions with social care regarding access times for crisis and care and a single point of access.
- Discussions with General Practices regarding working together on a neighbourhood basis to provide better services.
- On-going discussions with General Practices regarding contract processes.

Resolved – That the draft Swindon Clinical Commissioning Group Annual Operating Plan for 2015/16 be noted and supported.

38. Crisis Concordat Update

The Associate Director of Commissioning submitted a report updating Members on the Crisis Concordat. The Chief Operating Officer, Swindon Clinical Commissioning Group drew Members' attention to (a) working arrangements between organisations to ensure people receive the support they required if they suffered a mental health crisis, (b) the current position of the Concordat, (c) an update on joint working on the Concordat, (d) the action plan set out in appendix 2 to the report highlighting progress against meeting agreed standards and identifying who was responsible for leading work within the Concordat.

Resolved - (1) That the Swindon Mental Health Concordat be approved and it be agreed that the Clinical Commissioning Group monitor the delivery of the multi-agency Action Plan through the established multi-agency Swindon Concordat Action Plan forum.

(2) That it be noted that the Police and Crime Commissioner would liaise with the Director of Public Health regarding reporting on Emergency response times to mental health situations (Action Point 11 of the Concordat Action Plan).

39. Healthwatch Swindon Update

The Manager Healthwatch Swindon submitted a report updating Members on progress and current activities of Healthwatch Swindon. The Board was advised of the new work plan and was provided with examples of joint working arrangements.

Resolved – That the report be noted.

40. Draft Joint Commissioning Intentions 2015-2016

The Director of Public Health reported that the Draft Joint Commissioning Intentions 2015/16 were being finalised by Swindon Borough Council and the Clinical Commissioning Group and, that once approved, this document would underpin the Section 75 Agreement.

Resolved – That the draft Joint Commissioning Intensions 2015/16 report be circulated to Members of this Board for comment and that a final document be submitted to this Board in May 2015 for endorsement.

41. Pharmaceutical Needs Assessment

The Director of Public Health submitted a report setting out the draft Swindon Pharmaceutical Needs Assessment. The Board was updated regarding (a) the public consultation on the Swindon Pharmaceutical Needs Assessment, (b) the development of the Assessment through the Joint Strategic Needs Assessment Steering Group, (c) the proposed monitoring of the Swindon Pharmaceutical Needs Assessment through the JSNA Steering Group, (d) an overview of the 14 responses received through the public consultation, (e) the recommendations arising from the Swindon Pharmaceutical Needs Assessment, as set out in the report, (f) the establishment of a working group to develop an action plan for the implementation of the Assessment.

The Board discussed:

- The lack of a 24 hour community pharmacy in Swindon and the resultant pressures on out of hours services and the hospital's accident and emergency department.
- That the placement of a 24hour pharmacy facility on the hospital site was likely to lead to additional pressures on the hospital and its staff.
- That the logical placement of a 24hour pharmacy facility was within the town centre area which offered the best available public transport services.

Resolved – (1) That the report be noted.

(2) That this Board would not wish to see the establishment of a 24 Hour pharmacy at the Great Western Hospital but believes that the placement of any such service is better suited in the town centre area.

(3) That, subject to (2) above, the conclusions and recommendations from the Swindon Pharmaceutical Needs Assessment, as set out in the report, be approved.

(4) That, subject to (2) above, officers be authorised to publish the Swindon Pharmaceutical Needs Assessment by 1st April 2015.

42. Terms of Reference of the Board

The Director of Public Health Submitted a report setting out updated Terms of Reference for the Health and Wellbeing Board.

The Director of Public Health drew Members attention to paragraph 6 (Membership) of the revised Standing Orders and advised Members that in addition to the Membership listed and noted that it was proposed that Swindon Borough Council's Cabinet Member for Children's Services and the Executive Nurse of the Clinical Commissioning Group should also be added to the Membership. The

Director of Public Health also confirmed to the Board that Officers of Swindon Borough Council listed in Paragraph 6 of the Terms of Reference would become non-voting Members on the Board.

The Director of Public Health also brought to the Board's attention proposals to replace the Joint Commissioning Board with a newly formed Joint Commissioning Group which would feed into the Health and Wellbeing Board.

Councillor David Renard advised the Board that the proposed Terms of Reference for the Health and Wellbeing Board had been discussed at a meeting of the Council's Corporate Governance Working Group. At this meeting the Council's Labour Group representatives had requested, that should the Cabinet member for Children's Services be appointed a Member of the Health and Wellbeing Board that the Health and Wellbeing Board also be requested to appoint the Shadow Cabinet Member for Children's Services.

Dr. Peter Crouch indicated that whilst he was content that the Cabinet Member for Children's Services be appointed to serve on the Health and Wellbeing Board he was concerned that not only was the Board Membership growing but that the clinical/non-clinical Membership was in danger of becoming unbalanced.

The Board discussed:

- Representation on the Board.
- How educational issues would be reported to the Board.
- The appointment of GP elected locality Chairs to rebalance the clinical/non-clinical Membership of the Board.

Resolved – (1) That, subject to the amendment of Paragraph 6 to include the Cabinet Member for Children's Services and the Executive Nurse of the Clinical Commissioning Group as Members of the Board, Swindon Borough Council and the Clinical Commissioning Group be recommended to approve the revised Terms of Reference for the Health and Wellbeing Board, as set out in Appendix 1 of the Report of the Director of Public Health.

(2) That, further to (1) above, the Director of Public Health be requested to submit a report to the Next meeting of this Board addressing (a) the request to appoint the Shadow Cabinet Member for Children's Services as a Member serving on this Board, and (b) how the Clinical/Non-Clinical representation on this Board might be rebalanced.

Joint Commissioning Intentions

Health & Wellbeing Board **Date: 27 May 2015**

Author: Sue Wald, Head of Commissioning Children & Adults
Nicki Millin, Chief Operating Officer

Locality Affected: All

Practices Affected: All

1. Purpose and Reasons

1.1 This report sets out the draft Joint Commissioning Intentions for Swindon Clinical Commissioning Group (CCG) and Swindon Borough Council.

1.2 The Joint Commissioning Intentions will form part of the new National Health Act 2006 Section 75 Agreement so that the effectiveness of our joint commissioning arrangements can be evaluated annually.

1.3 The draft Joint Commissioning Intentions are based on the CCG Operational Plan 2015/16 and the Swindon Borough Council Commissioning Business Plan.

2. Recommendations

The Board is recommended to:

2.1 Discuss, amend and agree the Joint Commissioning Intentions for 2015/16. The implementation will be monitored by the Joint Commissioning Group, and reported to the Governing Body of the Clinical Commissioning Group and the Health and Wellbeing Board.

3. Detail

3.1 The draft Joint Commissioning Intentions 2015/16 have been developed by officers from the CCG and Swindon Borough Council and are attached at Appendix 1.

3.2 In order to operationalize the draft joint commissioning intentions a delivery plan with timescales and named leads has been developed.

3.3 The draft Commissioning Intentions will form part of the new National Health Services Section 75 Agreement so that Swindon Borough Council and the CCG can evaluate the effectiveness of the arrangements.

3.4 Updated reports will be presented to the Governing Body and the Health & Wellbeing Board as part of the annual review of the Section 75 Agreements.

3.5 A set of performance measures has been included in the draft Joint Commissioning Intentions.

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

3.6 The Joint Commissioning Group will monitor progress against the delivery plan and performance measures.

4. Alternative Options

4.1 The lack of joint commissioning intentions will mean that it will be more difficult to evaluate the impact of the Section 75 Agreement.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 The commissioning intentions have been costed and included in the CCG budget for 2015/16 and in the Swindon Borough Council budget 2015/16.

Legal and Human Rights Implications

5.2 None.

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

5.3 None.

Diversity Impact Assessment

5.4 A separate Diversity Impact assessment has not been completed for the Joint Commissioning Intentions as these built on existing plans of the CCG and Swindon Borough Council. The specific needs of young people, older people, sexual health needs of the population and those with a disability and people from diverse backgrounds are addressed in the commissioning intentions.

Risk Management

5.5 No new risks have been identified in this paper.

6. Consultees

6.1 CCG Governing Body.

7. Background Papers

7.1 CCG Operating Plan 2015/16.

8. Appendices

8.1 Appendix 1 - Joint Commissioning Intentions 2015/16

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

NHS Swindon Clinical Commissioning Group

Swindon Borough Council

Draft Joint Commissioning Intentions 2015/16

V0.6

1.0 EXECUTIVE SUMMARY

In this document, Swindon Clinical Commissioning Group (CCG) and Swindon Borough Council set out their joint commissioning intentions for 2015/16

Swindon Clinical Commissioning Group (CCG) aims to improve the health of 220,000 people registered with 26 GP practices in and around Swindon, and be responsible for commissioning just over £256m of local health services in 2014/15.

Swindon Borough Council as a local authority commissions and provides services for people in Swindon and has an annual net budget of approx. £148m

Our joint vision for people in Swindon is enshrined in the Health & Wellbeing Strategy

To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities

Our plan supports the CCG mission
To optimise the health of the people of Swindon and Shrivenham

We have aligned our joint resources to support the health, wellbeing, mental health, education and care of children, families and adults in the community to achieve the mission of both organisations.

This plan is also aligned with the work being progressed by the One Swindon Board as part of the Public Service Transformation network.

We have been involved in discussions with patients, GP practices, providers, carers, voluntary sector, other stakeholders, children and young people, and the Youth Forum in the development of the topics included in this plan. Some of this has taken the form of service re-design workshops, discussions with the Public and Patient Involvement group, the Youth Forum and carers. The views of service users, carers and parents have also been gathered through our work on Joint Strategic Needs Assessments led by Public Health.

Alongside these Joint Commissioning Intentions, the Better Care Fund Plan outlines our joint plans for improving the health and social care for adults.

The Joint Commissioning Intentions provide the framework for the resources both organisations have aligned within the national health Services 2006 Section 75 Agreements. It is a summary of jointly agreed areas of priority based on the

- Health & Wellbeing Strategy
- CCG 5 year vision and plan (One Swindon One Vision)
- CCG Operating Plan 2015/16

- Better Care Fund Plan
- Public Health Outcomes Framework
- A review of the Joint Commissioning Delivery Plan 2014/15

In addition the commissioning intentions also reflect the outstanding work from two recent inspections of safeguarding and looked after children services for children and families undertaken by Ofsted and the Care Quality Commission in 2014

We have a well established history of integrated commissioning with Swindon Borough Council and integrated service delivery for health and social care.

2.0 Our vision

We want children in Swindon to have the best start in life and to be safe, healthy and to grow up in supportive, confident and resilient families and communities. We want children to grow up in loving and stable families where the relationship between children and parents is good.

If you need help we will be offering support to families and children to achieve a best start in life. This includes support where parents have lost confidence in their parenting ability or where relationships come under pressure to adapt to a potentially new situation. We want to achieve a difference balance weighted towards practical, direct and targeted support when parents need help the most, and to support parent carers so that disabled children are supported at home or live in supported accommodation where possible.

We will be working together to protect children from harm, abuse and exploitation. Young people are motivated and safe, living in a supportive and appropriate environment. Children in care live in stable families or in specialist placements where that is necessary, have a good education and become successful and confident adults.

Living in Swindon and Shrivenham in 2019 will mean that you can expect to live longer than the England average, with less risk of avoidable death, in greater health and with the support of your neighbourhood and community. We place a greater emphasis on providing preventative services.

You will have access to a number of programmes designed to support you as a child, young person, adult or older person to improve your health, ranging from healthy weight and healthy exercise (cycling to sports activities and recreational swimming to walking and gardening schemes) to further promotion of smoking cessation all of which have been shown to benefit health and wellbeing, reduce isolation and loneliness and extend and enhance quality of life.

If you have one or more long term health conditions you will have the support of those with the same condition, informed through information and advice, support for carers and parent carers, web based information.

Integrated care will be provided for children and adults with long term health conditions and those with special educational needs. We want to raise aspirations for all people with a disability and learning disability so that you are able to lead a fulfilling live with access to education, training and employment as well as supported accommodation locally where required. We want all young people to have an effective transition into adult services for those young people who need continued support.

Whoever provides your care in the future, you can expect the same **high quality outcomes** with providers being offered as a choice to you only if they can demonstrate high levels of satisfaction and that they are meeting national safety and performance standards when delivering care and support.

3.0 Strategic Context

Section Summary

This section sets out the strategic issues that will influence the joint commissioning plan. These are:

- Population growth in Swindon is rising above the national average
- A rising demand for care services across adults and children due to increasing identification of children suffering from abuse and a rising population of older people, those with long term health conditions including dementia
- Health inequalities across Swindon
- A growing burden of lifestyle related ill-health, particularly related to obesity, physical inactivity and smoking
- Higher than average admission rates to hospital
- High number of people with a learning disability living in residential care outside of Swindon.
- Low rates of people with a learning disability in employment
- The financial allocation for health, care and wellbeing
  The quality of our services

The main changes to our population are analysed through the Joint Strategic Needs Assessment (JSNA) for Swindon. During 2014/15 a number of in depth needs assessments were produced to analyse the changes in demand for services. The following section is a summary of the main changes in population.

3.1 Population growth in Swindon

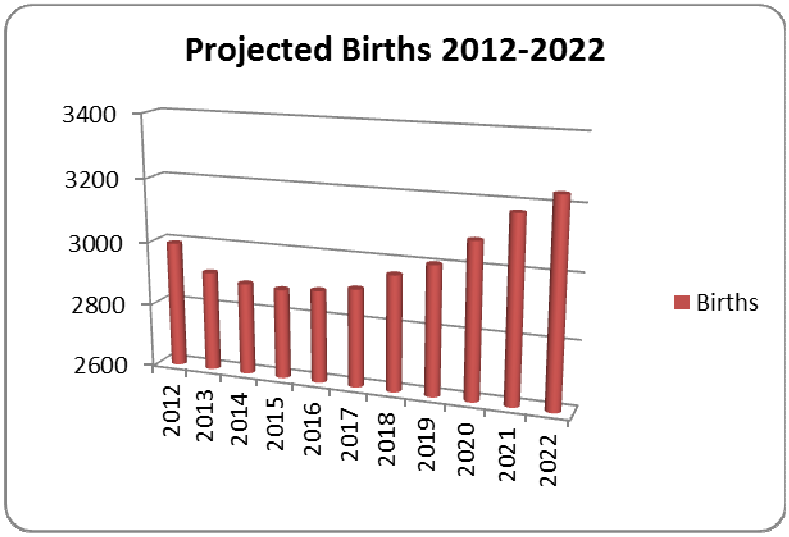
Swindon Borough is the most populous authority in Wiltshire and is growing amongst the fastest rates in England. The 2013 population projections report 214,000 for Swindon (including the towns of Highworth and Wroughton) and 220,000 including Shrivenham. This is an increase of 18% since 2001. Residents are predominantly based in the town of Swindon with the remainder residing in the surrounding rural areas. We recognise that Swindon Clinical

Commissioning Group also covers the area of Shrivenham. However, the data presented here is for the Borough of Swindon.

Our data analysis shows that:

- Our overall population growth is faster than the average in England and is projected to rise by 14% by 2021
- The growth in the over 75 and over 85 age groups has continued at a faster rate than any other age group (4-5% per annum)
- The proportion of families with children under five continues to rise and there were 50,000 children under the age of 18
- The proportion of our population with long term conditions has remained static at 15%
- The proportion of our population from minority groups has nearly doubled in ten years
- The gap in life expectancy between the most and least deprived remains with men dying an average of 7.2 years earlier and women 3.7 years earlier in areas of deprivation. People in the most deprived groups have more admissions to hospital before retirement age and more long term illness
- The number of children in care is below the England average
- The number of children with a child protection plan has increased significantly and is now in line with the England average

On the whole Swindon is a successful town economically and socially and the social determinants of health (education, employment, good mental health, poverty, obesity, smoking and alcohol) are captured in our strategies. Some indicators compare unfavourably: harm from alcohol, self-harm, educational attainment at the ages of 16 and 19 and the number of young people aged 18 not in education, training or employment.



We are seeing an increase a in the birth rate in Swindon. Swindon is steadily attracting young families seeking employment and is a town that is expanding. With this will come a boom in the birth rate from 2016-2022

3.2 Older people and long term health and care needs

The number of older people is set to rise significantly and with this comes an increasing number of people with long term health issues. By 2015 the population of over 65s in Swindon is projected to rise by 14.3% from 28,857 in 2008 to 32,944 in 2015. The numbers of over 85s is forecast to rise by 21.1% or 816 people

Future Projections for Population 65 +

Number of over 65s in Swindon projected to have:-	2011	2015	2020	2025	2030	% Increase 2011 to 2030
• Dementia	2,014	2,289	2,734	3,265	3,941	95.7%
• A long-standing health condition caused by a stroke	673	767	877	1,023	1,191	77.0%
• A limiting long-term illness	13,599	15,412	17,526	20,397	23,762	74.7%
• A fall leading to the need for support	7,716	8,777	10,119	11,698	13,786	78.7%
• A BMI of 30 or more	7,582	8,670	9,717	11,057	12,835	69.3%
• Diabetes	3,617	4,133	4,686	5,379	6,279	73.6%

People with long term health conditions are over represented amongst older people. 58% of those over the age of 60 report having at least one long term health condition rising to 70% in older people over the age of 80. 25% have two or more long term conditions. Diabetes is particularly prevalent in Swindon. The number of people with dementia is expected to rise by 285 per year to 2,289 by 2015. There will be 96 more people each year (total 767 people) with a heart condition following a stroke by 2015. This increase in long term conditions and increasing older age is often reflected in increased emergency hospital admissions and planned admissions for people with long term conditions.

As the population is getting older, with more complex health conditions, we are expecting a rising demand for adult care services. The number of older people receiving support from adult social care has seen a small decrease in 2013/14 to 2,555 whilst those with physical disabilities saw a small increase to just over 700. Admissions to residential care in 2014/15 are similar to those in 2013/14 at around 260 per annum.

When longer term support is required, we know that when people have a clear understanding of the money that is available to them to meet their assessed needs, and they are given the ability to choose what to do, and who is going to provide the services, the support they choose is likely to be different from the traditional style services that have previously been available. This approach is known as personalisation.

We want people to have the right support around them to be as independent as they can be. We want to enable everyone, including those who are sourcing their own support, or just looking for activities or guidance within their area, to have the information to make the right choices for themselves and their loved ones, and to be able to directly access services available in their communities, rather than having to be re-directed by us.

Our aim is that all older people supported by adult social care have choice and control in the services they need, this is measured through the percentage of people with a personal plan and budget. We have improved the percentage of people with a personal budget to over 75% but remain below the target of 100%.

Maintaining good health, an active lifestyle and thereby reducing isolation and loneliness so they are able to live at home for as long as this is possible and appropriate is also a priority.

3.3 Rising demand in children, children in need, child protection and children in care placed with independent providers

In 2013 there were approximately 50,000 children under the age of 18. Children from Black and Minority Ethnic (BME) communities and diverse backgrounds account for 20% of all school age children. 117 languages are spoken in Swindon schools. Swindon has the highest proportion of children with English as an additional language in the South West.

At any time about 10% of children will be in receipt of early help services, and 3.1% (about 1,600 children) receiving specialist social care, or support through permanent exclusion or drug user treatment services. Children under five are supported by health visitors, a smaller number of children's centres and the Family Nurse Partnership.

Swindon completed phase 1 of the Troubled Families Programme supporting 460 families as of February 2015 and exceeding the target of 370. 89% of families achieved one of more improved outcomes such as improved school attendance, reduction in school exclusions and entering employment for adult. Swindon will now be entering phase 2 of the programme with a further 1,200 families supported over the next 5 years.

There has been a rise in the number of children in need to over 1,300 in the past twelve months. Of the 1,600 children receiving specialist services, about 0.4% (200 children) will be on a child protection plan, and 0.5% (246 children)

will be a child in care. Around 60 children are receiving education through the Tuition Service, and there are around 1,200 children with Statements of Special Educational Need.

Children on a child protection plan and children in care are amongst the most vulnerable children in Swindon and require multi agency support from all partners and providers of services. Our aim is to ensure that all children have a good quality safety plan in place and wherever possible are placed with safe and high quality carers in Swindon. There has been increasing work on protecting young people from sexual exploitation with a new strategy and action plan, a multi-agency risk panel and improved training for staff. Several hundred children and young people in Year 8 saw a theatre play 'Chelsea's Choice' which received much praise from staff and young people in raising awareness.

Number of Initial Child Protection Conferences and children with a child protection plan.

Once a child protection investigation has taken place, a decision is firstly taken whether to hold a child protection conference which then decides whether a child needs a child protection plan. There are now 204 children with a child protection plan in November 2014 a reduction from 217 in February 2014 .The recent Ofsted inspection into child protection services found that the threshold for placing children on a child protection plan was appropriate. In November 2014 16.7% of children have been subject to a second or subsequent child protection plan which is above the national average of 14.9%

Number of children in care

Overall the number of children in care has been stable and shown a small reduction in 2014/15 with 240 children in care at the end of November 2014 compared to 252 children at the end of March 2013. This equates to a rate of 51 per 10,000 children and is in line with similar authorities but below the national average of 60 per 10,000. We have disproportionately small numbers of children under five in care. Approximately 12% of children are from minority ethnic communities and diverse communities which is below the Swindon population average.

Our aim is for children to have stable and secure long term placements. Our long term placement stability for children in care has improved to 78% in November 2014 compared to 69% in January 2014.

The majority of children (82%) are looked after in local foster homes. 95% of care leavers live in suitable accommodation by the time they are 19 and 59% were in education, training or employment which is in line with the England average in March 2014.

3.4 Children with special educational needs

Although it has fallen gradually (from 22.7% in 2009 to 18.7% in 2014), the proportion of children and young people identified as having SEND remains consistently higher than many other areas. The proportion of children and young people with a statement of SEND continues to rise slightly (from 3.4% in 2009 to 3.7% in 2014) and is significantly above the national average.
The number of requests for statutory assessment has increased consistently each year from 180 in 2008 to 239 in 2012-13. Similarly, the number of new statements issued rose each year from 2010 to 2013.
The number of children with a statement of special educational needs has also risen in the past 12 months to over 1,300.
Identification of children and young people with behaviour, emotional or social difficulties (BESD)[1] is relatively high (26% vs 21% nationally). The identification of children and young people with speech, language and communication needs (SLCN) and specific learning difficulties (SPLD) is relatively low (15% vs 21% nationally for SCLN). Amongst children in need, 12.5% of children were recorded as disabled which is below the national average of 13.8%. Almost 30% have a learning disability, 32% a mobility disability and 16% autism. Many of our children with special educational needs are placed in one of 6 special schools in Swindon. However, the outcomes for children attending special schools are not necessarily better than those in main stream schools. The proportion of pupils with a statement of SEND that achieved at 5 A*-C GCSE, including English and maths remains consistently below national benchmarks (in 2012-13, 7% of statemented pupils achieved the benchmark standard compared to 10% nationally). Overall, we have relied heavily on specialist services and there is a need to raise the aspirations for disabled children.

The new Children and Family Act introduces a new duty on local authorities to offer an Education, Health and Care Plan, improved advice and information and better transition planning for young people.

3.5 People with a learning disability

Based on the Joint Strategic Needs Assessment there are over 2,000 people with a low, moderate and high level of a learning disability living in Swindon. Adult Social care supports about 500 people with a learning disability at any one time and all of these will have a moderate to high degree of disability. 40% of service users are placed in residential care, many of whom are in Wiltshire and further afield. We anticipate that we will have more people with learning disabilities reaching adulthood and older age and we want more people to live locally within communities and find supported employment.

Our current model for learning disability services will come under increasing funding pressure in the next few years and is now considered to be

[1] This is superseded in the new SEND Code of Practices by the new category of social, emotional and/or mental health needs (SEMH)

unsustainable as we have twice as many people in residential/nursing care (160) than the national average. People with learning disabilities are still not getting the opportunities they need to lead full lives and realise their potential. There is a need to improve our person centre long-term planning to help people and their families to think creatively about their solutions and take more control over their lives.

The Health & wellbeing Board signed the Winterbourne Concordat and an action plan has been implemented. There were no patients in a hospital assessment placement in January 2015.

We are also aware that much work needs to be done with the more vulnerable groups, such as people with learning disabilities and people with Mental Health issues to engage them in a person centred support plan with a personal budget, so they can have better opportunities to live fuller lives and achieve their potential.

3.6 Health Inequalities, obesity, smoking and drug and alcohol misuse

The Joint Strategic Needs Assessment Summary 2014 continued to highlight health inequalities across Swindon with higher rates of people suffering from diabetes, heart disease and hospital admissions in areas of disadvantage. This leads to a gap in life expectancy across Swindon. In the most deprived areas of Swindon (the 10% most deprived), life expectancy is 7.2 years lower for men and 3.7 years lower for women, than the respective life expectancies for men and women in Swindon generally.

We know that people in more deprived areas tend to follow less healthy lifestyles than their more affluent peers, for example, being more likely to smoke, to consume more alcohol and to have an unhealthy weight. People living in deprived areas probably need more help in pursuing a healthy way of life and in using health services, but may be less likely to gain access to available support. We will also need to bear in mind the needs of other vulnerable groups.

Obesity remains a significant health risk with an estimated 70% of the population overweight and 10% of children in reception measured as obese. Only 50% of adults were physically active based on a survey in 2013. Swindon Borough Council has a Healthy Weight strategy and implementation plan which aim to reduce the prevalence of obesity across the whole population over time.

Smoking is the principal avoidable cause of premature deaths in the UK. Smoking prevalence reduced from 21.5% in 2012 to 19.4% in 2013 and the smoking cessation supported 1,200 people in 2013/14 to quit. The NHS measures alcohol related admissions to hospital and admissions in Swindon were lower for men than the national average whilst those for women were in line with the national average. We have a high number of children living with families receiving treatment for alcohol misuse. Work by the NSPCC and

alcohol and drug treatment services ensures that the needs of children are identified and addressed.

In summary, if we do not address these health issues, we may be faced with increasing numbers of people who are living longer, but who need more assistance in coping with ill-health and disability, which might have been prevented.

3.7 Mental Health and Wellbeing

Good mental health is important in enabling people to live fulfilling lives and able to access and maintain training and employment. There are an estimated 22,000 – 29,000 people with depression or common mental health problems living in Swindon. Data indicates that rates in Swindon are higher than the national average, Swindon also has the third highest rate of prescribing anti-depressants in the South West. Hospital admission rates due to self-harm were also high. The Mental Health Crisis Concordat was signed by the Health & Wellbeing Board and an action plan is in place

3.8 Carers

Carers provide very important unpaid care to a child, relative, parent or friend needing help and support. The 2011 census indicated that there were 19,450 people in Swindon providing unpaid care, a 23% growth since 2001. An estimated 1,000 people have multiple caring roles and 161 young carers under the age of 25 were identified. This figure is likely to be much higher and Swindon carers centre is providing support to more than 150 young people each year. Carers who provide care to an adult receiving adult social care services are entitled to an assessment of their needs. In 2013/14 1,374 carer's assessments were completed and the figure is likely to be similar in 2014/15.

From April 2015, all carers can ask for an assessment of their needs and we are working with Swindon carers centre, SEQOL and Avon and Wiltshire mental health services to improve our assessment and support.

Two workshops were held with carers with a further three due each year to improve services for carers

3.9 Admission rates to hospital

Providers will be expected to work with commissioners and partner organisations to support the development of services and resilience in the community.

Overall unplanned hospital admissions continue to rise and cause significant demand on the acute hospital. Accidents and injuries account for 13% of emergency hospital admissions.

The admission rate amongst our most deprived population is materially different, with those in the greatest poverty being the highest users of hospital

services and the lowest users of the alternatives including GP surgeries and community based health services. Analysis of MOSAIC data has identified that five of the 69 categories are significant users of healthcare, namely elderly living in isolation, elderly in social care housing in isolation, families with young children on benefits, in social housing or in overcrowded conditions. These same groups also present as major users for other agencies within Swindon, hence our One Swindon joint programme of transformation.

3.10 Housing, employment and skills

Swindon Borough Council retains a large housing stock and the provision of low cost and social housing has been a priority in the development of the new housing estate in Wichelstowe. In total over 1,000 homes are built in Swindon each year rising to 1,600 per year from 2016. 110 households were accepted as homeless in 2013/14 and at the end of March 2014, 202 households were placed in temporary accommodation. Economic development is closely linked to our housing strategy. Swindon continues to have high levels of employment with 82.7% of 18 – 64 year olds economically active. The number of young people not in education training and employment has reduced to 4.8% (320 young people), lower than last year's figures of 5%. This compares to national average of 4.6%. October 2014 figures show that the proportion of 16-17 year-olds (academic ages) in learning activities in Swindon was 89.9% (4597 young people), slightly lower than last year's figures of 88.3%). Official figures show Swindon is higher than the national average (85%). Educational attainment is an important element of enabling young people to make a successful transition into training, higher education and employment. 58% of young people achieved 5 GCSE A*-C including English and Maths, which is below the national average.

4.0 Financial Allocation

For 2015/16 there has been funding growth within the Clinical Commissioning Group whilst local authority resources remain significantly stretched under the public sector austerity measures. There will continue to be a focus on ensuring that all providers work with commissioners on delivering the outcomes and quality indicators agreed for each contract.

The budget for adult social care will remain at the level for 2014/15 at £60m

The budget for Children & Families will increased from £19m in 2014/15 to £20m in 2015/16.

The budget for the Clinical Commissioning Group increased by 4% as part of a review of NHS funding allocations to £262m.

The budget for Public Health (ring fenced grant) will remain at 8.6m in 2015/16

Swindon Borough Council and Swindon Clinical Commissioning Group currently have two National Health Services act 2006 section 75 Agreements, which were brought together in 2015 including the Better Care Fund Plan.

The following allocations are now in place for 2015/16

Children:

Clinical Commissioning Group: £5.2m
Swindon Borough Council: £22.4m

Adults:
Swindon Clinical Commissioning Group: £17.1m
Swindon Borough Council: £54.8m

Mental health:
Swindon Clinical Commissioning Group: £16.0m
Swindon Borough Council: £5.4m

5.0 The quality of services

We aim to commission services that are:

- **Safe**
- **Effective**
- **Caring**
- **Well led**
- **Responsive to peoples need (timeliness)**

There have been two major inspections of services for children and families and the overall conclusion is that there is a need to improve the quality of health and social care services for children so that children lead healthy, safe and stable lives and achieve at school.

5.1 The Care Quality Commission (CQC) Inspection of children's safeguarding services

The CQC inspection of safeguarding services took place in February 2014. The inspectors reported that many children had access to a good range of early help services with good outcomes, particularly health visiting, school nursing, substance misuse services working with parents and young people. Multi agency approach to child sexual exploitation was highlighted as good. Threshold to social care services were well understood and partnership working and joint commissioning work was leading to improved outcomes.

The Emergency Department services and health services for children in care were in need of improvement. Great Western Hospital has increased training for staff in the Emergency Department, established a children's section of ED and increased the capacity of the named nurse for child protection.
Health assessments and plans for children in care have been reviewed and improved. In particular, we have focused on improving the health offer for teenagers in care.

5.2 Ofsted inspection of safeguarding, children in care, leaving care and adoption including review of the Local Safeguarding Children Board

Ofsted undertook an inspection of local authority services for children in March 2014.

The inspectors found that there is a good range of early help services, which were well received and that the early help record was positive in capturing the voice of the child. Thresholds for child protection are appropriate and well understood and children at risk are identified. Child protection enquiries are appropriate as are the threshold for child protection. Support to foster carers and adopters is good as is post adoption support. Foster carers discussed good access to child and adolescent mental health services. Joint commissioning of services is effective and integrated working between health and social care is showing benefits.

Inspectors also highlighted a range of areas that require improvement. Child protection plans need to be more outcome focused with timely actions. The work on allegations against staff and private fostering needs strengthening. Initial assessments and core assessments need to improve in quality and timeliness.

For children in care planning for a permanent home needs to start earlier so that plans are timely. There is a need to monitor the health and education outcomes for children in care and set more ambitious targets. Choice of placements for teenagers needs to increase, particularly for those with complex needs. Social workers and other staff need to receive more training on child sexual exploitation. More care leavers need to have high quality pathway plans and more young people should be engaged in education, training and employment by the time they are 19. Senior managers need to ensure that the quality of social work practice is consistently good.

Action plans for both inspections have been developed and are being implemented. The social work teams have been restructured to give more management capacity and oversight of social work practice. A recruitment and retention strategy has been implemented and 12 social work vacancies have been filled in the past six months.

5.3 What service users, patients, children and young people say about their needs and services

We have undertaken a number of ways to gain the views of service users, carers and patients through surveys, workshops and discussions.

The service redesign programme is the main mechanism for engagement in Swindon with patients, carers, service users and the public and this has been incorporated into the Better Care Fund Plan.

Seeking feedback on new and current plans such as the Health and Wellbeing Strategy, the CCG five year strategic plan 2014-19, two year operational plan 2014-16, and the joint commissioning plan. Each consultation reports how plans have been adapted and improved through meaningful local engagement with all stakeholders. All consultation materials are published on the CCG website and advertised through a range of meetings and electronic channels to receive feedback from a range of groups and public.

Planning and designing our clinical service redesign workshops (carers support / ambulatory and urgent care / mental health) with our local patients and representatives. The agenda for each workshop is set by patient groups and representatives and the action plans from each workshop have informed the development of the Better Care Fund plan. In July 2013, in response to A Call to Action, we accelerated this redesign programme and developed it further to include the six emerging themes: prevention, mental and physical health and wellbeing, learning from the best, putting the patient in control, developing and testing future scenarios, and enhancing the quality of life for people with long term conditions.

Seeking wide representation of local groups and patients to take part in the CCG's Patient and Public Involvement sub-committee, this group provides continual positive challenge and improvement to the way we operate, and engage with our local population. It seeks to assure the Governing Body that the CCG is effectively engaging with a wide range of groups and individuals.

The survey of adult social care service users showed that those who receive adult social care services rate their quality of life in line with the national average. The provision of good quality information and advice scored low in 2012 but improved by 10% to 68% in 2013/14. Service users also say that the provision of services makes them feel safer. The following areas remain below the national average:

- The percentage of service users who feel safe
- The percentage of service users who say they have as much social contact as they would like
- The overall satisfaction with the quality of services provided
- Access to good advice and information

Two workshops and discussions took place with carers about their needs and the implications of the Care Act 2014. Carers prioritised:

- Support that is flexible and available as and when needed
- Access to good information about health services
- Access to short term breaks
- Assessments which are proportionate and information shared effectively by agencies so that there is no need to repeat a story
- Crisis support

Swindon has a Youth Forum, Member of Youth Parliament and Deputy. The MYPs and members of the Youth Forum give young people the chance to express their ideas, opinions and needs to decision makers and regularly present to Elected Members and the Children's Trust Board. The Members of Youth Parliament and Youth Forum priorities are:

- Encouraging young people to strive to achieve – allowing young people to reach their full potential in a way that is most appropriate to their needs.
- Zero tolerance toward bullying – Children and young people should have homes, schools, workplaces, communities, streets, and recreation spaces should be free from all types of fear, bullying and intimidation.
- A healthy mind and body equals a healthy future - Ensuring that all of Swindon's young people have the opportunity to lead healthy and happy lives and are able to access appropriate services and support.
- Curriculum for Life – Ensuring young people are equipped with the right life skills to flourish into adults that can make a positive contribution to society.

The Members of Youth Parliament and Swindon Youth Forum have produced short films, Information campaigns, and used social media to promote their work.

As part of their work, the Members of Youth Parliament and Youth Forum embrace wider consultation with schools, youth organisations and specialist organisations working with hard to reach young people to ensure they reflect the true voice of Swindon's young people.

5.3 Changes in law and policy

5.3.1 Children and Family Act

The Children and Family Act places a duty on local authorities to improve the approach to the assessment and support for children with Special Educational Needs. Since September 2014, children will have a Health, Education and Care Plan which will last until a young person is 25 years olds if required instead of a Statement of Educational Needs. Following a review, children will transfer to the new plan. Swindon has published improved advice and information as part of the Local Offer and further work is required on this. Parents and carers have participated in our plans and we will continue to work with them.

5.3.2Care Act 2014

The Care Act 2014 introduces new duties in relation to adult social care. In future the focus will be on care and support, which is clearer and fairer, promotes people's wellbeing, enables people to prevent and delay the need for care and support, and carers to maintain their caring role, puts people in control of their lives so they can pursue opportunities to realise their potential.

There are new eligibility criteria for adult social care, an improved advocacy service for all service users who need help and do not have the capacity to participate in an assessment. All carers can ask for an assessment of their needs and the definition of safeguarding is widened to include self neglect. All users of adult social care can ask for a deferred payment to meet their care costs.

5.3.3 NHS 5 year forward view

The five Year forward view promotes integration and partnership as well as a focus on prevention and promotion of good health. The paper introduces a number of new services for the delivery of services which partners in Swindon are considering.

6.0 Commissioning aims and priorities

Section Summary

This section sets out the benefits of joint commissioning and our approach to commissioning services. We expect all services to be safe, effective, caring, well led and responsive delivered by well trained, supported and skilled staff

6.1 Our Aims

To improve the outcomes for people in Swindon through the joint investment in high quality services so that we are

- **Ensuring children grow up in stable and loving families**
- **Increasing the social and emotional wellbeing of children and young people**
- **Increasing the life expectancy** of people living in Swindon
- **Reducing health inequalities** of people in Swindon
- **Increasing our resilience and support self care**
- **Increasing the support we offer to children and adults with long term conditions**
- **Reducing unnecessary emergency admissions** and promote a shift from unplanned to planned care

- **Improving the experience and safety** of children and adults

6.2 Our quality expectations

There is an expectation that Swindon Borough Council and the CCG as commissioners will:

- Treat all providers equitably
- Ensure all providers commit to the quality imperatives within the contract
- Ensure all providers offer **social value**
- Ensure all providers can demonstrate **value for money** and **increased productivity**
- Ensure all providers can demonstrate **innovation**
- Ensure all providers can demonstrate services are **safe**
- Ensure all providers can demonstrate services are **green and sustainable**
- Ensure all providers are **resilient** and have **business continuity plans**
- **Ensure all providers promote healthier lifestyle choices**

6.3 In order to achieve our vision, our commissioning and service development priorities are:

6.3.1 For children, children in need, children with a child protection plan and children in care and leaving care

Based on our evaluation we have set the following priorities:

- Keeping children safe –identifying and responding to children who need protection or need to be supported and enabled to live with their families, or where children can't continue to live with their families to offer the best alternate care possible and longer term permanence
- To deliver the healthy child programme through health visiting and school nursing- we will support every family with a new baby up to school entry and support children at school with health needs
- To deliver a range of targeted services to support families with identified additional needs e.g. disability, learning, health, behaviour, emotional development, youth offending.
- Throughout the functions listed above we will work in partnership with other agencies to ensure good communication & effective information sharing to help parents & carers to achieve the best outcomes for children and young people
- Ensuring that the right services are reaching the right children and families at the right time including support for Troubled Families

- Enter Phase 2 of the Troubled Families Programme so that we have plans to support an additional 250 families in 2015/16 and enable 100% of families in phase 1 to improve their outcomes
- Implement the new Looked After Children Strategy. This will include stronger emphasis on local placement and supporting more young people in the community, targeted recruitment to improve placement choice and diversity for teenagers and permanence planning
- Develop a Pathway to enable routes to employment for Children in Care and Care Leavers which will include opportunities to gain the skills and experience required and progression into Apprenticeships.
- Drive up quality of outcomes for vulnerable children through Improved assessment, plans and interventions
- Review and re-commission our placements from independent providers of residential and foster care to achieve increased value for money, increased choice and improved outcomes for looked after children

- Strengthening management oversight of social workers
- Implementing an enhanced quality assurance plan
- Complete actions in the Ofsted Action Plan
- Develop a learning and development programme for all staff working with Children in Care and Care Leavers to ensure a common understanding of all post 16 learning and training opportunities and routes to work.
- Commence development of preventing offending and re-offending – focusing on early interventions and development of the integrated offender management scheme
- Improving attainment of young people at age 16 and 19, narrowing the gap for pupils eligible for the pupil premium, reducing NEETs and increasing the number of young people participating in learning post 16 (in particular children in care and care leavers)
- Commission the Healthy Child Programme 0 – 5 from our health visiting, Family Nurse Partnership and midwifery services to improve outcomes for children under five and their families
- Implement the refreshed LSCB and new Council Child Sexual Exploitation Strategy and continue to improve our learning from case reviews
- Work with children's centres to improve the numbers of vulnerable families registered and attending
- Pilot two multi-generational family centres so that children are supported to have the best start in life and achieve at school
- Implementation of the Skills and Employment Strategy, including:
- Achieve increased participation in education, employment and training for 16-18 year olds and Implement the 17+ and 18+ Action Plan.
- Develop and implement the Action Plan to support improved routes to employment for vulnerable young people.
- Review the effectiveness of Information, advice and guidance for young people 11-19 to support participation and progression in education, employment and training.

6.3.2 Children with special educational needs

- Responding to new legislation in relation to children with special educational needs, disabled children and transition arrangements by implementing the new Health, Education and Care Plan replacing the statement of special educational needs and fully embed the Special Educational Needs reforms and meet our enhanced statutory duties for educational provision;
- Secure the organisation and cultural change needed to ensure the education and health plans are fully integrated and move towards a parent led system
- Implement findings from research into SEND provision in Swindon to strengthen understanding of the demand for specialist provision for children with SEND and secure a sustainable level of high quality specialist provision
- There is a need for all agencies in Swindon to work together with parents and cares to develop the new process so that children and families benefit from integrated health, education and care to meet their needs.
- Improved transition planning as there are approximately 60 disabled children with complex needs moving from children to adult social care each year. There is a need for both children and adult services to work together to ensure that the transition is seamless for families and that families are aware of the changes. We will be developing proposals for a transition service to that we raise aspirations for young people, improve their education outcomes and ensure a larger number live locally with support and access to training and employment.

6.4 To improve the health and wellbeing of people in Swindon

6.4.1 Reducing emergency hospital admissions and improved discharge

- Redesigning the urgent care system to ensure that people are supported to access the right service at the right time. This will involve ensuring access to Primary Care same day appointments, ensuring GP access to diagnostics and specialist opinions and developing the community services to enable people to stay at home.

  Reducing paediatric admissions: Review of urgent care services for children to reduce unnecessary admissions to hospital, this piece of work will be led by a new Community Paediatrician and will look at redesigning acute care pathways, the use of the children's clinic and the role of community outreach nurses.

- **Enhanced hospital discharge**: We will continue to fund seven day social work, nursing and Occupational Therapy capacity to enable patients to be discharged as quickly as possible. We will ensure access to brokerage and verification services so that there is speedy access to

social care packages seven day a week. Integrated discharge team comprising of health and social care is in place and a new service specification providing a seamless hospital discharge service will be implemented. We will continue to fund the Discharge Assessment and Referral Team (DART) which has also been in place to avoid admission and discharge as early as possible. We will be implementing a new home from hospital support so that any delay is avoided and a community support package is in place. The Virtual Ward will be working closely with the hospital discharge services and the Single Point of access to avoid unnecessary admissions and enable appropriate and safe speedy discharge. Workforce development across health and social care will be delivered as part of One Swindon including linking the acute sector.

6.4.2 Children and adults with long term health conditions

- **Community Navigator** We will be investing in self-care and lifelong health planning, preventative care and health promotion including the five main contributors to good health, namely healthy weight and exercise, smoking cessation, reducing substance abuse (including alcohol abuse) and reducing stress, primary care monitoring and management of long term conditions, navigating people to support from within their community, the third sector and the health service developing patients as experts in their own conditions, reviewing services to provide support for those with multiple conditions, specific programmes for those minority groups where the incidence of long term conditions is higher than the population average.

- We will be looking at how we use assistive technology to support individuals to self-manage, looking initially at individuals with diabetes and COPD.

- Reshaping of provision in the voluntary and third sector to improve health and well-being, improved advice and information so that people can make choices. To support the above, the second strand of the project was the development of a single database **My Support, My Care** that can be accessed by the patient and their community navigator in assembling the package of support. In particular we will commission voluntary and community based support linked to localities and GP practices. Supporting volunteers reduces the need for some targeted and specialist services. Community and voluntary sector groups provide important flexible services either informally or as part of local contracts. There needs to be greater emphasis on direct work and practical help because patients often need advice and help outside of normal working hours and we will invest in community based volunteering and, dementia and befriending services. The main voluntary sector organisations providing support to those with mental health, advice and information services and support for carers will continue to be co-located.

- **Dementia:**

  Performance against the national 28 day diagnosis target has been challenging in recent years, however we have now secured a new model of care which will deliver this requirement by the end of March 2015 (68%) and into future years. Recognising increased demand and priority of dementia care, we are planning a Locally Enhanced Service with General Practitioners to manage more routine diagnosis and management of those with dementia. Within the dementia strategy there is a model for specialised treatment and management of more chronic and specialist requirements, which is being commissioned in this next year.

- **Reducing a growing burden of lifestyle related ill health,** particularly due to physical inactivity, obesity and smoking that we want to address through increasing community capacity to tackle the wider determinants in relation to housing and employment. Swindon has higher rates of smoking, teenage pregnancy, alcohol consumption, physical inactivity and obesity in areas of disadvantage, which in turn leads to higher incidents of heart disease and diabetes in those communities. We will continue to invest in initiatives that tackle heath inequalities throughout the course of life.

6.4.3 Support for Carers

- Carer support is essential for those with long term conditions and often neglected especially at the point of discharge from hospital when carers are being asked to support a loved one, family member or friend who is suddenly appreciably less able or less well, without the preparation to do so
- We will fund additional staff to undertake carer's assessments as identified in the Care Act. Advice and Information will be improved on My Care My Support. A new carer's assessment will be introduced with the Swindon Carers Centre and additional financial support for short term breaks and crisis support.
- We will continue to work with carers to improve our services and devise new solutions with them
- Developing an extended menu of support for carers including parent carers and health checks for all carers. . Reviewing all services to ensure they adequately provide for the needs and rights of carers and ensuring carers are aware of support and short term breaks available to them. We will continue to invest is supporting young carers so that they are protected from inappropriate caring responsibilities.

6.4.4 Older People

- We will fund new advice and information services delivered through the Citizens Advice Bureau at Swindon Support and Advice centre including a new online self-assessment for adult social care

- We will fund an improved advocacy service and additional Home from Hospital support and befriending services
- Older people supported through community navigators will have access to a volunteer led service through Circles of Support
- We will offer an improved Deferred Payment system and train staff in this
- We will increase and simplify the access to domiciliary care and reablement for patients leaving hospital

6.4.5 Mental health and wellbeing

- **Improving the mental health of adults** through wellbeing co-ordination and improved work between voluntary and third sector mental health services and secondary mental health services. Continue the development of family working so that the needs of children are identified in adult services and vice versa. Continue to work with providers of secondary mental health services to support the recovery of patients with mental ill health and support general well-being through commissioning additional psychological therapies (particularly aimed at those with a long term condition).
- We will ensure that patients are placed in a safe place and not in a police station
- We will implement the Metal Health Crisis Concordat
- **Improving mental health of children** through targeted mental health services for children, timely access to child and adolescent services for children in care and additional financial support to improve access to counselling,

6.4.6 People with a learning disability

- **Improving health, social and emotional development of people with a learning disability** so that health outcomes improve, people live and are supported locally and find suitable employment and training. In 2013, a Joint Strategic Needs Assessment of the 546 residents of Swindon who are registered with a learning disability and live or have lived within the borough showed that a high proportion live in residential care (32) at least twice the expected proportion compared to the reference sites we used and many of these do not have a personalised care assessment. This is now a local performance indicator in line with The Better Care Fund initiative.

  We seek to move towards every one of these 546 very vulnerable people having a personalised care assessment, and then to meet the ongoing support needs that will arise, providing many with their own home, rather than continuing to care for them in institutions set in the community, sometimes at some considerable distance from Swindon.
  The net impact we predict over the life of this Strategic Plan is that at least 55 and potentially 75 Swindon registered patients could return to Swindon.

6.4.7 Health promotion and healthy lifestyles, wider determinants of health

- Effective support for people suffering from **alcohol and drug misuse** with implementation of the new contract for alcohol as well as continued development of **sexual health services.** Continue the development of whole family working so that the needs of children are identified in adult services and vice versa.

- **Reshaping of supported housing options** so that a range of appropriate models are in place for young people, families and adults to live locally and avoid admissions to specialist and inpatient placements
- Continue to develop strategic approaches to primary prevention of long term conditions and the promotion of NHS Health Checks. Development and commissioning of services to increase physical activity, promote healthy weight, reduce smoking prevalence and improve mental wellbeing. Increase uptake of immunisation screening programme.

7.0 Measuring aims and objectives

7.1 Children

- Reduce the number of children with a second or subsequent child protection plan
- Reduction in the number of children in care placed with independent providers outside of Swindon, placed more than 20miles from home
- Improve the placement stability of children in care
- Increase educational attainment amongst children in care across all key stages
- Increase the percentage of young people leaving care in education, training and employment
- Increase the number of health visitors to 52 FTE
- Improve breastfeeding rates at birth and 6 – 8 weeks
- Halting the rise in obesity among children
- Reduction in the gap in educational attainment between children in the bottom 20% of disadvantage and all children and improve educational attainment of children in care
- Increasing the proportion of children and young people with SEND that make at least expected progress at school
- Reduction in smoking prevalence in pregnancy

7.2 National indicators including those subject to Better Care Fund

- Avoidable emergency admissions reduce by 1.5 % by March 2015. Baseline data April to September 2013 showed 2,022 avoidable admission which we aim to reduce by 1.5% for a six month period.

- Delayed transfers of care from hospital per 100,000 population reduce by 5% by June 2015. Baseline data shows 3,151 bed days in delay over 6 months, which we aim to reduce to 3,110 over 6 months.
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 (100k) population reduce by 9% by March 2015 from the baseline of March 2014. The current year forecasts 200 admissions by March 2014 leading to a rate of 660 per 100k population, which we aim to reduce to a rate of 594 per 100k population
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services improved to 85% by March 2015 from a current baseline of 80%
- Increase the number of those with a learning disability aged 18 – 30 living in residential care with an annual review to 100% in June 2015 from a baseline of 62.5% in March 2014 and have a plan in place for future needs with a supporting commissioning plan stating how care will be delivered
- Reduce the number of younger adults placed in residential or nursing care
- Increase the number of carers assessments
- 95% of patients will be discharged or admitted from A&E within 4 hours
- Patients will be seen for routine elective care within 18 weeks
- Mortality from cardiovascular disease in under 75 year olds
- Mortality from cancer in under 75 year olds
- Mortality from respiratory illness in under 75 year olds
- Suicide rate

7.3 Quality measures

- Findings from case audits in children's services
- Findings serious case reviews adults and children and local case reviews
- Patient safety measured through Patient Safety Report
- Quality of clinical practice measured through quality effectiveness report
- Patient/service user experience report measuring complaints and compliments
- Increase the number of service users who say they have access to advice and information
- Improve the percentage of older people with social contact
- Patient / service user experience – quality of life
- The percentage of carers who say they have access to advice and information

Appendix 1

Definition of joint commissioning (department of Health):
The process in which two or more commissioning agencies act Together to co-ordinate their commissioning, taking joint responsibility for translating strategy into action".

Partnership arrangements

Swindon has a National Health Services Act 2006 section 75 Agreements for the commissioning of adult health and social care services including mental health and commissioning of health, education and social care services for children.

Governance arrangements to monitor the section 75 Agreements are in place through the Health & Wellbeing Board at a strategic level and operationally through the Joint Commissioning Group Children & Adults (JCG) reporting to the Health & Wellbeing Board. .The CCG and Swindon Borough Council including Public Health are members of the JCG and the Health & Wellbeing Board.

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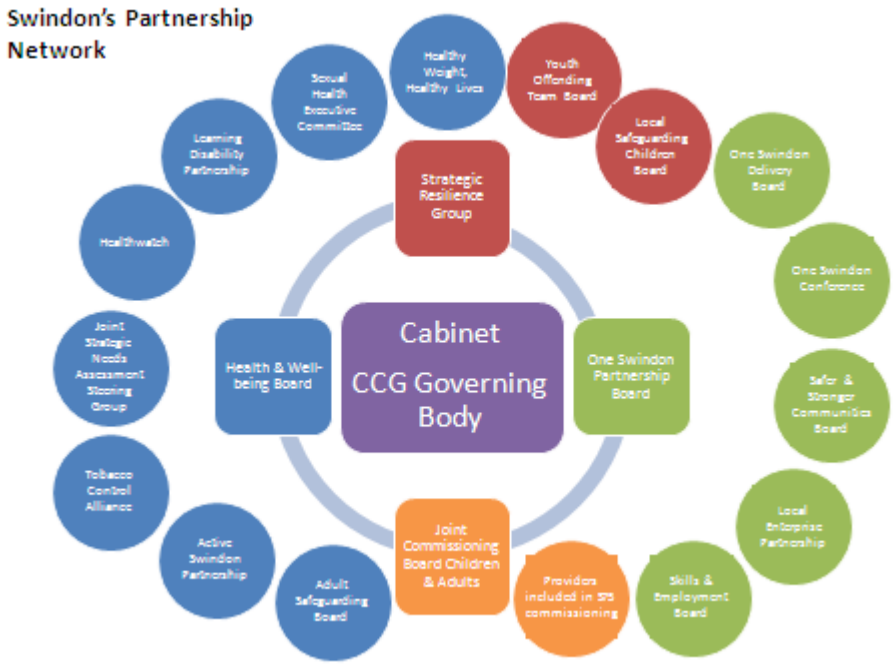
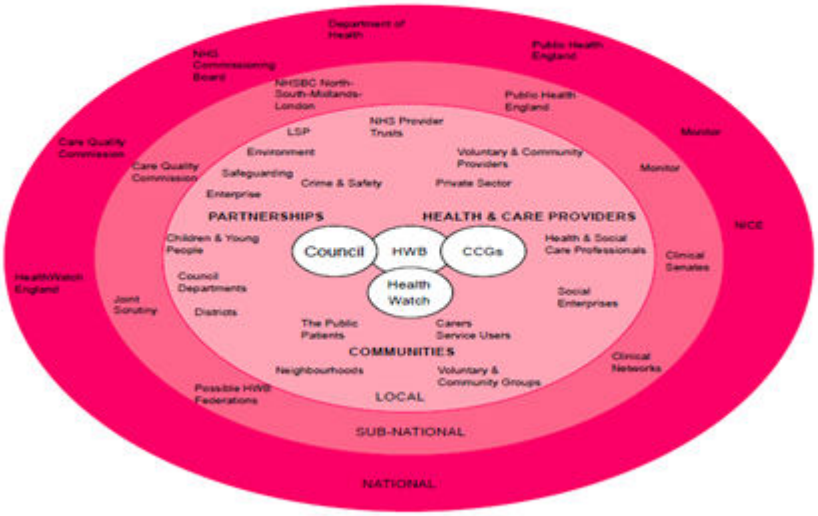
The Joint Commissioning Group Terms of References have been drafted and provide a link to the Health & Wellbeing Board who will monitor the implementation of the NHS Act 2006 Section 75 Agreements and these commissioning intentions. There is also a link to the Strategic Resilience and Capacity Plan and the Swindon Strategic Systems Resilience Group which is the new whole system network designed to bring together multiple stakeholders from across Swindon and Wiltshire



Health & Well-being Board: key relationships



Appendix 2

In the table below we set out how the priorities within the commissioning Intentions match those in the Health and Well-Being Strategy.

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Source of evidence to support
Outcome	**Priorities**		
Every child and young person in Swindon has a healthy start to life	Improve the mental wellbeing of children and young people Reduce risky behaviours (e.g. Smoking, drinking) amongst our children and young people Keep all children and young people safe Improve educational attainment of children and young people Reduce the number of young people not in education, employment or training	High levels of compliance with all aspects of the core professional social work task Good quality interventions, ensuring no delay in reaching decisions about how best to safeguard and promote the welfare of children Ensuring that the right services are reaching the right children and families at the right time including support for Troubled Families High quality care planning, placement, permanence & pathway planning for children in care & care leavers, Co-producing good outcomes with our service users and our communities, Commissioning of Healthy Child Programme widening role of health visitor and Family Nurse Partnership.	JSNAs Inspection reports and annual self-assessment Performance reports to Health, Children & Adult Overview and scrutiny and health & Wellbeing Board

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Source of evidence to support
Outcome	**Priorities**		
Adults and older people in Swindon are living healthier and more independent lives	Strengthen integrated working between health and social care Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices Promote independence and reduce the need for hospital services and long term care Ensure that carers needs are met	Moving towards steady state in terms of our hospital admission rate Focusing on key long term conditions thorough community navigator, advice and information Implementation of the Care Act, befriending and advocacy services Use of assistive technology to help people self-manage their condition Ensure support to carers , flexible support, improved assessment, and local support groups Primary prevention supporting Healthier Lifestyle choices	Admission rate analysis from JSNA Programme spend analysis from JSNA Care Act 2014 Long term conditions identified in GP survey – dementia, respiratory, diabetes
Improved health outcomes for disadvantaged and vulnerable communities	Ensure access to information and advice that supports choice and control Ensure people from disadvantaged groups receive good quality care for their physical health Local economic and social policies are developed to strive to narrow social inequalities rather than widen them Prevent early death and disease through healthier lifestyle choices, early detection and screening	Reducing the gap in life expectancy between our least and most deprived populations Targeting health promotion, healthy lifestyle and exercise programmes, smoking cessation, improved treatment for those with alcohol and substance misuse issues Increase uptake of immunisation and screening.	JSNA Experian Mosaic GP survey One Swindon Public Event Comparative admission rates Locality champions feedback
Improved mental health, wellbeing and resilience for all	Develop effective pathways for people with mental health problems Increase the opportunities for people with	Increasing investment in mental health and reviewing our model of care for learning disability	JSNA Identified in top 5 from GP surveys

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Source of evidence to support
Outcome	**Priorities**		
	mental health problems to access support services and community facilities aimed at promoting recovery (e.g. education, debt management, housing, leisure services, health promotion) Promote positive mental health and recognise that mental health is everyone's business Reduce the stigma and discrimination associated with mental ill health	Improved transition services Implement Special Educational Needs reforms, including Local Offer and education, health and care Plan Improve access to mental health services for all children and those children in care and ensure whole family working	National strategy Key priority for Swindon Borough
Creation of sustainable environments in which communities can flourish	Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals. Work with our local communities to develop creating solutions for local issues Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term Promote the use of green, open spaces and activities such as walking and cycling Maintain effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities	Workforce strategy, responding to the economic downturn, building sustainable communities Reducing NEETs and increasing the number of young people participating in learning post 16 (in particular children in care and care leavers) Commissioning Strategy for supported housing, review of sheltered housing schemes and placement strategy for children with complex needs and those at risk of sexual exploitation	JSNA Part of self-care agenda Picked up as priority through locality groups

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Local Safeguarding Children Board and Local Safeguarding Adults Board Business Plans

Health and Wellbeing Board **Date: 27 May 2015**

Author: Mike Howard, Chair, Local Safeguarding Children Board and Local Safeguarding Adult Board

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 The report presents the Business Plan for the Local Safeguarding Children Board (LSCB) and a draft Swindon Local Safeguarding Board Adult Strategy 2015-2018, to the Health and Wellbeing Board for consideration as per the agreed protocol. The LSCB Business Plan has been agreed by the LSCB and the draft Swindon LSAB Strategy has been agreed by the LSAB.

1.2 It is important for the Health and Wellbeing Board to be informed of the priorities of both Safeguarding Boards, to develop opportunities for partnership working between all three Boards.

1.3 The LSCB Business Plan 2015/16 is attached at **Appendix 1**. It can also be found at http://www.swindonlscb.org.uk/about/Pages/Home.aspx

1.4 To note, the key priorities for the LSAB are now in relation to the Care Act 2014 and a report to the LSAB outlining these and summarising the statutory guidance was presented in February 2015. The guidance also states that the one of the key partnerships the LSAB needs is with the Health and Wellbeing Board.

1.5 To note, one of the statutory requirements of an LSAB is for the publication of an annual strategic plan and the draft Swindon LSAB Strategy 2015-2018 is attached at Appendix 2.

2. Recommendations

The Board is recommended to:

2.1 Review the LSCB Business Plan 2015/16 and consider areas where this links to and enhances the work of the Health and Wellbeing Board.

2.2 Review the draft Swindon LSAB Strategy 2015-2018 and consider areas where this links to and enhances the work of the Health and Wellbeing Board.

Further information on the subject of this report can be obtained from Victoria Guillaume, 01793 463855, vguillaume@swindon.gov.uk

3. Detail

Local Safeguarding Adults Board

3.1 One of the statutory requirements of an LSAB is for the publication of an annual strategic plan. The draft LSAB Strategic Plan was considered further by the LSAB at their Board meeting in May, and partners, including with Healthwatch and the local community will be consulted on the plan.

3.2 To note, the Care Act became law on 1st April 2015. This puts the LSAB on a statutory footing and requires local authorities to fulfil specific duties in relation to safeguarding adults. New duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support to:

- make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect
- set up a Safeguarding Adults Board
- arrange, where appropriate, for an independent advocate
- cooperate with each of its relevant partners and supply information
- carry out safeguarding adult reviews

Local Safeguarding Children Board (LSCB) Business Plan 2015/16

3.3 The Local Safeguarding Children Board Business Plan 2015/16 was developed through a Business Planning Workshop in January 2015. The Business Plan informs the work of the Board and its Sub Groups. It sets out the Board's safeguarding priorities and actions that the Board will undertake to respond to the priorities.

3.4 The LSCB considered emerging national and local priorities when developing the Business Plan, including issues arising from multi agency performance data and audit.

3.5 The LSCB has four priority areas:

- **Effective responses to specific safeguarding concerns**
  - Detailed strategies and comprehensive approaches to specific safeguarding issues that keep children and young people safe and promote effective intervention with those who are at risk

- Consolidation of strategies and approaches to Child Sexual Exploitation that keep children and young people safe.

- **Effective early intervention and safeguarding**
  - The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities

- **Communication and Engagement**
  - The LSCB and partner agencies communicate effectively with children and young people, their families, the community (including different sections of the community), and staff at all levels from partner agencies.

- **Performance Management**
  - The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon.

4. Alternative Options

4.1 None. It is important that the Health and Wellbeing Board is fully informed of the priorities and Business Plan of the Local Safeguarding Adults Board and Local Safeguarding Children Board, in order to facilitate effective joint working.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no direct financial or procurement implications arising from this report.

Legal and Human Rights Implications

5.2 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 No other direct implications arising from this report.

Diversity Impact Assessment

5.4 No DIA completed specifically for the LSCB or LSAB Plans, but DIAs have been completed for strategies directly relating to Children and Adult Services and will be completed for any revisions to policy and procedures.

Risk Management

5.5 There are no perceived risks arising directly from this report.

6. Consultees

6.1 The Chair of the Local Safeguarding Children Board and Local Safeguarding Adult Board prepared this report. LSCB members were directly involved in developing the Business Plans and the LSAB have been informed of the changes required under the Care Act.

6.2 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 **Appendix 1:** LSCB Business Plan 2015/16.

8.2 **Appendix 2:** Draft Swindon LSAB Strategic Plan 2015-2018

Further information on the subject of this report can be obtained from Victoria Guillaume, 01793 463855, vguillaume@swindon.gov.uk

LSCB Strategic Business Plan 2015-2016

1. Overall Objectives of the LSCB

To coordinate what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area, and to ensure the effectiveness of what is done by each such person or body for these purposes (Section 14 Children Act 2004)

In order to achieve the above, specific objectives for the Business Plan 2015-16 have been developed and are divided into four main areas that directly relate to continuing to pursue the core purposes of the LSCB as given by statute. In addition, within priorities, there are particular areas of focus relating to local priorities for improvements in inter-agency service provision.

2. Core Priorities and areas of focus for 2015-2016

EFFECTIVE RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS

- Detailed strategies and comprehensive approaches to specific safeguarding issues that keep children and young people safe and promote effective intervention with those who are at risk
- Consolidation of strategies and approaches to Child Sexual Exploitation that keeps children and young people safe

EFFECTIVE EARLY INTERVENTION AND SAFEGUARDING

- The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities

COMMUNICATION AND ENGAGEMENT

- The LSCB and partner agencies communicate effectively with children and young people; their families; the community (including different sections of the Community); and staff at all levels from partners agencies

March 2015

PERFORMANCE MANAGEMENT

- The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon

The current LSCB Sub and Working Groups continue to provide an effective way of addressing specific areas of safeguarding practice and will continue to develop practice in their particular specialism and keep the LSCB informed of the work they are undertaking and of safeguarding issues requiring attention by the LSCB.

3. Review

The LSCB Strategic Business Plan 2015-2016 will be reviewed by the board in March 2016.

PRIORITY AREA ONE: EFFECTIVE RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS			
Outcome for 2014-2015	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
Detailed strategies and comprehensive approaches to **specific safeguarding issues** that keep children and young people safe and promote effective intervention with those who are at risk	1.1 The LSCB is assured of robust and effective governance arrangements from the Community Safety Partnership for Domestic Abuse and that the Domestic Abuse Strategy in relation to the safeguarding of children	Community Safety Partnership/ Domestic Abuse Steering Group	
	1.2 The LSCB is assured that findings from the Domestic Abuse Joint Needs Assessment are embedded within all agencies working with children and adults. This is evidenced through case reviews and audit and completed actions in the LSCB performance report	Quality Assurance Sub Group/ Performance Sub Group	
	1.3 There is a clear strategy to ensure training is planned and delivered to meet the needs of staff and volunteers working with families affected by the 'Toxic Trio' so they are suitable skilled to intervene effectively as evidenced through the training evaluation framework and embedded within adult services, specifically adult mental health	Training & Safe Workforce Sub Group/ Domestic Violence Steering Group	
	1.4 The LSCB to review the actions resulting from the Swindon Neglect Local Case Review, including the Neglect practice guidance to ensure that it is embedded across agencies. The LSCB to understand the links between adolescence neglect and wider safeguarding issues based on learning from Local Case Reviews	Case Review Group/Quality Assurance Sub Group/LSCB Board Members/LSCB Planning & Development Manager	
	1.5 The LSCB to develop and implement a multi-agency Female Genital Mutilation (FGM) strategy and action plan to include multi-agency guidance, policies and procedures and engagement with professionals and the wider community	FGM Working Group / Community Safety Partnership	
	1.6 The LSCB to help strengthen the engagement of education providers, voluntary organisations, early years and other groups in protection and wellbeing of vulnerable children in Swindon	Schools Safeguarding Adviser/Training & Safe Workforce Sub Group	

Consolidation of strategies and approaches to **Child Sexual Exploitation** that keeps children and young people safe	1.7 The LSCB has a clear understanding of CSE in Swindon that is informed by Police Profiles, Missing data, Section 11 audit and information gathered from the Swindon Multi Agency Risk Panel. Recommendations are implemented via the Child Sexual Exploitation & Missing Action Plan, informed by multi agency profiles	Child Sexual Exploitation & Missing Sub Group	
	1.8 Inter- and intra-agency policies and processes support effective identification, assessment and intervention of CSE on the broad themes of Prevent, Protect, Pursue at the level appropriate to the needs of the child / young person	Child Sexual Exploitation & Missing Sub Group/ Policies & Procedures Sub Group/Quality Assurance Sub Group	
	1.9 The LSCB is assured that multi agency assessments and evidence from frontline staff and managers effectively identify children at risk of CSE and that good support plans are in place	Quality Assurance Sub Group/Performance Sub Group	

PRIORITY AREA TWO: EFFECTIVE EARLY INTERVENTION AND SAFEGUARDING			
Outcome for 2014-2015	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities	2.1 The LSCB will provide support and challenge to gain assurance that policies and procedures concerning thresholds are reviewed and maintained, in order to ensure children receive the right service at the right time	LSCB Board	
	2.2 The LSCB links to other boards such as the Health & Wellbeing Board, Children's Trust Board to encourage wider organisations to recognise their responsibilities to safeguard children and ensure safeguarding is 'everybody's business'	LSCB Board/Chair	
	2.3 Once the remit and role of a Multi-Agency Safeguarding Hub (MASH) in Swindon is clarified the LSCB will evaluate its effectiveness and operation in practice. Monitor the output of the MASH how intelligence and information is used. Need to establish a MASH located in Swindon. To then monitor and evaluate its operation in practice	LSCB Board/ Performance Sub Group	
	2.4 The LSCB to identify and monitor specific levels of need through a risk model linked to the priorities in the business plan. The LSCB supports agencies to manage the risks collectively including new high level risks as identified	Performance Sub Group/ Quality Assurance Sub Group	
	2.5 The LSCB to develop advice and guidance for to parents and young people on all aspects of e safety, including radicalisation. Awareness campaigns are informed by feedback evidence such as the Feeling Safe, Schools Internet and Social Norms Survey and findings from quality assurance work	E Safety Sub Group/ Awareness & Engagement Sub Group/Quality Assurance Sub Group	

PRIORITY AREA THREE: COMMUNICATION AND ENGAGEMENT			
Outcome for 2013-2016	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB and partner agencies communicate effectively with children and young people; their families; the community (including different sections of the Community); and staff at all levels from partners agencies	3.1 On-going engagement with children and young people and parents involved with acute safeguarding services and general services. The LSCB reviews the effectiveness of methods of communication and explores new means of communicating with parents and children where appropriate and giving consideration to diversity of the local population.	School and Early Years Safeguarding Advisers/ E-Safety Sub Group/Disabled Children Sub Group	March 2016
	3.2 Systems allow for effective communication within the LSCB and between LSCB subgroups and the Children's Trust Board though sharing of information in meetings with Children's Trust Board Chair and coordination of agendas four times per year.	LSCB Business Manager	March 2016
	3.3 The LSCB is represented and creates clear links on all multi-agency partnerships where safeguarding is a focus of their work eg Children's Trust, Domestic Abuse Steering Group and Sexual Violence Strategy Group; Corporate Parenting Board, Health and Wellbeing Board; Adults' Safeguarding Board evidenced through minutes of those meetings and identification of areas of joint work.	Chair	March 2016
	3.4 The LSCB uses performance data to identify sections of the community that require information, advice and guidance on safeguarding children and adults giving consideration to diversity of the local population.	E-Safety Sub Group/ Quality Assurance Sub Group/ Disabled Children Sub Group/Performance Sub Group	March 2016
	3.5 The LSCB communicates with the local workforce and community to raise awareness of safeguarding issues, through the LSCB website, Newsletters, Annual	LSCB Board/Training & Safe Workforce Sub	March 2016

	Conference, Annual Report, community partnerships and directly with public.	Group/Engagement & Awareness Sub Group	
	3.6 The LSCB receives regular reports from Young Carers, Youth Forum, Children in Care Council, Youth MPs and Parents groups	LSCB Board/ Business Manager	March 2016
	3.7 Review all child deaths appropriately and in line with the Child Death Overview Panel (CDOP) procedures, follow relevant mechanism to disseminate lessons learnt and produce an annual report on the work of the CDOP	CDOP	March 2016

PRIORITY AREA FOUR: PERFORMANCE MANAGEMENT			
Outcome for 2014-2015	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon	4.1 The LSCB Performance sub group receives reports from each agency at least annually reporting data on outcomes, impact on the child and family, quality of service, workforce. Health check included so that the LSCB can be assured of the quality of services and outcomes achieved	Each member agency reporting to Performance Sub Group	5 meetings per year
	4.2 The LSCB Performance Sub Group enables a deep dive into a specific issue to identify improvement in services and outcomes for children	Performance Sub Group	March 2016
	4.3 Regular programmes of quality audit including interviews with practitioners and supports an understanding of the journey of the child with recommendations to improve practice – audit this year to look at children in care and safeguarding	Quality Assurance Sub Group/Case Review Group	March 2016
	4.4 The LSCB supports an audit and review process and methodology that supports learning and can evidence improvement in practice and makes a difference to children. Findings are reported to the QA sub group to promote learning – one significant case review per year. Young people to participate in case reviews	Quality Assurance Sub Group/Case Review Group	March 2016
The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve	4.5 The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve. High level report to LSCB using agreed format with summary, strengths and areas for development. Reports to include data from audits to improve practice and outcomes for children. Reports to include learning from: 1. Quality Assurance Sub Group 2. Section 11 Audit 3. Licencing & Gambling 4. Child Sexual Exploitation & Missing 5. Safeguarding Disabled Children 6. Feeling Safe Survey 7. Advocacy	LSCB Board and Sub Groups	March 2016

	8. Private Fostering 9. E Safety 10. Section 175 Audit - (Section 175 and 157 of the Education Act 2002, sets out the responsibilities for the local authority, with regard to safeguarding children and young people in education) 11. Training & Safe Workforce 12. Looked After Children: IRM Report 13. Local Authority Designated Office (LADO) Annual Report 14. Performance Sub Group 15. Awareness & Engagement Sub Group 16. Serious and Local Case Reviews 17. Policies & Procedures Sub Group 18. CDOP Annual Report 19. Domestic Abuse		

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Swindon LSAB Strategy 2015-2018 Version 01

The Swindon Local Safeguarding Adults' Board (LSAB) has been set up with the primary role to protect adults in need of care and support from abuse or neglect or the risk of it. As stated within Government Policy on Adult Safeguarding there are 6 principles on which the Swindon LSAB have based its strategy:

Empowerment - Presumption of person led decisions and informed consent

Protection - Support and representation for those in greatest need

Prevention - It is better to take action before harm occurs

Proportionality - Proportionate and least intrusive response appropriate to the risk presented

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

Accountability - Accountability and transparency in delivering safeguarding.

The **immediate priority** for the LSAB is to ensure that the Board and its members fulfil their responsibilities in relation to the Care Act 2014 which came into force on 1st April 2015. Overall, the Act puts adult safeguarding on a statutory footing for the first time and states that:

- Where abuse or neglect is suspected (or where an adult in need of care support is at risk of abuse or neglect), local authorities make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case if so, what and by whom

- Safeguarding Adults Boards need to be established

- Ensure Safeguarding Adults Boards carry out Safeguarding Adults reviews as stipulated within the Act

- Where there is a need, information is supplied to enable the Board to exercise its functions

Safeguarding policies and processes have been in place in Swindon since 2001 following the publication on No Secrets in 2000. With the Care Act, No Secrets is repealed and while the basic framework remains, the Act and its supporting guidance widens safeguarding in a number of areas. The definition of the group of

DRAFT

people safeguarding polices are to support has changed and the definition to be used is:

"An Adult who has needs for care and support (whether or not the authority is meeting any of those needs),
is experiencing, or is at risk of, abuse or neglect,
and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it."

NB. This definition also is used to describe the people for which the Local Safeguarding Adults Board needs to act to help and protect in its areas and the members of the Board need to ensure that its remit does not become so wide that it is unsuccessful in meeting its duties.

Action: Board to discuss and agree its remit at August 2015 Board meeting

The Swindon LSAB Strategy

Each member of the Board has a responsibility to ensure that adults in need of care and support are protected from abuse and neglect and where there are concerns about an individual or individuals, correct action is taken to ensure a concern is raised following the Policy and Procedures for Safeguarding Adults in Swindon and Wiltshire.

Where a member has a direct responsibility to participate or carry out an enquiry, they too ensure the knowledge and resources are available to fulfil that function. All agencies have a responsibility to assist with enquiries and supply information to support the Board's function.

The main purpose of this strategy is to provide an outline of the six safeguarding priorities. A Swindon LSAB Business Plan supports the delivery of the priorities. The Business Plan is developed by the Swindon LSAB and will be reviewed six monthly by the Board, and updated annually.

Empowerment

In everyday life, all adults should be able to make decisions for themselves and where required supported in doing so. When there is a concern about an individual which requires an enquiry to be instigated, the views of the adult in need of care and support are paramount and there is a requirement for services involved in the management of such enquiries to ascertain the desired outcomes of the adult at risk and ensure these views will inform what happens. Where an individual has substantial difficulties in being able to express their views, they may be supported in doing so by an appropriate suitable person for example a family member and where an appropriate person is not available, an advocate is engaged through the relevant services.

Individuals should also be provided with the means to recognise abuse and take action whereby they can prevent future harm or be able to report abuse or neglect themselves but be able to obtain support if needed. As there is a clearer emphasis that safeguarding enquiries may need to be instigated when there is a concern that someone is a risk of abuse (not just experiencing it) a consideration needs to be given to someone's life choices and informed decisions made. As well as taking into account the level of harm any perceived risk may present, how someone may react to risk could have an effect their well-being and require help and support to manage their risk so as not to impact on their independence (for example).

This culture, which is reinforced by the Board's adoption of Making Safeguarding Personal, must be at the heart of the Board's decision making.

Empowerment - Actions:

- Wherever possible, the adult themselves is to be included in all stages of the safeguarding process. Audits will be undertaken to ensure that the adult is at the centre of the decision making process in accordance with the Making Safeguarding Personal approach. Audits to be undertaken through QA Group, quarterly.

- Ensure that information is available to adults in need of care and support so that they know how to report abuse and neglect themselves. Publicity material and on line resources to be updated. Head of Safeguarding. September 2015.

- Publication of Swindon Guide – document given to service users going through safeguarding process. Head of Safeguarding, September 2015.

- Increase the membership of the Service User Forum. Chair of LSAB and Chair of Service User Forum. Review September 2015.

- Training for Enquiry Officers involved in safeguarding cases updated to include the emphasis on "Making Safeguarding Personal" June 2015.

- Audit of use of advocacy service to support alleged victims of abuse or neglect. QA group December 2015

Protection

There needs to be processes in place to manage risk and help people to manage their own risks. Local safeguarding procedures need to be accessible and people need to understand how key agencies work and know how to make contact with them. When there is a safeguarding concern, the alleged victim needs to be protected from abuse or if there is a concern that they may be at risk of it, action is taken to minimise the possibility of harm or further harm.

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It is acknowledged that there may be times where it is necessary to take action to protect individuals that may be at odds with their views. This could be because there could be a wider public interest or a crime committed or because the person is believed to be under duress and not able to make informed choices. Strategies need to be in place to act appropriately on these occasions but ensure the individual is involved, informed or supported at the earliest opportunity.

To ensure there is a clear process to raise a concern and demonstrate that an appropriate response follows, Swindon are developing and changing the management of safeguarding procedures to ensure it is clearer and compliant with Care Act duties particularly with regard to the functions local authority adult services cannot delegate (of which one is now safeguarding). To achieve this, SBC are developing an internal safeguarding adults structure of senior practitioners able to manage and oversee safeguarding enquiries. There will also be a single referral point also managed within this service area.

Protection - Actions:

- Single Referral Point established within Adult Social Care. Strategic Commissioner for Adults. 1st May 2015. Progress report to Board November 2015.

- Establish team of senior quality practitioners to act as Enquiry Managers for individual cases. 1st May 2015. Progress report to Board November 2015.

- QA group to undertake quarterly review of sample of individual cases to evaluate quality of practice and outcomes. QA group.

Prevention

Key agencies and Board members need to take action that prevents harm from occurring in the first place. Staff working with adults in need for care and support receive training in the signs of abuse and know how to take action to prevent it from occurring. Public awareness needs to be in place to inform members of the community about how to report signs of abuse and report criminal activity.

Care services need to be delivered in such a way that standards of care prevent harm and that there is a culture of openness within services meaning poor practice can be challenged and changed. Agencies that commission services need to have procedures in place that can check the quality of the services they have procured and ensure action is taken to prevent abuse and neglect from occurring.

The Board and its members need to know about the initiatives that are in place in Swindon that support adults in need for care and support particularly where these needs do not require a particular service, but could still present some risks to individuals. For example, someone who may have limited mobility, but is fully self

caring could be isolated. The Swindon Circles of Support scheme which links volunteers with older people living in the community may be able to provide help. Or, where someone with a learning disability who is quite independent experiences difficulties while using the community, they can get immediate help by using The Safe Places Scheme where shops and business display a window sticker which indicates available support in these circumstances.

Prevention - Actions:

- Free awareness training provided for all staff who work with people with care and support needs. Head of Safeguarding. Report in LSAB Annual Report.

- Safeguarding training provided for all private and voluntary sector managers. Head of Safeguarding. Report in LSAB Annual Report.

- LSAB members/partners to undertake safeguarding awareness training. LSAB Chair. December 2015.

- Ensure that safeguarding is a key consideration in the tendering and procurement process during the commissioning of all services. LSAB to require all members to complete a self-assessment to demonstrate compliance with commissioning requirements. Operational Group – Annually.

Proportionality

Where abuse or neglect is suspected or there is a risk of it, action is taken that is proportionate to the circumstances. Any intervention must (unless in exceptional circumstances where it would be unsafe to do so) ensure that the alleged victim is engaged throughout the process and as far as possible work to achieve that person's desired outcome(s). Any response should not be at such a level that the individual feels at a greater disadvantage following the safeguarding process than they did before the concern was raised. *What good is it making someone safer if it merely makes them miserable?* (Lord Justice Munby).

The Policy for Safeguarding Adults at risk has been revised to include requirements in the Care Act and its guidance. It also highlights the requirement to determine the most appropriate people from the most appropriate agencies to carry out an enquiry. This does not always mean the police, or the local authority (or SEQOL and AWP), as it may be a more proportionate response for an enquiry to carried out by an employer, the risk team in a hospital or a registered professional.

Proportionality - Actions:

- Establish LSAB Case Review Group. LSAB Chair. By August 2015.

- Proportionality to be included in training for all staff working with people with care and support needs. Head of Safeguarding. September 2015

- Case examples discussed at each meeting of the Board and Operational Group and included in LSAB Annual Report. LSAB Chair.

Partnership

Agencies, Board members and partners need to work together to prevent abuse or neglect, protect adults from harm and respond proportionately. They also have a part to play in ensuring adults in need for care and support are able to take informed risks and are enabled to make decision for themselves. Local communities also have a part to play in preventing abuse and neglect and members of the community need to be aware of what they should do to report concerns.

Information needs to be supplied by all agencies in the interests of safeguarding adults and ensuring the LSAB is able to fulfil its responsibility. This is a requirement to enable enquiries to take place unhindered or to enable an accurate safeguarding adults review or to assist in the management of risks to minimise harm and help to empower people. Agencies, particularly Board members will need to adopt an information sharing protocol and promote its use to their staff.

While there has been considerable activity with regards to investigating incident of alleged abuse, further work is required to prevent abuse or neglect from taking place. Partnership working will contribute to these areas of work particularly when it relates to matters outside the direct remit of adult social care services – for example the Community Safety Partnership.

Some of the issues to consider include:

- Domestic Abuse: In appropriate cases, domestic abuse may require a safeguarding response (and vice versa)

- Hate Crime – Anti Social Behaviour: are safeguarding concerns being recorded as hate crimes where appropriate? Are ASB teams being consulted when anti-social behaviour is impacting on adults is need of care and support? Where this is identified, a wider range of agencies may need to respond to reduce and remove incident of harassment/bullying within (for example) specific communities, and prevent incident impacting on other vulnerable people who may become victims in the future

- Human trafficking / modern slavery / sexual exploitation: This is an area which is included in guidance but there is little guidance from safeguarding adults' procedures. While partners may have a lead role with these areas of abuse, they may need to brief the LSAB on their duties regarding and ensure safeguarding procedures are instigated should an adult in need for care and

support as defined in the Care Act be a victim of human trafficking, modern slavery or sexual exploitation.

- Bogus callers, financial scams, distraction burglaries, dangerous drugs gangs: criminals responsible for such areas of concern often target vulnerable people that may require support of the safeguarding process. Agencies outside adult services already engaged in these issues need to be available to support safeguarding procedures but also provide advice guidance and training to social care staff who need awareness of this and will be able to help with prevention.

The main finding from a Board initiated case review was the need for a risk enablement process, particularly with people who either are not eligible for services or do not wish to accept support from services but remain a risk.

It has been agreed that a Risk Enablement Pathway which includes the creation of a multi-agency Risk Enablement Panel should be established in Swindon to work with adults (who have mental capacity) who are at risk due to:

- severe self-neglect/self-harm
- risk taking behaviours
- refusal to engage with services for which they are eligible
- abuse by a third party – not willing to engage in safeguarding or with services
- that is a 'frequent caller' to services
- where the agency is struggling to maintain a high risk situation as a single agency
- and where that risk may lead to significant harm or death.

Care Act Guidance also refers to the need for effective links with other partnerships that may have a related role. These may include the Local Children's Safeguarding Board (LSCB), the Community Safety Partnership (as previously stated), Domestic Abuse Forums, Health and Wellbeing Board. This may help to reduce duplication but also mutually assist the partnerships to take advantage of each other's experiences, knowledge and specialisms.

<u>Partnership Actions</u>:

- Information Sharing Protocol to be developed and agreed in partnership with LSCB. Carmel Burton. September 2015.

- Resourcing the Board. Care Act Guidance 14.113. Members of LSAB. Recognition from Board members of their obligations to provide resources for the LSAB. Chair LSAB to raise with Members. August Board 2015.

- Develop a project around introducing a Risk Enablement Pathway. Risk Enablement Development Manager. September 2015.

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- Ensure that links are maintained and developed with CSP, Health Wellbeing Board, LSCB, Domestic Violence Steering Group. LSAB Chair.

Accountability

One of the criticisms of safeguarding procedures in many local authority areas is the secrecy of the process, excluding the adult and at times (as reinforced by recent judgements) making unlawful decisions with the intention of making someone safe. Making Safeguarding Personal will help to alleviate this perception and teams managing safeguarding cases need to be able to account for their actions, ensure that information is shared within a legal framework and that nothing should take place that is not in the best interests of the adult. Everyone involved in the safeguarding process need to be clear about their specific roles and duties.

Within the Care Act guidance reference is made to the need for Designated Adult Safeguarding Managers (DASM), particularly within the Local Authority. This will be a role akin to the LADO (Local Area Designated Officer) role in children's safeguarding. Other agencies may also identify a DASM who would ensure their agency meets their responsibilities with regards to safeguarding adults. The LSAB will need to consider this role against existing practice to determine how these roles will operate and whether resources will support their establishment.

Accountability Actions:

- The Board to agree its position concerning the role of the DASM for each member agency to comply with 14.176 of Care Act Guidance. LSAB Chair. Board meeting May 2015.

- New Council Member training is set up. Head of Safeguarding October 2015

The Care Act 2014

As stated previously, the Care Act and its guidance, has directed local authorities on the key priorities for Boards. The LSAB has discussed these and have been made aware of the work that is in progress.

The overall duty as laid out in the Care Act differs from the practice prior to April 2015. The definition of who needs to be supported by the procedures has changed as have the abuse types listed in guidance. These have been reflected in a draft policy that needs to be agreed by the Board and then the linked guidance should be updated to fit. The personalised safeguarding (*Making Safeguarding Personal)* has already been included in the policy and creating a new team of enquiry managers (those managing safeguarding concerns) has helped to "start as you mean to go on" and puts less of a need to change established practice. The Enquiry Officer role (who in the main will liaise with the adult and enquiry manager), will continue to be met by SEQOL and AWP.

The Care Act guidance also includes self neglect as a type of abuse. The Board has considered a basic outline on how this will fit with existing social work practice but may need to escalate to a risk enablement process as referred to above. The oversight of individual cases will be within the safeguarding framework. The guidance states that the LSAB will be a "positive means to address issues of self-neglect". However there is a need to ensure that processes put in place and actions taken are not at odds with Human Rights and Mental Capacity legislation and do not conflict with the clear message given in Care Act guidance that any approach needs to be proportionate, person led, and accounts for the needs and wishes of the adult in question.

Within the Care Act, arrangements need to be in place where local authorities provide advocacy for those people who have substantial difficulties in being involved in processes. This applies to safeguarding. A service has been commissioned to provide advocacy and this also includes the provision of Independent Mental Capacity Advocates for those who lack capacity and do not have anyone else appropriate to support them.

The LSAB will need to discuss and decide upon the resources required to undertake its workload. The requirement to carry out Adult Safeguarding Reviews will have an impact on resources and will not be able to be met from existing funds and resources. Much of the information produced by the Board, this strategy, the annual report, guides to safeguarding etc. need to be in accessible formats. This obligation may include the provision of easier to read documents and different formats being available. Engagement with community groups is now a statutory duty. The work carried out with the LSCB on engagement and awareness needs to resume in light of this requirement.

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Swindon Clinical Commissioning Group Operating Plan 2015/16

Health and Wellbeing Board **Date: 27 May 2015**

Author: Nicki Millin - Acting Accountable Officer, Swindon Clinical Commissioning Group

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 In April 2014 Swindon Clinical Commissioning Group (CCG) submitted a five year plan and a two year operational plan to NHS England. The CCG are required to submit a refresh of the second year of the two year operational plan to NHS England for 2015/16.

1.2 The first draft of the plan was presented to the Health and Wellbeing Board in March 2015. Attached is the second draft of the Operational Plan for the Board to consider.

2. Recommendations

The Board is recommended:

2.1 To discuss the draft Operational Plan for 2015/16, and to review the indicators for the Quality Premium and agree which indicators should be prioritised for 2015/16.

3. Detail

Overview

3.1 The first iteration of the plan was presented at the March meeting of the Health and Wellbeing Board. This version has a number of key updates within it, as described below:

3.1.1 Section 5: Quality Premium 2015/16: the new guidance has been issued in relation to the Quality Premium. CCGs are required to agree with Health and Wellbeing Boards the indicators which would support the systems key objectives. This section outlines the indicators for consideration.

3.1.2 Section 9.2: provides a summary of the areas identified for investment to support the System Resilience through 2015/16.

3.1.3 Section 9.7.3 provides further information on SUCCESS following the announcement that the CCG had been awarded Prime Ministers Challenge Fund Wave 2 funding.

Further information on the subject of this report can be obtained from Nicki Millin, 01793 683700, nicki.millin@swindonccg.nhs.uk.

3.1.4 Section 12 has been updated in relation to Governance arrangements and is supported by appendix 5, which provides the format for the implementation plan.

Quality Premium

3.2 The Health and Wellbeing Board is asked to consider the Quality Premium Indicators and identify the key priorities for 2015/16.

3.3 The Quality Premium is a national scheme which is intended to support improvements in health outcomes and reductions in inequalities in access and in health outcomes.

3.4 There are 2 nationally prescribed schemes:

Reducing potential years of lives lost through causes considered amenable to healthcare

The aim is to reduce the potential years life lost between 2012 and 2015 calendar years by 1.2%

Improving prescribing in primary and secondary care

The aim is to reduce the overall level of antibiotic prescribing, this should help reduce the spread of antibacterial resistance that can be a serious threat to patients who have infections that do not respond to antimicrobial drugs.

3.5 There are 2 areas where CCGs are asked to choose measures in conjunction with the H&WBB:

Urgent and emergency care – one of the following 3 indicators

1. A reduction in the number of avoidable hospital admission for ambulatory care conditions (asthma, diabetes, epilepsy, respiratory infections) in adults and children
2. A reduction in the number of delayed transfers of care
3. An increase in the number of patients admitted for non-elective care who are discharged at weekends or bank holidays

Recommendation – Indicator 2: *A key challenge for Swindon in 2014/15 has been the level of delayed transfers of care within the hospital throughout the winter period. This is an area where commissioners and providers have identified that systems need to be improved. The impact would be to release 2 acute hospital beds back into the system improving patient flow.*

Mental health – one of the following 4 indicators:

1. A reduction in the number of patients attending an A & E Department for a mental health related need who waits more than four hours to be treated and discharged, or admitted.
2. A reduction in the number of people with a severe mental illness who are current smokers
3. An increase in the proportion of adults in contact with secondary mental health services who are in paid employment
4. Improvement in the health related quality of life for people with a long term mental health condition

Recommendation Indicator 1: *In 2014/15 hospitals saw a high level of demand on their emergency services which impacted on patient experience as they waited longer than the national standard of 4 hours for treatment. This indicator provides a focus on ensuring that people who require specialist mental health support on arrival at a hospital Emergency Department are seen by a mental health specialist service in a timely way, often this cohort of patients wait longer for a specialist service to assess their needs.*

3.6 In addition the CCG are asked to pick 2 local measures based on local priorities such as those identified within the health and wellbeing strategy. Based on the strategy progress report received by the H&WBB in February possible areas for consideration are:

1. A reduction in the number of under 18s admitted to hospital for alcohol specific causes (per 100,000)

2. A reduction in the number of hospital admissions as a result of self-harm (10-24 years)

3. Carers receiving an assessment or review who receive a service or info & advice as a % of clients receiving community based services

4. Improved cervical cancer screening coverage

Recommendation Indicators 2 & 3:

Indicator 2: There has been a steady increase in the numbers of young people admitted to hospital for self-harm over the last 3 years. Some young people are repeat attenders, the intention is to focus on these individuals and reduce the number of repeat attendances.

Indicator 3: a key priority is to support the number of Carers within Swindon and this indicator will provide a multi-agency focus on ensuring that this is taken forward for our population.

3.7 The CCG is required to indicate within its Operating Plan which indicators it will prioritise with partners in 2015/16, the Board are asked to consider and agree which indicators would support the local health and wellbeing priorities.

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 Financial implications are contained within section 11 of the appendix.

Legal and Human Rights Implications

5.2 None identified.

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

5.3 Section 10 of the report contains some key implications including workforce planning, IM&T and estates.

Diversity Impact Assessment

5.4 Section 7.8 of the plan contains the CCG approach to equality and diversity. Impact Assessments will be carried out on the new schemes as they are developed.

Risk Management

5.5 Implementation of the plan will be monitored monthly by the CCG, with items added to the CCG corporate risk register where concerns are identified.

6. Consultees

6.1 CCG Governing Body: CCG Public and Patient Involvement Forum: CCG public engagement event March 2015: Great Western Hospitals NHS FT; SEQOL and Avon and Wiltshire Partnership Trust

6.2 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 Appendix 1: Annual Operating Plan 2015/16 Swindon CCG.

Further information on the subject of this report can be obtained from Nicki Millin, 01793 683700, nicki.millin@swindonccg.nhs.uk.

NHS
Swindon
Clinical Commissioning Group

ANNUAL OPERATING PLAN 2015/16

Version 2 April 2015

1. Introduction

The Swindon CCG Five Year Strategic Plan 2014-2019 was finalised in June 2014. This Operating Plan for 2015/16 should be seen in the context of the Five Year Plan and the Swindon Health and Wellbeing Strategy 2013-2016.

2. Context and system working

The vision for people in Swindon is enshrined in the Health & Wellbeing Strategy

'To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities'

This Operating Plan for 2015/16 supports the CCG mission 'To optimise the health of the people of Swindon and Shrivenham'

NHS Swindon CCG and the Swindon Borough Council have aligned their resources to support the health, wellbeing, mental health, education and care of children, families and adults in the community to achieve the mission of both organisations.

This plan is also aligned with the work being progressed by the One Swindon Board as part of the Public Service Transformation network.

We have been involved in discussions with public, patients, GP practices, providers, voluntary sector, other stakeholders, providers, children and young people in the development of the Operating Plan.

The Operating Plan links closely to the Better Care Fund Plan which is a summary of jointly agreed areas of priority. Over the last eighteen months specific service redesign workshops were held on long term conditions, mental health, carers and community based support for older people. The findings from these workshops have been incorporated into this plan.

In Swindon we have a long history of integrated commissioning and integrated service delivery for health and social care. This was outlined in detail in our bid 'Shoulder to Shoulder' in 2013 to become and integration pioneer. Our vision for the Operating Plan and the Better Care Fund builds on our successful integration and the Five Year Strategic Plan for Swindon.

3. **Joint Strategic Needs Assessment (JSNA) 2014/15**: The JSNA provides the evidence for commissioners on what the needs of the local community are.

The JSNA has been refreshed and there are a number of key points taken from the strategy below which provide context for some of the decision making in relation to the 2015/16 deliverables for the CCG Operating plan.

3.1. **Population**: Figures from mid-2013 for Swindon Unitary Authority 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%). Projections indicate that almost half (25,000 people) of the population growth between 2011 and 2031 will be in the 65 plus age group.

The structure and population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.

3.2. **Long term conditions**: the two key factors for developing a long term condition (LTC) are lifestyle and aging. 14% of those aged under 40 report having a LTC and 58% of those aged 60 and over report having a LTC, with 25% of those over 60 having two or more LTCs. 70% of those aged 80 or over have at least one LTC.

People with physical LTCs often have psychological distress in addition. In such cases NICE recommends psychological interventions to relieve distress and improve coping skills.

There are a range of LTCs that the JSNA highlights

- Cardiovascular Disease (CVD) which accounts for about a quarter of all deaths in Swindon each year.
- Diabetes which is associated with a life expectancy that is 10 years shorter than the average and is an area where Swindon has benchmarked poorly in terms of diagnosis and management in previous years.
- Cancer which is the leading cause of death in Swindon, mortality rates have been falling due to earlier detection and better treatment. This does mean there are more cancer survivors who need support.

3.3. **Mental health and Wellbeing**: one person in four will develop one or more mental disorders in their lifetime. In Swindon there are an estimated 22,600 – 29,000 individuals with depression or common mental health problems. Swindon also has a high rate of emergency admissions due to self-harm than when compared to England rates.

3.4. **Dementia**: one in six people over 65 will develop dementia at some stage during their lifetime. Estimates suggest that there are about 2035 people aged 65+ with dementia in Swindon, nearly half of whom are over 85. Ensuring timely diagnosis and ensuring support services are in place for people who need them post diagnosis is a key issue.

4. Health and Wellbeing Strategy

4.1. The Health and Wellbeing Board oversee the delivery of the three year strategy and the CCG are active members in the partnership. The CCG Clinical Chair is the Vice Chair of the Board and the Chief Operating Officer is a key member.

4.2. Appendix one contains the summary of the strategy listing the five key outcomes, the priorities to deliver these and the indicators for success.

4.3. Successful delivery of the strategy is key to improving current health inequalities for the population of Swindon.

4.4. The 2014/15 health and wellbeing strategy update report identifies 3 outcomes which are currently identified as red (performance is worse than national average). The CCG priorities for 2015/16 pick these up as key areas

4.4.1. Self-harm hospital admission rates for under 18s (see children)

4.4.2. New admissions of older people (over 65) into residential and nursing care (urgent care model, LTC management and Dementia will all support maintaining people at home)

4.4.3. Cervical cancer screening coverage

5. **Quality Premium 2015/16**

5.1. The Quality Premium is a national scheme which is intended to support improvements in health outcomes and reductions in inequalities in access and in health outcomes.

5.2. There are 2 nationally prescribed schemes

Reducing potential years of lives lost through causes considered amenable to healthcare

Improving prescribing in primary and secondary care

5.3. There are 2 areas where CCGs are asked to choose measures in conjunction with the H&WBB

Urgent and emergency care – one of the following 3 indicators

- A reduction in the number of avoidable hospital admission for ambulatory care conditions (asthma, diabetes, epilepsy, respiratory infections) in adults and children
- A reduction in the number of delayed transfers of care
- An increase in the number of patients admitted for non-elective care who are discharged at weekends or bank holidays

Mental health – one of the following 4 indicators

- A reduction in the number of patients attending an A & E Department for a mental health related need who waits more than four hours to be treated and discharged, or admitted.
- A reduction in the number of people with a severe mental illness who are current smokers
- An increase in the proportion of adults in contact with secondary mental health services who are in paid employment
- Improvement in the health related quality of life for people with a long term mental health condition

5.4. In addition the CCG are asked to pick 2 local measures based on local priorities such as those identified within the health and wellbeing strategy.

Based on the strategy progress report received by the H&WBB in February possible areas for consideration are

- A reduction in the number of under 18s admitted to hospital for alcohol specific causes (per 100,000)
- A reduction in the number of hospital admissions as a result of self-harm (10-24 years)
- An increase the number of Carers who had their needs assessed
- Improved cervical cancer screening coverage

The Quality premium will be discussed at the H&WBB meeting in May and an update will be included in the final version of the plan.

6. Performance

6.1. **NHS Constitution**: the constitution makes a set of commitments to patients and the public about the core standards they can expect from the NHS. The table below summarises areas where improvement is needed and a summary of planned improvement actions

Constitution standard	Planned improvements
95% of people will be seen and discharged from A&E within 4 hours	Reduction in numbers of medically fit patients delayed in hospital beds (acute and community). Increased social work capacity (including senior leadership). Development of the urgent care model including rapid assessment unit (managing demand at the front door) Bed capacity modelling to ensure sufficient capacity to manage demand levels.
RTT standards	Working with GWH to identify specialties at risk and redesigning pathways (see key priorities section: rheumatology, dermatology and ophthalmology are pressured specialties). GWH outpatient transformation programme – looking at how to reduce follow up appointments releasing capacity. GWH to implement best practice waiting list management systems in line with Intensive Support Team recommendations. Review bed capacity model to protect elective bed capacity to maintain patient flow.

7. Quality

In driving up quality in our services, we have readily adopted the key learning from national reviews that include: the *'Francis Report'* (February 2013), *'Winterbourne View'* (December 2012) and *'Berwick Report'* (August 2013) to ensure we have a compassionate heath system that puts 'People First and Foremost', ensuring open transparent services, where staff are supported to do the right thing and where they deliver the best possible care for our patients.

Moving forward, the Quality Team are refining the CCG Quality elements and objectives of the Assurance Framework to assure the local population that commissioned services are safe and effective, that patient's experience of these services is improving and that it demonstrates both medical and nursing leadership is working to continually improve the provision of high quality healthcare services today.

As set out in the CCG's Quality Matters 'Our Strategy' 2014-2017, throughout the commissioning cycle the challenges are a constant: for patients and public to be treated safely; to provide care that ensures the best possible outcomes and to deliver positive experiences of healthcare.

7.1. Safety

The CCG will continue to monitor all commissioned provider organisations to ensure services are delivered safely. This will include the review and monitoring of:

- associated action plans for any reported serious incidents requiring investigation (SIRI) and never events
- all other reported clinical incidents (via data submitted to the NRLS), including issues relating to medicines management
- safeguarding - ensuring both the CCG and providers have arrangements in place to safeguard and promoted the welfare of adults and children in line with national policy, guidance and locally identified areas of concern.
- infection prevention and control (IP&C) – patients are entitled to receive care delivered in a safe, clean environment
- sign up to safety
- Care Quality Commission – (CQC) inspections and outcomes of hospital intelligent

7.2. Effectiveness

The CCG will continue to utilise a range of quality improvement resources in order to measure and continually improve patient experience:

- Monitoring of patient and carer feedback within all commissioned services via reported complaints, concerns, comments and compliments

- Engagement with patient and carer groups
- Collaborative working with Swindon Healthwatch
- Review of patient surveys – both national and local
- Monitoring of outcomes from the national Friends and Family Test (F&FT) CQUIN, ensuring providers have sought to implement quality improvement initiatives as a result of patient feedback. Moving forward into 2015-16, F&FT will be monitored as part of the NHS Standard Contract requirements as it is anticipated it will be removed from the national CQUIN scheme

7.3. Experience

There are a number of methodologies utilised in order to measure the effectiveness of commissioned services. A continued focus for the CCG going forward into 2015/-16 will be:

- Oversight and monitoring of all provider quality improvement / audit plans
- Completion of action plans as identified via incident reporting processes
- Review of stroke pathway via the national post-acute SSNAP audit planned for 2015-16
- Monitoring of CQUIN schemes and be able to evidence improved outcomes for patients
- Achievements of the sign up to safety campaign
- Focus on patient centred care, ensuring full involvement of patients, carers and families during care planning and decision making process
- Inclusion of patient stories at every Governing Body

7.4 Working with providers to embed the practice of clear clinical accountability

All members of professional bodies are required to adhere to their relevant Code of Conduct, which includes the need to understand individual roles and responsibilities with regard clinical accountability.

The Francis Report also made a number of recommendations on the need for there to be a named clinician who is accountable for a patients care whilst in hospital. The CCG consequently requested all commissioned provider services to share their organisation's response to the Francis Report, ensuring a detailed action plan was provided, where necessary, to achieve and embed the practice of clear clinical accountability.

Further recommendations were made in 'Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients' (Academy of Medical Royal Colleges, June 2014) which set out two key objectives that were felt to be of benefit to patients and improve the quality of care. These objectives focused on the need for coordinated, caring, effective and efficient care with an individual named clinician - the Responsible Consultant/Clinician - ensuring every patient knows who their responsible consultant/clinician is.

The CCG will continue to work closely with providers to ensure published guidance and best practice is adhered to and clear clinical accountability is embedded and evidenced within each commissioned organisation. This will include supporting and monitoring both secondary and community care services aimed at improving the quality of care provided. The collation of patient experience feedback; clinical risk/incident data; outcomes of clinical quality review meetings, quality impact assessments aligned to service redesign projects and dedicated quality visits are key measures that will provide assurance that the practice of clear clinical accountability is being embedded locally

7.5 Care Quality Commission (CQC)

NHS Swindon CCG will continue to maintain its collaborative working processes with the Care Quality Commission (CQC), in order to ensure effective measures are in place to review and monitor compliance with essential standards of quality and safety within commissioned provider services.

Information regarding published CQC quality inspection visits are provided directly from the CQC on a weekly basis. In collaboration with Swindon Borough Council (SBC), NHS Swindon CCG has developed an IT database aimed at monitoring compliance to essential standards within services commissioned by both organisations across the Swindon health and social care economy. This information is used to inform and support Swindon Borough Council and CCG quality visits to health care services, care homes and domiciliary care agencies.

Any enforcement notices issued by the CQC, or any areas of significant non-compliance with essential standards, are raised jointly between the Care Quality Commission, CCG and Swindon Borough Council in order to establish collaborative and focused monitoring arrangements. This includes full engagement at dedicated multi-agency service review meetings where appropriate.

NHS Swindon CCG also meet regularly with CQC and other key commissioning organisations as part of the regional quality surveillance group meetings (QSG).

NHS Swindon CCG will continue to engage directly with the Care Quality Commission in order to align quality assurance processes and provide a robust approach to supporting and monitoring the quality of services provided by all commissioned health and social care organisations in Swindon.

7.6 CQUINs (outputs from 14/15 and moving forward into 15/16)

Commissioning for Quality and Innovation (CQUIN's) are utilised to incentivise providers to deliver quality and innovation improvements over and above the baseline requirements set out in the NHS Standard Contract. In 2014/15, the national CQUIN schemes, as set out by NHS England included:

- The Friends and Family Test (FFT)
- Patient Safety Thermometer

- Dementia and Delirium
- Improving physical healthcare to reduce premature mortality in people with severe mental illness (mental health trusts only)

In addition to the national CQUIN's, the CCG develops CQUIN schemes in collaboration with our providers, focusing on key areas based on the needs of the Swindon population. During 2014/15 our providers worked on a number of CQUIN's which included the following topic areas and summarised outcomes:

- End of Life Care
    - Staff training across GWHNHSFT and SEQOL on the conversation project to enable them to engage in difficult conversations with patients/families/carers as end of life approaches.
- Cancer
    - Improved communication of disease stage from GWHNHSFT to primary care
    - Increased numbers of patients having a holistic needs assessment and care plan
- Dementia
    - Introduction of a SEQOL lead dementia café in Pinehurst
- 7/7 working
    - Increased number of emergency admissions at GWHNHSFT being reviewed by a Consultant within 14 hours of admission.
- Diabetes
    - Two project work-streams have been formally established: foot pathway and assessment of diabetic foot for inpatients, with workbooks in development and good progress with both projects is being made.
- Functional movement for elderly patients
    - Increase number of patients with a fractured neck of femur having a robust mobility care plan
    - A reduced length of stay for fractured neck of femur patients
- Effective hospital communication with Primary Care
    - An increase in number of outpatient department letters delivered to GP's within two working days

To progress the excellent work achieved by providers with CQUINs throughout 2014/15, key outcomes will now be embedded in to the relevant local quality schedules to facilitate continual reporting and monitoring to ensure the changes are embedded. Swindon CCG is working with providers to develop 2015/16 which will include a focus on:

- Urgent Care
- Cancer
- Diabetes
- Children in Transition
- Reducing Inpatient Length of Stay (Avon and Wiltshire Mental Health Partnership)

7.7 Patient and Public Involvement and Communications

During 2014-15, Swindon CCG delivered a number of key pieces of work to ensure the meaningful and continuous engagement of its public and patients. These included:

- Attendance at over 50 engagement events in 2014-15, these included Swindon Carer's Centre AGM, Community Coffee Mornings and Practice Participation Forums, all of which the CCG has been an active member of.
- Achieving engagement in a range of formats, including Patient reference groups meeting directly with provider services, Patient based evaluation of our pilot scheme and Patient telephone and video interviews
- Development and regular review of the of the PPI forum and associated work programme, this forum assures the Governing Body that patients and public are meaningfully engaged in the work of the CCG and identifies opportunities for improvement
- Establishing strong working relationships with key stakeholders including Healthwatch, Carer's Centre, VAS, public health and localities team at Swindon Borough Council.

As a result of this work, the CCG's plans have been strengthened. Examples of this include changes to commissioning plans, increased support to new schemes such as Swindon Advice And Support Centre, and increased public engagement in partner and community events.

In 2015-16, we will seek to achieve the following objectives:

- To enable all stakeholders to have a voice and encourage them to use it in terms of influencing the decisions of the CCG
- To ensure the PPI Forum operates effectively to achieve its three key functions
- To build continuous and meaningful engagement with the public, patients and carers to influence the shaping of services and improve the health of people in Swindon and Shrivenham through each stage of the commissioning cycle (listed below):
- Utilise patient experience and opinion and close working with our provider organisations to improve quality and responsiveness of local services. This patient experience data can be used at any point in the three stages of the commissioning cycle:

a. Planning and designing pathways
b. Procuring services
c. Monitoring and evaluating services.

7.8 Equality and Diversity

In order to review compliance with the Public Sector Equality Duty (PSED), the CCG has in the last year undertaken an in-depth review of the systems, processes and documentary evidence available to demonstrate due regard to the aims set out in the general equality duty.

7.8.1 Benefits of Compliance with the PSED

The benefits include:

- Understanding of the local population and service users' needs
- Informed decision making and population targeted policy development
- Effective use of resources
- Transparency of activity and the learning to improve patient experience
- Reduction in instances of discrimination and claims
- Enforcement action avoidance by the Equality and Human Rights Commission

7.8.2 CCG Actions taken:

External Audit

In October 2014, an external audit was commissioned from the Central Southern Commissioning Support Unit, by the CCG with the objective of ascertaining the CCG's compliance with its legal obligations under the equality 'umbrella'.

The results demonstrated adequate governance arrangements and a CCG commitment:

'To ensuring that equality, diversity, inclusion and human rights principles are central to the way it commissions and delivers healthcare services and supports its staff'.

Recommendations have been taken forward, predominantly in regards to documentation and this has been reflected within the refreshed equality objectives.

NHS Equality Delivery System 2

The CCG has also embedded the use of the NHS Equality Delivery System 2 (EDS 2) which is currently optional, but to be mandated for all NHS organisations from April 2015 within the NHS Standard Contract.

When using EDS 2, NHS organisations complete a grading exercise (for the five goals and outcomes of equality compliance). The grades are underdeveloped, developing, achieving and excelling.

Following the initial grading exercise (for Swindon CCG) an action plan was developed and progressed, in alignment with the external audit action plan. All

apart from two were graded as achieving. The two remaining 'goals' (actions) graded as 'developing' and being progressed to 'achieving' are:

1. To strengthen 'inclusive leadership' at Board level by formal appointment and additional training for Equality Champions

2. To obtain staff feedback in terms of middle management support within an environment free from discrimination

Workforce Race Equality Standard (WRES)

This is to be mandated for all NHS organisations (within the NHS Standard Contract) from April 2015. The WRES will require NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of Black and Minority Ethnic representation at senior and Board levels. The CCG has instigated future monitoring actions required both by the CCG Contract Team and also by ConsultHR.

7.8.3 Improved Understanding of our population

Population profiling has an important role in helping the CCG to understand the needs, wants, expectations and behaviours of the local population. By working closely with GWH and SBC, the CCG has renewed insight into the behaviours and traits of the local population through 'Mosaic Public Sector', a consumer insights tool designed by Experian, to profile residents. It provides location, demographic, lifestyle and behavioural data on the individuals living within the Swindon area.

7.8.4 Improved Communication with the Hard to Reach Groups

The PPI Forum has tasked the CCG with ensuring that it successfully interacts with hard to reach groups. The CCG knows the groups of people traditionally harder to reach or communicate with include:

- Gypsy and traveller communities
- Homeless people, especially in and around Swindon town centre
- Carers, including young carers
- Eastern European populations
- Older people and disabled people who are isolated at home
- Adults with learning difficulties.

The CCG has made progress with these communities by strengthening work with different partner organisations who have direct links with many of these communities including, SEQOL community leads, the Public Health team, Healthwatch Swindon, different localities, and community and voluntary sector providers
The CCG will therefore meet the specific health needs of our growing population from minority groups and also reducing the health inequalities

experienced by those who provide informal care for others, as per the Five Year Strategic Plan (2014-2019) ambition.

Equality Objectives
In alignment with the Board Assurance Framework the following equality objectives have been agreed. As NHS Swindon CCG is still a fairly new NHS organisation, the objectives are set to ensure solid equality foundations are embedded.

During 2014 the CCG reviewed all processes relating to Equality and subsequently published the following four objectives

Equality Objective 1: To enhance the current mandatory training programme for Swindon CCG staff and Governing Body members; to provide practical role based knowledge to ensure that staff have a full understanding of how to assess the equality risks to patients in regards to any decisions made
Equality Objective 2: To implement an internal system of reporting (by exception) in regards to EIA identified risks and subsequent identified actions, to ensure that these are shared, managed & monitored
Equality Objective 3: We will ensure that all commissioned health service providers fulfil their duties under the Equality Act 2010 (as per NHS Standard Contract 2015/16)
Equality Objective 4: Any new health services or future health service changes will be assessed for equality impact as a part of the proposal. The summaries will be published on the CCG website

7.8.5 Documentation

The CCG has formally introduced Quality Impact Assessments (QIA's) and also refreshed the Equality Impact Assessment (EIA's), to capture equality as an integral part of quality monitoring within general business activity wherever appropriate. Both documents will formally record inclusion, consideration and summarise risks and actions required.

The new QIA (and inclusive EIA process) has been tested as a part of the Community Navigator Pilot evaluation, and the EIA future summaries are to be published on the website.

7.8.6 NHS Swindon CCG Annual Equality Report

As a statutory duty, a report is required to be published annually. NHS Swindon CCG acknowledges the benefits of reporting:

- Confirmation of the variety of equality data and information available (as per required 'duties')
- Identification of how this information is being used to make decisions
- Identifying how this information is being used to address the health needs of our community and any health inequality within it.
- Identify the gaps in information and enable mitigation; in order to be better informed in our decision making and future compliance with our Equality Duty
- Organisation equality transparency by enhanced monitoring and reporting
- The monitoring of progress against the organisational Equality Objectives
- Raising the Equality Duty profile within the organisation

The report is available on the CCG website, as of the end of January 2014.

8 Five year forward

The NHS England document five year forward into action: planning for 2015/16 asks commissioners to consider the design and implementation of new models of care. In outlining the foundations for early adoption the document recommends that 'rather than proceed with a stand-alone re-procurement of community services, one option CCGs may want to consider is how to integrate these within a new MCP model'. There are a range of delivery models proposed in the NHS 5 year Forward View which bring together acute and community, social care and health services under one model (Primary and Acute Care Systems) whilst another model integrates primary care with community care or acute care (multi-speciality Community Provider).

In Primary and Acute Care Systems a single organisation could provide NHS hospital services together with mental health, social care and community care services based on a list of registered patients (linked to GP lists). This is similar to the model of Accountable care organisations in the United States. This could involve capitated budgets linked back to the registered population.

Multi-Speciality Community Providers take on a wider set of services which could include ambulatory care, outpatients, community based services such as pharmacy and dentistry. The model could include community and social care services with a pooled budget delegated to the Multi-Speciality Community Provider.

These models would mean fundamental changes to the way we currently contract for community, social care and acute health services. Very few of these models have also been tested in the UK. This means that further work with providers needs to take place to test what might be the best model for Swindon. The NHS Forward View recognises that models take time to develop and will need to be tested.

The CCG has identified a number of principles which it will want to see within any future provider models that are developed in Swindon. The draft set of principles are contained within Appendix 2.

New models are being considered for the urgent care system and frail elderly and mental health provision, looking at system integration, population based delivery and capitated budgets. The development of the models and the procurement methodology will be developed during 2015/16.

9 Key Priorities 2015/16

A review of progress against the 5 year plan, activity levels, outputs from JSNA and Health and Wellbeing Strategy has led us to identify a range of priorities for 2015/16 which will support the delivery of our strategic plan.

9.1 Planned Care

During 2014 there have been a number of specialties where there have been pressures related to capacity versus demand with the main acute provider Great Western Hospitals NHS Foundation Trust. These specialties will form the priorities for review in 2015/16, although the CCG will continue to work with providers to identify any other areas where pressures may be developing.

It is recommended that for planned care a Programme Group is convened for each of these specialties, chaired by a primary care clinician. All interested providers will be members of the Programme Group along with patient representatives. These groups will be provided with data to show current activity and spend across all providers and data projections for future demand. This information will be used to support discussions on the development of future pathways. Reports from these groups will be discussed at the CCG Clinical Leadership Group and will be used to develop service specifications for the delivery of pathways into the future and to ensure sufficient capacity is commissioned across the range of required services.

9.1.1 Rheumatology: service pressures resulting from workforce issues across a number of acute providers. Work needs to take place to remodel services, with particular consideration to the chronic nature of the condition and the range of support patients may need.

9.1.2 Ophthalmology – The backlog in patients waiting for the follow up appointments has reduced significantly, but commissioners recognise this is a specialty with increasing chronic caseload numbers, linked to other conditions (such as diabetes which is projected to increase in incidence). Service redesign work has commenced, working with community optometrists.

9.1.3 Dermatology – flagged as a service coming under increasing pressure from demand, particularly related to patient awareness of the impact of skin cancers. A full review of current activity and of access thresholds to the range of available services to meet demand will be completed.

9.1.4 Cardiology – flagging potential pressures in capacity as demand continues to increase.

9.1.5 Gastroenterology, capacity pressures linked to expected increased demand in endoscopies as cancer screening programmes and improved public awareness continues.

9.2 **Urgent Care / New model**. The Urgent and Emergency Care National Review proposes a fundamental shift. The CCG has worked with membership practices to design the model of care it intends to commission going forward (see Appendix 3). This model is intended to improve the integration of services and ensure that there is a defined and controlled access to the acute bedded part of the system, through a new urgent care centre which would be the access point to the hospital. A new urgent response service would also be developed which would be a single point of telephony access for public and professionals alike for health and social care services.

Work has commenced on specifying the detail of the model and a number of work streams have been identified as a part of this (estate, IM&T and Workforce).

A new Rapid Assessment Unit which is part of the Urgent Care Centre is being reviewed, this will be an assessment centre staffed by clinicians with a primary care skill set, they will have access to rapid diagnostics and will be able to refer into step up or virtual ward services. The intention is to trial this element March to May 2015.

The CCG OIS (appendix 4) demonstrates a small reduction in the numbers of patients who had an acute condition that should not usually result in a hospital admission. This is an area the CCG will continue to concentrate on during 2015/16, with a particular emphasis on heart failure patients, respiratory (COPD), and dehydration/UTI conditions.

9.2.1 System Resilience
National funding has been identified to support system resilience for the urgent care system. The Swindon Strategic Resilience Group has agreed the following schemes

Scheme description	Area of Impact	Key Benefit
Great Western Therapist at Front Door	Impact will be for assessment areas (ED, Ambulatory Care, LAMU, SAU, Short Stay) Supporting patients to avoid admission and increasing safety	Number of patients with therapy support where admission avoided. Number of patients discharged home Number of patients transferred to another non –acute setting directly.
SEQOL Therapist at Front Door	Supporting patients to avoid admission and increasing patient safety	Number of patients with therapy support where admission avoided. Number of patients discharged home Number of patients transferred

		to another non –acute setting directly.
Prospect Therapist	Access to 7 day rapid response to access to equipment at weekends and during bank holiday .Compliments above schemes	Increase in therapy support enabling improved response and provision of equipment out of hours.
GWH 7 day/SAFER	Dedicated 7 day additional junior doctor on each – in-patient medical wards with an additional registrar and consultant circulating for review and input	7.5 dedicated doctor over weekend All medical patients being physically reviewed by junior doctor and capacity to escalate to Reg/Consultant Reduce ward patients having long delay in waiting for reviews, increasing discharges over weekends
SWICC Staffing	Increase staffing ratio to manage safety increased profile of patients with dementia/LTC complexity	Reduce Los for Dementia patients Access to 2 ambulatory care beds Safer staffing levels to support those patients with increased complex needs.
Dedicated palliative care team admin support	Dedicated admin support to the palliative care team at GWH to release CNS time to respond more rapidly to those patients who are being discharged or to ensure end of life care needs are assessment and met., whom are increasingly becoming more complex.	Increase response time of palliative care team to support early/ timely discharge for those patients wishing to die at home. Reduce time to assess the completion for needs assessment for fast track as time released for CNS to complete

9.2.2 Seven day services-The CCG along with Swindon Borough Council currently commission a number of health and social care services that cover 7 day a week access. In 2015/16 the CCG will continue to pursue the opportunities to further commission and implement 7 day services ensuring they are equitable and of high quality and available on the basis of need. In 2014/15 a CQUIN has been in place with the acute trust as an incentive to implement standard 2 of the 10 clinical 7 day service standards. The CCG are currently working with

the trust to agree a phasing of the full implementation of all the 10 clinical standards during 2015/16.

9.2.3 Better Care Fund – section 10.7 provides an overview of the investment and schemes which are funded through the better care fund. The original intention was that these schemes should reduce demand on the acute hospital by 3.5%. In reality we have seen an increase in admissions during 2014/15, which has led to pressures within the system and impacted on the constitution target of 95% patients seen within 4 hours.

A review of urgent care admissions in 2014/15 has identified that the BCF target to reduce admissions by 3.5% from the previous years volume is a challenging one. The assumption for 2015/16 is that through a combination of the BCF schemes and the front door/urgent care model Swindon will manage to reduce admission levels by 1.5% (from 2014/15 levels) and manage out the expected demographic growth of 3%, in essence giving a 4.5% target against which commissioners need to remodel services.

Carers: this is a key deliverable for the H&WBB and some of the investment the CCG has put into the BCF will support this. The Carers support centre in Swindon has been commissioned to help identify people and support assessments in the next year. Healthwatch are also promoting this.

9.3 **Long term conditions**: The increasing prevalence of LTCs is highlighted within the JSNA. The financial pressures facing health and social care into the future indicates a radically new approach is required to tackle this trend. The CCG and SBC applied for national transformation funding to look at the role of a Community Navigator in supporting individuals with a LTC.

Working with providers and service users, service redesign workshops were run during 2014/15 on diabetes, COPD and CVD. As a result of this work a programme of work streams have been set up and through 2015/16 and will be implemented during this next year.

9.3.1 Respiratory/COPD:

The Commissioning for Value pack identifies high non elective spend and over 75 mortality rates for COPD for Swindon's population. This makes it a priority area for 2015/16.

Progress to further strengthen an integrated model of out of hospital care model, including improved use of a virtual ward and a stop smoking programme

Improve patient access to the most appropriate service and the development of a local awareness initiative will help deliver this.

Collaborate with the British Lung Foundation, Respiratory Health Care Professional and Volunteers who are affected by respiratory illness to establish a local Breath Easy Group in Swindon.

9.3.2 Diabetes:

A joint pathway for foot ulcers and strengthening care delivery and decision making through a Multi-Disciplinary Team which will help to reduce amputations, this

Delivery of a structured primary care education programme which will help to support management of blood pressure and cholesterol levels, and may reduce hospital admissions

A revised Swindon Diabetes website will be taken forward provide up to date information about service, symptoms and support for patients and clinicians.

9.3.3 CVD

Commissioning for value pack identifies that non-elective spend on heart disease pathways is worse than England average, this has supported the decision to prioritise a review of pathways particularly related to heart failure.

Immediate telephone access to consultant advice (Consultant Link)

Expert GPs in cardiology at locality or CCG level

Introduction of a new protocol for admission through implementation of a rapid access chest pain pathway

Swindon CCG are currently discussing the development of community heart failure pathways with cardiologists at Great Western Hospital.

9.3.4 Community Navigator

Pilot a new Community Navigator model, with navigators working in each GP Practice. The aim is to help people understand and access opportunities and support from community, voluntary and statutory resources. They will help people identify appropriate support and tools to self-manage their condition. The navigators will work with people on a one to one basis, focussing on goal setting and supporting behaviour change. The target group will be people with a long term condition, but the specific cohort defined in collaboration with each practice. The patient cohort will be adapted as the project expands to ensure that maximum effect is delivered and patient are more confident and supported in the management of their conditions. The project will monitor impact on health and social care cost and activity.

9.4 Cancer

9.4.1 Radiotherapy – work will commence on the new radiotherapy service which will be based at the Great Western Hospital, this is a development which has been prioritised by the population of Swindon.

9.4.2 During 2013/14 the CCG led a programme of service redesign specifically looking at cancer the impact of cancer growth and demand. The CCG and partners have now consolidated all the actions into a cancer working plan for 20115/16. The key areas to progress are:

- Continued achievement of the national cancer standards
- Improvements in early diagnosis and reduction in emergency presentations
- A pathway to support planned and pre-booked diagnostic appointments, including increasing more direct access testing for GPs
- Holistic needs assessments (HNA) at time of diagnosis as well as at end of treatment pathway (currently only undertaken at end of active treatment) for breast cancer patients
- Renewed focus on older people who are diagnosed and survive cancer

9.5 Paediatrics

9.5.1 Children's emotional wellbeing and mental health, there are a number of key challenges to be considered within this next year and they include:

- review of TaMHS and On Trak (emotional support and counselling) to meet increasing demand and reduce waiting lists;
- improving transition arrangements for young people turning 18;
- support for young people who self-harm (high numbers in Swindon);
- support for young people with complex social and mental health needs and the use of out of area placements (increasing demand);
- CAMHS contract expires in 2017 so the needs assessment and strategy will also inform procurement of specialist services. The CCG will work closely with NHS England to develop the future models of care across the tier 3 and 4 services.

9.5.2 Review of urgent care services for children to reduce unnecessary admissions to hospital

The CCG are developing an urgent care project in collaboration with the new GWH consultant with a special interest in paediatric urgent care, the project will include:

- Looking at the impact of the Children's Clinic and information booklets distributed to parents;
- review of the Community Outreach Nursing Service to work with families to prevent unplanned admissions and optimise discharge;
- review of the acute pathway and the potential for paediatricians to work more in the community.
- CCG outcomes indicators set - admissions of children with respiratory infections (Appendix 4) demonstrates potential for further improvement in levels of children being admitted. This is

supported by the Commissioning for value pack which identifies high non elective spend and emergency admissions rates for children with asthma (under 18s).

9.5.3 Reviewing support for children with complex and life-limiting medical conditions

9.5.4 Working with GWH to improve transitions for young people moving between paediatrics to adult services

9.6 **Mental Health**

Choice in mental health services has been in place in Swindon and allows individuals to choose where they would go for their assessment of need. Our main provider AWP has been instructed to make a choice of initial assessment clear on referral and the assessment post completion, from provider of choice are then conveyed clearly back to AWP to initiate if there are identified needs beyond local services this is escalated to the CCG for consideration.

9.6.1 A new mental health pathway is being implemented with our main provider and will result in the following outcomes

- Local whole pathway contracts focused on outcomes and sustained recovery with high level scrutiny measures
- An emergency response better than outlined within Parity of Esteem and Crisis Concordat
- A model which is empathetic to pressure in Primary care and does not add to it by increasing availability of specialism locally
- A non linear pathway which reduces demand on primary care and empowers self management and uses pull to support genuine recovery
- Far better whole systems understanding
- System integration to focus on Mental Health and Physical Health care simultaneously fulfilling national ambition, delivering better outcomes, more synergies, using less or same resources

9.6.2 Psychiatric liaison services: there is a service in place at the Great Western Hospitals NHS Foundation Trust. A review of this will take place during this year, with a particular emphasis on the requirements of patients to dementia to identify what further development is required. This also links into the urgent care model and an intention to site the Crisis Response Service and the psychiatric liaison service within the urgent care centre.

9.6.3 Dementia: Recognising increased demand and priority of dementia care, the CCG are planning a Locally Enhanced Service with General Practitioners to manage more routine diagnosis and management of those with dementia. Performance against the national 28 day diagnosis target has been challenging in recent years, however we have now secured a new model of care which will deliver this requirement by the end of March 2015. Within the

dementia strategy there is a model for specialised treatment and management of more chronic and specialist requirements. The business case to support this model is being discussed as part of the planning prioritisation process.

9.6.4 IAPT: There is a national requirement to continue to develop IAPT services and this is a further consideration by the CCG as part of the planning process, including looking at how this model could provide more support to individuals with long term conditions.

9.7 Primary Care:

Pressures on primary care continue to grow with increasing demand at a time when it is growing more challenging to secure the required workforce. The CCG will be working with NHS England to develop our strategy to support primary care, there are a number of key strands which will be progressed during 2015/16.

9.7.1 **Co commissioning**:

Swindon CCG Governing Body agreed at its meeting on 22 January 2015 to apply to NHS England to jointly commission primary care services. Swindon CCG believe that joint commissioning of primary care services with NHS England will help the CCG and the broader Swindon Health and Wellbeing partnership better integrate care outside hospitals to support our whole healthcare system, making it easier for patients, engaging the community and local clinicians, to design the most appropriate high quality services and minimising local health inequalities. The CCG anticipate that co-commissioning will increase the pace of transformation change required to improve the quality and outcomes that will benefit the local people.

Joint commissioning also links with the CCG's vision, expressed in our 5 year plan. Commissioning primary care at scale, to a mechanism of commissioning which will be transparent, with robust governance arrangements and which has the appropriate safeguards against conflicts of interest.

Joint commissioning gives the CCG the opportunity to influence the key priorities within the NHSE strategy related to Swindon, ensuring that local priorities such as diabetes and cervical screening are taken forward.

9.7.2 Neighbourhoods

Two engagement events have been held with our member practices and they are beginning to identify how they would want to work together to develop primary care services and resilience as well how they may want to see community based services develop in the future. The table below shows the clusters which are being discussed with practices to determine an agreed

footprint which could be used to deliver services to support groups of practices.

Proposed neighbourhoods and associated practices

North Swindon neighbourhood
Abbey Meads Medical Practice; Hawthorn Medical Practice; Moredon Medical Centre; North Swindon Practice and Taw Hill Medical Practice
West Swindon neighbourhood
Ashington House Surgery; Phoenix Surgery; Sparcells Surgery and Ridge Green Medical Centre
Central Swindon neighbourhood
Carfax NHS Medical Centre; Great Western Surgery; Park Lane Practice; Victoria Cross Surgery and Whalebridge Practice
South Swindon neighbourhood
Eldene Health Centre; Eldene Surgery; Old Town Surgery; Hermitage Surgery; Kingswood Surgery; Lawn Medical Centre and Priory Road Medical Centre
Rural Outer Ring neighbourhood
Cornerstone Practice; Elm Tree Surgery; Merchiston Surgery; Ridgeway View Family Practice and Westrop Surgery

9.7.3 SUCCESS/primary care capacity

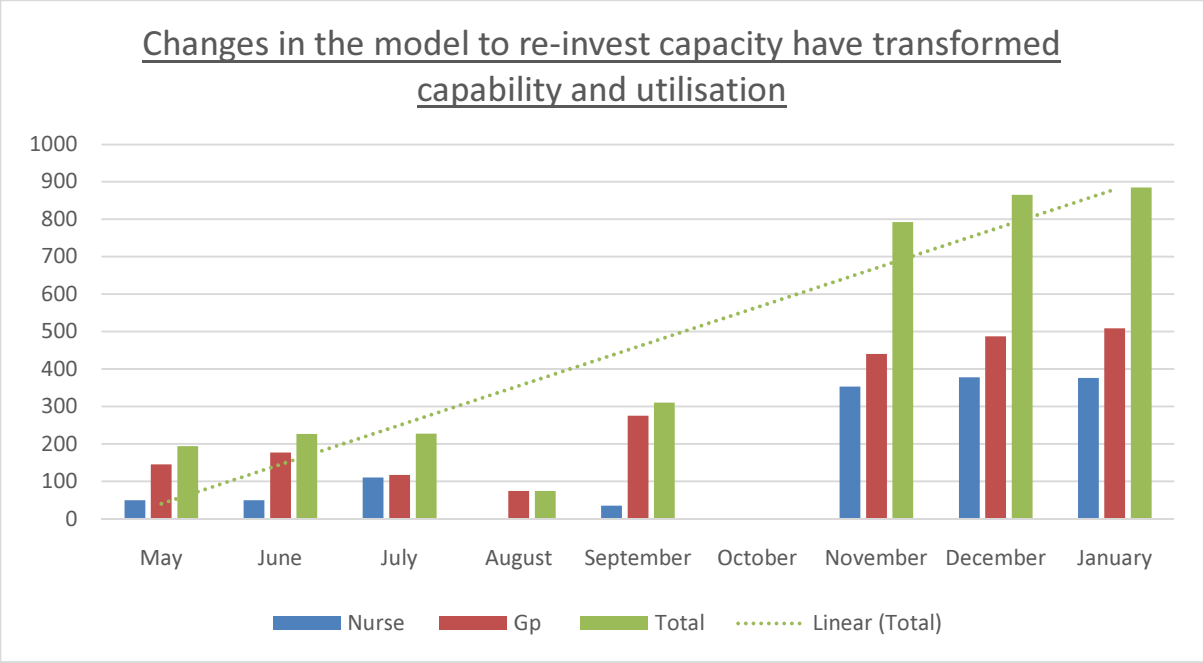
During 2014/15 the CCG and NHS England pump primed the implementation of a new project. The aim of this pilot was to create an environment in which recalibration of primary urgent and routine care could occur in line with national drives for primary care innovation to meet elevated patient expectation whilst preserving the role of host GP surgeries.

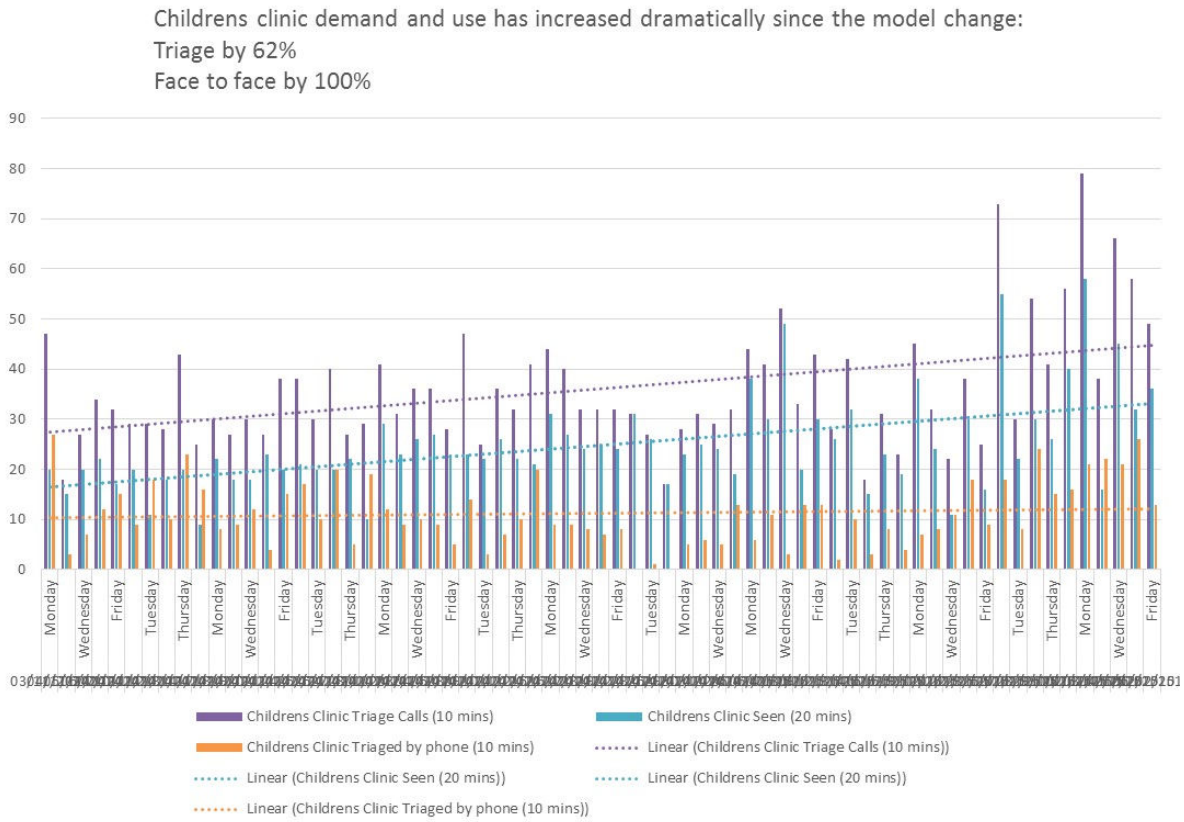
This would be obtained by managing and evenly distributing unplanned on the day demand and allowing primary care surgeries to treat and assess those patients who most benefit from continuity of care. The service would in turn reduce waiting times for routine appointments throughout the primary care and increase the available consultation time for those patients who will most benefit from the expertise and experience of their GP coordinating multidisciplinary assessments and interventions.

The model was based around three core services:

- An appointment only clinic based urgent care centre
- An appointment only urgent children's clinic
- An appointment based home visiting service

The project was overseen by a Committee comprising representatives from both the CCG and NHSE and performance was monitored by the Governing Body each month. Utilisation of the model was impacted by a variety of factors, the graphs below shows how re-profiling the service improved utilisation of the urgent care centre slots and the children's clinic.





There has been an opportunity to bid for national funding via the ***Prime Ministers Challenge Fund wave 2: Improving Access to General Practice*** which the CCG has responded to with an enhanced model. The CCG submitted this proposal on behalf on behalf of the majority of local practices in January 2015 and were informed in April that £3.9m funding had been awarded.

The bid set out a range of services that could be put in place to support the increasing burden of delivering urgent demand within primary care. The proposal particularly focused on feedback from membership practices that continuity of care for patients was critical, as well as for both patients and practices to retain the choice of services available to them and when to access them. The range of services includes the three core services tested in 2014/15 (urgent care clinic, children's and young person clinic, and daytime home visiting service) and adds additional capacity to these to respond to service demand, but also includes;

- Improved access to routine general practice appointments at the weekends available at 5 locations.
- Additional multi-disciplinary service provision at local GP practices
- Expansion of a range of options for consultations using modern technology to improve efficiency and test new ways of working.

This project represents an opportunity to further test new models of services to support the delivery of high quality clinical care at scale, and will also test delivery of care in more locations aligned to 'neighbourhoods' of membership practices. The infrastructure supporting this project will also allow for online booking for services and the rapid transfer of a clinical précis of the patients clinical records to and from the referring practice to support the delivery of urgent care. There will be ongoing evaluation of this scheme to review the activity and quality of care each service is delivering.

The project supports the implementation of a new urgent care model for Swindon and Shrivenham and will dovetail with other primary, community and acute services, including a single point of telephone contact for health and social care queries, and existing clinical advice services.

10 Supporting workstreams

10.1 Infrastructure

To be able to deliver the *Five year Forward View* the CCG is going to need to commission the right infrastructure for this to happen. The right infrastructure will be the right estate and the correct supporting information management strategy.

Right Estate

The new model of care being proposed for the Swindon and Shrivenham population will require services being delivered from different localities to those previously used by traditional healthcare services. The table below summarises what type of different premises will be required for the new model:

Service	Location	Comments
Community navigators	Admin – SBC offices Team – located in neighbourhoods in most suitable accommodation ie village centres; community centres; GP practices Service – at clients home	
Primary care sub-specialty clinics including: • LTC management • MDT support- nurse, social work, therapy and mental health in-reaching to GP practices	GP practices	Using freed up consulting rooms with the shift of some GP appointments to the weekend
Diagnostics	Urgent care centre?	Opportunity for more provision of diagnostics in primary care?
Virtual ward & reablement	Admin – provider Team – located in neighbourhood premises see above Service – at patients home	
Urgent response service	Single point of access	• One telephone point of contact for Primary, Health & Social Care (24/7) • Walk in Service (7 days) • GP OOHs service (Paeds) • GP urgent bookable service (7 days) • Access to specialist telephone advice (frail elderly)

The CCG will need to consider working with primary care to identify opportunities to develop the appropriate estate for the new models of care. The CCG did consider whether to submit a bid to be part of the Primary Care Infrastructure Fund with primary care, however, at this stage there were no sufficiently worked up proposals to take forward. During 2015/16 work will need to be completed with practices to be in a position to bid for investment in future years.

10.2 Infrastructure/IM&T

The key component of the IM&T infrastructure required in the new model of care will be having effective interoperability between organisations information systems. During 2015/16 the work initiated with the Black Pear system as part of the SUCCESS pilot will be further developed. This approach could be readily adapted for GP referrals to urgent care centre; urgent response service and other primary care centres. The aim of this IT system would be to secure the seamless booking of appointments from any GP practice or location into one or more urgent care centres or home visiting services. The system allows patient records to be sent at the time of booking and consultation outcomes returned to the referring GP/Practice immediately post appointment.

10.3 Workforce

The workforce required to deliver the new models of care will need to be different to the existing workforce. During 2015/16 further work will need to be undertaken to determine the skill-mix of medical and nursing and allied health professionals to perform the services required. There will be greater opportunities for the development of generic workers; multi-disciplinary teams; care co-ordinators. There will also be the expectation that more resource will need to be identified in localities and neighbourhoods.

A key part of the new model of care will see consultants working with primary, community and social care colleagues to improve the diagnosis and treatment of patients outside of hospital. A central part of the consultant's new role is education and training which will include advising and supporting primary and community staff. The new services will need to be able to offer placements and training posts to prepare the future workforce to work in a more integrated system.

During 2015/16 there will be a need to explore the opportunities for the development of Physician Assistants in the new model of care.

The CCG are working with the HEE/LETB, Oxford Brookes and the University of the West of England looking at the nursing workforce requirements into the future and different models/skill mix. The CCG are also working with the Deanery looking at primary care workforce – GP and there is a workshop planned May 13th to commence this work stream.

10.4 Research and Innovation

The CCG has a statutory duty to promote research and the translation of research evidence into practice. The introduction of the new models of care should support this duty by ensuring that there are mechanisms for collating information on the clinical interventions and the improvement in outcomes, so that it is possible to determine which new models achieve the greatest improvement in outcomes. During 2015/16 the CCG will be continuing to work

with the West of England Academic Health Science Network on the interoperability project and the employment of a GP Clinical Fellow.

10.5 **Personal health budgets**

The *Five year Forward View* emphasises the point that when people do need health services, patients will gain far greater control of their own care. The CCG is part of the South West Integrated Personal Commissioning Network which has been established to support the design and implementation of personal health budgets and integrated budgets to improve outcomes for people and reduce cost pressures. The implementation of integrated personal commissioning should mean that people who need support from different organisations will have their: assessment of needs better co-ordinated; needs captured in one personalised care plan; support tailored to meet the outcomes they want for their life; choice of how that support is delivered; and if they wish it, their own budget to control themselves.

11 Finance

11.1 Financial overview

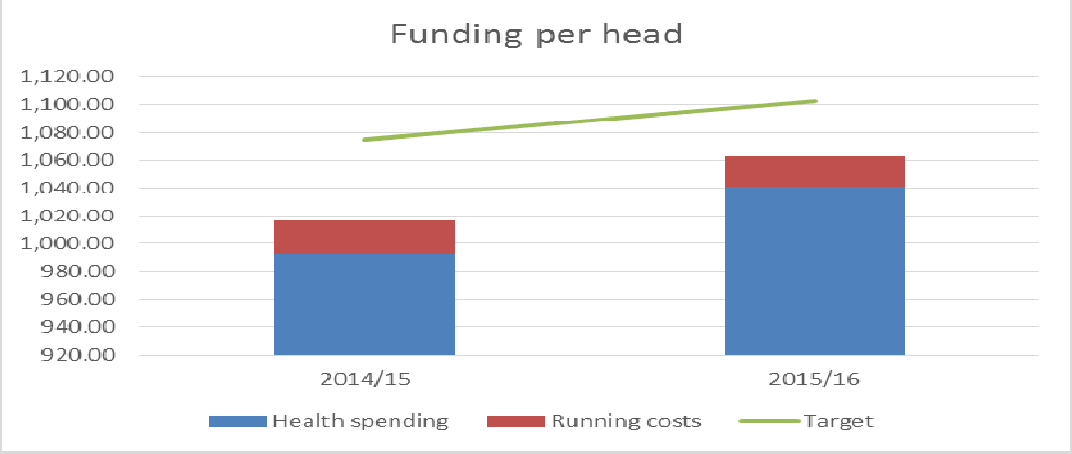
The CCG funding is determined through the Department of Health's annual spending review. In December 2013, NHS England approved allocations for 2014/15 and an indicative allocation for CCGs for 2015/16. The Autumn Statement in December 2014, announced additional funding for NHS front line services and transformation amounting to £1.98bn; to assist with implementing the agenda set out in the NHS Five Year Forward View.

It was proposed that:

- £1.5bn of the extra funding be used to support front line services which should be allocated to CCGs, moving those *furthest* from their 'fair share' at a faster pace to their target allocation. 'Furthest' being defined as those with a distance from target at over 5%.
- £480m be used to support transformation in primary care, mental health and local health economies

Health systems have been given the opportunity to bid for transformation funding by registering their interest to become a vanguard site for new models of care against a pot of £200m. An extra £250m can be applied for over each of the next four years where health economies can demonstrate a step change in primary and community care infrastructure.

As Swindon's distance from our fair shares target in 2014/15 was 5.58%, we benefitted from this funding and circa £14m has been made available (£7m more than previously announced in the indicative allocations for 2015/16) which brings Swindon 3.68% from our fair shares target of £252m.



The health funding gap has therefore reduced from £59 per head to £40 per head which equates to a total of £9.3m.

CCG's annual allocation has been supplemented in previous years by additional non-recurrent funding which generally has been made available in year to support system wide pressures emerging in year. In 2014/15, Swindon received £5.3m of non-recurrent funding to support:

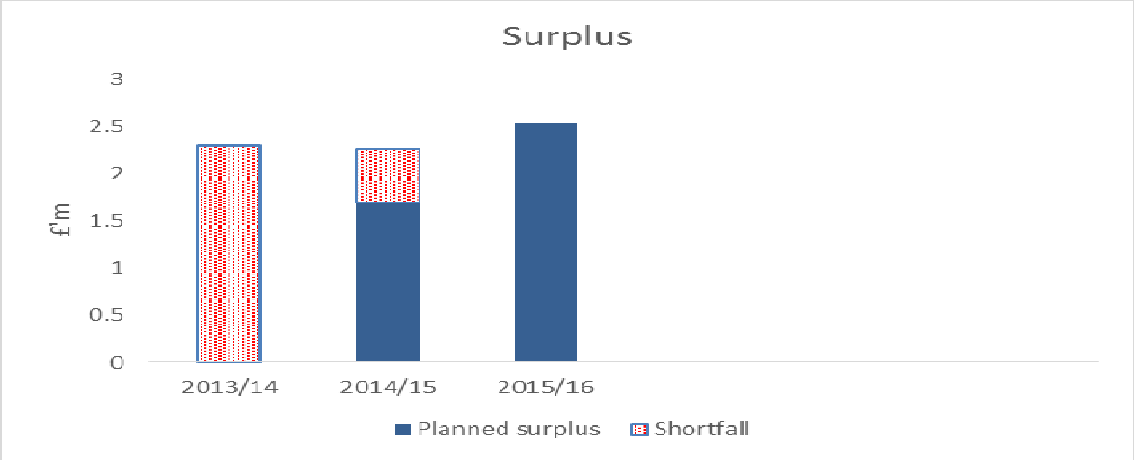
- costs of system resilience schemes
- clearing backlog in RTT and,
- capital grants to invest in equipment and IT infrastructure.

The CCG has been notified that its system resilience funding will be £1.23m which compares to the two tranches of non-recurrent monies received for system resilience in 2014/15 which totalled £2.5m. Section 9.2 contains the detail of schemes being funded in 2015/16.

Swindon received £0.6m for capital grants in 2014/15 which was used mainly to invest in additional community equipment and wheelchairs; services managed by Swindon Borough Council. The decision has been taken nationally (due to disparity across the north and south of the country on the application of these grants) to phase these out. It is now likely that the CCG will receive some funding in 2015/16; nationally they are debating whether to apply a pace of change.

The CCG is expected to generate a surplus equivalent to 1% of its overall resource allocation. Graph 1 below demonstrates the CCG surplus position across a three year period. In 2013/14 the CCG reduced its surplus in year to break even; this was caused by transfers of funding for specialist commissioning services to NHS England which did not prove to be cost neutral for the CCG. In 2014/15 the CCG originally planned to achieve a surplus of 0.5%; this has been revised to 0.75% as NHS England have given CCG's a rebate from the national Continuing Health Care (CHC) risk pool based on current and anticipated under-utilisation in year. For 2015/16 the CCG has targeted to achieve a 1% surplus.

Graph 1 CCG Surplus



11.2 Planning Assumptions

NHSE planning guidance released in December 2014 proposed that the CCG apply the following assumptions to its financial plan for 2015/16:

- 6% of the CCG's growth be set aside to fund investment in Mental Health
- Further growth to be applied to cover increases in costs due to inflation on CHC (3.5%), Prescribing (4.0%) and Payroll (1.0%).

This was supplemented by the 'national tariff' paper produced by Monitor, which recommended:

- Inflationary uplift to PbR prices of 1.93% to take account of costs of drugs, payroll, capital and CNST
- Continuation of the cash releasing efficiency saving be applied across all providers at a slightly lower rate of 3.8%
- Emergency Marginal Rate Tariff share changed from 70:30 CCG: Provider to 50:50

However, a further announcement from NHSE in January 2015, stated that given the number of challenges received from NHS organisations, Monitor's Board have concluded that the proposed 2015/16 tariff (including changes to marginal rate) could not be adopted in its current form.

New guidance issued on 18th February 2015, has allowed providers the choice of an enhanced alternative (the Enhanced Tariff Option- ETO). This will entail the adoption of the 2015/16 prices (PbR at 1.93% with opportunity to increase this to 3% for CNST premium increases), reduction in application of CRES from 3.8% to 3.5% and a rise in the marginal cost reimbursement for emergency hospital admissions from 50% to 70%. This latter adjustment should be used to support ongoing system resilience schemes.

If providers choose not to adopt the ETO, they can continue with current 2014/15 prices (Default Tariff Rollover- DTR) until such time as Monitor publish a new

tariff. However providers opting for DTR will not be eligible to CQUIN for the entirety of 2015/16 in recognition of the lower efficiency applied (net -1.4%).

In recognition of the additional financial pressures which CCGs could face, if providers choose ETO, NHSE has set aside £150m nationally. Discussions will be had with CCGs locally before any decision is made regarding release of this funding and the CCG has been informed by NHSE that the increase in costs due to CRES are likely to be funded but not MRET, which should already be in the local health system (used to fund QIPP schemes aimed at reducing demand for acute services).

GWH and SEQOL have formally notified the CCG that they will be choosing the ETO option. Neither organisation has been adversely affected by a significant rise in their CNST premium costs, so this financial risk has been mitigated.

11.3 Demographic Growth

In its Strategic Plan which was published last year, the CCG identified the level of demographic growth it expected to occur across its main areas of programme spend (as defined by national Programme Budget data).

Table 1 programme budgeting & demographic growth assumptions

Programme	2011-2012 (%)	2012-2013 (%)	Annual growth estimate	Projected spend before inflation, developments and efficiencies					
				2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
				%	%	%	%	%	%
Mental health	14.69%	14.05%	3.83	13.31%	0.00%	3.75%	3.88%	3.73%	3.84%
Circulation	10.52%	11.56%	4.05	11.34%	4.09%	3.93%	4.07%	4.19%	4.02%
Genito urinary	7.08%	7.05%	4.04	6.96%	3.59%	4.46%	3.79%	4.11%	3.95%
Gastrointestinal	6.46%	6.68%	1.39	6.39%	1.68%	1.10%	1.63%	1.60%	1.05%
Cancer	6.46%	6.33%	4.11	6.24%	4.00%	4.40%	3.68%	4.06%	4.39%
Neurological	6.46%	5.20%	3.62	5.10%	3.50%	4.05%	3.25%	3.77%	3.64%
Musculoskeletal	6.35%	7.70%	4.04	7.56%	4.25%	4.07%	3.91%	4.18%	4.02%
Respiratory	5.83%	6.19%	3.44	6.06%	2.94%	4.00%	3.30%	3.19%	3.61%
Learning disability	5.73%	2.35%	0	5.17%	0.00%	0.00%	0.00%	0.00%	0.00%
Maternity	5.21%	5.37%	1.39	5.35%	1.33%	1.32%	1.30%	1.92%	1.89%
Endocrine and metabolic	4.38%	4.43%	3.87	4.35%	3.28%	3.97%	3.82%	3.68%	4.26%
Dental	3.96%	4.34%	1.39	4.17%	0.85%	1.69%	1.67%	0.82%	1.63%
Trauma and injuries	3.96%	4.80%	2.01	4.64%	1.54%	2.27%	2.22%	1.45%	2.14%
Vision	3.44%	3.62%	4.04	3.57%	4.00%	3.85%	3.70%	4.46%	4.27%
Skin	2.92%	3.74%	1.01	3.57%	1.00%	0.99%	0.98%	0.97%	0.96%
Infectious diseases	1.77%	1.99%	1.39	1.93%	0.00%	1.85%	1.82%	1.79%	1.75%
Poisoning	1.56%	1.26%	1.11	1.18%	3.03%	0.00%	0.00%	2.94%	0.00%
Neonatal	1.46%	1.36%	0	1.28%	0.00%	0.00%	0.00%	0.00%	0.00%
Hearing	1.04%	0.99%	2.01	0.96%	0.00%	3.70%	0.00%	3.57%	0.00%
Blood disorders	0.73%	0.99%	1.11	0.93%	3.85%	0.00%	0.00%	0.00%	3.70%
	100.00%	100.00%							
Totals (incl specialist services)				280.3	287.1	295.6	304.4	313.5	323
Overall growth in demand (%)					2.43%	2.96%	2.98%	2.99%	3.03%

Local analysis indicates that demographic demand is likely to rise across various sectors by on average 3% which based on a profile of current spend would cost

the CCG £3.5m. The CCG has decided to use this as a basis for determining use of its additional 2015/16 allocation to ensure the costs associated with this demand are recognised across its main Swindon providers. Currently it is considering whether to recognise growth at an average of 3.8%; this reflects previous year's historic performance and pressures particularly on non-elective and accident & emergency services.

11.4 Risks and Reserves

The NHS England planning guidance specifies that CCG's should set aside 1% of their allocation to cover non recurrent commitments and ensure that initiatives which drive system wide financial benefits are recognised and pump primed. It has also set aside a further 1.0% as a local contingency to cover off any in year ad-hoc risks and financial pressures. Given the historic performance of the CCG, we are likely to see these a rise in the areas highlighted in the table below:

Risk	Nature of risk
QIPP	Currently the CCG is planning for £4.8m of QIPP, schemes will need to be robust and provide real cash releasing savings for the local health economy. This has increased by £3.9m to £8.7m.
CHC retrospective claims	The risk share contribution for 15/16 to NHS England has reduced to £350k. There are currently delays in the timeliness of reviewing and concluding retrospective claims (period pre 2012/13) which was hoped to have concluded by 31/03/2015. The CCG could be required to contribute further to this national reserve if costs exceed 'risk reserve'.
Capital monies	It is highly likely that CCGs will no longer be able to receive funding from NHS England for capital grants to Borough Councils.
Contracts with Providers	All contracts are yet to be agreed with providers for 2015/16, the uncertainty of tariff adds to this complication.
Property costs	NHS Property Services costs are still a risk particularly with CCGs having to pick up void costs and subsidising tenants.
Pace of change	Despite further funding to move the CCG closer to its fair share target, it is still underfunded by circa £9m.

In total, the CCG has £4.8m set aside to cover this range of risks in year; however an element of the 1% non-recurrent investment has been committed, leaving the CCG with uncommitted reserves of £3.6m. This is much lower than previous years; in 2014/15 the CCG held £6.8m as an uncommitted reserve. The expectation is that the highest area of risk, relating to over performance on acute contracts, will be reduced by funding the providers at outturn which should recognise the recurrent nature of the demand for services.

Growth has also been allocated to our main providers in Swindon to acknowledge the above average pressures on local health services due to the demographic profile of the local population. If this risk is not minimised through the terms negotiated in the contracting round, the CCG will need to reconsider increasing the level of reserves it sets aside to manage risks in year.

11.5 2014/15 Financial Performance

The February/month 11 finance report shared with the CCG Governing Body assumes the CCG will achieve its target surplus of £1.1m (0.5% of its overall allocation). CCGs were notified early December 2014 of a rebate due to under-utilisation of the national provision which had been set aside to cover costs of Continuing Health Care (CHC) claims prior to 2012/13. They were requested to use this to increase their surplus; as a consequence the CCG is now reporting a forecast outturn of £1.7m (0.75%).

The risk based outturn position assumes there is sufficient flexibility to cover any further ad hoc pressures during the last few months of the financial year and that the most significant areas of financial risk associated with over performance across acute providers can be contained within predicted levels. At month 11, the CCG was able to share with the Governing Body, that the largest area of financial risk associated with the over performance on the GWH contract, had been settled. The CCG agreed to pay the GWH £5m for 2014/15; this was in excess of its affordability level of £4m and reflected the fact that the CCG had benefitted from additional income in the latter part of the financial year which it was able to transfer across to GWH to recognise the deterioration in their financial position and increase in over performance during the latter months of 2014/15.

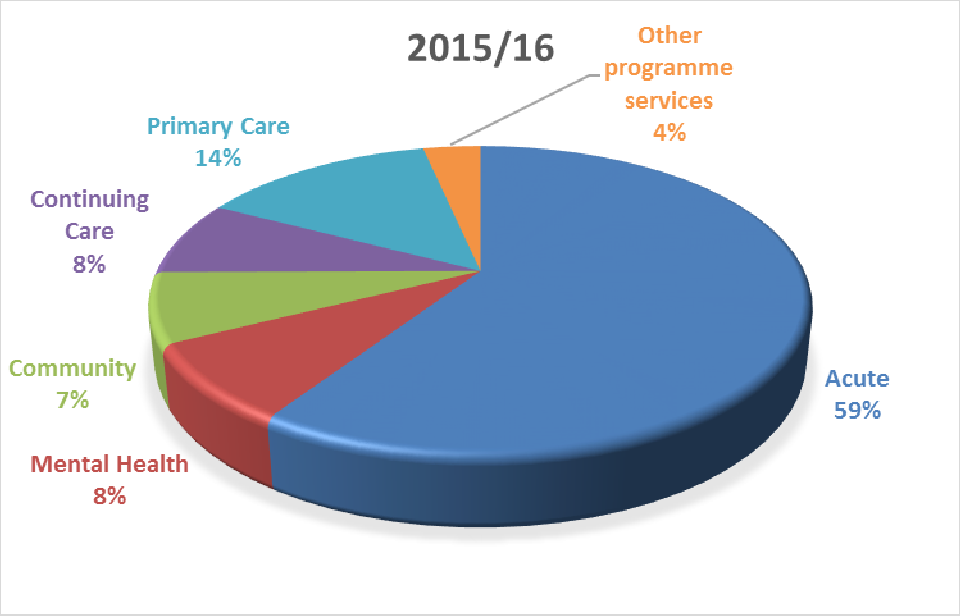
11.6 Overview of 2015/16 Financial Position

High level overview of ‘Income and Expenditure’ over the past two years and planned for 2015/16 is reflected in the table below. This clearly shows the significant increase in growth of £14m for 2015/16 when compared to previous years to take the CCG’s overall allocation to £246m.

	2013/14 £'m	2014/15 £'m	2015/16 £'m
Opening Baseline	(217.98)	(219.33)	(229.16)
Growth	(5.01)	(8.57)	(14.18)
Bettercare fund			(3.63)
Specialist Commissioning	3.66		
Winter pressures funding	(1.21)	(2.53)	
Capital grants	(2.17)	(1.01)	
Other NR adjustments	(0.07)	(1.76)	
	(222.78)	(233.20)	(246.97)
Running cost allocation	(5.46)	(5.49)	(4.97)
Return of prior year surplus	(2.23)	0.00	(1.70)
Closing Baseline	(230.47)	(238.69)	(253.63)
Analysed as:			
Recurrent	(224.83)	(233.38)	(251.19)
Non-recurrent	(5.62)	(5.71)	(1.70)
	(230.45)	**(239.09)**	**(252.89)**
Opening Commitments	210.17	219.92	227.56
Demographic and other growth	4.51	5.84	7.56
Bettercare fund (costs transferred)			3.63
Provider inflation	6.47	4.23	4.31
CRES in tariff	(8.12)	(6.66)	(5.33)
Investments/Over activity	11.98	8.57	6.31
	225.01	231.90	244.04
Non recurrent investment			2.42
Contingency			2.49
Resilience reserve			1.24
	225.01	**231.90**	**250.19**
Interventions			(4.80)
Running costs	5.46	5.49	4.97
(Surplus)/Deficit	0.01	(1.70)	(2.53)

This is supplemented by a 'Running Costs' allowance to cover the costs of managing the CCG. As with all other CCG's this has reduced by circa 10% to £5.0m in 2015/16.

As the CCG recognises the historic levels of over performance as reflected in the outturn position across its main providers including acute trusts, the recurrent costs to the CCG have risen from £233m to £251m. The relative proportions of this recurring baseline across different health sectors are shown in the pie chart below of which the largest commitment at 59% is funding costs of acute services.



The costs of local demographic demand locally and other growth funding for CHC and prescribing are expected to cost the CCG £7.5m. This is in addition to the need to recognise increases to PbR tariff (£4.1m) and a further cash releasing productivity gain for providers to achieve (£5.3m). The impact of the changes to MRET have also been reflected in this line.

11.7 Better Care Fund

With the inception of the Better Care Fund (BCF) in 2015/16, the CCG will contribute £14.4m into a pooled budget with Swindon Borough Council on a range of services which will support the health, wellbeing, mental health, education, care for children, families and adults in the community. The CCG has allocated some of its additional growth allocation to support these initiatives, including:

- Care Act to support the introduction of the new act: £460k
- Adults Social Care growth in demand for services: £800k
- Reablement services: £350k

It will also be identifying a further £175k to ensure Oxfordshire CCG and Borough Council provide equivalent level of support to residents of Shrivenham.

Services funded by the Better Care Fund are shown below:

Service	£000s
Integrated Crisis and Rapid Response	737
Reablement	800
Enhanced Community Sector Capacity	2,250
Community Rehabilitation	387
Enhanced Hospital Discharge and 7 day working	1,035
Learning Disability	183
Carers Support	807

Capital Allocations	926
Care Act	630
Managing demand in ASC	800
Community services provided by SEQOL	5,889
TOTAL	**14,444**

Nationally, CCGs now have the discretion to transfer funds directly to Borough Councils; last year this process was administered by NHS England and so £3.6m of current monies earmarked for the Better Care Fund is being passed to Swindon. These arrangements will be formalised through a Section 75 agreement.

11.8 QIPP

The CCG has restated its QIPP challenge at £4.8m to achieve through schemes aimed at delivering efficiencies by focusing on quality, innovation, productivity and prevention (QIPP). There was an expectation that this would rise significantly to over £8m due to the changes from modelling impact of ETO; this has now reduced because the CCG has clarity that national funding will be made available to fund a proportion of this and it has been able to release circa £2m from the funds it was holding for SUCCESS pending the decision on whether the bid for Wave II scheme would be supported.

The QIPP target of £4.8m is in line with national expectations which have benchmarked delivery at 2% of a CCG's overall allocation.

To meet the third year of the QIPP agenda will require renewed focus on pace and challenge. Providers recognise the range of schemes which have been implemented over the past couple of years and there is consensus that these are right for the system and more needs to be done to ensure they are embedded and delivering as planned.

A range of QIPP interventions have been identified to support the delivery of the CCGs finance targets during 2015/16. These schemes are also consistent with our priority areas identified in Section 5. The CCG is working up the financial and associated benefits of these schemes and has recognised a risk of circa £1m which it is working to address.

QIPP Intervention	**Overview** **Modelling of the impact of these changes is currently taking place.**
Medicines Optimisation	There will be a renewed focus on ensuring GP prescribing is cost effective and additional investment in Dietetic Support to Primary care to review and reduce spend on ONS, gluten free and baby milk prescribing.
Rapid Assessment Unit	As part of the ambulatory primary care model, to trial the Rapid Assessment Unit model at GWH. This service would see based on the current model circa 1300

	patients within the first year.
Heart Failure Service and COPD management	Alternative services to manage patients with these long term conditions.
Hospice at Home	A recent audit showed a number of patients who were within an acute setting who would rather be in their home, this service would manage palliative patients at home.
Dementia	The new dementia service would help support patients and prevent admissions, and would also reduce los for those who had needed an episode of acute care.
Urgent care system	A new clinical pathway for primary, community and acute elements of care across Swindon has been developed from the NHSE Five Year Forward View and it is expected that this will deliver financial savings along with a host of other clinical, infrastructure, workforce and IM&T benefits. Focus will be on implementing this over the next eighteen months and so 2015/16 is seen as a transitional year which will be pivotal to build a new system and ensure a secure and viable baseline for the future.

11.9 Activity Assumptions

The CCG establishes the activity levels (numbers of patient treatments) it intends to commission for its population from its annual strategic plans; taking account of previous performance, national and local requirements. It embeds these into the contracts it negotiates and agrees each year with it the relevant providers of these treatments.

Swindon CCG activity plan for 2015/16 is based on assessment of 2014/15 recurrent out-turn as a start point. Due to the geographical spread of the population served by the CCG, we have assumed that most of the impact of population and demographic growth will be felt with its main provider GWH at an average of 3.8%. Across service lines this is variable, with a higher level of growth assumed within non-elective services (circa 6.3%) which is reflective of the higher level of demand seen during 2014/15 (circa 4.8%).

11.10 Contract Management

For the main provider contract (GWH) a number of key performance indicators have been agreed in order to track baseline activity planning assumptions in relation to demand and efficiency in the system (for example the ratio of new to follow up outpatients at a specialty level). These will be monitored on a monthly basis and when an indicator tracks above the baseline then this will be noted and

discussed at the joint Finance and Information Group (FIG) with GWH as an early indication that there may be an issue in the system. A rise above the baseline (using standard deviations as a measure) will result in a review of the underlying reason for the variance. The outcome of this will feed into contract board for agreement on next steps including any remedial actions required, or financial impacts for the provider.

A new approach to monthly contract data challenges including the monitoring of a restricted procedure policy will be taken in 2015/16 in order to minimise the resource intense burden this placed on both the CCG and provider teams during 2014/15. Again, expected benchmarked baseline activity/volumes will be set for 2015/16 and will be tracked and monitored on a monthly basis.

11.11 Mental Health Investment

The CCG has set aside 6.0% of its growth allocation recurrently to support the requirements of mental health services. Section 8.6 provides the details on mental health developments for 2015/16.

11.12 Primary Care Funding

Support to primary care in 2015/16 will be from the Community Navigator Pilot, continuing elements of the SUCCESS scheme, increasing Out of Hours capacity and from the Prime Ministers Challenge Fund (PMCF).

During 2015/16 as part of the co-commissioning work with NHS England the CCG will be reviewing the current GP PMS contracts and expenditure on enhanced services to determine where investment should be focused in future years

11.13 Running Costs

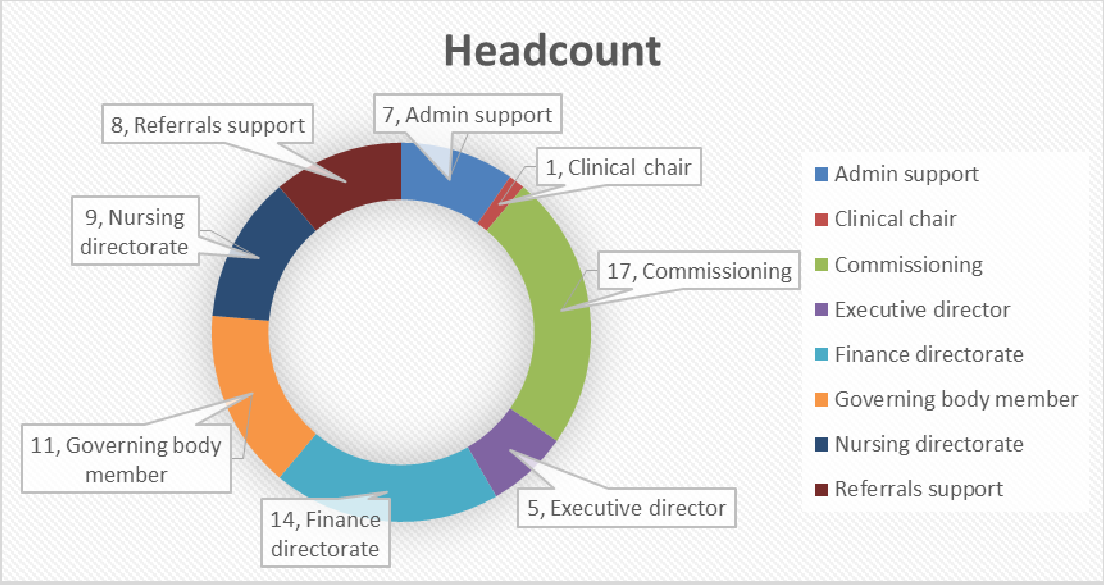
CCG's receive a separate allocation to cover their running costs. In 2015/16 this has reduced from £5.5m to £5.0m (a decrease of circa 10%). The CCG has renegotiated its service level agreement with Central Southern Commissioning Support Unit (CSCSU), transferred a significant number of services in house and reduced the use of consultants and temporary staff; resulting in a saving of £467k. Further economies have been identified through:

- the CCG refocusing its Service Redesign Programme
- one off IT costs which CCG incurred moving to Pierre Simonet

	14/15 £000s	**15/16 £000s**
Funding allocation	(5,494)	(4,970)
CSU contract and payroll	4,539	4,072
Premises	338	345
Office overheads	62	78

IT Overheads	134	95
Professional fees	140	170
Training and development	156	85
Communication	5	5
Depreciation/Amortisation	120	120
Surplus/Deficit	**0**	**0**

The pie chart below describes the current headcount across CCG directorates.



The CCG are using the lead provider framework to procure commissioning support services during 2014/15 for implementation from April 2016. During 2014/15 the CCG's organisational development has concentrated on: the ways of working in the new headquarters; the integration of former commissioning support services in the CCG; and strengthening the governance arrangements. The organisational development plan for 2015/16 is currently being drafted and this will be focused on the results of the Ipsos Mori 360 stakeholder survey and the CCG staff survey. Consideration will be given to whether this needs to be expanded to the development of the wider health community.

12 Governance

12.1 The Operating Plan will be developed into a delivery document once finalised and agreed by the Governing Body. Appendix 5 provides the outline for the document, this will be used to refresh the Board Assurance Framework for 2015/16 and will be formally reported to the Governing body on a quarterly basis. Risks will be included in the organisations risk register, and any high risks will be brought to the Governing Body's attention on a monthly basis.

12.2 Individual projects will be reviewed by the Executive Management team to ensure that delivery timetables are being met, and to identify slippage against schemes and ensure that mitigating plans are developed and implemented in a timely way. This is supported by a monthly Project Management and QIPP group which consists of Executive Directors and Project Senior Responsible Officers, in the meeting progress will be reviewed, with SROs providing both peer support and challenge into the process, alongside the Head of PMO and finance and information colleagues.

12.3 The Operating Plan has been shared with the Health and Wellbeing Board in draft and the final iteration will be shared with them at the May meeting to ensure that the CCGs annual plan continues to support the agreed strategies for Swindon.

Appendix one Health and Wellbeing Strategy summary

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

Outcomes	Our Priorities	Indicators for success
1. Every child and young person in Swindon has a healthy start in life	1. Improve the mental wellbeing of children and young people 2. Reduce risky behaviours amongst our children and young people such as smoking, drinking and self harm 3. Keep all children and young people safe 4. Improve educational attainment of children and young people 5. Reduce the number of young people not in education, employment or training	Prevalence of breastfeeding at 6-8 weeks from birth; Percentage of children gaining five good GCSE's including maths and English; Alcohol specific hospital admission rates for under 18's; Self-harm hospital admission rates for under 18's; Percentage of mothers smoking at time of delivery; Levels of overweight or obese 10-11 year olds; 16-18 year olds not in education, employment or training; Infant mortality; Childhood vaccination coverage; Children with second or subsequent child protection plans; The number of children in care; Emotional wellbeing of looked after children; First time entrants to the youth justice system
2. Adults and older people in Swindon are living healthier and more independent lives	1. Strengthen integrated working between health and social care 2. Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices 3. Promote independence and reduce the need for hospital services and long term care 4. Ensure that carers needs are met	New admissions of older people (over 65) into residential and nursing care; Take up of the NHS Health Check programme by the eligible population; Smoking prevalence rate for adults; Hospital admissions for alcohol related harm; Rates of early death (under 75's) from; cardio vascular disease (including heart disease and stroke); cancer; respiratory disease; Carers who have their needs assessed; Proportion of physically active adults; Seasonal flu vaccination rates

3. Improved health outcomes for disadvantaged and vulnerable communities	1. Ensure access to information and advice that supports choice and control 2. Ensure people from disadvantaged groups receive good quality care for their physical health 3. Local economic and social policies are developed to strive to narrow social inequalities rather than widen them 4. Prevent early death and disease through healthier lifestyle choices, early detection and screening	New admissions for people with learning disability into residential care; Gap in the employment rate between those with a learning disability and the overall employment rate; People receiving social care who say they have advice and information; Proportion of people feeling supported to manage their condition; The proportion of people who use services who feel safe; Cancer screening coverage; Life expectancy rates
4. Improved mental health, wellbeing and resilience for all	1. Develop effective pathways for people with mental health problems 2. Increase the opportunities for people with mental health problems to access support services and community facilities aimed at promoting recovery (including education, debt management, housing, leisure services, health promotion) 3. Promote positive mental health and recognise that mental health is everyone's business 4. Reduce the stigma and discrimination associated with mental ill health	First time entrants to the youth justice system; Successful completion of drug treatment; Suicide rate; Self reported wellbeing; Repeat incidences of domestic violence
5. Creation of sustainable environments in which communities can flourish	1. Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion and promote social inclusion of marginalised groups and individuals. 2. Work with our local communities to develop creative solutions for local issues. 3. Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term 4. Promote the use of green, open spaces and activities such as walking and cycling 5. Promote effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities	Utilisation of green spaces: Self reported wellbeing; Adult social care service users feel they have the amount of social contact they want; Volunteering levels; Offending and anti-social behaviour rates

Key supporting local strategies and plans include: The Swindon Sustainable Community Strategy. One Swindon. The Local Plan (formerly The Swindon Core Strategy). Community Safety Partnership Business Plan. Healthy Weight Strategy. Active Swindon Strategy. The Swindon Tobacco Control Plan. Children and Young People's Early Support Strategy. Local transport Plan 3. Alcohol Strategy. Mental Health Promotion Strategy. End of Life Strategy. Swindon Clinical Commissioning Group Commissioning Intentions. Domestic Violence Strategy. Swindon Borough Council Corporate Strategy. Wiltshire and Swindon Police and Crime Plan.

Appendix Two

Draft Provider models of care – principles

The Five Year Forward document provides an outline of how provider design could change into the future. Swindon CCG has considered the principles of the design model and has identified the following characteristics as key to the future design of the provider models within Swindon.

These principles are part of the CCG commissioning intentions and will form a key element of how service delivery will be reviewed to enable an introduction of new models as we move into 2016/17. Organisations will:

- Have clear and robust governance, capability and leadership - whatever the organisational form, e.g. formal agreement such as a joint venture. Without clear leadership, with rights to make decisions about reshaping care, it is unlikely to succeed and be able to manage risk;
- Positive engagement, behaviours and partnership working between the NHS Trust or Foundation Trust, other community providers, and participating GP practices
- Incorporate the list of registered patients for the population it intends to cover, as well as wider community and hospital services for those patients.
- Have a joined-up electronic health record for its registered population;
- Excel at both empowering patients and involving local communities, with strong voluntary sector input. It will guarantee NHS constitution rights and support the development of personal budgets;
- Lead the way in reducing avoidable mortality, for example through better early diagnosis of diseases such as cancer as well as better treatment and support;
- Provide redesigned emergency care, and well as urgent care services in the community, in line with the urgent and emergency care review and the CCG and Borough Council model of urgent care;
- Provide in-reach services to other settings of care: for example into care homes
- Demonstrate a consistent cultural and strategic focus on developing preventative, primary care and community-based services. This focus is likely to be at least as strong as its focus on improving acute and tertiary medicine.
- Integrate mental health services for relevant population segments

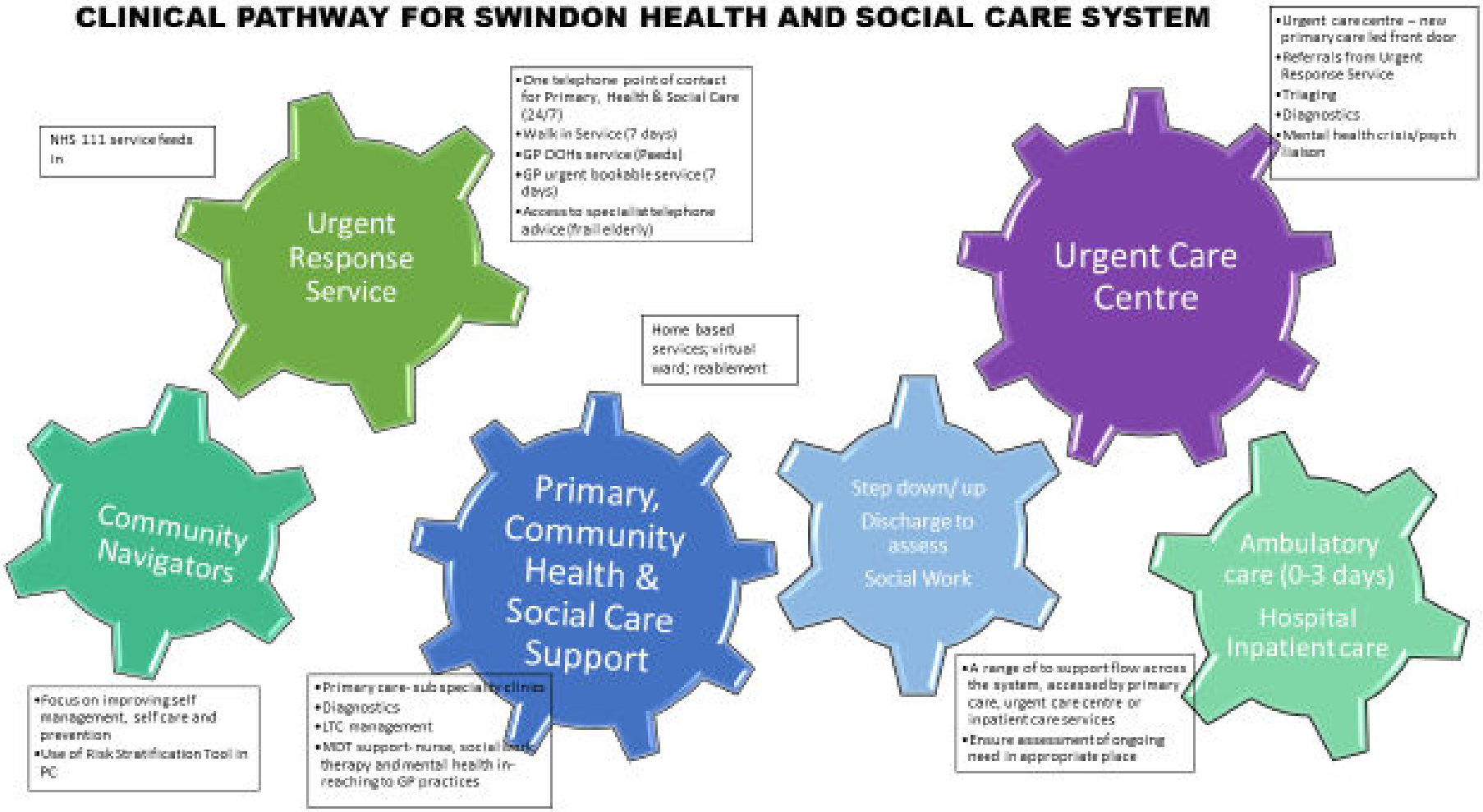
- Use risk stratification and patient population segmentation to identify patients who will benefit most from intensive support. Design dedicated services for different groups of patients, using remote and digital technology;

- Redesign and manage complete patient pathways, running multidisciplinary teams with redefined workforce roles.

- It will make optimal use of assets across the combined estate of providers and commissioners;

- Take on from commissioners (CCGs and local government acting together) a single full capitated budget for its registered population, on a long-term basis.

Appendix 3 Swindon Urgent Care Model



Appendix 4 CCG OIS (data source HSCIC)

Emergency admissions for acute conditions that should not usually require hospital admission

July 2013 to June 2014 (Provisional)	1,164.7
April 2013 to March 2014 (Provisional)	1,160.9
January 2013 to December 2013 (Provisional)	1,205.6
October 2012 to September 2013 (Provisional)	1,238.6
July 2012 to June 2013 (Provisional)	1,234.3
2012/13	1,220.4
2011/12	1,067.0
2010/11	975.6

Emergency admissions for children with lower respiratory tract infections

July 2013 to June 2014 (Provisional)	272.6
April 2013 to March 2014 (Provisional)	268.6
January 2013 to December 2013 (Provisional)	268.2
October 2012 to September 2013 (Provisional)	272.6
July 2012 to June 2013 (Provisional)	289.7
2012/13	282.2
2011/12	292.0
2010/11	304.7

People feeling supported to manage their condition

July 2013 to March 2014	66.6
July 2012 to March 2013	63.4
July 2011 to March 2012	65.7

Health-related quality of life for people with long-term conditions

2013/14	0.759
2012/13	0.764
2011/12	0.760
2013/14	0.759
2012/13	0.764
2011/12	0.760

Potential years of life lost (PYLL) from causes considered amenable to healthcare

2013	1,997.1
2012	2,138.5
2011	1,869.9
2010	1,781.7
2009	2,039.4

Patient experience of GP out-of-hours services	
July 2013 to March 2014	64.0
July 2012 to March 2013	70.6
July 2011 to March 2012	63.6

Patient experience of hospital care	
2013/14	75.4

Appendix 5 – Example of Implementation Plan

Key Priorities						
Specialty/ Scheme	**Objective**	**Compliance with specific CCG priority**	**Key Deliverables**	**Milestones**	**SRO**	**Key Performance Indicators**
Long Term Conditions						
Respiratory/COPD	Strengthen an integrated out of hospital care model, whilst encouraging self-management amongst patients and carers and increasing their confidence in the management of their own condition.	Five Year Forward View NHS Constitution Standards Quality Safety Equality and Diversity Better Care Fund	1. Development of a fully costed and scoped model of care. 2. Improve utilisation of the Virtual Ward. 3. Improve patient access to the most appropriate service through development of a local awareness initiative. 4. Establish a local Breath Easy Group in Swindon (with the British Lung Foundation).			Reduce number of emergency admissions to an acute hospital. Improve capacity of delivery of respiratory care in a non-acute setting. Increase utilisation of Pulmonary Rehabilitation programmes. Increase number of people attending smoking cessation programme
Diabetes	To improve management of diabetes for Swindon patients	NHS Constitution Standards Quality Safety Equality and Diversity Better Care Fund	Enhance the delivery of management of Diabetes in Primary Care through the Evidence in Practice Programme across all 26 practices	1. Initial baseline audit of 26 practices to be completed by 30.4.15. 2. Re-run clinical audit at 6 months - 31.10.15. 3. Re-run clinical audit at 12 months - March 2016. 4. Final Evaluation Report to be submitted to CCG - April 2016.		Reduce number of admissions to an acute setting. Improve provision of care in non-acute settings.

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Health & Wellbeing Board

Better Care Fund Plan 2015/16 Date: 27 May 2015

Author: Sue Wald - Head of Commissioning Children & Adults / Jan Stubbings - Accountable Officer Swindon Clinical Commissioning Group

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 To discuss and agree with members of the Health & Wellbeing Board the first monitoring report on the Better Care Fund Plan 2015/16 which has to be submitted to NHS England on 29 May 2015.

2. Recommendations

The Board is recommended to:

2.1 Discuss and agree the monitoring report for the Better Care Fund Plan 2015/16 attached at Appendix 1 for submission to NHS England on 29 May 2015.

3. Detail

3.1 The Better Care Fund (BCF) starts in 2015 and was approved by NHS England in 2014. The plan was agreed with no conditions.

3.2 Following the agreement of the BCF, Swindon Borough Council (SBC) and the Clinical Commissioning Group (CCG) entered into a National Health Services 2006 Section 75 Agreement on 1 May 2015.

3.3 The BCF is a pooled fund within the Section 75 Agreement.

3.4 This is the first monitoring report in relation to the BCF and is to be submitted on a prescribed format. The data in relation to specific outcomes is not required for this return.

3.5 The majority of the National Conditions have been met as outlined in the attached report.

4. Alternative Options

4.1 There is no alternative option as the monitoring report is mandatory.

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

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 The planned expenditure is built into the budget planning process for the CCG and Swindon Borough Council for 2014/15 and 2015/16. The payment by result element of the BCF may pose a risk to the CCG. Risks have been identified as well as mitigating actions which were recorded in the BCF.

Legal and Human Rights Implications

5.2 The section 256 and 75 agreements are a legal contract that outlines the responsibilities of both the CCG and SBC through the aligned and pooled budget arrangement.

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

5.3 These have been considered as none.

Links to One Swindon, Strategic Objectives, Plans and Policies

5.4 The strategy is informed by the priorities set out in One Swindon, 'Living Independently, protected from harm, leading healthy lives and making a positive contribution'.

Diversity Impact Assessment

5.5 A diversity impact assessment (DIA) has not been completed as this report does not introduce new priorities. DIAs have been completed in respect of the plans and strategies that inform the Better Care Fund Plan.

Risk Management

5.6 None.

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 Better Care Fund Guidance published DH.

8. Appendices

8.1 Appendix 1 Better Care Fund Plan Monitoring Report.

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

8.2 Appendix 2 Better Care Fund Plan monitoring guidance.

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

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Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health & Wellbeing Board plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 29th May 2015

This initial Q4 Excel data collection template focuses on the allocation, budget arrangments and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1 2015/16 data collection.

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and associated performance trajectory that was approved.

Content

The data collection template consists of 4 sheets:

1) Cover Sheet - this includes basic details and question completion
2) A&B - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Narrative - please provide a written narrative
To note - Yellow cells require input, blue cells do not.

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 4 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.
Has the Local Authority recived their share of the Disabled Facilites Grant (DFG)?
If the answer to the above is 'No' please indicate when this will happen.
Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track for delivery (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.
Full details of the conditions are detailed at the bottom of the page.

Cover and Basic Details
Q4 2014/15

Health and Well Being Board	Swindon
completed by:	Sue Wald
e-mail:	swald@swindon.gov.uk
contact number:	07824550407
Who has signed off the report on behalf of the Health and Well Being Board:	27th May 2015

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	5
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

Swindon

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?	Yes
If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy
Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?	Yes
If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy

Selected Health and Well Being Board:

Swindon

Data Submission Period:

Q4 2014/15

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	7 day social care services in place and 7 day therapy, reablement and domiciliary care. 7 day working for clinicians in medical specialties planned with Great Western Hospital with funding outside the BCF, this will support improved flow for pateints admitted as emergencies
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	NHS number will be in place for all social care service users by 31.5.2015. Information sharing protocol agreed by 31 5 2015
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	No - In Progress	This is part of ongoing development of IT strategy
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	information sharing agreement drafted
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Single provider for health and social care is already in place, all over 75's have care plan through GP
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Risk share for BCF set out in the main plan that overperformance against agreed indicators will come from the relevant commissioning budget. The BCF investment is into community services to manage the change in patient pathways. The CCG has agreed a funding flow with the acute trust to manage the impact of urgent care demand. plans in

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number
The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector
Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Selected Health and Well Being Board:

Swindon

Data Submission Period:

Q4 2014/15

Narrative

remaining characters	32,340

Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.

PMCF wave 2 funding has been received to increase the availability of urgent care primary care services and preventing hospital admission.

Newton Europe undertaking research in Swindon to provide a diagnostic analysis of the benefits of integrated health and social care in relation to demand for acute services and patient flow

The community navigator scheme is operationalising with 9 out of the 11 posts already in place.

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Department of Health | Department for Communities and Local Government | Local Government Association | NHS England

GUIDANCE ON NEW QUARTERLY REPORTING TEMPLATE

Introduction

1. Further to paragraphs 27-29 of the Operationalisation guidance issued by the Better Care Fund Task Force in March 2015, and the associated draft quarterly reporting template, the Better Care Support Team is today issuing a revised and much simplified reporting template which CCGs and LA's should use to report BCF performance for the period 1 January 2015 to 31 March 2015.

2. Our objective in revising this template has been to simplify the data requests we are making from local areas and instead gather information from other pre-existing sources and data collections where these are available. The revised template therefore asks data returns by Health and Wellbeing Board area to be submitted on the following issues only:-
   - Whether Disabled Facilities Grant has been pass-ported to the relevant local housing authority;
   - Whether a section 75 agreement is in place to pool BCF funding in accordance with the nationally approved BCF plan; and
   - Whether the six national BCF conditions are being met or are on track to be met through the delivery of the national approved BCF plan.
   - This will be the only information that we require to be provided from local areas for the return that is due by 29 May 2015.

3. The new reporting template also provides an ability to submit additional narrative text and this should be used to provide any additional information local areas feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.

Data not being collected in this return

4. Rather than collecting national BCF metric returns around forecast performance and actual performance from local areas through a quarterly return, data will instead be gathered by the Better Care Support Team from other pre-existing data collections (mapped from CCG to HWB level), and from the approved Part 2 planning templates submitted by each Health and Wellbeing Board. There will therefore be no collection of

data around these metrics through this quarterly return. This includes forecast performance and actual performance against the following metrics:-

- Actual non-elective admissions in to hospital (general & acute), all-age, per 100,000 population;
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes;
- Proportion of people with long term conditions who feel supported to manage their condition;
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services;
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).

5. Data in relation to the agreed local performance metrics submitted as part of the Part 2 planning template, and income/expenditure data will be collected as part of the quarterly reporting return due at the end of Quarter 1 2015-16. An updated template capturing these additional reporting requests will be circulated in early July.

Process following data collection

6. All quarterly returns should be submitted by midday 29 May 2015 and should be submitted using the excel data collection templates provided via email to england.bettercaresupport@nhs.net

7. Following submission, returns will undergo a single validation process. Following this data validation process a report will be published presenting the data returns submitted by each Health and Wellbeing Board Area and collating that data alongside the other national BCF metrics data (forecast and actual performance) that will have been centrally collected from other sources.

Payment for Performance

8. A revised version of the Payment for Performance analytical tool will be published once the current CCG operational planning round has been completed. This will include any revised BCF non-elective admission baselines and stretch targets that have been agreed by Health and Wellbeing Boards and enable payment for performance calculations to be made against the BCF baseline (actual performance for Q1-3 in 14/15, and any changes to Q4 2013/14 figures resulting from 12 month routine data revisions in MAR (Monthly Activity Return)). We would advise that payment for performance calculations should be undertaken on the basis of the revised tool which we anticipate publishing by early June.

9. Any questions about this quarterly reporting return or any of the associated guidance should be sent to england.bettercaresupport@nhs.net

NHS England Better Care Support Team 11 May 2015

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People detained under Section 136 MHA taken to Police Custody

Health and Wellbeing Board **Date: 27 May 2015**

Author: Angus Macpherson, Police and Crime Commissioner, Wiltshire and Swindon

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 The purpose of this paper is to highlight the current position regarding the number of occasions whereby those detained under S136 of the Mental Health Act are taken to Police Custody as the Place of Safety. This review will consider the position in both Wiltshire and Swindon for the period from October 2014 to March 2015 inclusive. This paper will concentrate solely on local data within Wiltshire and Swindon; a comparison against other Police Forces will be provided once data for the 6 month period becomes available.

1.2 The paper will also detail a case study to highlight the experiences of those detained under Section 136 who are taken to police custody.

2. Recommendations

The Board is recommended to:

2.1 Note the issues raised in the report, and recognise progress that has been made.

2.2 Continue to work together through the Crisis Care Concordat to ensure police custody is only used in exceptional circumstances.

3. Detail

Background

3.1 The Mental Health Act Codes of Practice 2015 states in paragraph 16.38 that *a police station should not be used as a Place of Safety except in exceptional circumstances*. This viewpoint is also highlighted within Section B6 of the Mental Health Crisis Care Concordat.

3.2 During 2014, the Section 136 protocol was rewritten to ensure that people were not excluded from a Health Based Place of Safety due to intoxication, as per Section B9 of the Crisis Care Concordat.

3.3 At this current time, the Section 136 protocol states that police custody is still the default Place of Safety if someone is violent or all Health Based Places of Safety are unavailable. Whilst a person will be accepted at a different Health Based

Further information on the subject of this report can be obtained from Sgt Mike Hughes, 01380 861746, Christine.clifford@wiltshire.pcc.pnn.gov.uk.

Place of Safety if the nearest unit is unavailable, this can lead to a significant increase in journey time for the patient, police and ambulance service and does not meet the aim of Section B6 of the Concordat where *arrangements should be in place to handle multiple cases.*

3.4 A previous report published in January 2015 highlighted that Wiltshire Police ranked mid-table among all Police Forces across the country, with 17% of people detained under Section 136 being taken directly to a police station as opposed to a Health Based Place of Safety.

Findings

3.5 For the 6 month period from October 2014 March 2015, a total of 14 people detained using Section 136 were taken to police custody. Of these, 10 went to Swindon Police Station and 4 went to Melksham Police Station.

3.6 To break this down further, the following table highlights the differences seen on a month by month basis

Month	No. of 136 detentions directly to a police station	No. of 136 detentions that went directly to a health based place of safety	% of S136 detentions that went directly to a police station
October	4	28	13
November	3	23	12
December	4	21	16
January	1	26	4
February	1	24	4
March	1	20	5

3.7 Of those taken to police custody during the six month period, two were due to all three Health Based Places of Safety being unavailable (already occupied), nine were due to the violent/aggressive behaviour of the person detained and three were for other reasons including the Health Based Place of Safety refusing to accept as detainee intoxicated, the detainee also being arrested for a criminal offence and also the distance to travel to the next available Health Based Place of Safety (local unit occupied) in dangerous weather conditions.

3.8 The table highlights that there has been a marked improvement compared to the previous 6 month period, both in the overall number of detentions and also the proportion taken to police custody.

3.9 As the above data shows, the picture can vary month by month but improvements have been made in recent years, notably due to a decrease in the number of U18s being detained and also due to intoxication no longer causing someone to be excluded from a Health Based Place of Safety. It should be noted however that during the six month period there was still one instance where access to the Health Based Place of Safety was refused on the grounds of intoxication (Wiltshire).

3.10 Whilst the improvements made during the six month period should be commended, it is important to recognise that the situation can quickly change and efforts must continue to ensure that police custody is only used in exceptional circumstances.

3.11 Unfortunately, following the successes of the previous 6 months, data for April has shown an increase in the number of Section 136 detainees taken to police custody to six. Of the six, five were in Wiltshire and one in Swindon.

3.12 The reasons for using police custody during April can be broken down into three due to violent/challenging behaviour, one as all Health Based Places of Safety were full, one was the decision made by the police officer without consulting the Health Based Places of Safety and one was refused by the Health Based of Safety because the detainee was intoxicated.

3.13 The six S136 detentions taken to police custody during April accounts for 25% of total number of 24 detentions during the month.

Case Study

3.14 It is important to recognise the impact that being detained under Section 136 can have on the service user and also the agencies involved. To illustrate this, the following is a timeline of a recent Section 136 detention taken to police custody in April 2015:

1212hrs – police contacted by a member of the public reporting concerns for a male walking barefoot in the street, shouting at the public

1241hrs – male located by officers and detained under Section 136. Taken to Health Based Place of Safety but refused to accept as male was volatile and vocal to staff

1450hrs – male arrived at police custody

1729hrs – Mental Health Act Assessment commenced in police custody and it is decided that an application for admission for assessment under Section 2 should be made

2247hrs – Custody advised that a hospital bed is still being sought but one would not be available until at least the morning

0953hrs – Custody advised that attempts continuing to find a hospital bed

1329hrs – Custody advised that a bed has been located

1500hrs - Paperwork for admission to hospital completed. Transport still to be arranged

1959hrs – Patient left custody and conveyed to hospital

3.15 From the time of arrival at the police station, the patient spent over 29 hours in police custody. This is despite the Mental Health Act Assessment taking place within the three hour timeframe mentioned within the Crisis Care Concordat. This extended period of detention in police custody was due to significant delays in locating a hospital bed followed by a five hour wait for transport to arrive. Clearly it is not ideal for anyone to be detained for so long when in need of a hospital bed but the inappropriateness of such a long period of detention is only heightened when the individual is held in a police cell.

Next Steps

3.16 Notwithstanding the significant fall in those taken to police custody due to all Health Based Places of Safety being occupied, alternative provision needs to be considered in such circumstances rather than police custody. The Mental Health Codes of Practice 2015 states in paragraph 16.36 that *health based places of safety should ensure that they have arrangements in place to cope with periods of peak demand, for example using other parts of a hospital, neighbouring health based places of safety, or alternative places of safety*. Paragraph 16.37 goes on to suggest other appropriate options to consider include a residential care home, home of a relative or other areas of a psychiatric hospital.

3.17 Further consideration also needs to be given to dealing with violent/aggressive people detained under Section 136 to ensure that police custody is only ever used in *exceptional circumstances.* It is recognised that the level of perceived violence can be very subjective but given some other Forces have had no detainees under Section 136 taken to police custody, options need to be explored as to how these difficult situations are managed within Wiltshire and Swindon.

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 Report is for information only.

Legal and Human Rights Implications

5.2 Report is for information only.

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

5.3 Report is for information only.

Diversity Impact Assessment

5.4 Report is for information only.

Risk Management

5.5 Report is for information only.

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.

Further information on the subject of this report can be obtained from Sgt Mike Hughes, 01380 861746, Christine.clifford@wiltshire.pcc.pnn.gov.uk.

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Local Account 2013/14

Health and Wellbeing Board **Date: 27 May 2015**

Author: John Gilbert - Board Director Commissioning (DASS/DCS) / Sue Wald - Head of Commissioning Children and Adults

Wards: All Wards

Locality Affected: All Locality Areas

Parishes Affected: All Parish Areas

1. Purpose and Reasons

1.1 The purpose of the report is to present the draft Local Account for 2013/14 to the Health and Wellbeing Board for information. The Local Account is written for the residents of Swindon, and will be published on the Swindon Borough Council website.

1.2 Swindon's Local Account for 2013/14 sets out how Adult Social Care in Swindon is performing and how we are helping to improve people's lives. The Local Account will lets residents know about some of the services that we provide along with our partners, and talks about how we are doing – what's going well and where we know we need to improve.

1.3 The Local Account states: 'This is our way of sharing our priorities with you, and also highlighting some of the challenges that we face. We must make sure that we use the resources that are available to us in the very best way possible. Protecting adults at risk is one of the most important areas of our work, and is a top priority for the Council and our partners'.

1.4 The production of a Local Account is not mandatory. The format, structure and content of Local Accounts are for local discretion.

2. Recommendations

The Board is recommended to:

2.1 Review the Local Account 2013/14 and suggest amendments prior to publication on the Council's website.

3. Detail

Swindon's Local Account 2013/14

3.1 The Local Account gives an overview of how adult social care performed in Swindon during 2013/14. It is set out under the following areas of focus:

3.1.1 What our service users say about our services, including the views of adults with learning disabilities.

3.1.2 How adult care is organised in Swindon.

Further information on the subject of this report can be obtained from Victoria Guillaume, 01793 463855, vguillaume@swindon.gov.uk

3.1.3 Adult social care budgets and the pressures on resources from increasing demand.

3.1.4 Our priorities:

- People lead more fulfilling lives by enabling personal choice and independence whilst taking personal responsibility for using their own resources where possible.
- We build the capabilities and skills of communities, service users, carers and our workforce so that people are able to live as independently as possible and we make the most of our shared resources.
- We ensure we continue to protect the most vulnerable people in Swindon.

3.1.5 We have then given a summary of performance during 2013/14.

3.1.6 We have also included a section on what happens when people are not able to make decisions for themselves, and the safeguards that are put in place to protect them.

4. Alternative Options

4.1 It is not mandatory for local authorities to produce an annual Local Account but it is regarded as good practice.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no direct financial or procurement implications arising from this report.

Legal and Human Rights Implications

5.2 There are no direct legal or human rights implications arising from this report. This is a review of service delivery during 2013/14.

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

5.3 None.

Diversity Impact Assessment

5.4 A Diversity Impact Assessment has been completed for each of the One Swindon Priorities, and that can be provided for the Board if required.

Further information on the subject of this report can be obtained from Victoria Guillaume, 01793 463855, vguillaume@swindon.gov.uk

Risk Management

5.5 None.

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 Appendix 1 – Swindon Local Account 2013/14.

Further information on the subject of this report can be obtained from Victoria Guillaume, 01793 463855, vguillaume@swindon.gov.uk

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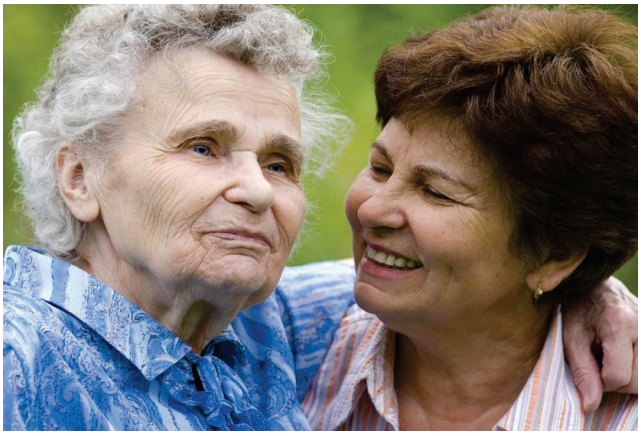
Swindon
BOROUGH COUNCIL

Swindon Local Account 2013/14



Introduction

Swindon's Local Account for 2013/14 sets out how services providing Adult Social Care in Swindon are performing and how we are helping to improve people's lives.

This is our way of sharing our priorities with you, and also highlighting some of the challenges that we face. We must make sure that we use the resources that are available to us in the very best way possible. Protecting adults at risk is one of the most important areas of our work, and is a top priority for the Council and our partners.

This Local Account will let you know about some of the services that we provide along with our partners, and will tell you how we are doing – what's going well and where we know we need to improve.

Through surveys and reviews, residents in Swindon have shared their views of our services with us. We have listened, and the Local Account outlines our plans for 2015/16 which have been developed alongside the people who use our services.

We know that we still have a lot to do, but we are confident that by continuing to listen to feedback from our customers, and from independent reviews of our performance, we can work together to improve people's lives, and help the most vulnerable people in Swindon to live more independently and have a better quality of life.

Brian Mattock, Cabinet Member for Adult Social Care
John Gilbert, Board Director Commissioning, Director of Adult Social Services and Director of Children's Services

Victoria Guillaume at vguillaume@swindon.gov.uk

An overview of Adult Health and Social Care in Swindon

It is estimated that Swindon has a resident population of around 220,000.

Data from mid-2013 show that in Swindon there were:

- 50,544 young people under 18 (23.6%)
- 132,132 aged between 19 and 64 (61.7%)
- 31,361 people aged 65 or older (14.7%)

Population projections produced by Swindon Borough Council indicate that almost half of the population growth between 2011 and 2031 will be in the 65 plus age group. By 2031 the population aged 65 and over is projected to grow by 25,900 persons by 2031 and account for 46% of total population growth.

The 85 years and over age group will have the largest growth rate at approximately 136%. These will potentially be people living with long term health conditions which will deteriorate and require additional support to keep them independent and a resulting increase in the number of admissions to nursing care.

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

There are about 3,600 to 3,800 adults with Learning disabilities (LD) in Swindon ranging from mild to severe disability. Only a proportion of people with LD need support from social care services. Swindon Adult Social Care had 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 or nursing care with 60% of these being outside Swindon.

The number of working-age adults with learning disabilities will rise by around 30% over the next 20 years. Again, the groups likely to need high levels of support are growing faster than the overall trend; this includes people with learning disabilities who are now reaching the older age range. It also includes younger adults who potentially will require increasing support as their care needs increase due to the complexity of health needs and increases in the incidents of dementia.

Around 5,500 people in Swindon receive services from Adult Social Care in 2013/14. This includes older people, people with physical disabilities, people with learning disabilities and people with mental health issues.

What our service users say about our services

If we are going to design and develop services that work for vulnerable adults in Swindon, we need to clearly understand from them what works well and what they think needs to change. So we take time to seek out the views of our service users.

Each year, like every other local authority, we sent out a national survey to people in Swindon to who have received some support from Adult Social Care during that year.

Each year, like every other local authority, we send out a national survey to people in Swindon who have received some support from Adult Social Care during that year. In 2013/14, the survey was sent to a sample of service users who had received social care during the months of September to December 2013.

We sent out 915 surveys, and 371 were returned completed equating to a 40.5% response rate. This is the third national survey which looked at the Social Care users' perceptions of their services and how they felt about their own quality of life.

There are 7 key indicators that come from the client survey completed in February 2014 are shown below:

Overall, how do you rate your quality of life?
This indicator is made up of 6 questions within the survey covering different parts of the person's life, occupation, control over their life, personal care, safety, social participation and encouragement with the aim to understand the persons overall quality of life.

Our 2013/14 result is 18.6 which is an improvement on last year's score of 18.5. The national average for quality of life was 18.9.

From our own analysis, we can see that learning disability clients feel they have the best quality of life (20.2), followed by clients with physical disabilities/frailty (18.3) then people with mental health issues (18.0).

Overall, how much control do you have over your daily life?
Swindon result was 76.5% which is another improvement on the previous year where 73.1% felt they had control over their daily life. The national average for 2013/14 is 76.7%.

Those who feel they have most control are those with a learning disability with (94.6%), mental health next (74.9%) and then people with physical disabilities/frailty (72%).

Overall, do you have as much social contact as you would like?
This is a new indicator for this year and Swindon's result was 37.9% had as much social contact as they would like. The England average was 44.2%

Overall, how satisfied are you with your care and support?
This is an important indicator as it tells us if the people who receive support from us are happy with the services and support they are receiving, and if those services are meeting the intended needs.

Swindon 2013/14 result for this indicator is 66.5% which is an improvement from the previous year's results of 63.2%. The national average was 64.9%.

From our own analysis we can see those most satisfied with their care and support are those with mental health issues (69.2%), closely followed by Learning Disability clients (68%), and the service users who gave the lowest score were clients with physical disabilities /frailty (64.9%).

Overall, do you find it easy to find information about services?
Swindon's result for 2013/14 result was 68.4%, down from last year's result of 70.4%. The national average for 2013/14 is 74.7%.

Swindon Council has undertaken work to improve people's access to better information and advice and has launched our web based provision of information and advice at http://mycaremysupport.co.uk/ This not only includes ways in which people can more easily access our services, but also enables people to access local providers and organisations offering services and support to local people.

We are also working closely with voluntary sector organisations to ensure they are at the heart of better local information and advice and support for our community. A voluntary sector 'hub' is now operating from Sanford House meaning people can visit one place and access information and support from many different providers.

Of people who use services, how safe do you feel?
Swindon's result was 59.1%, slightly down on last year (59.5%). The national average for 2012/13 is 65.1%.

If we look at the analysis we can see it is people with physical disabilities / frailty who report they feel least safe (55.9%), then mental health clients (59.4%), and learning disability clients who feel safest (73.3%).

Of people who use services, who say that those services have made them feel safe?
Swindon's 2013/14 result for this indicator was 82%, an improvement on last year's result of 78.1%. The national average for 2013/14 is 78.3%.

The analysis shows it's the learning disability clients who report they feel safest as a result of those services at 94.6%, then mental health clients with 81.7% then those with physical disability or frailty with 78.4%.

Actions being taken as a result of the survey

Following the survey, the results are drawn together for commissioners of services for adults requiring social care to review, to help them to understand if changes in service provision could be made. An example of this is where they have implemented changes to accessibility and provision of information and advice following consistent results showing us this needed to be improved.

Views of people with Learning Disabilities and the Learning Disability Partnership Board

The Learning Disability Partnership Board meets six times a year and has a range of members including user representatives, family carer representatives, voluntary sector organisations, independent provider representatives, social care and health services and other Swindon Borough Council Departments such as Housing, Leisure and Localities.

The core purpose of the Board is to ensure the vision outlined in documents such as Valuing People and Valuing People Now continue to influence developments in Swindon both in health and social care provision as well as the wider community. The Board achieves this through providing an platform for service user and carer involvement and feedback and opportunities for working together.

Over the past 18 months the Board has been involved in monitoring progress against the recommendations made by the Learning Disability Joint Strategic Needs Assessment and reporting to the Health & Wellbeing Board.

At present the Board is working closely with the Adult Demand Programme to facilitate user input to the Learning Disability Workstream. To do this it is conducting a survey entitled 'Having a Good Life – Independence & Choice'. This is being jointly organised by Healthwatch Swindon, Swindon Advocacy Movement (SAM) and Swindon Borough Council. The results will be fed directly in to the Learning Disability Workstream.

Much of the work of the Board is supporting, encouraging and advising on initiatives being led by individual members e.g. changes to Day Services by SEQOL, Hate Crime Project by SAM, group for people with learning disabilities run by Swindon Interactive Arts Service, Autism Partnership Board, Ability Sports Programme, amongst others.

The Valuing People agenda is very broad, and the Learning Disability Partnership Board constantly reviews its work to ensure it is focusing on the key priorities and is fully involved in the projects or programmes. The Board's involvement in the Joint Strategic Needs Assessment relating to Learning Disability and stronger links with the Adult Demand Programme have ensured that the Board has grown in influence and created opportunities for co-production and creative solutions in Swindon.

Views of carers

A carers survey is undertaken bi-annually and will be completed in 2014/15 and reported in the Local Account for that year.

How Adult Social Care is organised in Swindon

In Swindon, Adult Social Care is delivered by SEQOL. This is a social enterprise that was launched in October 2011, with the specific purpose to enable adults who have social and community healthcare needs to live the best lives they possibly can.

Swindon Borough Council and NHS Swindon jointly commission SEQOL, through a contract with them, to deliver adult social care and community health services to people in Swindon.

Because SEQOL delivers both community health and social care services for adults, it means that they look at more than just one area of need, and so a balance of high quality support and care can be provided.

Adult Social Care Budgets in Swindon

In 2013/14, Swindon Borough Council had £57.4 million to spend on services provided for adult social care, split up as follows:

- £12.2m on services for older people and people with physical disabilities.
- £23.8m on services for people with a learning disability
- £5.1m on mental health services
- £3.6m on supporting people – housing related support
- £1.3m community support and voluntary sector contracting
- £7.89m on Public Health (including smoking and tobacco, substance misuse and other areas of public health work)

Delivering Adult Social Care within budget in 2013/14 demonstrates the success of the Adults Demand Transformation Programme in delivering the savings of £3.9 million in that year.

Adult Social Care was supported by the NHS Transformation Fund providing £2.753m in 2013-14. The funding is used to support and expand social care activities that reduce demand on primary and secondary health services.

Adult Social Care and Swindon Clinical Commissioning Group (CCG) jointly commission social and health services. The CCG provides funding towards adult community health care. In 2013/14 the CCG contributed £16.576m for mental health and £17.111m for services for older people and adults with physical disabilities and learning disabilities.

Our priorities

We are clear that we are not going to be able to provide services in the same way or at the same level that we do now, because the amount of money that we have to spend is much less, and the demand on our services is much greater.

We want to make sure that vulnerable people in Swindon who need our services continue to receive our help and we know that we can do that best when we work in partnership.

Despite reduction in overall numbers, many Adult Social Care departments and service providers are finding that those approaching them for help tend to have more complex needs than in the past; an increasing proportion need very specialist or expensive packages or placements. So, although fewer people are being supported by Adult Social Care, the average amount spent on each individual is increasing in many places.

Swindon has bucked the trend in 2013/14. Nationally cost per client rose from £11,174 in 2012/13 to £12,639 in 2013/14, whereas in Swindon the costs per client fell from £11,885 in 12/13 to £11,630 in 13/14.

Nationally the number of people being supported by Adult Social Care has fallen by 55 thousand or 4% between years 2012/12 and 2013/14. At the same time gross current expenditure has risen by 0.5%. Although client numbers in Swindon are broadly unchanged efficiency savings have helped to reduce ASC gross current expenditure and cost per client.

This means we need to concentrate on getting the balance right, between supporting fewer people with high levels of need, and maintaining investment in community-based and "preventative" services for those with lower levels of need to help them maintain their independence and not require council support.

We know that we need to work really closely with all our partners so that we can:

- Help to prevent crisis and help people to maintain their independence. We will provide good advice, information and advocacy so that people can plan for the future and make choices
- Enable people to be more independent by building their skills and capabilities and to regain those where they have been lost, particularly after crisis
- Support and protect the most vulnerable who are not able to live independently
- Create an environment that promotes health and wellbeing and reduces inequality

So, to do that, we are going to concentrate on **three priorities**:

- People lead more fulfilling lives by enabling personal choice and independence whilst taking personal responsibility for using their own resources where possible.

- We build the capabilities and skills of communities, service users, carers and our workforce so that people are able to live as independently as possible and we make the most of our shared resources.

- We ensure we continue to protect the most vulnerable people in Swindon.

In Swindon we are addressing these issues through the Adult Demand Programme. Progress has been positive and involved a wide range of partners and voluntary organisations.

Within the programme are **7 workstreams:**

- Advice and Information
- Workforce Development
- Mental Health including Dementia
- Transitions from Children's Services to Adults
- Volunteering and Community Networks
- Supported Housing and Reablement
- Voluntary Sector Reshaping

Workstream 1: Advice and Information

In Swindon we are currently developing our provision of information and advice. This not only includes ways in which people can more easily access our services, but to ensure people can access local providers and organisations offering services and support to local people. We are working closely with voluntary sector organisations to ensure they are at the heart of better local information and advice and support for our community.

This workstream has three strands

1. A hub is being created in Sanford Street as a base for many of our voluntary organisations who provide advice and information to residents. It is planned for this new facility to be open in May 2014. Required building works are currently being planned and a contract for a voluntary organisation to manage the building and the service is currently being procured.
2. An improved advice and information website has been procured and will be launched in December 2014. We will continue to improve and develop this resource over the next 2 years.
3. A pilot project of developing our front line staff as well being champions is happening with Avon and Wiltshire Mental Health Partnership. The aim is to support mental health clients as they leave the service, and reduce the risk them returning to our services.

Workstream 2: Workforce Development

We are continuing to work with our Social Care providers to ensure that community based care packages are developed with a person centred approach (this is called Personalisation). We are ensuring that clients are enabled to remain as independent as possible with support from their family, friends and local community. We have provided six training sessions as well as one day a week challenge and support to the Learning Disability team in SEQOL.

We are joining up with colleagues in Children's Services and Housing to ensure our development plans are consistent across as many relevant front line groups of staff as possible.

Workstream 3: Mental Health including Dementia
This workstream is being led by colleagues in Swindon Clinical Commissioning Group (CCG) and the first stage of this work is the development of a Dementia Strategy. This is being coordinated jointly with a wide range of partners and service users through a series of workshops.

Workstream 4: Transitions
We are working closely with our colleagues in Children's Services to ensure the process of clients with Learning Disabilities/ Physical Disabilities moving from Children's to Adults Services is as smooth as possible. We are also ensuring that we are jointly working with families with children from approximately 14 years of age so that we are managing expectations as to the level of services that will be provided from adult services and all the other options that need to be are explored to ensure the child can reach their full potential. We have also started a weekly process with the Adult Learning Disability team to review all young people coming from Children's to Adult Services so timely plans are in place.

Workstream 5: Volunteering and Community Networks
We continue to work closely with Localities & our voluntary sector partners to develop community capacity to support Adults social Care. Recent activity includes

- Development of community navigators in four GP surgeries in Swindon to reduce emergency admissions to Great Western Hospital and improve the health of people with long term health conditions
- Establishment of time banks in Penhill & Taw Hill
- A supported volunteering scheme with MIND
- 2 new carers groups linked with GP surgeries
- Staff volunteering scheme linking isolated older people with staff via a weekly phone call.

Workstream 6: Supported Housing and Reablement
Additional provision has been made for Extra Care Housing. We are working closely with colleagues in Seqol to improve our processes and outcomes for Learning Disability assessment and reviews. We are reviewing our Supported Housing contracts to ensure they deliver the required outcomes and are value for money.

We continue to review our reablement provision and develop services to meet the increased demand and pressures within the hospital.

Workstream 7: Voluntary Sector reshaping
We are on target to re-tender services to support Learning Disabilities, Mental Health, Advice & Information, Support Planning and Direct Payments support.

Developing the market

Much of our current provision and processes have developed in a piecemeal fashion rather than in response to a specific vision for Adult Social Care. This can be seen for

instance in our relatively under-developed market for provision from alternative providers in the voluntary and community sector.

A three month consultation around the reshape of voluntary sector services ended in April 2013. A commissioning plan for future Voluntary Sector provision was agreed with the CCG to ensure provision is outcome focused and aligns to the priorities of the Adult Demand Programme. Many of the contracts with the voluntary sector had not been through a tender process, were not outcome based and had not been robustly monitored.

Re-commissioning of the voluntary sector began in 2012 to ensure robust infrastructure contracts are in place to support the reshaping plan for services. New contracts are in place for Adult and Young Carers, Children's Rights, Voluntary Sector Support, Local Healthwatch (providing advice and information around health and social care, and focuses on patient and service user experience) and Support Planning and Direct Payment Support. The tendering process for Learning Disability services and Specialist Welfare Advice (including the new Advice and Information service) are being tendered to commence in April 2014.

Performance Review 2013/14

In Swindon, Health and Social Care services are integrated, with the Council working in close partnership with the NHS and its providers SEQOL and the Avon and Wiltshire Mental Health Trust (AWP). The joint working supports us in delivering better targeted support and care pathways which focus on the need of the needs of individuals.

Avon and Wiltshire Mental Health Partnership (AWP) Performance

Following the modernisation programme of Secondary Mental Health Services provided in Swindon by Avon and Wiltshire Mental Health during 2012/13, the Swindon Services have continued to develop in line with Commissioning Intentions and National Best Practice. All services are continually reviewed in line with developments in National Services and as a response to reviews undertaken by regulatory authorities. This has particularly been the case in 2013/14 in response to CQC recommendations

The services undergoing further review include:

All age Primary Care Liaison Service (PCLS):
The PCLS is often the first point of contact for people experiencing mental health problems. It is, therefore, a local 'front door' and supports primary care professionals who are concerned about the mental wellbeing of any of their patients, with the overall aim of people getting access to the right care at the right time in a way which suits them.

During 2013/14 the service has received an increase in the number of referrals and an increase in the number of service users screened or assessed and discharged.

However, the number of service users who received brief intervention by the team has fallen slightly.

	2012/13	2013/14
Referrals	2007 (21% increase on previous year)	2312 (15% increase on previous year)
Screened or assessed and discharged	59%	76%
Received brief intervention	27%	24%

Acute Hospital Liaison Service
The Acute Hospital Liaison team based at Great Western Hospital (GWH) in Swindon continues to provide advice and support for clinical colleagues within the acute hospital setting and all age assessment and referral services in Emergency Department. The team also provides a treatment service for people on acute wards to manage mental health difficulties and reduce potential delayed transfers of care.

The team received 420 referrals in the first quarter of 2014/15 which is significantly In the last two quarters of 2013/14 the team received 237 referrals in quarter 3, and 399 in quarter 4. Of those referred 323 were either screened or assessed and discharged with 93 going on to receive further treatment from AWP.

Intensive service
The Swindon Intensive Service has undergone a review. It was identified that the team has not always been able to completely meet the demands of this service as it was initially configured. In order to ensure that the team can deliver a high quality service there has been a review of the leadership, skill mix and care pathways which will enable the team to respond more effectively to service user needs.

The two nationally mandated standards for the team are:

- Assessment within 4 hours of an emergency referral to the team. This standard is measured and reported on a monthly basis. The Intensive team have not achieved this target on a regular basis and are currently reporting just below target at 94%, with a target of 95%. They have completed 53 emergency assessments in the last 3 months.

- Gatekeeping Acute Admissions. In order to ensure all admissions to the inpatient unit are appropriate the Intensive team are required to complete an assessment before the decision is taken for admission. The target for this indicator is 95% which the team have successfully exceeded since the beginning of the year.

Recovery service
The Recovery service continue to work with people with serious mental health issues to improve their quality of life and the achievement of their ambitions by relieving distress, engendering a sense of optimism and hope for the future and helping

people make the most of opportunities to improve their mental health and wellbeing, lead meaningful lives and participate in the wider community.

In line with this holistic approach the National Indicators for the Recovery Team look at the numbers of service users in settled accommodation as well as in employment. The Recovery team are reporting 12.4% of service users in employment and 83.9% of service users in settled accommodation. This is a significant improvement.

98.6% of service users of the Recovery team have received a Care Programme Approach (CPA) review within timescales which is well above the standard of 95%.

Referrals to the Recovery team have remained lower than in the years before the introduction of PCLS in 2012. The decrease in caseload for the Recovery team which reduced from around 700 in December 2012 to 572 in December 2013 has been maintained, reporting at 588 at the end of March 2014.

Complex Intervention and Treatment Teams (CITTs)
The Complex Intervention & Treatment Teams (CITTs) offer a range of multidisciplinary services to patients with complex mental health needs (that require Care Programme Approach (CPA) or Care Management), and their carers. They are not dementia specific but aimed towards meeting the changing psychosocial and environmental needs of an ageing population and promoting successful ageing. Performance for 2013/14 is at or above required standards.

Memory Service
In order to promote early access to dementia services, and in keeping with the National Dementia Strategy objectives, the Memory Service is intended to be a wide-ranging and inclusive service, working in partnership with GPs. The Memory Service received 449 referrals in 2013/14 and demand for the service is increasing.

Inpatient Services
In addition to the Community Services, AWP also provide the following Inpatient Services:

- 18 acute mental health beds (Applewood House)
- 1.6 Psychiatric Intensive Care Unit beds (PICU) based in our specialist units in Bristol
- 14 Rehab beds (Windswept House)
- 26 older people beds (Victoria Centre)

Adult Acute Inpatient service
The Adult Acute Inpatient service provides care for Adults in an In-Patient setting, 24 hours, 7 days a week, for people with mental health problems experiencing an acute psychiatric crisis. Demand for this service is increasing, which replicates the national situation for Mental Health beds.

The national indicators for Acute Inpatient services are for follow-up within 7 days of discharge and Delayed Transfer of Care (DTOC). Applewood Ward is reporting 100% for 7 day follow-up and an increase in reported DTOC.

Victoria Centre
AWP have two wards at the Victoria Centre which provide in-patient care 24 hour, 7 days a week for Older People.

Hodson ward provides acute assessment. This is an ageless service to people who are presenting with a severe functional mental illness such as any psychotic illness, moderate to severe depression, suicidal ideas and anxiety.

Liddington Ward also an acute assessment unit providing care and treatment to service users with a moderate to severe organic illness, dealing with all aspects of dementia, including those diagnosed with Alzheimer's, Lewy Body, Frontal Lobe and Vascular dementia.

These two wards are also subject to the national performance indicators for follow-up within 7 days of discharge and Delayed Transfer of Care (DTOC). Both wards have consistently achieved 100% for follow-up but have had increasing difficulty in achieving the DTOC target of less than 7.5%. This has been a particular problem on Liddington Ward, although this has improved due to the joint work between AWP, the Commissioners and Swindon Borough Council

Windswept House
The Windswept Unit provides mental health rehabilitation services in Swindon. This unit relocated to a newly refurbished building on the Sandalwood Court site in November 2013. The previous unit was situated in a three story 10 bed Victorian house in Old Town. This had become too small, with the dining room also having to be used for therapies and activities and there was restricted access for people with mobility problems. These limitations have been overcome in the new single storey unit. This new unit offers an additional four rehab beds, available to other AWP localities or to other Trusts, along with dedicated rooms for therapeutic activity and reflection. A self- contained flat is also available for users in the last stage of rehabilitation to prepare them for living independently. An occupational therapist joined the team of 20 support workers, nurses, psychologists and doctors and cleaning staff.

Being integrated within the Sandalwood site provides excellent access to acute ward staff, intensive team, medical staff and the Active Life team. This enables service users with more complex mental health problems to be accommodated on the unit and provides better support in times of emergency.

SEQOL Performance
In Swindon, integrated health and social care services are provided by the social enterprise, SEQOL. Swindon Borough Council and NHS Swindon as the

commissioners, and SEQOL as the provider, work to an agreed contract which lays out how we work together, what performance indicators, including quality indicators, that SEQOL is performance managed on. The social care value of the SEQOL's contract is £9 million LA and £15m CCG.

Swindon Borough Council and NHS Swindon hold SEQOL to account through monthly contract performance reviews.

Commissioners established SEQOL to deliver a business plan which drives modernisation, efficiency and change and secures revised models of care which support the promotion of independence and the reduction of demand for specific services. Since its inception in October 2011, SEQOL has delivered change programmes and improved the choice and experience offered to people in Swindon. Key areas of change are outlined below:

Redesigned Day Services

Day Services are provided for older people and people with physical disabilities and learning disabilities through Day Centres, Leisure Services and through the voluntary and community sector.

In 2014, 212 people were registered with SEQOLs day opportunities for people aged 65+ and, of those, 129 were registered with OK4U, providing day opportunities to people with learning and/or physical disabilities.

Since it was established SEQOL has worked with service users and their carers to provide a modernised service which supports people to use mainstream services in the community and reduce dependency on day centres. A menu of activities is available to each client and they can develop their own personalised programme. This includes improving life skills with cooking, budgeting and learning to use a computer and staying active activities such as the always popular jabadao which uses parachutes and other equipment to give people of all ages and abilities opportunities to dance and play. Underpinned by research, it helps develop movement, balance and team work, and also swimming and rock climbing.

Through this SEQOL is supporting the increased uptake of direct payments and personalised budgets. These changes have reduced the dependency on a range of buildings and allowed rationalisation.

Increased Personalisation SEQOL has a determined focus on the improvement on the Personalisation agenda and sees this as a cultural change which supports independence. Through 2013/14 the numbers of people on a personal budget and/or direct payment have increased from 1,152 to 2,058. SEQOL continue to work with clients and the Council to ensure as many eligible clients have the opportunity to design their own care programmes through this route. In 2013/14, SEQOL achieved 47.4% of people receiving self directed support against a target of 70%. This was an increase from 28.5% in 2012/13.

Reshaped Fessey House services

SEQOL provides two residential care homes for older people, providing a total of 79 residential care beds for older people with dementia in Swindon. During 2012/13 Fessey House residential care home trialled a new service for 22 people providing reablement programmes.

The pilot has been evaluated and demonstrated that 62% of the cohort had more successful outcomes than would have otherwise occurred. 15% of the cohort returned home with no packages of care, whilst 47% returned home with reduced packages of care or to extra care sheltered housing. Early indications are therefore that this model supports people to regain independence to a level that minimises cost to the Council through reducing admissions to care homes or through reducing care packages.

Based on this evaluation, the Council mainstreamed this service in December 2013 and extended the scope to support to up 70 people per year. The existing workforce has been reshaped and retrained to deliver this new service and 13 beds are allocated to this programme of work. We expect to see further reductions in the cost of care packages through this work

Provided alternative pathways which support independence in the community
The key to the flow of people in SEQOL is the Single Point of Access (SPA). This co-ordinates care pathways, ensuring people access the right service first time and can be accessed by professionals and people on 01793 646466. This number is used mainly by people accessing 24/7 primary care services and by people with long term conditions accessing SEQOL services.

Through 2013/14, SPA received 48,045 calls of which

- 24,782 related to community nursing and virtual wards compared to 23,800 for the same period last year (an increase of 982).
- 1,155 related to community ambulatory care pathways compared to 969 in the same period last year (an increase of 186)
- 1,468 related to the rapid response service, compared to 1,164 in the same period last year (an increase of 304).

The remaining 13,755 calls were mainly calls from people with long term conditions asking for advice and support.

Rapid Response
The Rapid Response team used to be called the crisis service and comprises of Nurses, Social Workers and Occupational Therapists. They respond to people in either a health or social crisis within two hours of a referral, preventing hospital admission or permanent admission to care homes. The team implement either nursing, therapy or social care through the crisis period. There were 1,468 episodes of care in 2013/14.

Urgent Care Centre

To improve access to primary care services, 24/7, the urgent care centre (on the Great Western Hospital campus) opened for people to walk-in directly, without the need to go to the hospitals A&E department first. This has been popular with the people of Swindon, with 15,000 people using this service in 2013/14.

Care at the Scene
Following a successful pilot, the Swindon Clinical Commissioning Group (CCG) has commissioned a GP to work with the ambulance service for 72 hours at weekends (Friday afternoon to Monday lunchtime). The purpose is to provide senior clinical support to ambulance crews, reducing the need for people to attend the emergency department. This service has demonstrated that with senior clinical support, people are able to remain at home for assessment and treatment where previously they would have been admitted to hospital.

Nurse and Occupational Therapist (OT) in the GWH emergency department (ED)
This service aims to support emergency department staff in the management of Long Term Conditions through joint assessments and offers of alternatives to a ward admission, typically an admission to the virtual ward or to the rapid response service. In 2013/14, the Nurse and OT facilitated the discharge of 1,409 people.

Seqol Long Term Conditions
There are a number of services supporting people with Long Term Conditions to manage their conditions and make the most of their lives. These are listed

Virtual Wards prevent hospital admissions by providing intensive nursing and care to people with an exacerbation of their condition, in their own homes. On average there are 230 people in a virtual ward every day. Examples of the care they receive are:

- Assessments
- Medication reviews
- Personal nursing care
- Health education and advice
- Carer/ family support
- Social Care and therapy support

Community matrons are the clinical leads of the wards, working and liaising closely with GPs who remain the care co-ordinator. Quite often the matron and GP will visit patients together and develop clinical management plans together.

Community Intravenous Therapy (I.V.) service
The Community I.V. therapy has been in place since October 2013 and enables people with long term conditions to remain at home whilst receiving IV treatment.

Swindon Intermediate Care Centre (SwICC) – is a 56 bed purpose built intermediate care unit providing people with rehabilitation, medical and nursing care and therapy in an in-patient setting by a multi-disciplinary team.

The aim of this service is to reduce the amount of time a patient remains in an acute hospital environment. This service is:

a) A step down for those people who are medically fit but require inpatient rehabilitation before transfer home.

b) Step up care for people with long term conditions who are too unwell to be cared for at home but who do not need the technical intervention of an acute setting (26 beds).

The aim of SwICC and the reablement team is to maximise the potential of each patient and where possible, for the patient to return home following hospital admission.

Community Intermediate Care provides rehabilitation to people following injury or surgery, and provides the balance clinics that help people to stop falling over. Through 2013/14 the team saw 12,960 people either at home or in clinics. The team also provides pulmonary rehabilitation for people with respiratory disease, jointly with Swindon Council leisure services.

Seqol Discharge Services

Integrated Discharge Team

The Integrated Discharge Team works with the Discharge Assessment and Referral Team (DART) and the wards in Great Western Hospital to support the discharge of people with complex needs who need ongoing support at home.

For example, they work with people and their families to assess social and health care needs, they carry out best interest assessments, they liaise with the continuing health care team and the integrated equipment stores, they carry out home visits and they fast track people at the end of their life back home to the care of their GP and the community nursing team.

On average the team facilitate the discharge of 86 people per month. They also manage safeguarding alerts raised by the hospital. Over the last 2 years there have been 2 people whose transfer of care was delayed by a total of 18 days. Both people had extremely complex needs.

Discharge Assessment and Referral Team (DART)

DART was developed by the Integrated Discharge Team to reduce length of stay in hospital of people who need support through equipment, reablement or community nursing but don't need complex assessments. Between January – March 2014 the team achieved a 17.3% increase in discharges from the Great Western Hospital and an overall 3.7 day reduction in length of stay.

Community Nurses

The community nurses and therapists carry an average caseload of around 1,800 compared to 1,000 in 2012/13, a 44% increase. Through 2013/14, the nurses saw 88,000 people, an increase from 72,504 in 2012/13.

Over the last two years the nursing teams have reorganised their ways of working to manage the additional demand and have changed the skill mix significantly. This includes the introduction of in-house development programmes for registered and unregistered teams. For example: the training and opportunities for Health Care Assistants puts us at the cutting edge of modernised practice through offering training and development programmes that enable them to develop a wide range of health and social care competencies. This puts us in a competitive market position when attracting staff.

Community Nursing work is split across caring for people on the virtual ward and their generic work load (assessments, reviews, injections, dressings, nursing care etc). The community nurses are attached to GP Practices with GPs guiding their work flows.

Community matrons are engaged with the GP risk stratification programme, working with GPs and the people identified at risk to develop detailed health and social care plans (life plans), which include clinical management plans.

Specialist Teams support Primary Care, all SEQOL services and care homes

- The Diabetes Specialist Nurses work with GP Practice teams and GWH Consultants to improve outcomes for people with diabetes. They also run education programmes in the community for people newly diagnosed with diabetes.
- The Stroke team comprises of Physiotherapists, Occupational Therapists, Speech and Language Therapy and Nurses to provide therapy for people who have had a stroke across their whole rehabilitation journey – from their time in an acute stroke ward through to SwICC to home. Through 2013/14 the team had 5,755 contacts with people through home visits, clinics and telephone advice. This reflects the improvements in outcomes for people following stroke as it compares to 4,010 in the same period last year.
- The Continence Nursing Service offers advice and treatment options for bladder and bowel problems, ranging from exercises and bladder training to the provision of continence pads or other devices as a last resort and can loan specialist equipment. An effective continence service can contribute to the number of domiciliary care calls delivered to an individual and works to promote dignity and respect in personal care of service users. The team has supported 916 people through 2013/14 compared to 893 in 2012/13.

Through these range of services we have supported the health and care system to avoid the number of emergency admissions and day cases by 4,000 through 2013/14. In addition to the above, SEQOL have also developed a web resource for the population of Swindon to access health and care advice called DISA http://www.swindondisa.co.uk/

Seqol Cost Reduction
Integrated Community Equipment Store (ICES) - The ICES move facilitated more efficient working and the integration of the service with supported employment. It was undertaken with no loss of service standard. In the last two years the volume of goods issued has increased. Through 2013/14 around 20,298 items of equipment were delivered, an increase of 9.4% of items delivered over 2012/13.

SEQOL Social Care
SEQOL gathers information from service users for the assessment and review process for adults in receipt of Social Care Services, and their carers.

Assessments and Reviews The first step in the process, and in order to understand the needs and eligibility of an adult, an assessment of need is completed. Through 2013/14, SEQOL carried out 4,243 assessments (641 more than 2012/13) and 5,812 reviews (855 more than 2012/13).

In total 12,499 people contacted SEQOL social care teams in 2013/14 (up from 11,809 in 2012/13), of which 54% progressed to an assessment or review.

Carers Assessments Through 2013/14, SEQOL carried out 1,069 assessments or reviews of carers needs (363 more than 2012/13). All Carers are offered an assessment and from 2014/15, we will be changing our systems and processes to enable assessments and reviews carried out by colleagues providing NHS services to be included. We aim to achieve the 30% target in 2014/15.

Non Contracted Services The following service areas are funded from sources other than the contract with SBC and SCCG with some being funded by direct income.

SEQOL Employment

Supported Employment – There are a number of organisations across Swindon supporting a diverse range of people into employment, including people with learning disabilities. They are members of the Swindon Borough Council (SBC) Routes to Employment group and include SEQOL, Princes Trust, Inner Flame, Learning Curve, Key Training, North Wessex Training (Campbell Page), CfBT Education Trust, Clivey, Prospects, Outset, Talent Express and Catch 22.

In addition, from May 2012 until October 2013 SEQOL was funded by DWP Flexible Support Fund to provide a range of employment and training opportunities – providing key and soft skill training to 58 adults with a learning disability to

- begin a pathway to supported employment,
- benefit from a work experience placement and
- be supported to find sustainable paid employment of 16+ hours per week.

32% of people who completed this training for employment programme are now in 16+ hours of paid employment against government Work Programme results of 4%.

From November 2013, SEQOL successfully bid for funding to continue a programme of promoting independence, aimed at providing employment training to adults with a learning disability. The programme will work intensively to provide the appropriate skills and understanding of work ethos and ethics, giving a real alternative to day centre attendance and day care services, whilst promoting individual's community value and citizenship, improved health and choices to the individual. Since January 2014 SEQOL has worked with Swindon College and have used this funding to deliver an accredited qualification entry level 3 award in exploring employability skills.

SEQOL is also delivering its preventative work to 10 students with Aspergers on the Skills Factory Project, providing one day work experience in their final year of education. This will increase their aspirations for work and reduce the need for them to become benefit dependent and use day services.

Foot Care – SEQOL provides a foot care service for any elderly, vulnerable person in Swindon which helps to prevent falls and maintains mobility. This service is for routine toe nail cutting for older people, and again links to the falls prevention service. Approximately 1,800 people use this service.

Workforce Development
SEQOL is focusing the development of the workforce on promoting personalisation so that every service user has a plan based on their needs, identifying what resources individuals and families have themselves and where they need help. This training has been piloted with the voluntary and independent sector, SEQOL and AWP. A joint programme has now been designed with roll out in 2014.

The Adult Social Care Budget relating to workforce has not been reduced and there are no plans to do so in 2014/15.

Safeguarding Adults at Risk

To ensure Safeguarding adults at risk remains a priority for us as a council and that of our partners and the wider community, Swindon has a Local Safeguarding Board (LSAB). On the board are members from our key partners that include, Swindon Borough Council, NHS Swindon, Avon and Wiltshire Mental Health Partnership (AWP), SEQOL, Wiltshire Police, NHS England.

The aim of the Board is to ensure that the council who lead on safeguarding, and its partners, are all working together under the same governance, using consistent policies and procedures, to ensure that those people in our community who are unable to protect themselves receive support when they are victims of abuse, and protection from those who are alleged to have caused the harm.

All SEQOL and Avon and Wiltshire Mental Health Partnership (AWP), professionals are trained to know how to respond if there are concerns that an adult at risk may be being harmed, and all care providers within Swindon are offered on-going free

training from our safeguarding lead to ensure they too are able to identify and respond appropriately to situations when they arise.

The LSAB produces an annual Safeguarding Report, and for 2013/14 it shows that there was an approximate increase of 17% in the number of alerts reported to adult services for further investigation, compared with 40% in 2012/13. This level of increase is not unusual as other local authorities are reporting continued increases too. It is still believed that this indicates improved awareness mostly due to some high profile national cases in the media rather than an indication that there is an increase in the amount of abuse taking place. There has been a significant rise of 34% in the number of alerts relating to people who are under 65.

It is good that people feel more confident and know where to raise their concerns.

The Swindon Borough Council website provides easily accessible information about the protection/safeguarding of adults at risk including the definition of what is a 'adult at risk', how to report abuse and contact details at http://www.swindon.gov.uk/sc/Pages/sc-adults-safeguardingadultsatrisk(adultprotection).aspx

What happens when we aren't able to make decisions about our care and treatment for ourselves?

Swindon Borough Council commissions services for people who may experience a particular condition, have an accident or develop an illness that could be temporary or longer-lasting. When this experience is something like dementia or a stroke, when people are at the end of their lives or have a mental disorder, severe learning disability or a brain injury, this can sometimes affect their mental capacity to act and take decisions about their lives for themselves. Swindon Borough Council continues to have a lead role in ensuring that commissioners and providers of services ask themselves the following key questions:

- How do we make sure people only step in when every effort has been made to support the person to make their own decisions?
- How do we make sure that other people make these decisions in their best interests and in a way that reflects what the person would have wanted for themselves?
- How do we make sure that people don't step in just because they think an action or a decision is unwise, rather than because someone is assessed as not having the mental capacity to make it for themselves?
- How do we make sure there is someone to speak up for the person who lacks capacity when they cannot do this for themselves?

The Mental Capacity Act 2005 applies to everyone but especially those who work in health and social care services who have a "duty of care"

This is a law for protecting the rights of vulnerable people:

- to make their own decisions when they are able
- to establish standards for how we should act or make decisions for others when the condition they experience means they cannot do this for themselves.

The Mental Capacity Act law puts the best interests of the person at the heart of any decision-making; it tells us how we must take all the relevant things we know about the person into account when we are trying to work out what to do. We must try and involve the person as much as possible and if we cannot do this we must try and find out what they would have wanted. We must talk to other people - family and professionals – and try and work out together what is in the person's best interests.

Best interests are very much what is right for the person and not always what we would like for ourselves: sometimes the two are the same and sometimes what we want or think the most protective is not necessarily the best thing for the person. Occasionally when a person wants to make a particular decision but lack of capacity means they cannot weigh up the risks involved, then family and professionals have to step in and this can lead to an action which is not necessarily what the person would have wanted for themselves eg when the risks of someone living independently become too great. However, in a case in 2012 looking at the best interests of a vulnerable older woman with dementia and deciding where and how she should live because she could not decide for herself, a specialist judge in the Court of Protection which focuses on these exact cases is quoted: *"What good is it making someone safer if it merely makes them miserable?"* The Mental Capacity Act asks us to think about the things that are important to us as unique individuals: if there is no-one to speak for the person and what they would have wanted when serious decisions are being made, then it may be necessary to involve an Independent Mental Capacity Advocate to do this for them. Swindon Borough Council commissions this service.

What are the Deprivation of Liberty Safeguards?
Swindon also has a legal responsibility to supervise Deprivation of Liberty Safeguards introduced into the Mental Capacity Act 2005 in 2009. This applies to a small group of people staying in registered hospitals and care homes who have conditions that mean they cannot decide about their stay, and the nature of the care and treatment that they need.

The Mental Capacity Act 2005 tells us how we should establish what is in that person's best interests and in some circumstances this may involve a particularly restrictive care plan that takes away the person's liberty. If this is the case then hospitals and care homes request the Deprivation of Liberty Safeguards Service to check whether someone is being deprived of their liberty and if so, is this the right care plan for the person? And thinking of the Judge in the Court of Protection's challenge, have we thought about the emotional and social well-being of that individual, not just their physical safety

Swindon Borough Council Deprivation of Liberty Safeguards service provides very important protection when people lack the capacity to make decisions about their stay, their care and their treatment and may be objecting in some way to the decisions that have been made in their best interests for their safety or wellbeing. These Safeguards apply in hospitals and care homes and the numbers of referrals we receive are steadily rising year on year as we continue to hold monthly workshops to promote awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards for everyone who works in adult health and social care services. We also place great importance in engaging Independent Mental Capacity Advocates to support people subject to these Authorisations together with their family and friends. In this last year the Council has ensured that especially complex cases where vulnerable people object to these restrictions are referred to the Court of Protection to make decisions about what is in the person's best interests

Planning ahead
The Mental Capacity Act provides all of us with fundamental powers in relation to future decisions about our health and social care decisions when we have capacity to plan ahead for a time when this may not be the case. It asks us to record our wishes for future care and treatment, it gives us the opportunity to take out Lasting Powers of Attorney and nominate someone we trust to step in and make decisions for us; this could be about our property and our financial affairs as well as our care and our treatment when we can no longer do this for ourselves. All those subsequently involved in thinking about our care and treatment must take this into account when working out what is in our best interests if we lack capacity to decide this for ourselves. It also gives us the opportunity to make specific Advance Decisions to Refuse Treatment that must be followed according to our wishes.

Swindon Borough Council continues to have a lead role in ensuring that vulnerable people who lack capacity to make decisions – every day as well as life-changing - can expect that their interests will be protected in this way and, where appropriate, their family and friends will be involved in what happens. With this in mind, the Council facilitates training and advice for all people who work in statutory, voluntary and independent services in order to ensure that the best interests of vulnerable adults are at the heart of any care and support that is provided for them and that their view continues to count.

For more information on Adult Social Care and Support

Visit the website at http://www.swindon.gov.uk/sc/Pages/sc-adults-careline.aspx or for information regarding services for older people, adults with physical disabilities and carers contact Care Line, a Freephone number for a friendly and helpful response to your enquiry: Care Line - 0800 085 66 66 (Calling a Freephone number is free unless you phone from a mobile.)

Care Line will help you get the information you need to make informed decisions and access appropriate services.

Care Line can provide help with:

- Equipment and adaptations for daily activities
- Help at home
- Support within your caring role
- Residential and nursing home care
- Paying for care services
- Risks to your safety at home
- Concerns about abuse or neglect of older adults
- Social activities
- Benefit agencies
- Signposting to other agencies

For additional information in relation to care and sources of support and advice in Swindon the MyCare MySupport website has been launched and can be accessed at: www.mycaremysupport.co.uk

In addition to information and advice, you can find a wide range of both local and national services that can offer you support across a variety of needs. The MyCare MySupport market place can be accessed directly at http://market.mycaremysupport.co.uk/

For detailed information about support for carers you can find out lots of information on MyCare MySupport which can be accessed at: http://market.mycaremysupport.co.uk/support-for-carers.aspx

Alternatively the Swindon Carer's Centre is there to support adult, parent and child carers and be contacted directly on 01793 531133 or by accessing: http://www.swindoncarers.org.uk/