

**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 life 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

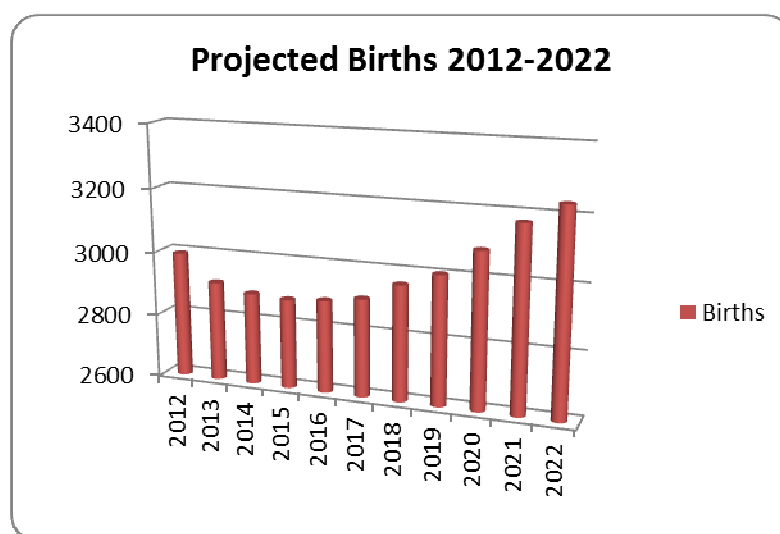
Swindon Borough is the most populous authority in Wiltshire and is growing amongst the fastest rates in England. The 2013 population projections report 214,000 for Swindon (including the towns of Highworth and Wroughton) and 220,000 including Shrivenham. This is an increase of 18% since 2001. Residents 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 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.

5.3.2 Care 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 carers 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 health 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 in 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”.



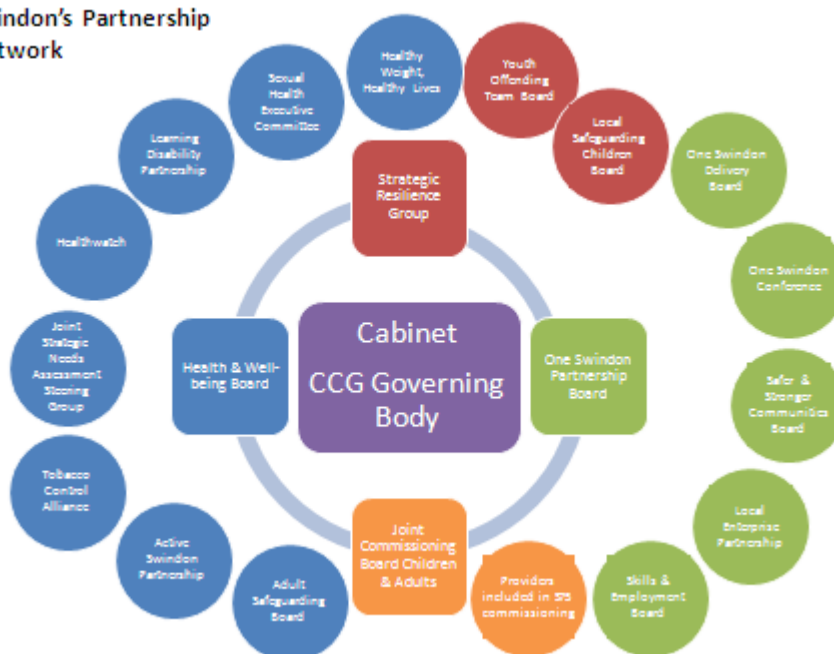
Partnership arrangements

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.

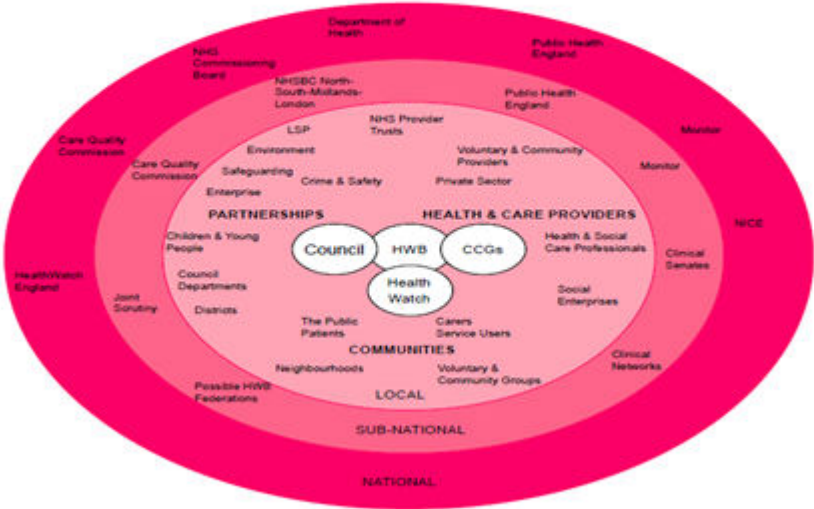
Governance arrangements to monitor the section 75 Agreements are in place through the Health & Wellbeing Board at a strategic level and operationally through the Joint Commissioning Group Children & Adults (JCG) reporting to the Health & Wellbeing Board. The CCG and Swindon Borough Council including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

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

Swindon's Partnership Network



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

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

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Source of evidence to support
Outcome	Priorities		
	<p>mental health problems to access support services and community facilities aimed at promoting recovery (e.g. education, debt management, housing, leisure services, health promotion)</p> <p>Promote positive mental health and recognise that mental health is everyone's business</p> <p>Reduce the stigma and discrimination associated with mental ill health</p>	<p>Improved transition services</p> <p>Implement Special Educational Needs reforms, including Local Offer and education, health and care Plan</p> <p>Improve access to mental health services for all children and those children in care and ensure whole family working</p>	<p>National strategy</p> <p>Key priority for Swindon Borough</p>
<i>Creation of sustainable environments in which communities can flourish</i>	<p>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.</p> <p>Work with our local communities to develop creating solutions for local issues</p> <p>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</p> <p>Promote the use of green, open spaces and activities such as walking and cycling</p> <p>Maintain effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities</p>	<p>Workforce strategy, responding to the economic downturn, building sustainable communities</p> <p>Reducing NEETs and increasing the number of young people participating in learning post 16 (in particular children in care and care leavers)</p> <p>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</p>	<p>JSNA</p> <p>Part of self-care agenda</p> <p>Picked up as priority through locality groups</p>