

Swindon Borough Council

Children's Health, Social Care and Education Overview and Scrutiny Committee

Wednesday, 2 September 2015

Committee Room 6, Civic Offices

At 6.00 p.m.

Conservative Councillors

Gemma McCracken (Chair)
Maureen Penny (Vice-Chair)
Michael Bray
John Haines
Cathy Martyn
Eric Shaw
Steve Weisinger

Labour Councillors

Teresa Page
James Robbins
Carol Shelley
Nadine Watts
Julie Wright

Co-opted Representatives:

Steve Colledge, Swindon Association of Secondary Headteacher
Simon Cowley, Swindon Association of Primary School Headteachers
Alison Paul, Swindon Association of Special School Headteachers
David Dawson, Catholic Church Diocese
Paul Sunners, Standing Advisory Council on Religious Education
Steve Henderson, Equalities Advisory Forum
Mary Cosker, Healthwatch
TBC, Church of England Diocese
TBC, Parent Governors

Committee Officer: Rita Glen Gallo (Telephone 01793 463611)
email: rglen-gallo@swindon.gov.uk

Swindon Borough Council can be contacted at the Civic Offices, Euclid Street,
Swindon, SN1 2JH (Telephone 01793 445500)

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

AGENDA

1. Apologies for Absence

2. Declarations of Interest

Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.

3. Minutes (Pages 3 - 6)

To receive the minutes of the meeting held on 22nd July 2015.

4. Public Question Time

See explanatory note below. Please phone the Committee Officer whose name and number appears at the top of this agenda if you need further guidance.

5. Progress Update of Youth Participation (Pages 7 - 42)

6. Children's Health (Pages 43 - 70)

7. Great Western Hospitals NHS Foundation Trust Update (Pages 71 - 78)

8. NHS Swindon Clinical Commissioning Group (Pages 79 - 82)

9. Healthwatch Swindon (Pages 83 - 88)

10. Consideration of Health and Wellbeing Board Recommendations (Pages 89 - 104)
Report for noting.

11. Work Programme 2015/16 (Pages 105 - 112)

Date of Despatch: 24 August 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.

**CHILDREN'S HEALTH, SOCIAL CARE AND EDUCATION OVERVIEW AND
SCRUTINY COMMITTEE**

WEDNESDAY, 22 JULY 2015

PRESENT:- Councillors Gemma McCracken (Chair), Michael Bray, Fionuala Foley, John Haines, Cathy Martyn, , Teresa Page, Maureen Penny, James Robbins, Eric Shaw, Carol Shelley, Nadine Watts, Steve Weisinger and Julie Wright, Paul Sunners (Standing Advisory Council for Religious Education, Pete Rowe (Healthwatch), Steve Colledge (Swindon Association of Secondary Headteachers), Steve Henderson (Equalities Advisory Forum).

Apologies for absence were received from David Dawson (Catholic Diocese), Mary Cosker (Healthwatch), Alison Paul (Swindon Association of Special School Headteachers).

Also Present: Councillor Fionuala Foley, Cabinet Member for Children's Services.

1. Appointment of Vice-Chair

Resolved – That Councillor Maureen Penny be Vice-Chair of this Committee for the Municipal Year 2015/16.

2. Declaration of Interest

Councillor James Robbins declared a personal and non-prejudicial interest as he was a Foster Carer.

Councillors Julie Wright, Nadine Watts, Maureen Penny, Gemma McCracken, Carol Shelley and Paul Sunners declared personal and non-prejudicial interests as they were school governors.

3. Public Question Time

No public questions were submitted for this meeting.

4. Appointment of Co-optees

The Director of Law and Democratic Services submitted a report concerning the appointment of co-optees to the Children's Health, Social Care and Education Overview and Scrutiny Committee for the Municipal Year 2015/16.

Resolved – (1) That this Committee confirms the appointment of the following representatives:

- (a) David Dawson as the Catholic Church Diocese representative.
- (b) The appointment of a Church of England Diocese representative as and when nominations were received.
- (c) The appointment of 2 Parent Governor Representatives as and when nominations were received.

(2) That the appointment of the following non-voting representatives be confirmed:

- (a) Alison Paul (Swindon Association of Special School Headteachers).
- (b) Simon Cowley (Swindon Association of Primary Headteachers).
- (c) Steve Colledge (Swindon Association of Secondary Headteachers).
- (d) Steve Henderson (Equalities Advisory Forum).
- (e) Mary Cosker (Swindon Healthwatch).
- (f) Paul Sunners (Standing Advisory Council for Religious Education).

5. Children's Services Performance Report

The Board Director, Commissioning, submitted a report providing this Committee with an update on performance and key issues relating to commissioning and performance of Children's Services.

A key purpose of Children's Health, Social Care and Education Overview & Scrutiny Committee was to hold Commissioners of Children's Health and Social Care Services to account.

Any Commissioner of Children's Health and Social Care Services in Swindon was required to provide information on the planning and provision of children's health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

The Committee noted members corporate parenting responsibilities, work undertaken regarding looked after children and the areas of expertise that could be offered by the Corporate Parenting Board. They further discussed the importance of building better relationships with academies.

Resolved – That the next quarter performance report include information on:

- (1) Fixed term exclusions by Ward.
- (2) Children in out of borough placements.
- (3) The percentage of children dropping out of education/employment.
- (4) Further to (3) above, actions being taken to address this.
- (5) The number of children home schooled that are in the Special Educational Needs and Disability (SEND).
- (6) Further to (5) above, information process broken down by Ward.
- (7) Further to (5) above, actions being taken to support this group.
- (8) Any increase or decrease in sexual health problems.

6. Work Programme 2015/16

The Director of Law and Democratic Services submitted a report concerning a work programme that details the activities that this Committee will be undertaking during the forthcoming Municipal Year.

The work programme details the various topics and issues that each Committee intends to look into during the coming year, with the aim of producing evidence based recommendations intended to provide service improvements for Cabinet and external agencies/bodies to consider.

Resolved – (1) That the work programme, as set out in the Appendix to the report be agreed, subject to the following amendments:

"Mind the Gap" is moved from December to September 2015.

"Youth Offending Team" is moved from April 2016 to December 2015.

(2) That representatives from Primary and Secondary Schools be invited to attend the February 2016 concerning the School's curriculum.

(3) That the Clinical Commissioning Group submit a report to the April 2016 meeting concerning commissioning and health services.

(4) That members be requested to submit questions for a Q&A session with the Cabinet Member for Children's Services at the Scrutiny Meeting to be held on 21st March 2016.

(5) That the minutes of the Health and Well Being Board be submitted to this Committee.

(6) That Councillors, Members and stakeholders submitting areas for consideration under this Committee's Work Programme for the Municipal Year, 2015/16, be thanked.

(7) That, the Committee Officer be requested to circulate an invitation to all members and stakeholders requesting they volunteer to serve on the Special Educational Needs and Disability (SEND) Task Group.

7. Dates of Future Meetings

Meetings of the Committee are scheduled for the remainder of 2015/16 as follows:

Wednesday, 2nd September 2015 at 6.00 p.m. in Committee Room 6.
Theme of Meeting: Health.

Wednesday, 2nd December 2015 at 6.00 p.m. in Committee Room 6.
Theme of Meeting: Safeguarding/ Child Protection.

Wednesday, 3rd February 2016 at 6.00 p.m. in Committee Room 6.
Theme of Meeting: Education.

Wednesday, 13th April 2016 at 6.00 p.m. in Committee Room 6.
Theme of Meeting: School Place Planning.

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Progress Update of Youth Participation

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Author:	Board Director / Head of Service
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education Committee with an update of performance and key issues relating to youth participation, Thought Tank, and Members of Youth Parliament (MYP)
- 1.2 A key purpose of Children's Health, Social Care and Education Overview & Scrutiny Committee is to hold Commissioners of Children's Health and Social Care Services to account.
- 1.3 Any Commissioner of Children's Health and Social Care Services in Swindon is required to provide information on the planning and provision of children's health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Continue to support the work of the Members of Youth Parliament, Thought Tank and the wider youth participation agenda across Swindon
- 2.2 Make available opportunities for young people to contribute to the work streams of Health, Adults & Children Services Overview and Scrutiny Committee
- 2.3 Agree when a further report on progress should be brought back to the committee.

Progress Update of Youth Participation

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

3. Detail

3.1 What are the challenges that your organisation is facing?

Top Priorities	Process	Outcomes
Maintaining regular numbers within the core group of the Youth Forum	Redesigned model of youth participation whereby the 'core group' is not always necessary to do all work / projects. Work / projects are taken directly to young people appropriate to the task. E.g. Anti-Bullying vision was created alongside Swindon Young Carers, STEP, and Members of Youth Parliament.	<p>Positive outcome, engaging with an even wider number of young people from differing backgrounds.</p> <ul style="list-style-type: none"> • Young Carers = 8 young people • STEP = 30 young people • Complex Health Needs Assessment = 6 young people • Routes 2 Employment Work = 2 Apprentices <p>Total = 46 young people</p>
School engagement with specific projects, and buy in from other youth organisations.	Dedicated 'youth participation worker' role created to build relationships and be in regular contact with schools (and other youth organisations	Already seeing a greater uptake / interest in upcoming projects – visiting all schools in September and linking directly with school councils. See table below

Further information on the subject of this report can be obtained from Claire Smith, Direct Dial 01793 465815, cesmith@swindon.gov.uk.

Progress Update of Youth Participation

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Wider Engagement

Where	Number	Contacted	Willing to Engage	Unwilling to Engage	Undecided	No response
Academies (Secondary)	11	11	7	0	2	2
Secondary Schools	2	2	1	1	0	0
Special / EOTAS	9	9	4	0	0	5
Further Education	2	2	1	0	0	1
Other Youth Groups	9	9	4	0	0	5

Further information on the subject of this report can be obtained from Claire Smith, Direct Dial 01793 465815, cesmith@swindon.gov.uk.

Progress Update of Youth Participation

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

3.2 What have you done well?

Top Achievements	Steps taken	Next steps
Supporting the South West Regional Mental Health Campaign	Utilising existing resources created by the Youth Forum and co-ordinating current work to fit around specific outcomes that match both criteria.	Looking at other opportunities where information gathered can be shared wider; adding value to more than one work stream.
Building confidence within the group and outputs from Thought Tank, ensuring the group, and their peers voices are listened to in respect of local / national change, directly feeding into the commissioning process.	Working with decision makers to ensure consultation exercises are meaningful and relevant to the young people. Training to ensure that the young people have the right skills to fulfil their role.	Develop a programme whereby the young people will become 'young inspectors to ensure services available to them are visited and reviewed by them.

3.3 Supporting Information

3.3.1 Swindon Youth Forum and Member of Parliament Update

3.3.2 Each year the Members of UK Youth Parliament (UKYP) debate topics in Parliament to decide their campaigns for the following year. Before this happens young people from across the UK need to decide on the topics that they feel are relevant. Swindon's young people contributed to this by taking part in the Make Your Mark ballots through schools across Swindon during November 2014.

3.3.3 3007 young people across 9 schools and youth organisations took part in the Make your Mark ballot:

3.3.4 Make Your Mark results

Make your Mark results 2014	Votes
Everyone should be paid at least the Living Wage.	583
Work Experience available to all	377
A Curriculum to prepare us for life.	340

Further information on the subject of this report can be obtained from Claire Smith, Direct Dial 01793 465815, cesmith@swindon.gov.uk.

Progress Update of Youth Participation

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Mental health services should be improved.	328
Bring back exam resits in Maths and English.	312
Votes at 16.	289
Euthanasia.	207
Fund our youth services, don't cut them.	205
Young people should be directly involved in making laws.	169
Give young people a voice in improving their communities.	153
No vote / Multiple Votes	44
Total votes	3007

3.3.5 Work is currently being undertaken to engage more schools and youth organisations in preparation for both the 2015 Make your Mark Ballot, forthcoming Swindon Member of Youth Parliament elections, and the wider participation agenda. A dedicated worker has been employed to act as link with these organisations.

3.3.6 Living Wage Campaign

876,488 young people across the country who voted, and 'Everyone should be paid a living wage' was chosen as the 2014-2015 priority

A meeting was held with MP Robert Buckland to discuss the 'Living Wage Campaign'. An Interesting debate took place around the practicalities of all employers being able to adhere to the requirements, especially considering smaller organisations. The conclusion was that in order for young people to be placed in the best possible position within the job market, Ellie's campaign for 'Striving to Achieve' should be pursued further.

3.3.7 Encouraging young people to Achieve

Ellie, our member of Youth Parliament has continued with her campaign to encourage young people to embrace education.

Ellie is currently working on a pack to go out into schools in September, to not only encourage young people to take advantage of education while it is made available to them for free, but to provide information – following her consultation around 'barriers to achieving your goal' – on where to go for support and help should young people need additional emotional support, and guidance to prevent disengagement.

Further information on the subject of this report can be obtained from Claire Smith, Direct Dial 01793 465815, cesmith@swindon.gov.uk.

Progress Update of Youth Participation

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

3.3.8 Routes to Employment

On the 25th August young people will be meeting to run a day workshop to finalise the design for promotional materials to raise the profile of apprenticeships, these will be distributed throughout schools and youth organisations.

They will support the work currently commissioned to raise awareness of the types of employment and apprenticeship opportunities available to young people and the career progression routes available.

Further updates will be given during the meeting on the 2nd September.

3.3.9 Zero Tolerance Toward Bullying

Final artwork has been completed, and gone to print of Swindon Children and Young people's 'Anti-bullying Vision'.

See Appendix 1

Wilf, our Deputy MYP will be contacting head teachers to ask them to sign up to the vision and display the poster in their schools, along an information sheet signposting other avenues of support around bullying. Wilf will also be offering the opportunity to have an Anti-bullying session delivered within their school organisation.

An additional poster is being produced by the Thought Tank group to ensure that the language is appropriate for Special Schools and SEND young people.

3.3.10 Mental Health

Our MYPs and Youth Forum have supported the UKYP national campaign 'Mind the Gap' which aims to praise services that are meeting the mental health needs of young people, and highlight where young people are missing out on mental health services.

We have received feedback from South West Regional Youth parliament that Swindon is the only area in the south west to provide useful resources.

We provided them with 2 films completed by Swindon Youth Forum to help remove the stigma around mental health

The two films can be viewed by following the links below.

Not Just a Diagnosis

Further information on the subject of this report can be obtained from Claire Smith, Direct Dial 01793 465815, cesmith@swindon.gov.uk.

Progress Update of Youth Participation

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

<https://www.youtube.com/watch?v=L8iPRettD38>

Remote Control

<https://www.youtube.com/watch?v=YMgL3x0I9Iq>

Alongside this, the Youth Forum has supported a mental health needs assessment as requested by the Senior Public Health Manager - Swindon Borough Council. Two questionnaires were designed; one for young people who have received a service from mental health practitioners and one for those who haven't to find out if young people know how to access help.

Final reports can be seen in Appendix 2 and 3

3.3.11 Police Crime Commissioner

Ellie, alongside Wiltshire's Member of Youth Parliament, has been meeting with the Police Crime Commissioner to produce a survey to go out across Swindon and Wiltshire to gather the views in relation to crime and education.

Further updates will be given during the meeting on the 2nd September.

3.3.12 Thought Tank Update

SEND Reforms

Thought Tank have completed their poster highlighting the important changes for young people through the recent SEND reforms, and this has been agreed by Swindon Borough Councils' Participation and Engagement sub group. Posters will be distributed to all special schools and special resource provisions throughout Swindon. See Appendix 4

3.3.13 Priorities

The young people were asked what issues they feel are affecting them. They especially wanted to highlight the issues they had due to being a young person with disabilities;

- Misinterpretation

Adults getting the wrong idea of what you are trying to say – you get the feeling that you are not being listened to so give up in the end.

Adults not taking the time to check back with you what you mean, so they may put things into action which are wrong and don't meet your needs – you end up with the wrong help, which can be worse than getting no help at all.

Further information on the subject of this report can be obtained from Claire Smith, Direct Dial 01793 465815, cesmith@swindon.gov.uk.

Progress Update of Youth Participation

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

- Being trusted by adults (parents, carers, and teachers) to do things independently

To try new things

Missing some skills that may affect us when we are older, for example managing money and housing

Getting the right help

From this activity the young people have decided their priority campaigns for the next year will be to address these issues.

3.3.14 Complex Health Needs Assessment

3.3.15 Thought Tank have supported Swindon Borough Council in their 'Children with complex healthcare needs assessment'. Taking part and supporting the discussion process with other young people, to understand what works well and what doesn't work so well when you have complex medical needs. Following the needs assessment, the reports will assist in the review of services complex to see where improvements can be made.

Anonymised reports can be seen in Appendix 5

4. Alternative Options

None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

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

Legal and Human Rights Implications

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

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

5.3 There are no other implications

Diversity Impact Assessment

5.4 A Diversity Impact Assessment (DIA) has not been completed for the following reasons: This is an update on progress to date.

Further information on the subject of this report can be obtained from Claire Smith, Direct Dial 01793 465815, cesmith@swindon.gov.uk.

Progress Update of Youth Participation

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Risk Management

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

6. Consultees

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

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 Anti-Bullying Vision 2015
- 8.2 Mental Health Services Report 1 C&YP - NOT accessed services
- 8.3 Mental Health Services Report 2 C&YP - Accessed services
- 8.4 C&YP SEND Reforms Poster
- 8.5 Children's Complex Health Needs Assessment
- 8.6 Mind the Gap Campaign Survey tool v.2

Further information on the subject of this report can be obtained from Claire Smith, Direct Dial 01793 465815, cesmith@swindon.gov.uk.

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Swindon's Anti-Bullying Vision

We believe:

Everyone is entitled to respect and has a responsibility to respect others

Each person is unique, and has a positive contribution to make with talents and strengths that should be encouraged.

We should value and be at ease with all the different cultures and personalities that are reflected in Swindon, and make it such a great place to live.

Our homes, schools, workplaces, communities, streets, recreation spaces should be free from all types of fear, bullying and intimidation

We will:

Make sure all our children & young people will be safe from harm and bullying.

Understand that bullying is everyone's responsibility.

Encourage and support our children & young people to report incidents of bullying.

Make sure all our staff have access to appropriate training and support.

Have all the right policies and strategies which combat bullying in all environments.

Be confident that everyone affected by bullying feels confident that their concerns will be addressed.

Designed by young people from:



Young Carers

WE do not accept bullying here

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Swindon Children & Young Peoples Mental Health Questionnaire

Report

Results for young people completing the questionnaire that have **NOT** received a direct service from Swindon Mental Health Services

Number of young people completing questionnaire = 16

Breakdown of gender – 11/16 (69%) = Females and 5/16 (21%) = Males

Age breakdown – 12.5% = 10 years, 6.25% = 11 years, 12.5% = 12 years, 18.75% = 13 years, 31.25% = 14 years, 12.5% = 15 years and 6.25% = 16 years

Schools 22% = Primary schools and 88% = Secondary schools (including 1 Special school)

Question 1 – If you felt down / unhappy, or felt that you had a mental health problem, or were depressed or stressed; where would you go for help?

Family = 36% Friends = 32% Doctor = 11%

School = 21% Internet = 0%

Other – STEP (Swindon 10 to 18 Project)

Question 2 – Have you heard of the following services in Swindon?

YES CAMHS = 19% YES TaMHS = 25% NO = 56%

Question 3 – If yes, so you know what sort of help they offer?

YES = 43% NO = 57%

Question 4 – If you felt you needed support from these services, would you know who to ask or how to get help?

YES = 38% NO = 62%

Question 5 – Do you think a local information website for young people about mental health issues, and these services would be helpful?

YES = 75% NO = 25%

Question 6 – What information do you think would be useful to have on the website?

- About depression
- Self-harm
- Suicidal thoughts and feelings, how to get help

- About how to get the help I / other people need
- Relationships
- How to get help for bullying
- How to deal with angry feelings without annoying others
- Who you need to contact and how to do it – useful phone numbers
- Who you can talk to about stress
- Symptoms of mental illness

Question 7 – How do you think mental health services could best promote themselves across Swindon?

Posters = 23%

Leaflets = 23%

Social Media = 36%

Events = 18%

Other – Newspapers and local media

Question 8 – Any other thoughts or suggestions you can think of that could help us improve mental health services across Swindon?

- More accessible
- More information online about what is available
- Need to have a drop in service where you can talk to someone (face to face); instant access to the service

Swindon Children & Young Peoples Mental Health Questionnaire

Report

Results for young people completing the questionnaire that **HAVE** received a direct service from Swindon Mental Health Services

Number of you people completing questionnaire = 19

Breakdown of gender – 7/19 (37%) = Females and 12/19 (63%) = Males

Age breakdown – 20% = 11 years, 25% = 12 years, 15% = 13 years, 10% = 14 years, 10% = 15 years, 10% = 16 years and 10% = 17 years

Schools 12% = Primary schools, 70% = Secondary schools (including 1 Special school), 6% = College and 12% = Other special provision

Question 1 – Did you know where to get the support you wanted?

YES = 30%

NO= 40%

SOME = 30%

Question 2 – Did you ask anyone to help find you that support?

Family = 30%

School = 30%

GP = 20%

Other = 10% including Youth Engagement Worker and STEP workers

Question 3 – How long did you wait before trying to get help?

Less than 1 month = 15%

1-3 months = 15%

3-6 months = 5%

6-12 months = 10%

+1 year = 35%

Not sure = 20%

Question 4 – What made it difficult to get the support?

- Did not want to be judged
- Having trust issues in the past (2 answered this)
- Passed from pillar to post
- People not believing I needed help (2 answered this)

- Waiting List (long)
- Did not know what services were available to help me
- Services were not available in my school for my year
- Admitting that I needed help (3 answered this)

Question 5 – Once you asked for help did you get the support you needed soon enough?

YES = 55%

NO= 45%

Question 6 – How long did you have to wait?

Weeks = 24%

Couple of months = 44%

+6 months = 12%

+1 year = 20%

Question 7 - Did you get enough information about the service before attending?

YES = 46%

SOME = 12%

NO = 42% **If NO what would you have liked to know?**

- What was going to happen to me (6 answered this)
- Who I was seeing (2 answered this)

Question 8 – How would you have liked to get information about the service?

Leaflet = 20%

Letter = 17%

Website = 14%

Phone = 6%

Face to face = 43%

Question 9 – Did you know what to expect at the first session?

YES = 32%

SOME = 5%

NO = 63%**If NO why?**

- No one told me (6 answered this)

- Not been before (2 answered this)

Question 10 - Where the sessions run at a time and place that was good for you?

YES = 66%

NO = 34%

If NO what could have been done to help?

- Worker to come to me
- Flexible in setting time and place
- Told when I had to go, no-one bothered checking it was okay with me
- Closer

Question 11 – Did you feel you could be seen as often as you wanted?

YES = 38%

SOME = 12%

NO = 50%

Question 12 – If you needed to contact someone from the service, was it easy to do?

YES = 60%

SOME = 12%

NO = 28%

If not, what could have been done to help?

- Quicker response
- Negative response when things were at crisis

Question 13 – What did you think of the staff? (Score out of 10)

Friendly – 7.3 / 10

Professional – 7/10

Helpful – 6.1 / 10

Understanding – 6.9 / 10

Available – 5.3 / 10

Caring – 7.1 / 10

Easy to talk to – 6.9 / 10

Good listening – 7.1 / 10

Good advice – 7.2 / 10

Trusted – 7.3 / 10

Not Judgemental – 6.6 / 10

Average staff score = **6.8**

Any other comments regarding staff?

- Rude and stubborn
- Found the worker very unhelpful
- CAMHS in Reading and Berkshire are far more effective, last appointment in Swindon felt overlooked (supposed to be the patient)

Question 14 – Do you think the service helped you?

YES = 50%

SOME = 25%

NO= 25%

Question 15 – Did you understand how confidentiality worked?

YES = 62%

SOME = 6%

NO= 32%

Question 16 – Did you understand what choices you had?

YES = 60%

SOME = 20%

NO= 20%

Question 17 – Do you think if you could have gone to a support service in your school or local area it could have stopped you needing to access TaMHS / CAMHS service?

YES = 35%

SOME = 5%

NO= 60%

Question 18 – Do you think more information should be made available for young people in Swindon about mental health issues?

YES = 100% with 37% wanting website information and 63% leaflets

Other ideas; Facebook, Social media, TV advertising, Schools (information boards, web pages and assemblies) and Billboards.

Question 19 – What information would you like to see included?

- What they do
- General information about the service, what is available
- Illness details
- What it's like from a young person's viewpoint
- The process – what to expect if you use the service
- Details of support available locally
- Where they are, how to get in contact

Any other comments?

Need to employ staff who can relate to teenagers and their issues.

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Lots of important changes are happening for children and young people with SEND

For more
Information
call the

**Independent
Support Service**
01793 542266

or
Google

MyCareMySupport



IT WILL BE EASIER
TO GET THE HELP
THAT YOU AND YOUR
FAMILY NEED

YOU WILL BE
LISTENED TO

YOU
WON' T HAVE TO
TELL YOUR STORY
AGAIN AND
AGAIN

This means

IT WILL BE
EASIER TO
FIND SERVICES

IT WILL BE
EASIER TO GET
ADVICE

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Children's Complex Healthcare Needs Assessment

(1) Male, aged 15

What do you enjoy about home / school / leisure time?

Home / leisure time –

- Playing video games
- Hanging out in the garden, balls/bats/bowling with my brother and friends
- Cooking with my mum

School -

- Really like the clubs available especially the Boccia (new club) and 'social club' as it gives you a chance to try new things and to talk to your friends (a social thing), play board games, listen to music etc. The 'social club' is open not just to the whole of our school but to other young people from other schools as well so it gives me the chance to meet new people from outside of my school as well. The 'social club' is also now wheelchair friendly so that's great.

What things do you find difficult because of your health?

- Sometimes I am in pain and this makes it difficult to focus on my school work.
- I have problems with my sight and I have to wear an eye patch, it can get annoying when children and adults make comments and ask me why I am wearing it (even people like school staff that have known me for a long time, they still ask). I have been waiting 10 weeks for a new specially made contact lens, it was meant to be ready weeks ago but I am still waiting. I am use to wearing my eye patch but it does make things more difficult as I am only seeing out of one eye at the moment.
- School – can be difficult trying to catch up on work that you have missed because you are ill, you feel really under pressure from your teachers to try to catch up as soon as you can and because you have missed lessons that makes other lessons more difficult because you have missed related learning. The school does provide me with the chance to do catch up lessons during the school day but that means that I miss fun stuff like free time, break time, clubs etc.
- Sometimes because of the pain I get in my legs I sometimes use a wheelchair instead of walking, but when I do turn up in school in my wheelchair I get fed up with people asking me 'why are you in your wheelchair, you can walk!' I should not have to keep explaining myself to others.
- Using temporary ramps when in my wheelchair, the staff at school don't always want to put them out and they don't feel very safe so I need to rely on others pushing my wheelchair so I don't fall.

What is your experience (how did it make you feel, how were you treated) with health and social care settings?

- I am fed up with having to tell my story over and over again, if people (medical staff) bothered to read my notes they would not have to ask so many questions.

- I do feel that sometimes people don't always believe the pain I am in.
- I don't think the hospital and the school have very good communication, I think that the pressure is on my mum to let the school know what is happening all the time with my medical treatments and when I am off because I am ill.
- The hospital is sometimes late with my medication and also I am still waiting for my new contact lens and that is late, I don't like wearing my eye patch and I have had it for 10 weeks now.

What has helped / works well for you?

- The school does try to help me catch up on missed lessons with 'catch up' sessions.

What gets in the way or has been difficult?

- Appointments are very inflexible, you have to turn up on the day / time they say, and they (hospitals) will not change your appointment.
- Poor communication, sometimes an appointment is cancelled and they do not give you notice so you have already started travelling to the hospital or have already not gone into school so it's a waste of time.

What would help more or could be done differently?

- More flexibility with appointments (especially non urgent ones) so that school is not missed, why can't they have the appointments at the weekend or during school holidays?
- School being more tolerant, I am in the 'special resource' unit at my school and they know the medical conditions I have but they are always chasing up my mum for letters if I am ill to cover my absences, my mum really feels under pressure to let the school know what is happening all the time. I also don't have to go in and stay in hospital lots but I do have times when I am in too much pain or have to attend appointments so miss school and they are not always very understanding.

If you designed services what would they look like?

- Appointments that fit around you and your needs, why do I always have to travel to them?
- Hospitals / Doctors and schools working together to take pressure of parents.
- Schools supporting students more to catch up on lessons.

What do you enjoy about home / school / leisure time?

Home / leisure time –

- Playing X-Box
- Chilling with my friends both inside the house and out in local community (but only close to home)
- Hanging out in the garden, have an archery set, I enjoy playing that

School -

- Have left school now (I am free!) and I am glad I am going to college because hopefully it will give me a greater independence, I have chosen to do a foundation course in independent living because that is my aim to be able to live as independently as possible.

What things do you find difficult because of your health?

- Missing out on what friends are doing.
- Miss out on social opportunities, going out with friends.
- School – can be difficult especially in years 10 and 11 as there is so much work to catch up on, you feel really under pressure from your teachers to try to catch up but sometimes there is just too much and you miss things.
- Using temporary ramps when in my wheelchair, they don't feel very safe so I need to rely on others pushing my wheelchair so I don't fall. I had a really bad experience once and the ramp was not fitted properly so it tipped and I fell forward out of my chair, it was awful and embarrassing as I can't get myself up and others had to rescue me.

What is your experience (how did it make you feel, how were you treated) with health and social care settings?

- Because I am in hospital so regularly and for quite long periods of time when I am in ALL the hospital staff really know me well and know exactly how to treat me, they make my stay in hospital as good as possible, they are friendly and care well for me. They more or less make it feel like home to me. I also have made some really good friends with other patients. I am worried that I will soon be moving into adult services and they will not know me so I may not get the same care and treatment.

What has helped / works well for you?

- The fact that the hospital staff know me and my condition so well.

What gets in the way or has been difficult?

- Appointments are very inflexible, you have to turn up on the day / time they say, and they (hospitals) will not change your appointment. I had a consultation at Great Ormond Street and it clashed with one of my exams, we asked if the appointment could be changed but they said NO I had to attend and I missed the exam.

- Poor communication, sometimes an appointment is cancelled and they do not give you notice so you have already started travelling to the hospital or have already not gone into school so it's a waste of time.
- Missing out on education because you are too ill to do any work and I have had a couple of times when I have been ill for several weeks and there is just too much work to catch up on so you miss things.

What would help more or could be done differently?

- More flexibility with appointments (especially non urgent ones) so that school is not missed, why can't they have the appointments at the weekend or during school holidays?
- Better communication between the hospital and the school so that your parents are not under pressure to let the school know what is happening all the time.

If you designed services what would they look like?

- Appointments that fit around you and your needs, why do I always have to travel to them?
- More treatment available in local area – nurses to come out to me.
- Hospitals and schools working together to take pressure of parents.
- Schools supporting students more to catch up on lessons.

What do you enjoy about home / school / leisure time?

Home/leisure time – I play computer games, spending time with and doing things with my family, seeing my friends.

School – I like school and I'm doing really well with my education. I am in high groups for most things. We have also started working on transition which is good because I want to live independently, well as much as possible so it's good to start to understand what skills I need to enable me do this. I feel good about having a plan for my future.

What things do you find difficult because of your health?

- Accessing certain places such as the dentist, we were sent round the back to use the back entrance but even then there was a high step that I found difficult. So they made a temporary ramp with whatever they could find and this wasn't safe.
- Missing work at school and having to catch up. I recently spent 6 weeks in hospital and missed so much work. Being in high groups means that I have a lot of difficult work to catch up on and then I feel pressured to catch up with work alongside the other work that has been set daily. This leaves me with very little social time and feeling mentally and emotionally drained. Sometimes if I just had 20 mins for myself that would help.
- People not always understanding my disability and how it affects me personally
- High steps are a problem for me

What is your experience (how did it make you feel, how were you treated) with health and social care settings?

- Difficulty with accessing some places, mostly ok but there are still steps and stairs with no railings especially if I'm using my walking sticks.
- I feel mostly good when going to hospital appointments. There are good doctors and nurses and they know what they are doing. Now that I am older I am feeling more involved in decisions about my care and this gives me better confidence – after all I'm the one who knows about my body more than anyone.
- Upset that I waited so long for an operation. I couldn't get out and about and this meant I didn't socialise. I just sat around at home and I feel that it made me lazy. I felt very demotivated.
- Feeling good about planning for my future after school is finished
- When I was born my mum asked for a social worker to help her but she didn't get one. She has had to everything herself. Now that I am going to be going through transitions my mum has asked for a social worker again so that it can be assessed about how much support I may need to live independently because that is my ultimate aim.

What has helped / works well for you?

- Being seen by specialists who know exactly how I am affected by my condition and know exactly what to do about it.
- Being prepared for adulthood and having a care plan put in place to enable me to live an independent life.

What gets in the way or has been difficult?

Waiting for an appointment to be seen by a specialist can take a long time. I had problems with my knees and was in a lot of pain. I ended up waiting 8 months to be seen and it took 4 years to get the

surgery in needed. I had to take medication daily which had its side effects. Before that I was really well and you would not have known I had Cerebral Palsy as it didn't affect how I walked.

What would help more or could be done differently?

- No being under so much pressure to catch up on school work
- Not having appointments cancelled
- Shorter waiting lists for treatment

If you designed services what would they look like?

- More doctors
- Hospitals talking to schools about appointments and treatment
- Less issues around access to certain places
- Not having so much work to catch up on when school is missed
- When back at school more understanding after a period of being unwell, just because I'm back at school I may still not be feeling so good.

What do you enjoy about home / school / leisure time?

Home/leisure time – I have a room that is pretty well set up. I have a large t.v and I play computer games when I'm home. I can feel quite isolated at times.

School – School is good. I have a TA with me most of the time and she helps me throughout the day which is helpful

What things do you find difficult because of your health?

- Corridors can sometimes be hard to go down with my chair especially if there is not enough space to turn around. Temporary ramps make me very nervous because I can't stop myself from falling if my chair was to tip.
- I don't go out with friends; I mainly go out with my dad.
- When I go out there are sometimes doors that I can't get through and steps leading to doorways that are not suitable.
- Pressure from teachers to catch up on work, sometimes I can be unwell for months.

What is your experience (how did it make you feel, how were you treated) with health and social care settings?

- The hospital staff know me quite well, as I can sometimes spend a lot of time in hospital. They are always nice to me and friendly, but don't have time to sit and talk to me if I am on my own
- I am included in decisions about my care and treatment now that I am older, but I feel they listen to my dad more than they listen to me.
- Because I need round the clock care and I have to be turned at night I have to have a carer with me. When I have been in hospital I have sometimes been put on the baby ward because there are staff there to help me through the night. That was pretty annoying as babies cry and I wanted to be near people my own age.
- One of my carers who come in at night is partially deaf, this is difficult and frustrating as she doesn't always hear me at night and I worry because what if something bad happens. There is a real lack of communication

What has helped / works well for you?

- Being prepared for transitions after leaving school is good because we are planning for my future and that is something I think about a lot now that I am getting older.

What gets in the way or has been difficult?

- Hospital school does not always give me work that is relevant to what I am doing in my class.
- When I have been off school for some time, it is hard for me to catch up and this makes me feel a lot of pressure and can worry me a bit.
- There was one time that my dad was not well and had to go home from the hospital I was in. I didn't get fed and I felt they didn't care about me, this was pretty scary.
- Having to attend a hospital a long way from home

What would help more or could be done differently?

- It would be good if hospitals talked directly to schools, especially around appointments. The school could say when is not a good time because of exams, tests or important things going on at school and they could talk to my teachers about my health so they are more aware of what is going on and how this will impact on my school work.
- More staff in hospitals

- More one to one care to give my dad a break more.

If you designed services what would they look like?

- More doctors and beds in the local hospital so that I wouldn't have to go so far away.
- Hospitals talking to schools about appointments and treatment and recovery times
- Less issues around accessing to certain places.
- Less pressure from school during periods of being unwell.

What do you enjoy about home / school / leisure time?

Home/leisure time – I am happy at home. I have lots of things to do and of course my mum is there and she has the same condition as me so she understands everything.

School – School is good. I enjoy coming to school and I have lots of support from adults if I need it.

What things do you find difficult because of your health?

- I feel as though I have an invisible condition. To look at me you would think I was normal and didn't have any condition but I find things really difficult when I'm feeling unwell.
- If I'm out and use a lift for disabled people then people have said 'why are you using the lift it's for people with disability', I have to say I'm disabled, this upsets me because I shouldn't have to explain myself to people.
- Other young people at school sometimes say there is nothing wrong with me. They don't know what I am going through and it is frustrating.
- Stairs can be difficult to get up if there are not help rails.
- Pressure to complete work from school if I'm not well.

What is your experience (how did it make you feel, how were you treated) with health and social care settings?

- Ok, appointments can take a long time to wait for.
- I feel listened to when I go to appointments and the doctors always speak to me and my mum.

What has helped / works well for you?

- My mum having the same condition as she knows exactly how I feel and I'm able to talk to her

What gets in the way or has been difficult?

- Mainly people not understanding my condition. If others in my school had a better understanding of how my disability affects me, then I feel they wouldn't be so judgmental or say things that upset me.

What would help more or could be done differently?

Did not answer

If you designed services what would they look like?

Did not answer

What do you enjoy about home / school / leisure time?

Home - watching T.V, playing on my games, spending time with my family. I am pretty well set up at home as I have my bedroom downstairs with a wet room and our doors ways are bigger so my wheel chair easily get through them. We also have a ramp out into the garden so I can go out there when it's nice.

School – I like spending time with my friends and I enjoy most of my lessons. I have really good support from my TA and teachers

What things do you find difficult because of your health?

- Going out on trips or going into town can be difficult because there is always so much planning beforehand. We have to find out if there is wheel chair access or any other obstacle that will prevent me from doing what I want to do or going into somewhere.
- Because at times I don't use a wheelchair, people don't always see my disability and when I tic or my condition causes me to act a certain way, then people may stare at me. Some people will laugh or if I tell them about my condition then they will ask me why I don't shout out swear words. People have pre-conceived Ideas about my disability when they are a lot more complex. Sometimes people accuse me of putting it on, when I'm not, it's out of my control, and it's so frustrating and embarrassing. I wish people knew how they make me feel.
- I can feel very much under pressure at school with school work. If I have missed lessons because I have not been well then I have to catch up as well as doing the work I am set daily. I can sometimes miss out on break time because I'm doing a catch up session. Before I moved to this school I felt very isolated and the school I attended then were not very supportive of my condition, it was a though they didn't believe me. I was then moved to a special needs school. Whilst there I didn't really get taught the curriculum and fell behind in my learning I felt as though I was being left behind. But since moving to the school I am in now, I am taught what I should be and have caught up. A few of the ramps here, one especially is not very good and I don't feel safe using it. Because of my condition I am not always able to join in P.E and I can sometimes feel as though I've been put out the way until the lesson is over.

What is your experience (how did it make you feel, how were you treated) with health and social care settings?

- Sometimes I have to wait for such a long time for an appointment to come through, which is frustrating because I feel I don't always get the help when I need it.
- Appointments can be at different hospitals at times and I have to see different doctors than I normally do and they don't always know me very well.
- Now that I am getting older I find that doctors and other professionals are talking to me directly and I have more control over talking about my condition. When I was younger my mum did most of the talking for me.
- I have good experiences with doctors who I see often or understand my condition better as they are specialists in that area.

What has helped / works well for you?

- The support I get at school is good.

- Seeing the doctors I know is very positive

What gets in the way or has been difficult?

- Hospitals should speak to schools more, so they know when my appointments are or appointments could be arranged around important lessons or exams
- Long waiting lists for appointments
- Having to explain my condition and how it affects me, my symptoms change and this is not always understood.

What would help more or could be done differently?

- Flexibility with appointments so I don't miss out
- Temporary ramps to be made safer
- More time to catch up on missed work

If you designed services what would they look like?

- Not having to go to different hospital which can sometimes be a long distance away.
- More privacy when staying in hospital

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#MindTheGap Campaign Survey tool

Mental health service provision across England varies from local authority to local authority. Many young people’s needs are not currently being met because services are not always easily accessible; they are not always youth friendly; and if you live in the wrong postcode, you may not have any services at all. The #MindTheGap campaign aims to praise services that are meeting the mental health needs of young people, and highlight where young people are missing out on mental health services.

UKYP want to map out mental health service provision for the whole of England by using the survey below; and in order to get reliable and credible data, we need you! We want to know the kinds of mental health services that are available in your area? How young people can access the service and what the opening times are. We also want to know if there are any restrictions to accessing the service. All the findings from the survey will be put into a report, which will be presented to the Minister of State for Community and Social Care, Alistair Burt MP.

There are two parts to this survey, please complete part 1 then move onto part 2. Please feel free to print more copies of part one if you need to.

Deadline: 30th July 2015. Please print and bring to the Annual Sitting or email by the deadline to ukyppeg@byc.org.uk

Names of the young people who completed the research: **Ellie James & Wilfred Steenberg**

Local Authority: **Swindon**

Region: **South West**

Part 1

Name of the Organisation	What types of services do they offer?	Can you walk in? Or do you have to be referred?	Age range	Opening times	Any Restrictions in accessing service? I.e. Distance to services? Limited services available? Only available to students in a certain catchment area? Opening times? Etc
Targeted Mental Health Service (TaMHS)	Supporting the emotional wellbeing of children and young people by ensuring that their mental health needs are addressed	Referred	0 to 19	Variable (Not 24hr service)	<ul style="list-style-type: none"> • Can only be accessed by childcare practitioners / professionals. • The professional will assess the situation and, where necessary/appropriate, refer the child or young person • Child Young Person must be in full-time education
Children and Adolescent Mental Health Service (CAMHS)	Interventions for any child that has more severe, complex and persistent mental health difficulties.	Referred	Not shown on literature	All the time; emergency numbers available	<ul style="list-style-type: none"> • Can only be accessed by childcare practitioners / professionals. • Not sure of age restrictions • Different departments not sure who to access???
ON Trak	For children & young people experiencing mental health problems that are likely to respond positively to 'talk-based' therapies	Referrals from young people themselves or from parents, guardians or carers	14 to 19	09:00-17:00	<ul style="list-style-type: none"> • Only for those with moderate mental health problems that may be improved by attending one-to-one, talk-based therapy sessions. • Opening hours coincide with school / college
PASH	Delivering a flexible and comprehensive approach, empowering wellbeing, for individuals wanting to develop long term coping skills to overcome self-harm / injuring behaviour.	Phone to make an appointment – Self referral available	16+	Monday-Friday 9.00am - 3.30pm	<ul style="list-style-type: none"> • Only from the age of 16 years onwards • Opening hours coincide with school / college

Family Mediation Service - Counselling for Children and Young People	Counselling Project provides trained counsellors for children whose parents are separating or have separated. We recognise that in difficult family situations our counsellors are able to listen to children to help them express their feelings and sadness	Phone to make appointment	5 to 18	Unclear from website	Opening times unclear
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Part 2 – To be completed when you have finished Part 1

1) How easy was it to find this information on a scale of 1-5? (*Please circle your answer*)

1	2	3	4	5
Very Easy	Easy	Okay	Hard	Very Hard

2) What other campaigns & sources of information did you find? (*Please list below*)

Please see additional information attached from recent CAMHS TaMHS Survey – also please refer to previous email with links to past film project around removing the stigma around mental health.

Children's Health

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Author:	Board Director Commissioning/DCS and DASS
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

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

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern that require further investigation.

3. Detail

Health Visiting

- 3.1 What have you done well?
 - 3.1.1 We have recruited a Professional Lead for health visiting who came into role in May 2015.
 - 3.1.2 We have continued progress with recruitment to our target number of health visitors for Call to Action, currently at 51.58 against a target of 52.
 - 3.1.3 We have developed and now delivering new health visitor wallets for families with information about new Health Visiting Service offer and Healthy Child Programme.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

Children's Health

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

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- 3.1.4 We have implemented the Baby Steps programme, which transferred from the NSPCC pilot, as part of a targeted antenatal offer for vulnerable prospective parents.
 - 3.1.5 We have developed and launched the integrated 2 year review process and offer with our local Early Years partners.
 - 3.1.6 We have brought obesity rates for reception children in line with England rates.
 - 3.2 Priorities
 - 3.2.1 To improve the performance as measured nationally and locally by our performance indicators for Health Visiting.
 - 3.2.2 To deliver the antenatal contact universally and effectively.
 - 3.2.3 Improved joint working between health visitors, Children's Centres, Family Centres and Early Years settings to ensure that there is effective information sharing and that vulnerable children and families are effectively supported.
 - 3.3 What are the challenges that your service is facing?
 - 3.3.1 We have made slow progress with delivering universal antenatal contact for prospective parents. Numbers are still very low with 98 antenatal contacts being delivered in quarter 1 of 2015/2016, which has the same as for quarter 4 of 2014/2015. Actions to improve this are a) Continue to recruit and retain Health Visiting staff on the front line so that we maintain the maximum number of staff to deliver the Healthy Child Programme, b) information about pregnancies and we have worked with maternity services at GWH and now are receiving the booked pregnancy information every week to help us schedule more systematically and c) the health visiting Professional Lead is commencing work with all health visiting staff ensuring compliance with delivering this aspect of the Healthy Child Programme.
 - 3.3.2 To increase the number of Early Help Records and Plans led by health visitors to ensure families receiving universal partnership plus (UPP) level of service have planned and co-ordinated help. Operational managers are all leading work in their areas to increase numbers. All UPP families should have an Early Help Record and Plan.
 - 3.3.3 We need to ensure that health visitors are delivering the Healthy Child Programme equitably and to the same quality standards across Swindon. The new Professional Lead for Health Visiting is tasked with leading work to improve compliance across the set standards.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

Children's Health

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

School Nursing

3.4 What have you done well?

- 3.4.1 School nursing transferred to electronic caseload management in April 2015 and this is working well.
- 3.4.2 Work within the integrated teams continues to be positive enabling increased liaison and joint work with other agencies.
- 3.4.3 The school nursing service structure of professional lead alongside locality co-ordinators works well and enables change to be managed in a positive way across the whole team.
- 3.4.4 The work of the school health screeners is positive and maintains high levels of uptake and follow up for vision, hearing and National Community Measurement Programme (NCMP) screening.
- 3.4.5 The implementation of school based immunisation programme where the uptake remains high and is the best in the country for HPV. DTP & Meningitis C uptake has also increased this academic year.

3.5 Priorities

- 3.5.1 Safety - A robust peer audit programme of electronic records will be implemented to ensure that the standard of record keeping is maintained and that safeguarding is paramount.
- 3.5.2 Effectiveness – School nursing data activity will be scrutinised at team and individual level to analyse performance in relation to commissioned services.
- 3.5.3 Audio, vision, and NCMP screening data will be evaluated, including qualitative data from schools and parents.
- 3.5.4 User Experience – User feedback will be collected from both young people and their families following a) Completion of all Early Help Records and Plans, b) Random immunisation sessions and c) Random screening sessions.
- 3.5.5 Leadership – The qualified Specialist Community Public Health Nurse (SCPHN) post within School Nursing Service is now leading and scrutinising service development work to ensure a more competent and confident workforce to improve delivery of front line practice.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

Children's Health

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

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- 3.6 What are the challenges that your organisation is facing?
- 3.6.1 A challenge is to increase the number of Early Help Records and Plans completed by school nurses. Work is ongoing to support school nurses to identify children and young people who would benefit from this support. This is being supported by the operational managers. Clear criteria have been identified and records are being audited.
- 3.6.2 A challenge is to ensure that recording of school nursing activity on Capita One reflects the activities completed and outcomes achieved for young people. This is being addressed through discussion and analysis of quarterly data sets at team and individual level. Attendance at the Capita One users group allows issues to be discussed and addressed within an appropriate forum and solutions to be identified.
- 3.6.3 The challenge of mobile working and the maintenance of records has been exacerbated by the transfer to electronic records. This is being addressed through a pilot of 4G laptops to enable truly mobile working. This will enable school nurses to maintain contemporaneous records and reduce the time having to return to the office to maintain records.
- 3.6.4 There is still a challenge in recruiting staff to school nursing who are trained and experienced public health practitioners and this has an impact on workloads and capacity.
- 3.6.5 The challenge of the service meeting all the work demands is ongoing. This has been increased by the need to deliver traded services. There is a recognised tension for practitioners organising their workload specifically between the public health role (delivering immunisations) and managing targeted work and immediacy of child protection work. This is addressed within individual supervision with a move towards having flexible caseloads within localities.
- 3.6.6 The immunisation programme continues to change, placing increased pressure on the service to deliver catch up programmes. A business plan /costing has been submitted to Public Health England, who commission the school aged immunisation programme, for the latest change (introduction of Meningitis ACWY). Clarity is awaited how this will be delivered in Swindon and can then be integrated into planning.
- 3.6.7 There is challenge for school nurses of balancing work in schools and with children and families against the demands of needing to attend meetings. This is needs to be looked at in more detail so that shifts can be made to more face to face work with children and young people.
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Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

Children's Health

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Targeted Mental Health Service (TaMHS)

3.7 What have you done well?

3.7.1 Traded Service

The TaMHS service have once again increased the amount of traded service that has been bought for the next academic year. We have seen a year on year increase in the amount of time that schools/ colleges have brought in since the start of the service in 2011. For the year 2015/16 we have £300,000 in traded service to deliver to a total of 52 schools and there are still additional orders expected.

3.7.2 Changes to Team Structure

This year TaMHS have appointed two senior clinical practitioners that are now delivering supervision to the Outreach Workers within the team. There has also been additional internal commissioning to enable TaMHS to deliver Placement support to foster carers within the Borough. We have appointed another senior clinical practitioner to deliver this role, and have worked closely with the designated nurse for Looked after Children and the manager of the family placement team to put together an appropriate referral form, information leaflet and Request for Service form. The Practitioner has already received the first referrals for this role.

Due to the increase in traded service TaMHS have appointed another clinical practitioner that will join the team in September and are currently advertising for a 37 hour week term time Outreach worker to also join the team in line with increased demand.

TaMHS team has had many changes in staff during the time that it has been running as a service, but at the current time it is generally settled. The staff are very skilled and motivated to make a difference to the lives of the children and young people that they work with.

3.8 Priorities for the next year

3.8.1 To maintain a good reputation with the schools that we trade with and to continue to deliver a professional and respected service for 2015/2016 we need to ensure that children's individual outcomes are achieved. We also need to increase traded activity.

3.8.2 To build on the clinical supervision package that we are selling to schools/other settings via the Borough's traded services so that practice is safe and that staff in schools and other settings are professionally supported to achieve better outcomes for children.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

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3.8.3 To run a pilot with St Joseph's School to look at how we improve access to mental health services for children and young people from ethnic minority groups. We are commencing this in September with a survey that will be sent out to all the children in the school. We are planning to run focus groups, translate TaMHS information leaflets into other languages, to provide consultation sessions to parents, to provide training to school staff and to meet with community leaders.

3.8.4 To address the Government initiative of working even more closely with schools

3.9 What are the challenges that your organisation is facing?

3.9.1 Referrals

The number of the referrals through the Single Point of access from GPs, Paediatricians and schools that are not trading with us is continuing to increase. This remains the biggest challenge. There are also many referrals that are for behavioural concerns or are not in fact appropriate for the service and do not meet the criteria.

3.9.2 Resources

It remains a challenge to meet the emotional and mental health needs of the ever expanding population within the Borough without additional resources.

It is also challenging when there are very few agencies to refer on to, or when other agencies close their waiting lists.

To counteract some of the challenges we are changing the way that we allocate the work load within the team and have separated the team into Single Point of Access (SPA) delivery and Traded Service delivery. We are allocating more time to screening the referrals and will be piloting a duty system from September. We are also running a waiting list initiative over the schools summer break, offering a total of 280 appointments. We are also running separate clinics for review appointments.

Child and Adolescent Mental Health Service (CaMHS)

3.10 Oxford Health NHS FT provides specialist Child & Adolescent Mental Health Services (CAMHS) community services, Outreach Services for Children & Adolescents (OSCA), Learning Disability CAMHS and Inpatient Adolescent Mental Health Services in Swindon. The new comprehensive CAMHS model was launched in 2010 and now provides CAMH services, 7 days a week, 365 days a year. The range of services also includes out of hours emergency mental health provision for children and young people in crisis.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

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3.10.1 Performance 2014/15

Team	Average Caseload	Total Referrals	Direct Contacts	% Seen Within 4 Weeks	% Seen Within 8 Weeks	% Seen Within 18 Weeks
Swindon CAMHS	466	427	4875	59%	85%	100%
Swindon OSCA	116	297	2196	99%	100%	-
Swindon LD CAMHS	153	107	2622	100%	-	-

The above table demonstrates the waiting times for routine referrals to specialist CAMHS during 2014/15. Emergency referrals are assessed within 24 hours, and urgent referrals within 7 days. During 2014/15, there was 100% achievement on both of these targets. The national benchmarking data below shows that Swindon CAMHS performs favourably against other providers.

14-15 National Benchmarking Information

National waiting times for community based CAMHS services have increased for the fourth year in succession. Maximum waits for routine CAMHS now average 16 weeks. A number of providers are also unable to offer emergency access arrangements. Waiting times give a good indication of service access.

- This year (14-15), the mean maximum wait for a routine appointment for CAMHS tiers 1-3 was 22 weeks.
- This is a notable increase from the 15 weeks average reported in 2012-13, and the 14 weeks reported in 2011-12.
- The range in waiting times is notably wider than those for adult mental health services, and the mean average here is affected by a number of providers with long waits. For comparison, this year's CAMHS median maximum wait for routine appointments was 16 weeks.
- CAMHS Waiting times have increased consistently since the CAMHS report was first published in 2009-10.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

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3.11 What have you done well?

3.11.1 Use of Section 136 of the Mental Health Act

Oxford Health CAMHS and Wiltshire Police implemented a protocol in 2012 to significantly reduce the number of young people being detained on a section 136 of the Mental Health Act (MHA). The protocol involves the Police officer contacting CAMHS at any time day and night to discuss the mental health presentation of an under 18 and jointly consider alternatives to detention. Within 6 months of operation, detentions under the MHA had reduced by 70%. The protocol continues to be used effectively and is now cited nationally as a model of excellent practice.

For those young people for whom detention under the MHA is the most appropriate course of action for their own safety, CAMHS and Avon and Wiltshire Partnership (AWP) have been working collaboratively to ensure any young people are taken to the Sandalwood Court Place of Safety for assessment thus avoiding custody. Whilst these occurrences are relatively rare, the collaborative arrangements have ensured the best possible care arrangement for the young people when they are most unwell.

3.11.2 Access to Inpatient Beds

Nationally, there has been considerable press coverage about the shortage of adolescent mental health beds for those young people requiring inpatient assessment and treatment. Young people in Swindon have access to Marlborough House, Swindon (provided by Oxford Health), and for those with high dependency needs, access to the Highfield Unit at Oxford (also provided by Oxford Health). Very few Swindon children have gone out of area with the exception of those requiring higher levels of care which could not be provided locally. Average length of stay for Swindon young people is also lower than the national average due to the intensive 7 day a week support offered by OSCA.

3.11.3 Multi-agency joint working

The CAMHS Learning Disability Team has been building upon its strong working relationships with the Disabled Children's Team and the Local Special Needs Schools, setting up regular information sharing and consultation meetings, improving communication and ensuring easier access to specialist CAMHS services.

3.12 Priorities

3.12.1 To work collaboratively with commissioners to develop a Transformation Plan which effectively meets the needs of children and young people in Swindon.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

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- 3.12.2 To understand the local data regarding DSH (deliberate self harm) and why Swindon reports higher figures than the national average. Work with our partners to develop a multi-agency strategy to reduce the prevalence.
- 3.12.3 To develop and pursue a bid for community based specialist eating disorder services in collaboration with Swindon, Wiltshire and Banes CCGs.
- 3.12.4 To review of capacity and demand for CAMHS to reduce waiting times and ensure timely access for those most vulnerable e.g. Looked After Children.
- 3.12.5 To review of Outreach Services for Children & Adolescents (OSCA) services to ensure prioritisation and allocation of services meets the increasing need of DSH, crisis and emergency work as well as providing an effective step down from admission.
- 3.12.6 To embed Routine Outcome Measures in all clinical practice for session by session work with children, young people and their families.
- 3.13 What are the challenges that your organisation is facing?
- 3.13.1 The Future in Mind report of the government's child and young people's mental health task force published in March 2015, sets out recommendations to promote greater access, and improve standards of CAMHS. There are five major themes:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support – a system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce

The report articulates how we need to set about tackling the problems to create a system that brings together the potential of the web, schools, social care, the NHS, the voluntary sector, parents and children and young people themselves.

The recommendations include:

1. improved provision for CAMHS in schools,
2. changes to commissioning to create a clear pathway
3. increase early years intervention and perinatal services
4. improve the care for children from vulnerable backgrounds including looked after children
5. improving access to CAMHS and using modern technology

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

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6. improved information about data standards

Oxford Health is committed to working with commissioners to transform the service around these themes via an agreed Transformation Plan and ensure Swindon can attract the new monies coming down to achieve the aims of Future in Mind and build on the good work CAMHS is already undertaking. This will involve consideration of the whole pathway including the access to mental health services through TaMHS.

- 3.13.2 CAMHS nationally are reporting an increase in self harm, complexity and severity in referrals (Health Select Committee Report 2014). This trend is reflected in Swindon with some increase in number of young people presenting at the Emergency Department (ED) at Great Western Hospital (GWH) with deliberate self-harm injuries. We do have an agreed plan in place with commissioners to reduce this increase. GWH and CAMHS work collaboratively to manage young people under 18 years safely in line with NICE Guidance ensuring that all young people who present at ED receive appropriate medical attention, and are assessed by a mental health practitioner before they leave hospital. This service is provided 7 days a week and often involves an overnight stay on the Paediatric ward for the young person to ensure a full and comprehensive assessment can be undertaken, and other relevant agencies or support secured to keep the young person safe.

Oxford Health CAMHS are currently participating in the trial of a Deliberate Self Harm Register in partnership with GWH and Avon & Wiltshire Partnership NHS Trust to understand trends and in partnership with Public Health colleagues, develop strategies to reduce DSH year on year in our local population. This project commenced in January 2015 for CAMHS and will ensure accurate data going forward.

- 3.13.3 In parallel, routine referrals to CAMHS have increased in terms of complexity and severity necessitating greater multi-agency involvement, and extended periods of intervention. CAMHS work with not only the child, but also the family, and multi-agency colleagues. The level of complexity and co-morbid presentations e.g. autism, ADHD, substance misuse, etc. is impacting on the intensity and duration of work required, and subsequent waiting times for treatment. As part of the contract agreement with the Clinical Commissioning Group this year, Oxford Health will be undertaking an in depth audit of 10 complex cases to understand what is changing in the mental health needs of our young population. The audit will be complete by April 2016.

In addition, a consultation forum has been established in order for Social Care colleagues to bring cases that are increasingly complex for discussion and guidance for ongoing support or direct referral into core services.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

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3.13.4 CAMHS are also witnessing an increase in the prevalence of eating disorders nationally and Swindon referrals have remained largely static. The Department of Health has recently announced additional funding to address eating disorder services for adolescents aiming to reduce the need for admission to hospital, and increase the role in communities to improve long term outcomes for this vulnerable group. Oxford Health have been reviewing and developing eating disorder services locally for the last two years and welcome the opportunity to implement an enhanced community model subject to a successful bid.

The National initiative led by the Department of Health to ensure the CAMHS workforce is trained in evidence based psychological therapies and transformational leadership under the Increasing Access to Psychological Therapies (IAPT) has also been embedded in Swindon. The Swindon CAMHS team have successfully completed a range of training in Cognitive Behavioural Therapy (CBT), Systemic Family Practice (SFP) and Interpersonal Therapy (IPT), as well as supervision training. This has greatly increased the evidenced based skills expertise of local staff and modernised approaches to care pathways.

3.13.5 Unsurprisingly, the complexity of the cases being seen in LD CAMHS is rising alongside a general increase in demand for specialist intervention as behaviour that challenges is relatively common in this group of young people. The team are developing their pathway based on NICE guidance for Challenging Behaviour and LD including a person centred approach to early identification, functional assessments and advising on proactive strategies that consider psychosocial, psychological and environmental interventions.

Urgent Care

3.14 There has been a reduction in the first quarter of 2015/2016 of paediatric attendances at the emergency department and this has led to a temporary reduction in paediatric beds in Great Western Hospital.

Progress and CQC Inspection Action Plan

3.15 Following the CQC Inspection of Looked After Children (LAC) and Safeguarding in February 2014, Oxford Health CAMHS developed an action plan to address 4 keys areas:

- Children and young people including LAC have timely access to CAMHS
- Full evaluation of the Complex Case pilot (evaluated and reported May 2014)
- The Designated LAC Nurse is copied in to mental health reviews regularly to inform health assessments

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

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- All referrals to safeguarding by phone are followed up in writing and recorded in the mental health record (audited October 2014)

The above actions were completed in year and remain embedded in practice.

4. Alternative Options

4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no current finance implications. The contract for the Child and Mental Health Service contract has been extended for 2015/2016.

Legal and Human Rights Implications

5.2 The commissioning of the health visiting service transfers to Swindon Borough Council from October 2015 from NHS England.

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

5.3 These areas are covered in the main body of the report.

Diversity Impact Assessment

5.4 The diversity impact assessment completed for the Early Support Strategy covers all of these health areas of work.

Risk Management

5.5 The risk management for the areas of work are covered within the services areas providing the individual services.

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 There are no background papers.

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

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8. Appendices

8.1 Appendix 1 – Health Data Report

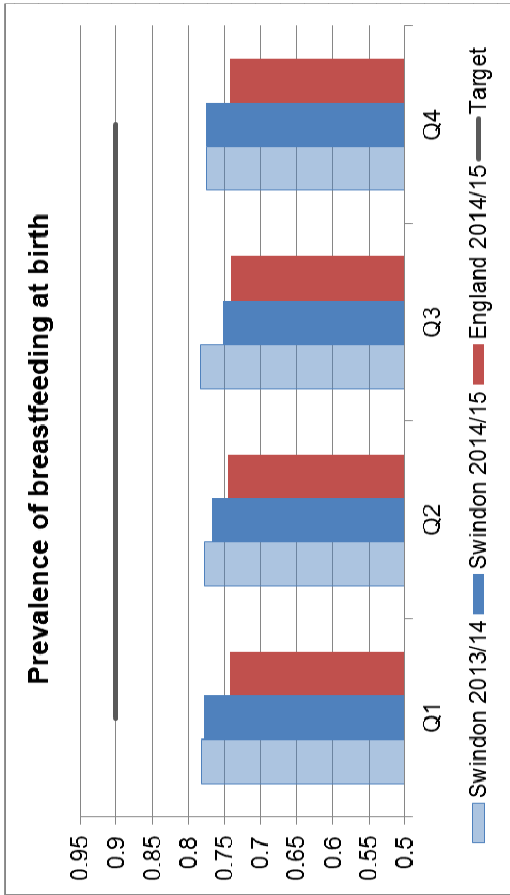
8.2 Appendix 2 – Glossary of Terms

Further information on the subject of this report can be obtained from Joy Kennard, 01793 463169, JKennard@swindon.gov.uk.

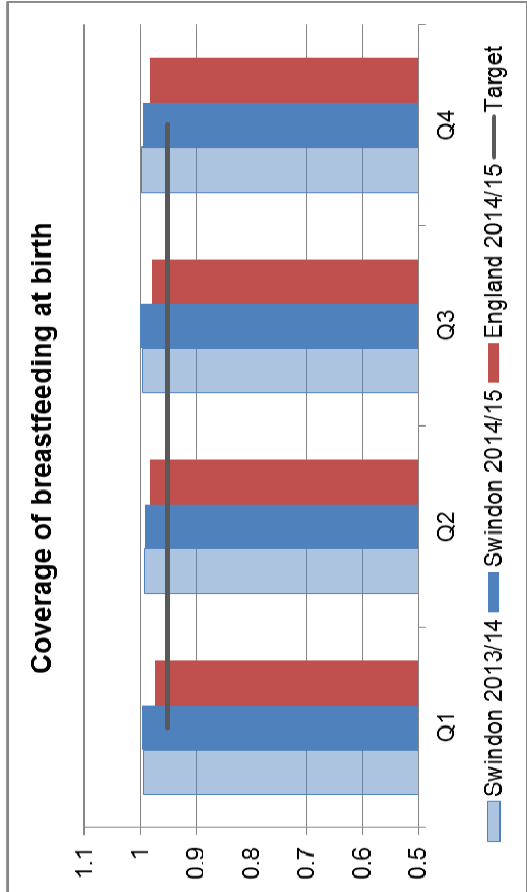
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National Indicators for Health Visiting:

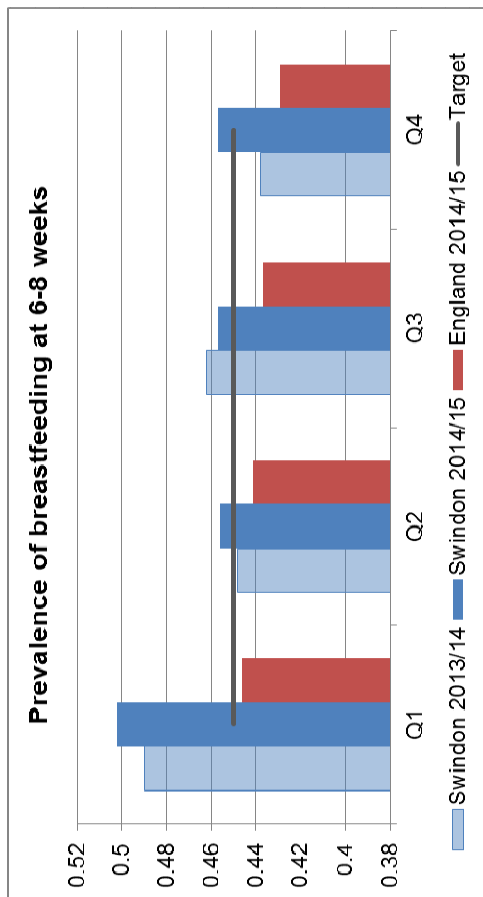
Breastfeeding:



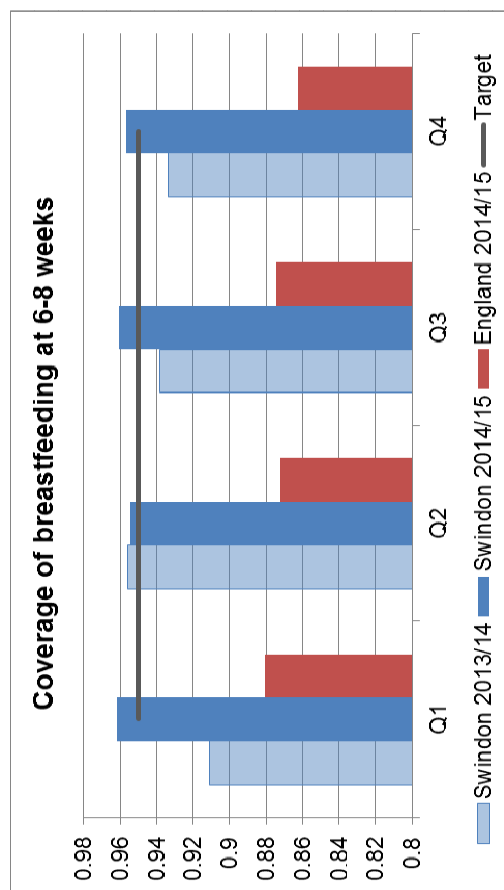
Prevalence of breastfeeding at birth				
	Q1	Q2	Q3	Q4
Target	90.0%	90.0%	90.0%	90.0%
Swindon 2013/14	78.3%	77.8%	78.4%	77.5%
Swindon 2014/15	77.9%	76.7%	75.2%	77.6%
England 2014/15	74.3%	74.6%	74.2%	74.3%
Difference between target & Swindon 2014/15	-12.1%	-13.3%	-14.8%	-12.4%



Coverage of breastfeeding at birth				
	Q1	Q2	Q3	Q4
Target	95.0%	95.0%	95.0%	95.0%
Swindon 2013/14	99.4%	99.2%	99.6%	99.7%
Swindon 2014/15	99.7%	99.2%	100.0%	99.6%
England 2014/15	97.3%	98.1%	97.9%	98.1%
Difference between target & Swindon 2014/15	4.7%	4.2%	5.0%	4.6%



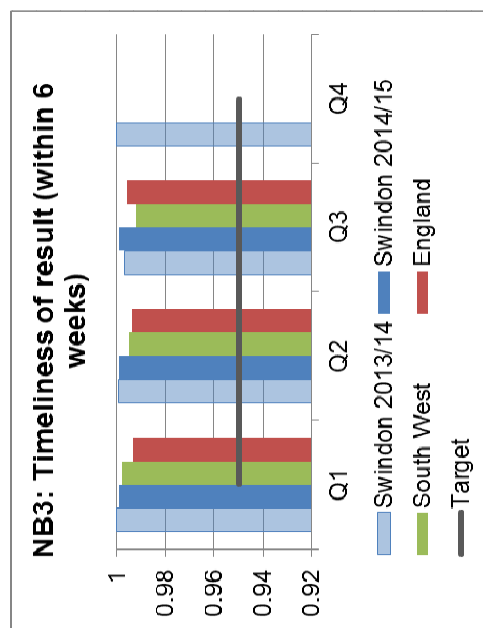
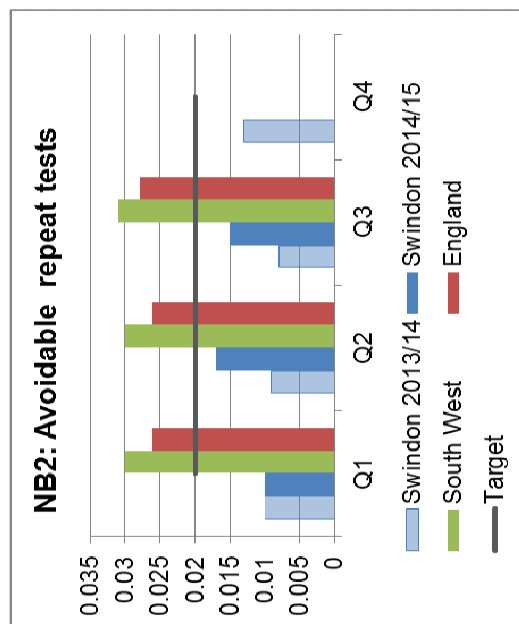
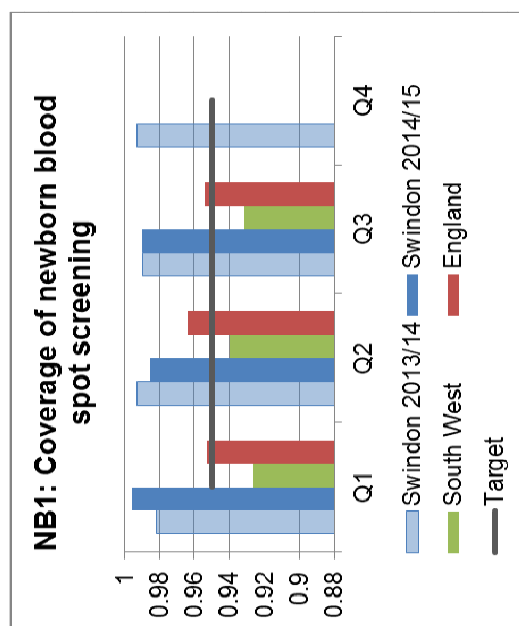
Prevalence of breastfeeding at 6-8 weeks				
	Q1	Q2	Q3	Q4
Target	45.0%	45.0%	45.0%	45.0%
Swindon 2013/14	49.0%	44.8%	46.2%	43.8%
Swindon 2014/15	50.2%	45.6%	45.7%	45.7%
England 2014/15	44.6%	44.1%	43.7%	42.9%
Difference between target & Swindon 2014/15	5.2%	0.6%	0.7%	0.7%



Coverage of breastfeeding at 6-8 weeks				
	Q1	Q2	Q3	Q4
Target	95.0%	95.0%	95.0%	95.0%
Swindon 2013/14	91.1%	95.6%	93.8%	93.4%
Swindon 2014/15	96.2%	95.5%	96.1%	95.7%
England 2014/15	88.1%	87.2%	87.4%	86.3%
Difference between target & Swindon 2014/15	1.2%	0.5%	1.1%	0.7%

	NB1: Coverage of newborn blood spot screening				NB2: Avoidable repeat tests				NB3: Timeliness of result (within 6 weeks)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Target	95%	95%	95%	95%	2%	2%	2%	2%	95%	95%	95%	95%
Swindon 2013/14	98%	99%	99%	99%	1%	1%	1%	1%	100%	100%	100%	100%
Swindon 2014/15	100%	99%	99%		1%	2%	2%		100%	100%	100%	
South West	93%	94%	93%		3%	3%	3%		100%	100%	99%	
England	95%	96%	95%		3%	3%	3%		99%	99%	100%	
Diff target vs Swindon actual	5%	4%	4%		1%	0%	1%	2%	5%	5%	5%	

New born Blood Spot Screening:

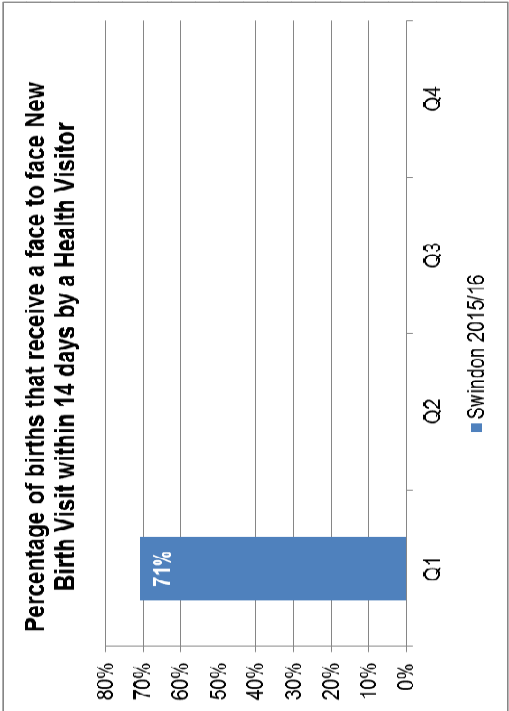
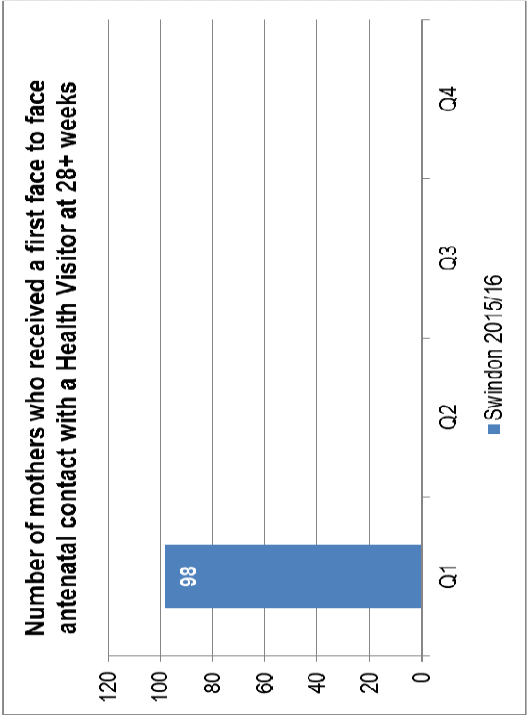


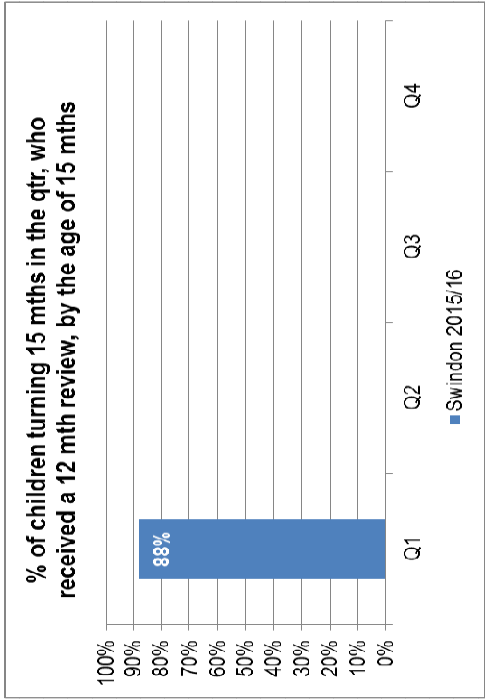
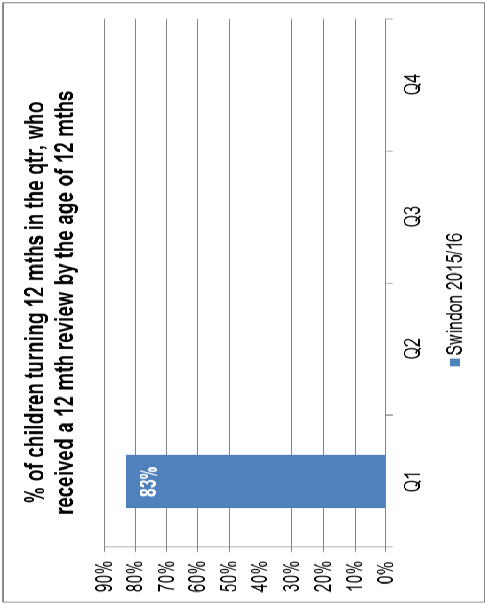
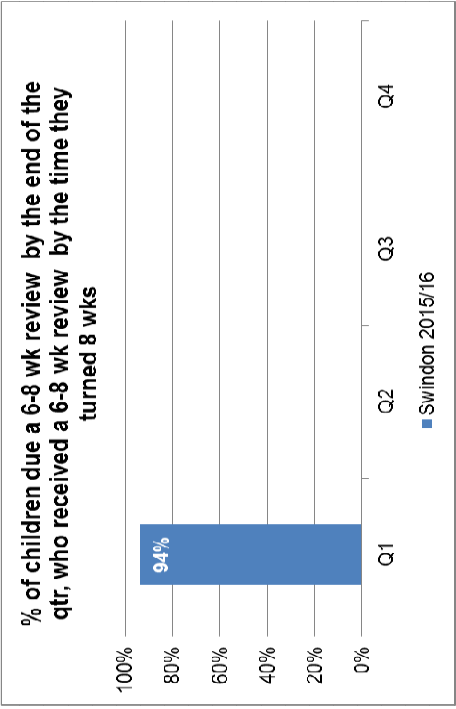
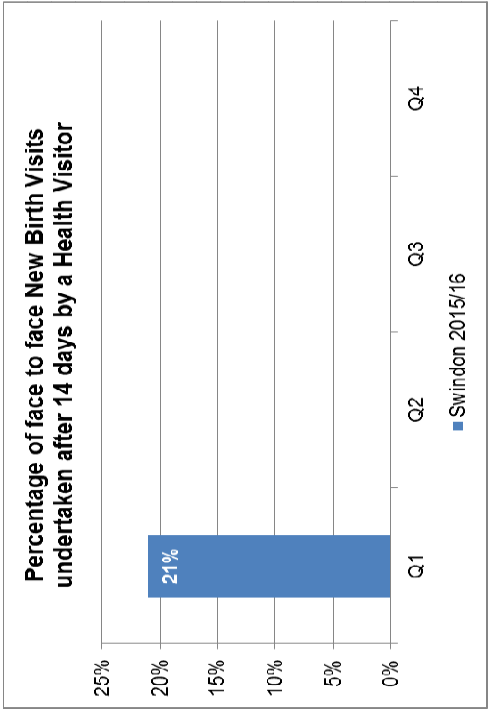
Neonatal Hearing Screening:

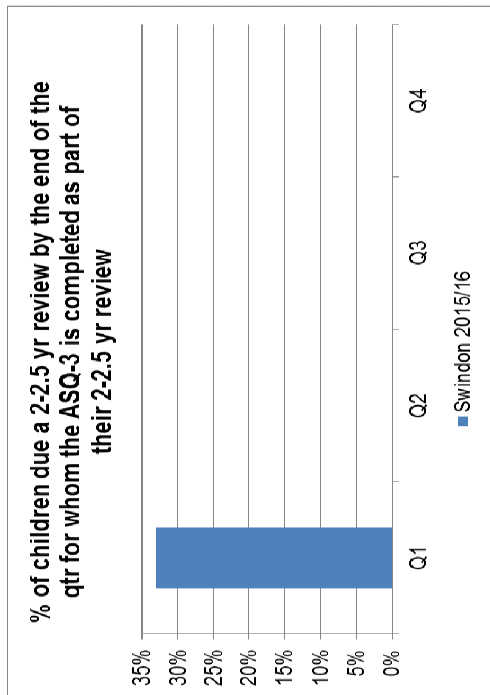
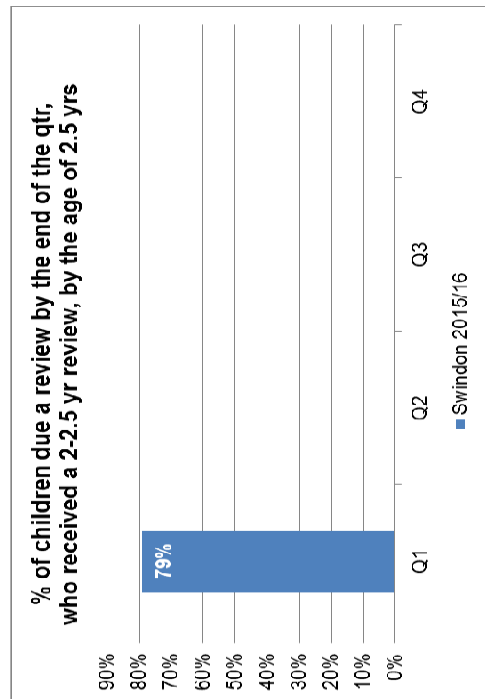
Neonatal Hearing Screening				
	Q1	Q2	Q3	Q4
NH1: Coverage				
Target	95.0%	95.0%	95.0%	95.0%
Swindon 2013/14	99.2%	99.2%	99.6%	99.8%
Swindon 2014/15	99.7%	99.9%	99.5%	
South West	98.2%	98.6%	98.3%	
England	98.0%	98.0%	97.7%	
Diff target vs Swindon Actual	4.7%	4.9%	4.5%	

NH2: Referral to assessment in 4 weeks				
Target	90.0%	90.0%	90.0%	90.0%
Swindon 2014/15			100.0%	
South West	91.5%	87.8%	89.7%	
England	86.4%	87.7%	85.5%	
Diff target vs Swindon Actual			10.0%	

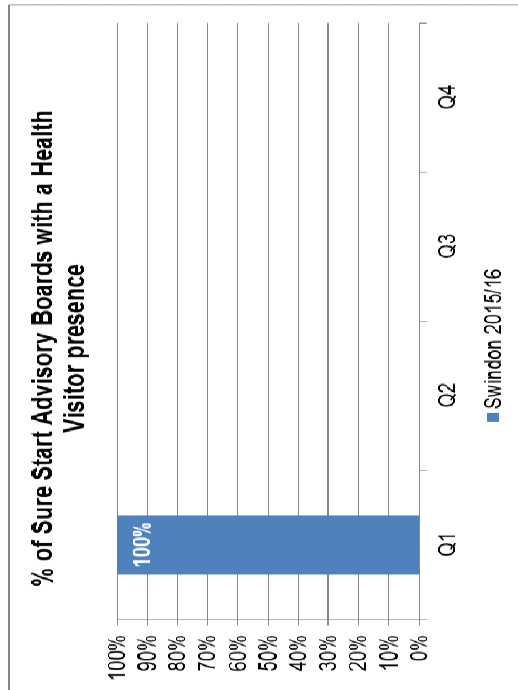
Contacts and Reviews:



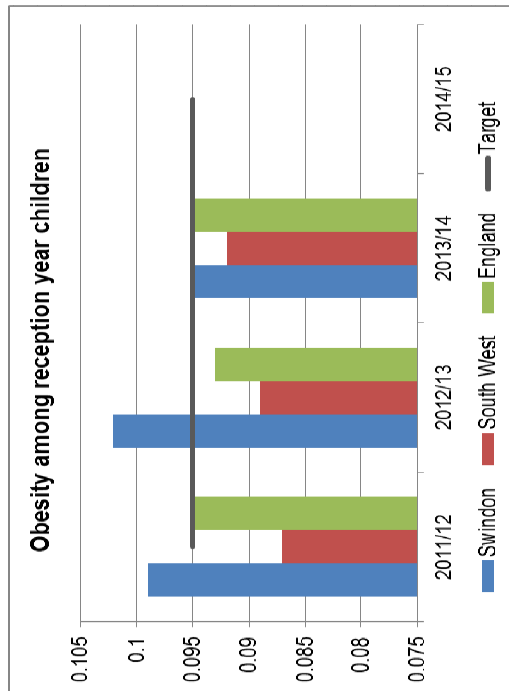




Health Visitor presence on Sure Start Advisory Board:



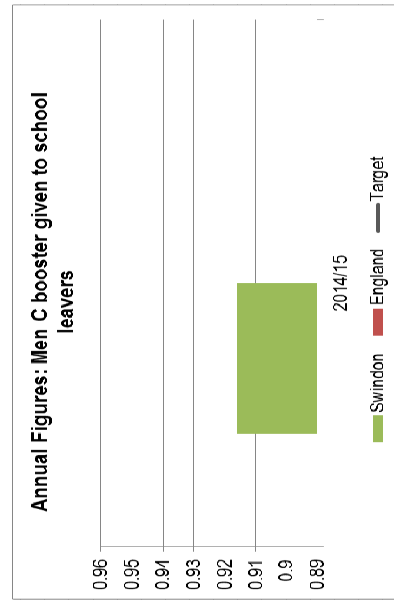
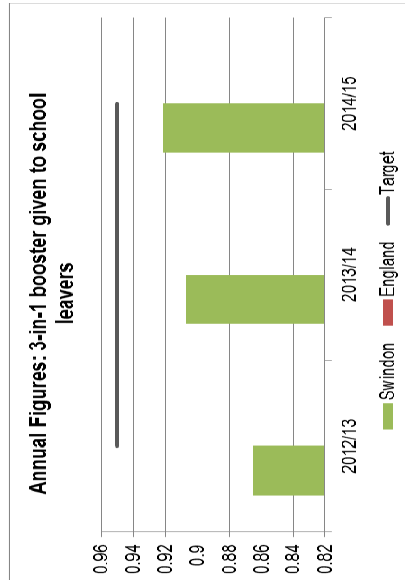
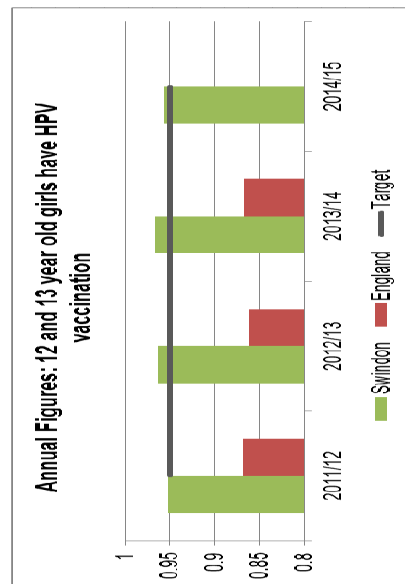
Obesity in Reception:



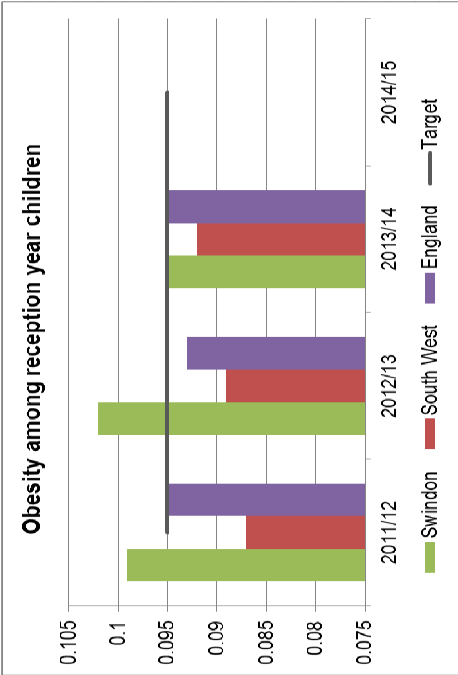
National Indicators for School Nursing:

School-Age Immunisations:

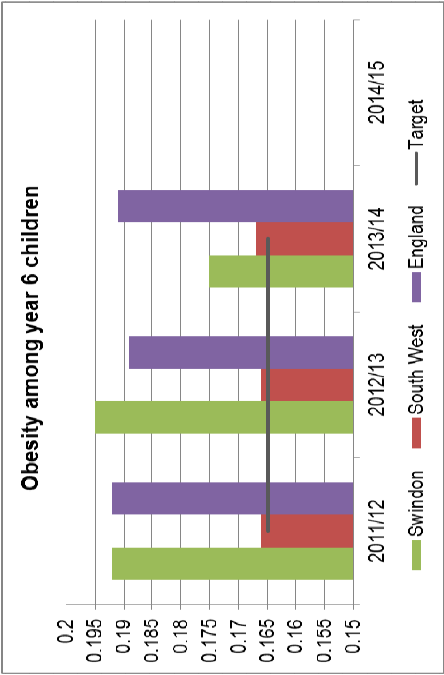
		Annual Figures (Academic Years)			
		2011/12	2012/13	2013/14	2014/15
Target		95.0%	95.0%	95.0%	95.0%
HPV for 12/13 year old girls	Swindon	95.2%	96.2%	96.6%	95.6%
	England	86.8%	86.1%	86.7%	
	Diff between target and Swindon actual	0.2%	1.2%	1.6%	0.6%
3-in-1 Teenage Booster	Swindon	81.1%	86.5%	90.7%	92.1%
	England				
	Diff between target and Swindon actual	-13.9	-8.5%	-4.3%	2.9%
Men C Booster	Swindon			89.4%	91.6%
	England				
	Diff between target and Swindon actual	0.0%	0.0%	-5.6%	-3.4%



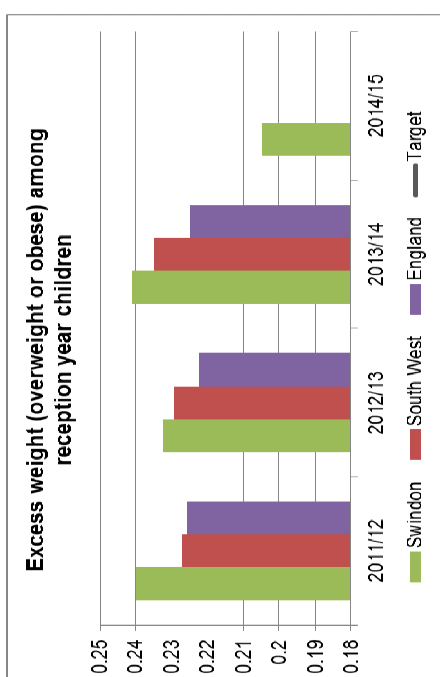
Obesity and Excess Weight:



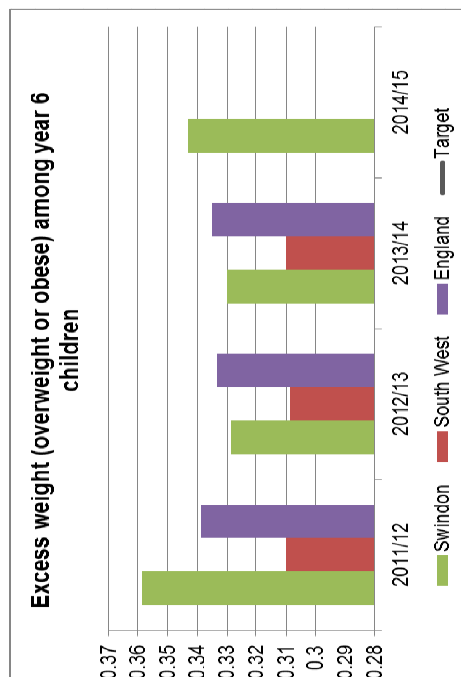
Obesity among primary school age children in reception year					
	2011/12	2012/13	2013/14	2014/15	
Target	9.5%	9.5%	9.5%	9.5%	9.5%
Swindon	9.9%	10.2%	9.5%	9.5%	
South West	8.7%	8.9%	9.2%		
England	9.5%	9.3%	9.5%		
Diff target vs Swindon actual	-0.4%	-0.7%	0.0%		



Obesity among primary school age children in year 6					
	2011/12	2012/13	2013/14	2014/15	
Target	16.5%	16.5%	16.5%		
Swindon	19.2%	19.5%	17.5%		
South West	16.6%	16.6%	16.7%		
England	19.2%	18.9%	19.1%		
Diff target vs Swindon actual	-2.7%	-3.0%	-1.0%	0.0%	

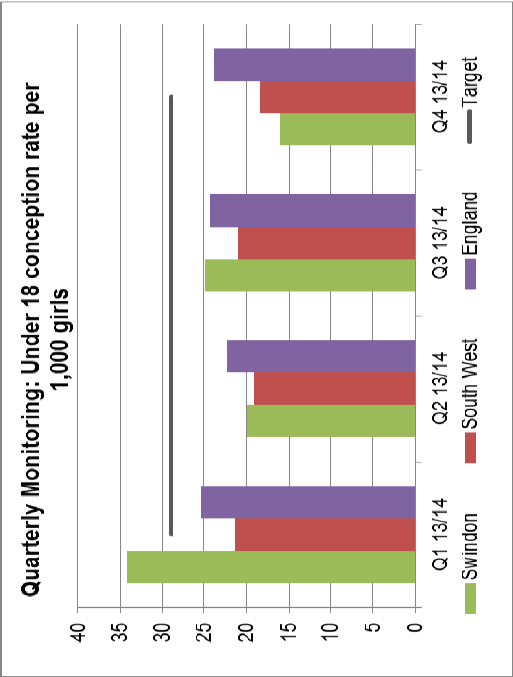


Excess weight among primary school age children in year 6				
	2011/12	2012/13	2013/14	2014/15
Target				
Swindon	24.0%	23.2%	24.1%	20.5%
South West	22.7%	22.9%	23.5%	
England	22.6%	22.2%	22.5%	

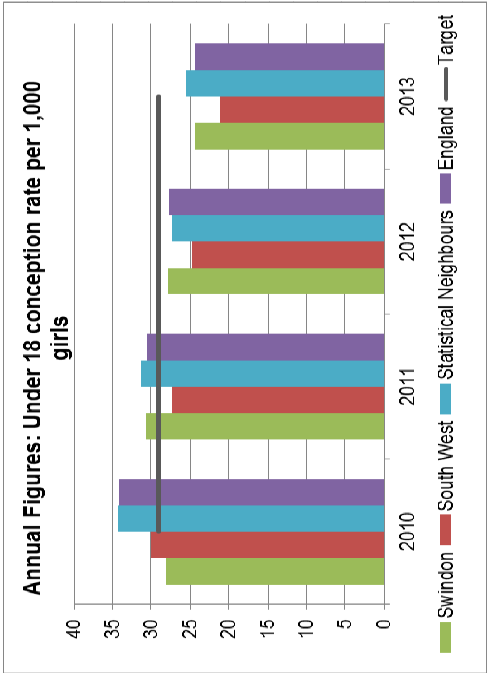


Excess weight among primary school age children in year 6				
	2011/12	2012/13	2013/14	2014/15
Target				
Swindon	35.9%	32.9%	33.0%	34.3%
South West	31.0%	30.9%	31.0%	
England	33.9%	33.3%	33.5%	

Teenage Pregnancy:

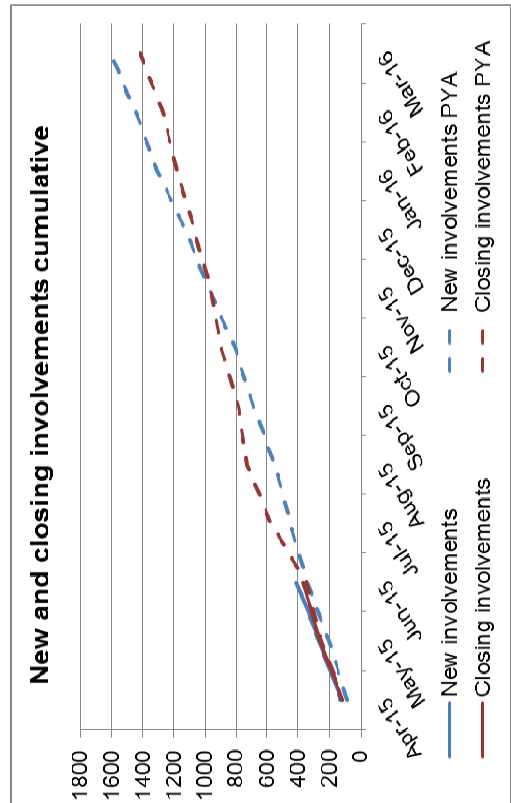
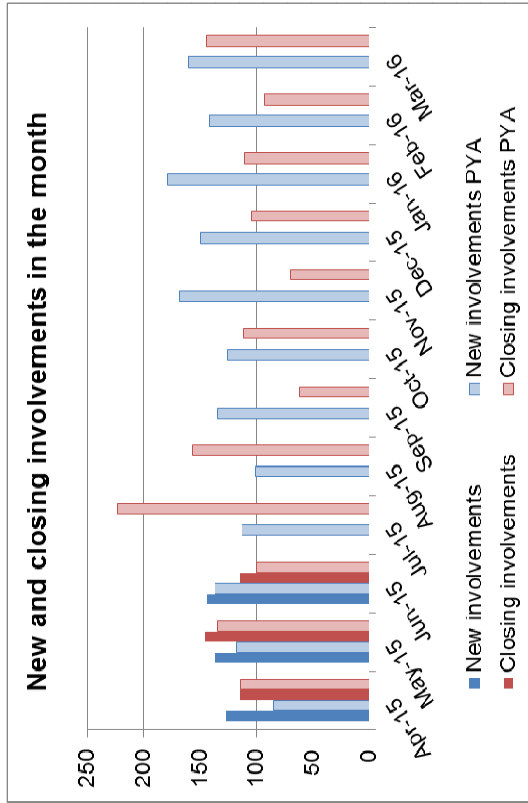
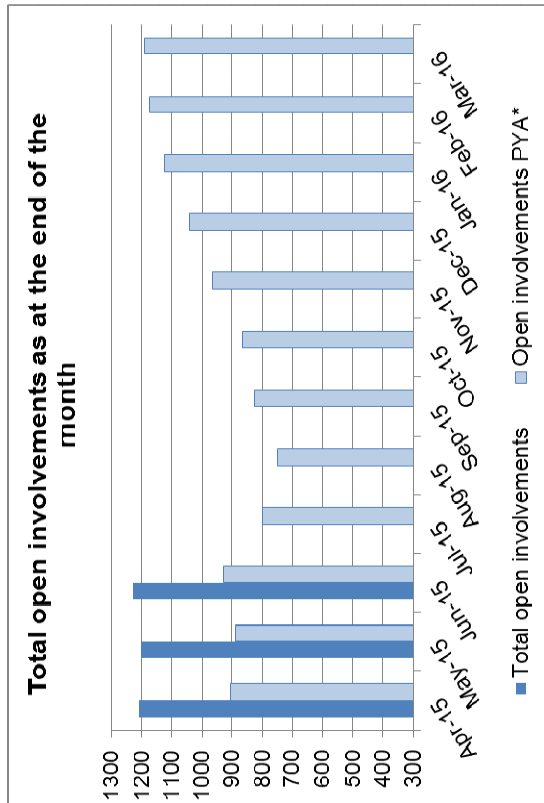


Quarterly Monitoring: Under 18 conception rate per 1,000 girls				
	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14
Target	29.0	29.0	29.0	29.0
Swindon	34.1	20.0	24.9	16.0
South West	21.4	19.1	21.1	18.4
England	25.3	22.2	24.3	23.9
Diff targ vs Swindon actual	5.1	9.0	4.1	13.0



Annual Figures: Under 18 conception rate per 1,000 girls				
	2010	2011	2012	2013
Target	29.0	29.0	29.0	29.0
Swindon	28.1	30.8	27.8	24.4
South West	30.0	27.3	24.8	21.2
Statistical Neighbours	34.3	31.4	27.3	25.5
England	34.2	30.7	27.7	24.3
Diff targ vs Swindon actual	0.9	-1.8	1.2	4.6

TaMHS Indicators:



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Appendix 2

Glossary of Terms

ADHD – Attention Deficit Hyperactivity Disorder

AWP - Avon and Wiltshire Partnership

CAMHS – Child & Adolescent Mental Health Services (community services)

CBT - Cognitive Behavioural Therapy

CCG - Clinical Commissioning Group

DSH – Deliberate Self Harm

DTP & Meningitis C – Diphtheria, Tetanus and Pertussis (whooping cough) vaccine

ED - Emergency Department

EHRP – Early Help Record and Plan

GP – General Practitioner

GWH – Great Western Hospital (Trust)

HCP - Healthy Child Programme

HPV vaccination – Human Papilloma Virus (protection against cervical cancer)

HV – Health Visitor

HVS – Health Visiting Service

IAPT – Improving Access to Psychological Therapies

IPT - Interpersonal Therapy

LD CAMHS – Learning Disability Child & Adolescent Mental Health Services

Meningitis ACWY – vaccine to protect against A,C,W & Y types of meningitis

MHA - Mental Health Act

NICE (Guidance) – National Institute for Clinical Excellence

NCMP – National Child Measurement Programme

NSPCC – National Society for the Prevention of Cruelty to Children

OSCA - Outreach Services for Children & Adolescents

Oxford Health NHS FT – Oxford Health National Health Service Foundation Trust

SCPHN - Specialist Community Public Health Nurse

SPA – Single Point of Access

SFP - Systemic Family Practice

TaMHS – Targeted Mental Health Service

U, UP and UPP – Universal, Universal Partnership and Universal Partnership Plus

Great Western Hospitals NHS Foundation Trust Update
Children's Health, Social Care and Education
Overview & Scrutiny Committee

Date: 2nd September 2015

Author:	Kevin McNamara, Director of Strategy, Great Western Hospitals NHS Foundation Trust
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Children's Overview & Scrutiny Committee with an update of performance and key issues relating to Great Western Hospital.
- 1.2 A key purpose of the Committee is to hold Providers of Children's Health Services to account.
- 1.3 Any provider of Children's Health Services in Swindon is required to provide information on the planning and provision of children's health services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern that require further investigation.

Great Western Hospitals NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Detail

2.3 What are the challenges that your organisation is facing?

Top Priorities	Process	Outcomes
Wiltshire Children's and Young People's Service	<p>Our contract to provide Children's and Young People's Services in Wiltshire comes to an end in March 2016. This follows the board's decision not to bid to retain the service, which means the service will transfer to a new provider next year.</p> <p>We took responsibility for Wiltshire Children's and Young People's Services in 2011, originally on a short term contract whilst reorganisations elsewhere in the NHS took place, however the contract was extended and is now due to end 31 March 2016.</p> <p>Instead, over the next few years the Trust will be focusing on building our adult community healthcare services across Wiltshire, bringing care closer to home, joining up services and keeping people well and out of hospital.</p>	<p>Over the coming months discussions will take place with staff directly affected, who will all transfer to the new provider under the Transfer of Undertakings (Protection of Employment) Regulations.</p> <p>We remain responsible for the service throughout 2015 and there is still much to do.</p> <p>Local children, young people and their families will not be affected by the transfer of the service to a new provider and will continue to receive the same high quality care and support from 1 April 2016.</p>

Further information on the subject of this report can be obtained from Kevin McNamara, 01793 604676; kevin.mcnamara@gwh.nhs.uk

Great Western Hospitals NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

	<p>As a Trust this is where we can make the greatest contribution to improving healthcare, by ensuring we're providing services that are designed around individual patient needs, as we respond to the challenges of our growing and aging population.</p> <p>We are extremely proud of the service we have delivered to local children, young people and their families over the past few years and there have been some great improvements to the care and support these, often vulnerable, children and young people receive.</p> <p>Achievements include improvements in health visiting, embedding a training and collaborative model of speech and language therapy, implementing school aged immunisation programmes, reviewing specialist children's services and improving safeguarding practices.</p>	
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Further information on the subject of this report can be obtained from Kevin McNamara, 01793 604676; kevin.mcnamara@gwh.nhs.uk

Great Western Hospitals NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

	We expect commissioners to choose a new provider by the end of August, which will take over the service from 1 April 2016.
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2.4

What have you done well?

Top Achievements	Steps taken	Next steps
Friends and Family Test	The Children's and Young People's service is receiving positive feedback from local children, young people and their families who have used the service in July, with 96.8% of the 773 who responded saying they would recommend our services to friends and family. Children's Speech and Language Therapy was among the top three rated services within the Children's and Young People's Division.	We continue to seek feedback on all children's services and share things that are working well and areas for improvement with individual teams.
Children's Protection Coordinator	We are currently recruiting a Children's Protection Coordinator to strengthen our safeguarding and child protection processes.	The new role, which should be filled by September, will support the liaison function with teams across the Trust, as well as external partners such as the

Further information on the subject of this report can be obtained from Kevin McNamara, 01793 604676; kevin.mcnamara@gwh.nhs.uk

Great Western Hospitals NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

	<p>This role will support our Named Doctor for Child Protection, in being the first point of contact for staff to raise concerns and liaison with other organisations.</p> <p>The role will ensure that information is shared across the Trust, safeguarding measures are put in place and that we meet all statutory requirements for child protection and safeguarding.</p> <p>This new role strengthens and builds on the role previously undertaken by a Medical Secretary.</p>	<p>police and social services.</p> <p>The role will ensure all safeguarding alerts are up-to-date on our electronic patient administration system, alert forms are included in patient notes and child protection reports are completed in a timely manner.</p>
New service for Wiltshire parents and carers	<p>A new children's learning disability nursing service has been introduced to improve the support available to parents and carers of children and young people with learning disabilities in Wiltshire.</p> <p>The new service will provide much needed early intervention to support parents and carers</p>	<p>We continue to work closely with the council and CCG to ensure that all local children and their families and carers continue to have access to safe and high quality care and support.</p> <p>Hillcote staff continue to work with children and their families and carers in roles within the new service and other children's services in the community</p>

Further information on the subject of this report can be obtained from Kevin McNamara, 01793 604676; kevin.mcnamara@gwh.nhs.uk

Great Western Hospitals NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

	<p>when they say they need it most, in their own homes, schools or early year's settings, from children's learning disability nurses and healthcare workers.</p> <p>There has also been an investment in specialist foster carers, who offer overnight short breaks in a welcoming family environment.</p> <p>The Trust worked with NHS Wiltshire Clinical Commissioning Group (CCG) and Wiltshire Council, who have been consulting with local families and partners, such as Wiltshire Parent Carer Council, on how to improve services.</p> <p>From 30 June 2015 this new service has replaced the overnight short break service which was offered at Hillcote, a 10 bedded centre in Salisbury.</p>	across Wiltshire.
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Further information on the subject of this report can be obtained from Kevin McNamara, 01793 604676; kevin.mcnamara@gwh.nhs.uk

3. Alternative Options

3.1 None.

4. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

4.1 None.

Legal and Human Rights Implications

4.2 None.

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

4.3 None.

Diversity Impact Assessment

4.4 None.

Risk Management

4.5 None.

5. Consultees

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

6. Background Papers

6.1 None.

7. Appendices

7.1 None.

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NHS Swindon Clinical Commissioning Group

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2 September 2015

Author:	Executive Nurse, Swindon Clinical Commissioning Group
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

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

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern that require further investigation.

NHS Swindon Clinical Commissioning Group

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2 September 2015

3. Detail

3.1 What are the challenges that your organisation is facing?

Top Priorities	Process	Outcomes
Co-commissioning of primary care	Since April 2015, Swindon CCG has adopted joint co-commissioning arrangements with NHS England for primary care services. The first joint primary care committee between NHS England and Swindon CCG was held in public on 1 July 2015. The membership of this committee includes a director of Healthwatch Swindon.	<p>The joint primary care committee oversees the delivery of primary care commissioning. There is an operating group which reports to the committee and they are progressing work streams to support primary care in Swindon.</p> <p>This includes a CCG led project on workforce models for the future; planning with NHS England for premises requirements particularly with the level of new housing developments planned within Swindon and it enables the CCG to be actively involved in decisions regarding primary care contracts locally.</p>

3.2 What have you done well?

Top Achievements	Steps taken	Next steps
SUCCESS	As part of the Prime Minister Challenge Fund (PMCF) Wave 2 project, the CCG has been working to roll out all services in collaboration with local GP practices across Swindon.	Since April 2015 an additional urgent care clinic and children's and young person's clinic have been operating and capacity within home visiting service has also been increased.

Further information on the subject of this report can be obtained from Robin Butcher, 01793 683700, communications@swindonccg.nhs.uk

NHS Swindon Clinical Commissioning Group

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2 September 2015

		<p>This means that GP practices are able to book patients into an urgent care clinic in two different locations. Where possible, electronic processes are being used to support booking of patient appointments, and secure transfer of patient information.</p>
MUSE	<p>The MUSE development will provide a new home when Carfax Health Centre moves from its current location when the centre of town is redeveloped. It will include two general practices, urgent care, children's clinic, dental, sexual health unit, podiatry, and pharmacy all under the £3.4m development in the centre of town.</p>	<p>The floor plans have now been signed and planning permission submitted. The CCG have drafted a letter of commissioning intention to NHS Property Services which demonstrates our plans to use the services in the future.</p> <p>We are pleased to announce that final plans for the new building are being agreed with building work expected to commence in November 2015 and we expect to be able to move into the new building in December 2016.</p>
Children's project board	<p>As part of Swindon CCG's commitment to partnership working, a newly formed group will be responsible for reviewing and identifying improvements in Children's community and urgent care services. This group will be led by Claire Broomfield, a Consultant Paediatrician at GWH.</p>	<p>This group will bring together all key partners in Swindon including GWH, Swindon Borough Council, SEQOL and the CCG and will meet monthly to produce a new operational structure for paediatric community services to support high quality care for Swindon.</p>

Further information on the subject of this report can be obtained from Robin Butcher, 01793 683700, communications@swindonccg.nhs.uk

NHS Swindon Clinical Commissioning Group

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2 September 2015

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 None.

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 None.

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 None.

Healthwatch Swindon

Children's Health, Social Care and Education

Overview and Scrutiny Committee.

Date: 2nd September 2015

Author:	Peter Rowe, Manager, Healthwatch Swindon
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education Overview and Scrutiny Committee with an update of performance and key issues relating to Healthwatch Swindon.
- 1.2 A key purpose of the Children's Health, Social Care and Education Overview and Scrutiny Committee is to hold Providers of Health Services to account.
- 1.3 Any provider of Health Services in Swindon is required to provide information on the planning and provision of health services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of the report that require further detail or investigation.

Healthwatch Swindon

Children's Health, Social Care and Education

Overview and Scrutiny Committee. Date: 2nd September 2015

3. Detail

3.1 What are the challenges that your organisation is facing?

Top Three Priorities	Process	Outcomes
Establishing an effective engagement programme with Children and Young People.	<p>During 2014, Healthwatch Swindon has focussed on establishing a fully functional board to define current work plan priorities and fulfil Healthwatch Swindon representation on key boards and committees.</p> <p>Healthwatch took over from the work of Local Involvement Networks (LINKs) but has a remit that extends to representation of all age groups. With a functional board in place, its first priority was to define the work priorities for 2015-16.</p>	<p>As at August 2015, the Healthwatch Swindon board is made up of 7 directors including a Chair and Vice-Chair. Healthwatch Swindon continues to recruit board members.</p> <p>Will Evans, Chair of Healthwatch Swindon, sits on the Local Children Safeguarding Board.</p> <p>July 2015 saw Mary Cosker co-opted as Healthwatch Swindon rep for the Children's Health, Social Care and Education Overview and Scrutiny Committee.</p> <p>The work plan priorities includes effective engagement with Children and Young People and builds on Healthwatch Swindon's ongoing, rolling programme of engagement with Children and Young people as detailed further on in the report.</p>

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk

Healthwatch Swindon

Children's Health, Social Care and Education

Overview and Scrutiny Committee. Date: 2nd September 2015

Utilising Healthwatch Swindon's volunteer resource to develop tools to assist in gathering feedback and observing matters relating to health and social care services.	<p>With a work force of 3 full time equivalents, it is essential that we utilise volunteers to support and assist our work. As a result of volunteer workshops, a Volunteer Action Programme was developed to ensure current and new volunteers had an understanding of the objectives and opportunities that existed.</p> <p>Further planning is being undertaken to not only develop volunteer supported outreach stations throughout Swindon but also to consider opportunities to utilise current volunteer skills to engage with Children and Young People.</p>	<p>Following volunteer workshop sessions in May and June 2014, the pool of volunteers reduced from 30 to 15. However, including current board members, all volunteers are now engaged on a regular basis.</p> <p>Initial contact has been made with 4 Children to discuss potential opportunities.</p> <p>Both 2014 and 2015 has seen work experience at Healthwatch Swindon by New College students.</p>
Ensuring the services of Healthwatch Swindon are accessible by Children and Young People.	<p>During 2014-2015, 16% of people who either accessed Healthwatch Swindon services or gave feedback were under 25 years of age.</p> <p>Part of Healthwatch Swindon's role is to ensure it is representative of the population and therefore it continues to build on its contacts within the community and voluntary sector, education establishments, groups and projects that specifically engage with Children and Young People.</p>	<p>As well as ensuring that children and young people are involved and engaged, it is essential that this group understands the role of Healthwatch Swindon and finds it accessible.</p> <p>Healthwatch Swindon regularly attends wellbeing events at local education establishments and engages with key stakeholders to identify contacts, groups and potential projects to support.</p>

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk

Healthwatch Swindon

Children's Health, Social Care and Education

Overview and Scrutiny Committee. Date: 2nd September 2015

3.2 What have you done well?

Top Three Achievements	Steps taken	Next steps
Developing health and wellbeing awareness.	<p>Involvement in the Healthy Weight Implementation Group presented an opportunity by the Schools Sports Partnership, which saw Healthwatch Swindon being involved in a project to develop health and wellbeing awareness in primary schools.</p> <p>The launch of the Health Ambassadors programme took place in March 2015, which saw 14 primary schools sign up. Aimed at Year 5 and Year 6 students, the event consisted of workshops where Healthwatch Swindon requested their thoughts about visiting health professionals through case study scenarios.</p>	Following on from the Health Ambassadors launch, Healthwatch Swindon has approached schools that participated to explore further opportunities and build on the potential to develop young health ambassadors.
Supporting the local Offer and Special Education Needs and Disability (SEND) reforms.	Since work began on the local offer through the "my care my support" website, Healthwatch Swindon have been actively involved in reviewing and promoting through its communications and networks.	Attendance at the Adult Health Overview and Scrutiny Committee has led to an opportunity for Healthwatch Swindon to be involved in the Learning Disabilities Transition Pathway Task Group. A volunteer has been nominated.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk

Healthwatch Swindon

Children's Health, Social Care and Education

Overview and Scrutiny Committee. Date: 2nd September 2015

	Healthwatch Swindon continues to be involved in the Participation and Engagement work stream following the SEND Reforms.	As a result of its involvement, Healthwatch Swindon is facilitating a questionnaire to be circulated to children and young people with special education needs and disabilities.
Ensuring people and patient involvement in the planning and design of services.	<p>As well as gathering information, the role of Healthwatch Swindon is to ensure support groups, patients and the public have the opportunity to be involved in the planning and design of services. Examples of this include:</p> <ul style="list-style-type: none"> • Following the promoting and publicising of the survey conducted by the Learning Disability Partnership Board (LDPB), Healthwatch Swindon collated, analysed and presented the findings. • Since January 2015, Healthwatch Swindon has run "Healthwatch Swindon Hosts" public engagement events on a quarterly basis at the Brunel Plaza. Previous partners include Swindon CCG and Wroughton Prospect Hospice (Dying Well Awareness Week). • Promoting the consultation about Short Breaks for Disabled Children, Young People and their Families in Swindon. 	<p>As well as publicising through the website, Healthwatch Swindon will continue to promote engagement through its well developed social media channels, which since April 2015 has seen over 400 posts on Facebook and over 600 tweets on Twitter.</p> <p>Saturday 22nd August sees an event in partnership with Care Quality Commission and Healthwatch Wiltshire to gain feedback, experiences and comments to inform the CQC inspection at the Great Western Hospital in September 2015.</p> <p>Further events are booked and interest has already been received by NHS111 and Arriva Transport Solutions.</p>

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk

Healthwatch Swindon

Children's Health, Social Care and Education

Overview and Scrutiny Committee. 2015

Date: 2nd September

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 None.

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 None.

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 None.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk

Consideration of Health and Wellbeing Board Recommendations

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 2 September 2015

Author:	Cherry Jones, Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To allow the Children's Health, Social Care and Education Overview and Scrutiny Committee to consider the recommendations arising from the meetings of the Health and Wellbeing Board held on 27 May and 8 July 2015.
- 1.2 To consider any issues arising from the reports considered by the Health and Wellbeing Board at its meetings held on 27 May and 8 July 2015.

2. Recommendations

The Committee is recommended to:

- 2.1 To review the reports and recommendations arising from the meetings of the Health and Wellbeing Board held on 27 May and 8 July 2015, and where appropriate request additional information or reports in relation to issues raised.

3. Detail

- 3.1 The Children's Health, Social Care and Education Overview and Scrutiny Committee is invited to consider issues arising from the reports and minutes of the Health and Wellbeing Board held on 27 May and 8 July 2015 and to request additional information and/or reports on issues raised.
- 3.2 Copies of the agenda papers for the meetings can be found using the following link: <http://ww5.swindon.gov.uk/moderngov/ieListMeetings.aspx?CId=933&Year=0>
- 3.3 The recommendations of the Health and Wellbeing Board are not brought to the Committee for review. All recommendations arising from the Health and Wellbeing Board having financial implications and/or seeking a policy commitment are subject to confirmation by the Council's Cabinet and the Governing Body of the Swindon Clinical Commissioning Group.
- 3.4 The subsequent decision by the Cabinet arising from any such recommendations from the Health and Wellbeing Board are subsequently scrutinised by the Council's Scrutiny Committee.

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

Consideration of Health and Wellbeing Board Recommendations

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 2 September 2015

- 3.5 The Children's Health, Social Care and Education Overview and Scrutiny Committee can look at wider policy issues.

4. Alternative Options

- 4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 This report has no financial or procurement implications. Such implications are considered by the Council's Cabinet when considering recommendations from the Health and Wellbeing Board.

Legal and Human Rights Implications

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

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

- 5.3 None.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment is required at this stage. Where appropriate this would have been considered as part of the original report.

Risk Management

- 5.5 No risk management issues have been identified at this stage, any risk management issues will have been considered as part of the report to the Health and Wellbeing Board and as part of the Cabinet Decision making process.

6. Consultees

- 6.1 This covering report collates the minutes of the Health and Wellbeing Board at their meetings on 27 May and 8 July 2015. The reports considered at those meetings were consulted upon as appropriate, so no further consultation is required.

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

Consideration of Health and Wellbeing Board Recommendations

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 2 September 2015

7. Background Papers

- 7.1 Agenda of the Health and Wellbeing Board meetings held on 27 May and 8 July 2015.

8. Appendices

- 8.1 Appendix 1 - Minutes of the Health and Wellbeing Board meeting held on 27 May 2015.
- 8.2 Appendix 2 – Minutes of the Health and Wellbeing Board meeting held on 8 July 2015.

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

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HEALTH AND WELLBEING BOARD

WEDNESDAY, 27 MAY 2015

PRESENT: Councillors Brian Mattock, Fionuala Foley and Ray Ballman, Gavin Jones (Chief Executive, Swindon Borough Council), John Gilbert (Board Director - Commissioning, Swindon Borough Council), Will Evans (Healthwatch Swindon), Nicki Millin (NHS Swindon Clinical Commissioning Group), Dr Peter Crouch (Chair) (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), David Wray (Third Sector representative), and Angus Macpherson (Police and Crime Commissioner).

Also in attendance was: Dr Ayoola Oyinlowe (Swindon Borough Council), Doug Bale (Swindon Borough Council), Sam Mowbray (Swindon Borough Council) and Sue Wald (Swindon Borough Council).

Apologies for absence were received from Councillor David Renard and Cherry Jones (Director of Public Health, Swindon Borough Council).

1. 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.

2. Public Question Time

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

3. Minutes

Members noted that discussions regarding the request to appoint the Shadow Cabinet Member for Children's Services as a member serving on this Board, and how the clinical / non-clinical representation on the Board might be rebalanced, will be postponed until the next meeting of the Board on 8 July 2015. This is due to the recent election, and the absence of the Director of Public Health and the Leader of Swindon Borough Council at this meeting. Minute 42, Terms of Reference of the Board refers.

Members also noted that Anne Billingham, the Trustee and Innovations Project volunteer from DASH, had requested an amendment to Minute 34, Adult Autism Joint Strategic Needs assessment. Members agreed the following amendment to paragraph 2 which will now read as:

- The future role of DASH when demand for the charity's services was increasing, and the possibility of additional assistance to support its complex casework. Members noted that it currently offers 5 x 2 hour sessions per week, including an evening and a Saturday morning, and is responding to an average of 4 – 5 enquiries a week.

Resolved – That, subject to the above amendment, the minutes of the meeting held

on 11 March 2015 be confirmed as a correct record.

4. Joint Commissioning Intentions

The Board received a report setting out the draft Joint Commissioning Intentions for the Swindon Clinical Commissioning Group (CCG) and Swindon Borough Council (SBC). The Intentions are based on the CCG Operational Plan for 2015/16 and the SBC Commissioning Business Plan, and will form part of the new National Health Act 2006 Section 75 Agreement so that the effectiveness of joint commissioning arrangements can be annually evaluated.

Sue Wald, Head of Commissioning Children and Adults, introduced the report and asked the Board to note that the Intentions cover what the two organisations intend to do, what the vision and priorities are, the demand and evidence as supported by the Joint Strategic Needs Assessment process, and survey results from service users. The intention is to have a pooled budget for health and social care (including children) which will address jointly agreed areas of priority based on documents such as the Health and Wellbeing Strategy and the Better Care Fund Plan. The Board also noted that the Delivery Plan for the Joint Commissioning Intentions will be brought to future meetings to give project updates.

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

- The delivery areas of Community Navigators, and how commissioning intentions will be focussed more broadly than just on those using their services.
- The national programme being run by the third sector and the health service to develop patients as experts in their own conditions.
- The commissioning of voluntary and community based support linked to localities and GP Practices.
- The repatriation of Swindon patients registered with a learning disability and the associated concerns such as reshaping the supported housing offer to enable people to live locally, and not wishing to uproot patients who might feel settled in their current assisted housing. The Torbay model is being assessed to assist in determining the local Swindon offer.

Resolved – To agree the Joint Commissioning Intentions for 2015/16, noting that the implementation will be monitored by the Joint Commissioning Group and reported to the Governing Body of the Clinical Commissioning Group and this Board.

5. Local Safeguarding Children Board and Local Safeguarding Adults Board Business Plans

The Board received a report presenting the Business Plan for the Local Safeguarding Children Board (LSCB) and a draft Swindon Local Safeguarding Adult Board (LSAB) Strategy 2015-2018. The Business Plan has been agreed by the LSCB, and the draft Strategy has been agreed by the LSAB.

John Gilbert, Board Director Commissioning, introduced the LSCB Business Plan

and highlighted the four main priority areas which the Plan focusses on. These are: effective responses to specific safeguarding concerns; effective early intervention and safeguarding; communication and engagement; and performance management. The Board also noted some key areas of work for the LSCB which includes drug abuse, domestic violence and alcohol abuse, female genital mutilation and child sexual exploitation. The completion date indicated within the Business Plan is March 2016, but progress will be regularly monitored.

Doug Bale, Adult Safeguarding Manager, introduced the draft Swindon Local Safeguarding Adult Board Strategy for 2015 – 2018 and noted that the Business Plan approved last year had been superseded by the introduction of the Care Act, which had also given LSABs more of a statutory footing. The Care Act has also created a requirement for an independent advocate for individual cases, for agencies to co-operate in supplying information, and to carry out safeguarding adult reviews as a matter of course where an incident has happened. The Board noted that the definition of the group of people that safeguarding policies are to support has changed, and that safeguarding services can no longer be externally contracted. The Board also noted that safeguarding issues now encompasses self-neglect, and risk management processes are being developed which should help people with the biggest multi-agency challenges.

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

- Whether safeguarding adult reviews would be undertaken after the identification of self-neglect issues.
- The opportunities to disseminate learning from a root cause analysis if an incident does not go as far as a review.
- The perception of unmet need in Swindon and how this is being addressed.
- A newsletter containing updates which will be distributed to providers, and posters also being updated.

Resolved – To note the Local Safeguarding Children Board Business Plan for 2015/16 and the draft Swindon Local Safeguarding Adult Board Strategy for 2015 - 2018.

6. Swindon Clinical Commissioning Group Operating Plan 2015/16

The Board received a report regarding the second draft of the Clinical Commissioning Group's (CCG) Operational Plan. In April 2014 the CCG submitted a five year plan and a two year operational plan to NHS England, and are required to submit a refresh of the second year of the two year operational plan to NHS England for 2015/16. The first draft of the plan had already been presented to this Board at its meeting in March 2015, and this report presents the second draft for consideration.

Nicki Millin, Interim Accountable Officer for the CCG, introduced the report and highlighted amendments made since the last version had been considered, including seven day working in medical specialities, the SEQOL Unit taking more complex patients, funding awarded from the Prime Ministers Challenge Fund, and the governance arrangements for their Governing Body.

The Board was asked to consider the Quality Premium Indicators and identify the key priorities for 2015/16. Two are nationally prescribed schemes on reducing potential years of lives lost through causes considered amenable to healthcare, and improving prescribing in primary and secondary care. There are two areas where the CCG is asked to choose measures in conjunction with the Board covering urgent and emergency care and mental health. There are a further two local measures to be picked by the CCG based on local priorities such as those identified within the Health and Wellbeing Strategy.

Members noted that the CCG recommendation for urgent and emergency care was the second indicator regarding a reduction in the number of delayed transfers of care. A key challenge for Swindon in 2014/15 has been the level of delayed transfers of care within the hospital throughout the winter period. It is also an area where commissioners and providers have identified systems that need to be improved, and the impact of choosing this indicator would be to release two acute hospital beds back into the system improving patient flow. It was noted that choosing this indicator would also assist in determining the criteria on what is a delayed transfer. The Board agreed to choose this measure in conjunction with the CCG.

Members noted that the CCG recommendation for mental health was the first indicator regarding 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. 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, as this cohort of patients often wait longer for a specialist service to assess their needs. The Board agreed to choose this measure in conjunction with the CCG.

The Board then noted that the CCG had chosen a reduction in the number of hospital admissions as a result of self-harm (10 – 24 years) and carers receiving an assessment or review who receive a service or information and advice as a % of clients receiving community based services as their two local measures.

The Board asked questions or made observations on the following issues:

- The agencies dealing with self-harm, and their connection to youth services.
- The service for children with mental health issues that can be bought by schools from the Council.
- The second indicator targeting the lower level of children who might not have a diagnosed mental health condition but regularly self-harm.
- More pastoral care being required for self-harming as repeat figures are high.

Resolved – To agree and endorse the Quality Premium indicators as set out above for prioritisation in 2015/16.

7. Better Care Fund Plan 2015-16

The Board received a report regarding the first monitoring report on the Better Care Fund Plan for 2015/16 which had to be submitted to NHS England on 29 May 2015.

Sue Wald, Head of Commissioning Children and Adults, introduced the report and highlighted how the reporting document had been designed by NHS England, and how the completed data has to demonstrate that the Plan meets national conditions. The Board also noted that an Advanced Programming Interface had not yet been built to allow data matching with NHS figures, and that sign-off by the Health and Wellbeing Board had to take place prior to submission.

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

- The research being undertaken 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 Local Government Association funding consultants to work on matching data between community health services, A&E admittances and adult social care, which should highlight where effort should be focussed.

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

8. People detained under Section 136 MHA taken to Police Custody

The Board received a report highlighting 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. The report concentrated solely on local data within Wiltshire and Swindon, and a comparison against other Police Forces will be provided once data for the six month period from October 2014 to March 2015 becomes available. The report also detailed a case study to highlight the experiences of those detained under Section 136 who are taken to Police Custody.

Angus Macpherson, Police and Crime Commissioner for Wiltshire and Swindon, introduced the report and highlighted the compliance with the Mental Health Crisis Care Concordat which Board members have signed up to. He updated members on the Swindon-specific numbers of 136 detentions that went directly to a police station during the six month period in question, and noted the steady reduction in figures. The Board noted that Home Secretary Theresa May had recently addressed the Police Federation regarding her vision for policing for the next five years, and police cells are not going to be a suitable place for 136 detentions to be taken from now on. Mr Macpherson also asked the Board to note that the general direction of travel is good, and that the case study could be representative of anywhere in the country.

The Chair also asked members to note that Wiltshire and Swindon successfully bid for national funding to pilot a new project where mental health professionals give advice to the police right from initial contact, and respond along with officers to Section 136 callouts. The pilot will run for one year and also supports the principles of the Crisis Care Concordat. The project is being commissioned by the Clinical Commissioning Group and the mental health professionals will be employed by the Avon and Wiltshire Mental Health Partnership.

Resolved – (1) To note the issues raised in the report, and recognise the progress that has been made.

(2) To continue to work together through the Crisis Care Concordat to ensure police custody is only used in exceptional circumstances.

(3) That the Police and Crime Commissioner be requested to submit an update report to the December meeting of the Board.

9. Local Account for 2013/2014

The Board received a report presenting the draft Local Account for 2013/14 which will be published on the Swindon Borough Council website. The Local Account sets out how Adult Social Care in Swindon is performing and how people's lives are being improved.

John Gilbert, Board Director Commissioning, introduced the report and noted that the Local Account is produced to inform residents in Swindon even though it is not mandatory. The Account covers issues such as: how adult social care is positioned; what the current practice is; what the budgets look like; what the priorities are; and pressures on services. The Board noted that views from a national survey had fed in to this Account, along with views from the Learning Disability Board and other key users.

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

- The frequency with which carers views are sought, how they are reported in the Local Account, and survey reviews done by centres.
- The difference between rural areas and urban areas, Swindon's average compared to the national average, and regional intelligence which could be utilised.
- The Council working with SEQOL and service users to improve the services behind the statistics.
- The difficulty of obtaining quantifiable data from open questions based on personal experience.

Resolved – to endorse the Local Account 2013/14 prior to its publication on the Council's website.

10. Any other business

The Board noted that a national Great Autism Practice Award had been won by the Understanding Autism project, which is a partnership between SEQOL, Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company, and the National Probation Service.

The Chair expressed concern that NHS England was not represented at this meeting. This reflects on their engagement with the Health and Wellbeing Board, and affects their ability to contribute to the discussion and debate on key areas.

The Board noted that Mr Mike Howard was retiring from his position as Chair of both

the Children's and Adults Safeguarding Boards. It was agreed that the Chair of the Board would write to Mr Howard to thank him for his contribution.

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HEALTH AND WELLBEING BOARD

WEDNESDAY, 8 JULY 2015

PRESENT: Councillors David Renard (Chair), Brian Mattock, Fionuala Foley and Ray Ballman, Peter Rowe (Healthwatch Swindon), Nicki Millin (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), Rachel Pearce (NHS England), Angus Macpherson (Police and Crime Commissioner). Gavin Jones (Chief Executive, Swindon Borough Council), Cherry Jones (Director of Public Health, Swindon Borough Council), Sue Weld (Swindon Borough Council) and Sarah Wald (Swindon Borough Council).

Apologies for absence were received from: Will Evans (Healthwatch Swindon), Dr Peter Crouch (NHS Swindon Clinical Commissioning Group), and John Gilbert (Board Director - Commissioning, Swindon Borough Council).

11. 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.

12. Public Question Time

Mr Joe Backshell from the Swindon Equality and Access Group expressed concerns that disabled residents may slide into poverty as a result of the proposed benefit cuts, and queried if Swindon Borough Council has put a strategy in place to address this.

The Chair thanked Mr Backshell for his query and advised that he would be sent an invitation to the next meeting of the Swindon Benefits Strategy and Welfare Reform Group who are discussing these issues.

13. Minutes

Resolved – That the minutes of the meeting held on 27 May 2015 be confirmed as a correct record.

14. Healthwatch Swindon Update

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

Peter Rowe, Manager of Healthwatch Swindon, introduced the report and advised that they now have six volunteer directors registered at Companies House, with one more awaiting Disclosure and Barring Service certification. He noted that the timings for the completion of the project reviewing mental health services in Swindon have required re-adjusting, and that a questionnaire will shortly be circulated to service users, carers and family members. Other forthcoming pieces of work that

Healthwatch Swindon will be involved in include the Home from Hospital Project (as set out in Appendix 1 to the report), work on GP services in Swindon, and the Care Quality Commission visit in September 2015. Mr Rowe also highlighted the Healthwatch Swindon Annual Report for 2014 / 2015 which was attached as Appendix 3 to the report.

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

- The next update report containing strategic information that is being taken forward by their Board Directors.
- The internal review of Healthwatch Swindon due to the ending of their three year contract in 2016. The Board noted that the option to extend the contract has been built in if necessary, and that longer term financial implications have to be reviewed before a permanent decision is made.
- The start dates for the scheme on preventing people with mental health issues from being detained in police custody.
- Reducing the number of update reports received by this Board as Healthwatch Swindon feeds in to the Council's Adult's Health, Social Care and Housing Overview and Scrutiny Committee.

Resolved – To note the update from Healthwatch Swindon.

15. Swindon Adult Autism Strategy

The Board received a report regarding the Swindon Adult Autism Strategy for 2015 – 2018. Local authorities and NHS bodies have a duty to take account of the statutory guidance to support the implementation of the national Adult Autism Strategy "Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England" 2010. The Swindon strategy outlines the local commitment to the national vision, and links with the Health and Wellbeing strategic priorities of adults and older people living healthier and independent lives, and improving health outcomes for disadvantaged and vulnerable communities.

Sarah Weld from the Public Health team introduced the report and noted that recommendations had been drawn from the Adult Autism Joint Strategic Needs Assessment (JSNA) completed in 2015. The Strategy has been developed by the Swindon Autism Partnership Board who will be responsible for monitoring the implementation of the action plan to deliver the priorities identified. Local actions are being focused on seven key areas which are underpinned with a suite of outcomes and proposed actions, the ultimate aim of which is to deliver services more effectively within Swindon.

After the presentation of the report and the draft Swindon Adult Autism Strategy 2015 - 2018 attached at Appendix 1, Board members asked questions and made observations on the following issues:

- The fifteen priority challenges for action identified as part of the national strategy review in 2014 were noted.
- The longer term financial implications of providing adult social care support to a greater number of identified people, and proposed mechanisms to reduce

pressures that will be brought forward.

- The potential funding available for external organisations such as DASH who provide statutory functions under the Care Act.
- Information regarding autism not currently being available in one place, including the minutes from the Swindon Autism Partnership Board, plus signposting to the JSNA and learning disability services. This issue is being investigated.
- One-off funding awards given from the Innovation Fund to DASH and SEQOL for their work on supporting individuals with autism, and raising awareness of recognising people with the condition.

Resolved – To recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they adopt the Swindon Adult Autism Strategy 2015 – 2018.

16. Troubled Families Update

This item was deferred until the meeting of the Board on 21 October 2015.

17. NHS England South Priorities 2015/16

The Board received a presentation from Rachel Pearce, Director of Commissioning Operations South Central, on the NHS England South priority programmes for 2015 / 16.

The Board noted that the four key functions of NHS England are: the assurance and support of the commissioning system; direct commissioning; leadership; and national policy and strategy. There are four sub-regions in the south of England and Clinical Commissioning Groups (CCG) are assessed within those groupings at quarterly meetings. Targets are not always necessarily looked at as the aim is to produce a dashboard of how CCGs are performing. Primary care commissioning is done in conjunction with the CCGs who will ultimately have full delegation, and it is anticipated that specialised services will also be transferred to them. NHS England has powers of intervention, and they work closely with Monitor (the sector regulator for health services in England) and the NHS Trust Development Authority. Any new initiatives will also be made relevant to the local area.

The Board then noted the NHS England Corporate Priorities for 2015/16 which include transforming care for patients, designing the NHS around patients, and a whole system change for future financial stability. The technology is now available to support them working differently, and to ensure that there is consistency across all areas.

Following the presentation, Board members asked questions and made observations on the following issues:

- The number of GPs as the biggest problem within Primary Care, and possible solutions such as Physicians Assistants and utilising other community professionals.
- The GPs who come to Swindon to train and then return back to their home areas, and possible ideas on how to make Swindon more attractive to retain

them.

- The relationship between NHS England and Public Health England, who provide strategic guidance and monitoring.
- The move towards place-based commissioning, and the pooling of budgets and shared strategies.

The Chair thanked Rachel Pearce for her presentation.

18. Joint Commissioning Group Minutes

The Board noted the minutes of the Joint Commissioning Group meeting held on 5 May 2015. The June minutes were unavailable for this meeting of the Board due to sign off requirements and timings, but it was agreed that draft minutes could be circulated in future if required. The Group have been looking at how commissioning will operate, and pooled and aligned Section 75 budgets, but the biggest challenge is the current capacity within domiciliary care and attracting workers into this area. Differences within the data regarding delayed discharges have been causing problems, but progress has been made on reducing the time spent on assessments.

Board members made the following comments and observations:

- The personalisation indicator for the Avon and Wiltshire Mental Health Partnership being red, with staff not following through on the personalisation paperwork and recording it in the correct way.
- Building more supported living accommodation which would help reduce the numbers in residential care, and the utilisation of existing stock.

19. Any Other Business

Nicki Millin, Interim Accountable Officer at the Swindon Clinical Commissioning Group, asked the Board to note that they have identified funding which could be put into the Better Care Fund to help reduce the waiting times at Great Western Hospital by improving the quality of information available. The Board supported this proposal.

Cherry Jones, Director of Public Health, asked the Board to note that following the recent review of the current Swindon Health and Wellbeing Strategy 2013-2016, and the publication of the Joint Strategic Needs Assessment summary for 2014, the priorities for Swindon identified within the Health and Wellbeing Strategy remain relevant. There is no recommendation to refresh or change the Health and Wellbeing Strategy priorities at this stage. Work will begin on the formulation of a new Health and Wellbeing Strategy at the end of the year as the current Strategy ends in 2016.

Work Programme 2015/16

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Author:	Director of Law & Democratic Services
Wards:	All Wards
Locality Affected:	All Localities
Parishes Affected:	All Parish Areas

1. Purpose and Reasons

- 1.1 Each Overview and Scrutiny Committee is requested to have a work programme that details the activities that it will be undertaking during the Municipal Year.
- 1.2 The work programme details the various topics and issues that each Committee intends to look into during the coming year, with the aim of producing evidence based recommendations intended to provide service improvements for Cabinet and external agencies/bodies to consider.
- 1.3 Under the Council's Constitution, Overview and Scrutiny Committees are required to agree a work programme at the start of the Municipal Year outlining their priorities and likely outcomes of considering these issues.

The work programme is developed taking into account:

- Corporate priorities and objectives, including the Cabinet Forward Plan.
 - Partnership strategic priorities and objectives.
 - The interests and concerns of Members, Council officers, members of the public and other stakeholders such as community and voluntary groups and local businesses.
- 1.4 Committees are encouraged to review the work programme on a regular basis to ensure it remains relevant and to prioritise the workload of the Committee.
 - 1.5 Members are reminded that the work programme must also take into account:
 - The workload of the Committee and of individual members.
 - The capacity of officers to support a review.
 - The resource implications of carrying out a review.
 - The timescales for a review.
 - The most appropriate method of carrying out a review e.g. Committee meeting, Task Group, Member Champion review.
 - 1.6 The Local Government and Public Involvement in Health Act 2007 have presented the Children's Health, Social Care and Education Overview and Scrutiny Committee with a role, remit and powers regarding local health matters.

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463411, rglen-gallo@swindon.gov.uk

Work Programme 2015/16

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

- 1.7 The Children's Health, Social Care and Education Overview and Scrutiny Committee is encouraged to be mindful of its role and remit when considering a work programme for the 2015/16 Municipal Year.

2. Recommendations

The Committee is recommended to:

- Review the updated work programme to ensure that it remains relevant.
- Discuss any issues arising from information circulated outside of the Committee meeting.

3. Detail

- 3.1 It is important that Overview and Scrutiny adds value to the work of the Council and the Borough and produces tangible outcomes for local people that result in real service improvements. Selecting the right topics is crucial to ensure that Overview and Scrutiny will be effective.

The Work Programme attached at Appendix 1.

- 3.2 At its meeting on the 22nd July 2015, the Committee agreed that a Task Group be set up to review the Special Educational Needs and Disability (SEND) Reforms. Councillor Shelly, Steve Colledge (Swindon Association of secondary headteachers), Paul Sunners (Standing Advisory Council for Religious Education), Valarie Vaughan (Healthwatch) and Steve Henderson (Equalities Advisory Forum) have agreed to consider the reforms and report back with their findings at a future meeting of this Committee.

4. Alternative Options

- 4.1 The Committee can choose not to have a detailed work programme, although it is recommended that it is best practice to do so.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising as a result of this report. Any expenditure arising as a result of an item on the Committee's work programme will be met by the Overview and Scrutiny Support budget, subject to the approval of the Committee.

Work Programme 2015/16

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 2nd September 2015

Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act requires every local authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance.

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

- 5.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Committee.

Links to One Swindon, Plans and Policies

- 5.4 The remit of the Committee includes the review, scrutiny and development of policy recommendations and the monitoring performance of corporate priorities.

Diversity Impact Assessment

- 5.5 No Diversity Impact Assessment (DIA) is required at this stage. Any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

Risk Management

- 5.6 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is under review by the Committee and if it makes any recommendations.

6. Consultees

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

7. Background Papers

- 7.1 None

8. Appendices

Appendix 1 – Work Programme for 2015/16.

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Children's Health, Social Care and Education **Work Programme 2015-2016**

Terms of Reference of the Committee

To fulfil all the functions of an overview and scrutiny committee as they relate to: –

- The review, scrutiny, and development of policy recommendations.
- The management of performance.
- The monitoring of progress towards delivering relevant strategies and corporate priorities.
- The formulation of advice for the Cabinet, Council and other partners and stakeholders.

To have specific responsibility for (but not limited to) the scrutiny of:–

- The performance of services for children towards agreed local and national Performance Indicators.
- The quality of provision and effectiveness of Local Authority strategies to raise standards of education within Swindon.
- Specialist social services and integrated social services for children and young people in Swindon.
- The delivery of services to children and young people in Swindon generally.

In addition, as these relate to Children and Young People:

- The performance of services seeking to deliver healthy communities towards agreed local and national performance indicators.
- Health, health commissioning and service delivery.
- Public Health, Health promotion and the work of the Health and Wellbeing Board.
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners.

In accordance with Section 7 of the Health and Social Care Act 2001 (as amended), the Children's Health, Social Care and Education Overview and Scrutiny Committee will undertake scrutiny of local health service providers jointly with the Adult's Health, Social Care and Housing Overview and Scrutiny Committee.

Review of the Work Programme

The work programme will be reviewed at every meeting of the Children's Health, Social Care and Education Overview & Scrutiny Committee to ensure that it remains relevant, to ensure that Members and Officers have sufficient capacity to deliver the work programme and to include any additional items on the work programme, if appropriate.

Contact details

Committee Officer: Rita Glen-Gallo
Email: rglen-gallo@swindon.gov.uk
Tel: 01793 463611

22nd July 2015		
Item	Objectives	Witnesses
Co-optees Appointment	To confirm the appointment of Co-optees to the Committee.	Chair
Performance Report	To provide a detailed report on the Children's Services performance, informing the Committee of the latest indicators across Children's Services.	Victoria Guillaume
Work Programme discussion	To set the work programme for the forthcoming municipal year and agree Task Groups and Membership on to those groups.	All

2nd September 2015 – Theme of Meeting - Health		
Item	Objectives	Witnesses
Youth Forum and Youth Parliament	To receive a report from the Members of the Youth Forum and Youth Parliament on their work programmes and achievements for the year and to give the Committee an opportunity to identify any issues raised that Overview and Scrutiny can assist with. To update the Committee regarding "Mind the Gap".	Claire Smith
Health Issues	To update the Committee on work being undertaken by Child and Adolescent Mental Health Services (CAMHS), School Nursing, Targeted Mental Health Service (TaMHS), Avon and Wiltshire Mental Health Partnership (AWP).	Joy Kennard / Victoria Guillaume
Performance update reports	To receive performance reports as required by the Committee from Commissioners and Providers.	Great Western Hospital (GWH) Clinical Commissioning Group (CCG) NHS England Healthwatch

2nd December 2015 – Theme of Meeting – Safeguarding / Child Protection		
Item	Objectives	Witnesses
Safeguarding	To receive a report updating the Committee on work being undertaken regarding Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence, Domestic Violence and the Multi-Agency Safeguarding Hub.	Victoria Guillaume
Youth Offending Team	To update the Committee on work being undertaken by the Youth Offending Team	Matt Bywater
Performance Report	To provide a detailed report on the Children's Services performance, informing the Committee of the latest indicators across Children's Services.	Victoria Guillaume

11th February 2016 – Theme of Meeting - Education		
Item	Objectives	Witnesses
Education / School Standards	To provide the Committee with the latest school standards figures in order that the Committee can effectively scrutinise the performance of schools within the Borough.	Peter Nathan
Education Strategy Board	To update the Committee relating to work being undertaken by the Board.	Peter Nathan
Ofsted Local Authority School Improvement Report Update	To update the Committee on work being undertaken relating to the school improvement arrangements.	Peter Nathan
SEND Reform	To update the Committee on work being undertaken following the SEND Reforms that became law on 1 st September 2014.	Peter Nathan
Youth Parliament Update		Claire Smith

13th April 2016 – Theme of Meeting – School Place Planning		
Item	Objectives	Witnesses
School Admissions Process	To inform the Committee on the School Admissions Process.	Rebecca Mathis
Care Leavers	To receive an update relating work being undertaken by the Care Leavers Team	Valarie Williams
Performance Report	To provide a detailed report on the Children's Services performance, informing the Committee of the latest indicators across Children's Services.	Great Western Hospital (GWH) Clinical Commissioning Group (CCG) NHS England Healthwatch

TASK GROUPS

Item	Objectives
SEND reforms	

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