

Swindon Borough Council

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

Wednesday, 9 November 2016

Committee Room 6, Civic Offices

At 6.00 p.m.

Conservative Councillors

Gemma McCracken (Chair)
Malcolm Davies
Colin Lovell
Barbara Parry
Gary Sumner

Labour Councillors

Fay Howard
Teresa Page
Carol Shelley
Nadine Watts

Co-opted Representatives

Steve Colledge, Swindon Association of Secondary Headteachers
Gary Evans, Swindon Association of Primary School Headteachers
Alison Paul, Swindon Association of Special School Headteachers
Mark Edwards, Healthwatch
Liz Townend, Church of England Diocese
TBC, Parent Governor
TBC, Catholic Church Diocese
TBC, Equalities Advisory Forum

Committee Officer: Rita Glen Gallo 463611
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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. **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.

4. **Minutes** (Pages 5 - 8)

To receive the minutes of the meeting held on 14th September 2016.

5. **Progress Update of Youth Participation** DAS (Pages 9 - 14)

6. **Restorative Youth Services Work Programme 2016/17** DCS (Pages 15 - 22)

7. **Targeted Mental Health Services (TaMHS)** DCS (Pages 23 - 28)

8. **Child and Adolescent Mental Health Services (CAMHS)** DCS (Pages 29 - 34)

9. **Children's Services Performance Report** DCS (Pages 35 - 80)

10. **Great Western Hospital NHS Foundation Trust Update** (Pages 81 - 86)

11. **NHS Swindon Clinical Commissioning Group** (Pages 87 - 90)

12. **Work Programme** DLDS (Pages 91 - 116)

Date of Despatch: 31 October 2016

Key:

Officers

DCS	-	Director of Children's Services
DAS	-	Director of Adult Social Services
DLDS	-	Director of Law and Democratic Services

Public Question Time - Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above or to the Director of Law and Democratic Services, we will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available on the Council's Website.

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

Terms of Reference:

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, and
- 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, and
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners.
- Reducing Domestic Violence and Abuse
- Strategic issues around Licensing

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

WEDNESDAY, 14 SEPTEMBER 2016

PRESENT:- Councillors Gemma McCracken (Chair), Fay Howard, Colin Lovell, Teresa Page, Barbara Parry, Carol Shelley, Gary Sumner and Nadine Watts. Alison Paul (Swindon Association of Special Schools Headteachers), Steve Colledge (Swindon Association of Secondary Headteachers), Gary Evans (Swindon Association of Primary Headteachers), Liz Townend (Bristol Diocese), Mark Edwards (Healthwatch) and Doug Morris (Swindon Parent and Cares Group).

An apology for absence was received from Councillor Malcolm Davies.

Also Present: Councillor David Renard, Leader of the Council and Fionuala Foley, Cabinet Member for Children's Services. Peter Nathan (Head of Education), Maria Young (Interim Head of Children, Families and Community Health), Lyn Frith (Commissioner, Education), Mark Green (Integrated Service Manager), Gill May (Executive Nurse at NHS Swindon Clinical Commissioning Group) and Cherry Jones (Director of Public Health).

10. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting.

Councillor Barbara Parry declared personal and non-prejudicial interest in her capacity as an employee at Uplands Educational Trust.

Councillor Carol Shelley declared personal and non-prejudicial interest in her capacity as governor of Swindon Academy.

11. Public Question Time

No public questions were asked or submitted for this meeting.

12. Dr Peter Crouch - Update

The Chair introduced Mrs Gill May, Executive Nurse, Clinical Commissioning Group who advised the Committee regarding the passing of Dr Peter Crouch. The Chair, on behalf of the Committee, extended their condolences to his family.

13. Minutes

Resolved - (1) That the minutes of the meeting held on 21st June 2016 be confirmed and signed as a correct record.

(2) The appointment of Doug Morris (Swindon Parent and Cares Group) as a non-voting co-optee be confirmed.

14.**Joint Local Area SEND Inspection**

The Head of Education submitted a report to inform the Committee of the local area SEND (Special Educational Needs and Disability) inspection. Mrs Lyn Frith, Commissioner, Education invited the Committee to watch a short film entitled “Swindon EHC Animation (Subtitled)” and advised this was available at: <https://www.youtube.com/watch?v=AnB04nbNCSI>. She advised that the animation explained the Education Health Care (EHC) Pathway for children and young people in Swindon with special educational needs and learning difficulties.

Mrs Frith explained that from May 2016, local areas in England became subject to joint inspections by Ofsted and the Care Quality Commission (CQC) where they would judge the effectiveness in implementing the Disability and Special Educational needs reforms according to the Children and Families Act 2014. She referred to the framework allowing evidence gathering of work being undertaken in Swindon and to the importance this had in other borough’s inspections.

Mrs Frith responded to the Committee members’ questions and comments in respect of the following:

- The transference of children with Statements to Education Health and Care Plans and how this backlog was being addressed.
- The confirmation that schools undertook annual assessments and that the department relied on the schools to undertake these earlier in the scholastic year to ensure conversions were completed on time.
- The reasons for the high percentage of pupils with a statement or EHC plan in Swindon and how this data compared with statistical neighbours.
- The effect of staff illness on the work to be undertaken.
- The reasons for continued dialogue with parents to ensure they were able to access local provision.
- The difficulty in balancing input and outcome of assessments and how the framework underpinned the work being undertaken. This allowed parents to get support without the need for their child to undertake a formal assessment.
- An explanation of the models being used by other local authorities.
- The actions being undertaken to support young people with special educational needs who were over 18 years old.
- The progress made on the development of the single pathway provision services for young people aged 19 to 25.

Resolved – (1) That the report be noted.

(2) That the Head of Education be requested to submit an update regarding the self-assessment processes being conducted at a future meeting of this Committee.

(3) That the Commissioner of Education be requested to circulates links relating to models used by other local authorities.

15.**Provision at the Salt Way Centre**

The Director of Children’s Services and the Interim Head of Children, Families and Community Heath submitted a joint report providing an update on the services being provided for children and young people with additional needs and disabilities at the Salt Way Centre.

Mr Mark Green, Integrated Service Manager, introduced the report and

explained that the report was structured to reflect themes providing an overview of services. He explained how the department responded to the increasing demand for services and referred to the various sources funding the service.

Mr Green, Mr Peter Nathan, Head of Education and Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), responded to the Committee members' questions and comments in respect of the following:

- An update on the joint CCG and Council review of the Community Health Services and when this was likely to be undertaken.
- The previous contribution level relating to short break services in contrast to the current charge level.
- How parents were utilising their fifteen hours of funded child care within the early years care sector and that this was in addition to the short break service allocated hours.
- How the hard to reach families were being targeted to ensure they benefit from short break services.
- The support provided for young people accessing 30 hours of child care and on the work being undertaken with Great Western Hospital in implementing this.
- The number of pupils accessing long term Speech and Language therapy.
- The process of diagnosing children and young people with autistic spectrum disorder.
- The work undertaken by the Multi-Agency Assessment team regarding child integration.

Resolved – (1) That the report be noted.

(2) That the Executive Nurse at NHS Swindon Clinical Commissioning Group be requested to include an update on the formal review of all Community Health Services in her next report to the Committee.

(3) That the Integrated Service Manager be requested to submit an update regarding the work being undertaken to target hard to reach families at a future meeting of this Committee.

16. Education Transport Appeals

The Head of Education submitted a report setting out the current financial and legislative position concerning home to school transport appeals. Miss Rebecca Mathis, Admissions Manager, introduced the report and advised that the report contained information on recent changes to the Education Transport appeals policy that came into effect from September 2016. Miss Mathis referred to the School Travel and Transport Guidance issued by the Department for Education in February 2014 and July 2014 regarding how appeals were to be undertaken to ensure uniformity across all local authorities.

Miss Mathis and Mrs Ann Crowley, Public Transport Network & Projects Team Leader responded to the Committee members' questions and comments in respect of the following:

- How the Admissions and Transport Departments ensured parents were able to access information and complete the application for a transport appeal.
- The difference between the submission of an appeal from a mainstream setting and a Special Educational Needs (SEN) setting. Miss Mathis confirmed that whilst the process was the same, the SEN team would be involved in the process when an appeal was received from an SEN setting.

- The demarcation of the process between the Admissions and Transport Departments.
- How the Admissions and Transport Departments differentiated between the catchment areas for the Eastern Village, Wanborough and Ridgway schools.
- How the Admissions and Transport Departments consulted when a review of school places was undertaken
- Confirmation that consultation on the 18/19 Transport Policy would be undertaken in the near future.

Resolved – (1) That the report be noted.

(2) That the Admissions Manager be requested to circulate a copy of the leaflet sent out to parents when they submit a transport appeal.

17. NHS Swindon Clinical Commissioning Group

Commissioning Group (CCG) submitted a report updating the Committee on the performance and key issues relating to the service.

Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), introduced the report and commented on the Groups' priorities and action being undertaken. In particular, Ms May referred to the appointment of a Designated Nurse regarding safeguarding children and to provide advice to the CCG, NHS England and the Council. She further referred to the provision of maternity care in Swindon.

Ms May responded to the Committee members' questions and comments in respect of the following:

- The use of the nationally recognised self-assessment tool in relation to the Special Educational Needs and Disability (SEND) health action plan and the score attained by the CCG.
- The termination of the SEQOL contract and confirmation that funding for the Children's clinics was from a different budget.
- Confirmation that discussions were being undertaken with other providers to ensure continuity of services provided in Children's clinics.

Resolved - That the report be noted.

18. Work Programme

The Committee received a report from the Director of Law and Democratic Services detailing its updated work programme for the Municipal Year 2016/17.

Resolved – (1) That the report be noted.

(2) That members be requested to submit any questions regarding Key Stage 2 results to the Committee Officer

Progress Update of Youth Participation

Health, Adults & Children Services

Overview and Scrutiny Committee

Date: 9th November 2016

Author: Director of Adult Services

Wards: All

Locality Affected: All

Parishes Affected: All

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; Swindon's Members of Youth Parliament (MYPs), Swindon Youth Council, Young Inspectors and Thought Tank.
- 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.
- 1.4 This work links to the following One Swindon Priorities:
 - Everyone is enjoying sports, leisure and cultural opportunities
 - Improve health and wellbeing for all by widening participation in sports, leisure and cultural activities
 - Living independently, protected from harm, leading healthy lives and making a positive contribution
 - Increased community involvement so that everyone is able to make a positive contribution

2. Recommendations

The Committee is recommended to:

- 2.1 Continue to support the work of the Members of Youth Parliament, Swindon Youth Council, 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.

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: swindonsteppad@aol.com

Progress Update of Youth Participation

Health, Adults & Children Services

Overview and Scrutiny Committee

Date: 9th November 2016

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- 2.3 Agree when a further report on progress should be brought back to the committee.

3. Detail

Swindon Members of Youth Parliament

- 3.1 Make Your Mark is a unique annual consultation designed by young people for young people. This year, one in six 11-18 year olds across the UK voted on issues that mattered to them, making it the largest youth consultation in the country with 978,216 young people taking part in the process.
- 3.2 Nationally and regionally, young people have backed education reform to be a top priority - 'Curriculum for Life'. The call for education reform is not about the type of school, but what is taught in it. The winning campaign topic is a 'curriculum for life' that would better prepare young people for their life after school. The aim of the exercise is to bring priority issues to the attention of Government Ministers, including the Parliamentary Under-Secretary of State at the Department for Culture, Media, and Sport, with responsibility for youth policy, Rob Wilson MP who will attend the UK Youth Parliament's House of Commons Sitting and reply on behalf of the Government. The Commons debate will take place on 11th November, and be chaired by The Rt. Hon John Bercow MP, Speaker of the House of Commons, who recently spoke at the UK Youth Parliament's Annual Sitting in York. Chloe, our Member of Youth Parliament will be attending to represent Swindon.
- 3.3 Swindon's young people contributed 2,793 (15% of those eligible) votes, and have once again voted for an improvement in mental health services and support around emotional wellbeing, highlighting a desire that mental health education should be compulsory and that stereotypes should be challenged.
- 3.4 Swindon's Deputy Members of Youth Parliament and Youth Council will continue to support our Member of Youth Parliament's on-going campaign - which aligns with Swindon's 2015 and 2016, Make Your Mark results. So far an online survey has been circulated, alongside 1000 paper ballots, to gauge children and young people's awareness of services and support available; results will be collated and presented at the end of the year. Chloe has also delivered two successful workshops around mental health awareness to Coram Voice, and our Youth Council.
- 3.5 All MYPs have attended their first 2 UKYP (United Kingdom Youth Parliament) conferences and have signed up to the current 'Don't Hate, Educate' campaign to challenge negative attitudes around race and religion; work with others to educate their communities in order to tackle ignorance around race and religion; and promote integration.

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: swindonsteppad@aol.com

Progress Update of Youth Participation

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Swindon Youth Council

- 3.6 The Council have met five times this quarter and are supporting our MYPs and their campaigns as well as their own:

3.6.1 Anti-Social Behaviour / Community Safety – a meeting has been requested with the Police Crime Commissioner again, as we have had no response from previous requests.

3.6.2 Approving the perception of Swindon's Young People in the Media – the Youth Council have been visited by a reporter from the Swindon Advertiser to write an article on them, which was published in August.
[http://www.swindonadvertiser.co.uk/news/14682591.Swindon_Youth_Cou
ncil_is_speaking_out/#articleContinue](http://www.swindonadvertiser.co.uk/news/14682591.Swindon_Youth_Council_is_speaking_out/#articleContinue)

We hope to arrange a follow up article at the beginning of 2017.

- 3.7 The Youth Council have also made links with Healthwatch and have determined a work plan for the forthcoming year:

Area 1 – engagement with Swindon Youth Councils to further our involvement and engagement with young people around mental health and wellbeing - support Swindon wide survey, support action plan , challenge areas of inequality, poor practice etc.

Area 2 – engagement with young people to establish their view on health and social care matters and use the Youth Council to bring together issues and raise awareness of Healthwatch.

Area 3 – to help in the design of 'young person friendly' promotional material.

- 3.8 Work with Great Western Hospital is continuing. Swindon Youth Council members have created a questionnaire to be used by Great Western Hospital (GWH) to obtain feedback about treatment experience and how to improve the experience for young people and ensure they are providing a 'young person friendly' environment.

Members have also provided a list of recommended support services for young people for inclusion on the GWH website.

Young Inspectors

- 3.9 Nineteen young people received training regarding inspection processes and helped to redesign the evaluation and feedback sheets to be used during the inspection process. Nine young people have carried out inspections which are now uploaded onto the Borough's 'Local Offer' website.

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Following the inspections, and submissions of their reports, all young people's recommendations have been actioned by the individual provisions to the satisfaction of the young people.

SBC and Aiming High have committed funding to the mainstreaming of 'Young Inspector's for 2016 / 2017'. Their work plan is detailed below:

TBC	Inspection of GWH	Thought Tank and Swindon Youth Council members
4 th February 2017	Inspection 1 (Saturday) – Hop, Skip and Jump	Thought Tank
4 th March 2017	Inspection 2 (Saturday) – tbc Leisure facility potentially Oasis	Thought Tank and Swindon Youth Council members
13 th April 2017*	Inspection 3 (Thursday) in holidays - Swindon Town Football Community Trust – holiday session	Thought Tank / STEP Saturday Respite group.
1 st June 2017*	Inspection 4 (Thursday) in holidays – tbc	Thought Tank and Swindon Youth Council members
15 th July 2017	Inspection 5 (Saturday) – tbc The Platform	Thought Tank and Swindon Youth Council members
24 th August 2017*	Inspection 6 (Thursday) in holidays – Ben Humphries – Leisure Services (disabled young people provision)	Thought Tank/ STEP Saturday Respite group.

Wider Youth Participation

- 3.10 Meeting to discuss ways of working together to reduce the isolation of young people who come out of Education other than at school (EOTAS) via hospital school, tuition or time away from school.

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: swindonsteppad@aol.com

Progress Update of Youth Participation

Health, Adults & Children Services

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Date: 9th November 2016

- 3.11 A Hospital School questionnaire has been designed with children and young people who attend the hospital school to enable young people, whose education and potential is significantly affected by their medical and emotional needs, to have a say. Young people can say how they have or have not been supported by education while receiving medical intervention, either long or short term. This can then provide information to better guide schools and education provisions on the needs and worries these young people face with regards to inclusion. This will get a 'better deal' for this 'lost cohort' of young people in Swindon.

Areas of concern highlighted:

- Schools are not aware when children are attending; some are not sending appropriate work, if any
 - Re-introduction into school is not consistent or appropriate, not all the staff are aware of ways to make this work for the young people
 - All departments are not speaking to each other throughout the process nor after
 - No system in schools to track them before crisis, during treatment and after return to mainstream
 - As no EHP/EHCP for some of the children, no one takes the lead and coordinates all the services and staff in school that are working with them
 - Other children in schools are not sympathetic to the returning student because they don't understand - "we thought you were dead".
- 3.11 Could we work together to educate schools, heads, governors and the council that these young people do exist and there are a lot more of them than believed? As well as find how to better provide for them while they are off and to reintegrate them when they come back.

Recommendations

- 3.12 It would be good to have an active, maintained register within schools of all the children who are not receiving consistent mainstream education due to health needs.
- Similar accreditation to the 'young carers' one around providing support for these children and young people in schools.
 - Improve the culture of responsibility, tracking, return and social inclusion on return.

Progress Update of Youth Participation

Health, Adults & Children Services

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Date: 9th November 2016

- Meeting with Peter Nathan and Ben Slater to discuss concerns and recommendations.

4. Alternative Options

4.1 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 implications arising from this report.

Diversity Impact Assessment

5.4 A diversity risk assessment is not required as this is an ongoing service.

Risk Management

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

6. Consultees

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

7. Background Papers

7.1 None.

8. Appendices

8.1 None.

Restorative Youth Services Work Programme 2016/17

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

Author:	Director of Children Services
Wards:	All
Locality Affected:	All
Parishes Affected:	NA

1. Purpose and Reasons

- 1.1. The Children's Health, Social Care and Education Overview & Scrutiny Committee have specific responsibility for the review of Local Authority services delivered to children and young people in Swindon. This includes the provision of specialist integrated services delivered against local and national performance indicators, including Restorative Youth Services (RYS) which comprise the Youth Offending Team, confidential youth counselling service, On Trak and the (youth) substance misuse service, U Turn.
- 1.2. The Committee's work programme requires a report to be submitted providing an overview of the work of Restorative Youth Services, including progress in relation to targets and challenges to future service delivery.

2. Recommendations

The Committee is recommended to:

- 2.1 Note and approve progress in relation to the strategies for meeting Government and local targets for reducing first time offending, re-offending, remand, custodial rates, and substance misuse. This report also reflects on progress with the delivery of confidential youth counselling services.

3. Detail

- 3.1 The confidential youth counselling service, On Trak and the youth alcohol & drug misuse service, U-Turn are under the direct management of the YOT's Manager (RYS Service Manager) and, accordingly, have separate plans incorporated into the Restorative Youth Services Plan 2016-17. This plan acknowledges national and local priorities relating to offending, substance misuse and counselling, and describes strategy, performance, partnerships, finance, as well as the challenges and opportunities which now govern future priorities.
- 3.2 The Restorative Youth Services Plan 2016/17 was approved by the Youth Offending Team Management Board on the 21st April 2016 and also submitted to the Local Authority's Health and Wellbeing Board on the 25th May 2016 for approval. The RYS Plan was also signed off by the Youth Justice Board following submission on 20th June 2016.

Further information on the subject of this report can be obtained from Matt Bywater, 01793 463890, mbywater@swindon.gov.uk.

Restorative Youth Services Work Programme 2016/17

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- 3.3 Developments associated with the Youth Offending Team (YOT), include an ambitious post Inspection Action Plan which has been under scrutiny by the YOT Management Board.
- 3.4 Key areas of work associated with safeguarding and risk management were subject to an independent review carried out in August 2016 by the ex-Head of West Berkshire YOT, Davy Pearson. This report is being presented to the YOT Board on 20th October 2016, early indications are positive. Against this background the YOT's Management Information system, ChildView underwent a significant upgrade, and incorporated a new assessment tool (AssetPlus) which required several days training and familiarisation by all staff to ensure a successful transition to new ways of working.
- 3.5 A number of separate reviews were also undertaken in compliance with the requirement of the post Inspection Action Plan, including a scrutiny of the work done to encourage a Restorative Justice intervention between victim and offender, and a review of the work of Parenting (including methodology and satisfaction rates). Both reviews were informed by a national questionnaire sent out by Swindon YOT to all 155 YOTs in England and Wales.
- 3.6 Restorative Youth Services key performance indicators for the period to July 2016 show that:
- The rate of First Time Entrants, although slightly above national averages, remains in low figures relative to the population. However, the YOT has had some difficulty in reconciling figures produced by the Police National Computer (PNC) compared with locally held YOT data, prompting an investigation now underway.
 - During 2016, custody peaked to a high of 9 young people. This figure fluctuates rapidly and can be subject to influences both within and outside of the YOTs sphere of influence or control. As the imposition of custody is, thankfully, a relatively rare event and involves less than 5% of the YOT caseload (as per the YOT's local target) any case involving custody is automatically reviewed to ensure that where the YOT has been able to exert some influence or offer up alternatives (viz. Intensive Supervision and Surveillance (ISS) as the statutory alternative to custody) this has been done. Currently, Swindon has only one young person currently in custody serving a sentence, and no young person remanded into Youth Detention Accommodation.

Further information on the subject of this report can be obtained from Matt Bywater, 01793 463890, mbywater@swindon.gov.uk.

Restorative Youth Services Work Programme 2016/17

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Date: 9th November 2016

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- Re-offending rates were much higher than the national average in 2015 but have reduced to levels which approximate to both national and South West offending populations.
- 3.7 In a separate initiative, the Service Manager met with the School Improvement Advisor / Commissioner to agree a more joined up response to emergent concerns around the core areas of Substance Misuse, Weapons / Knives in Schools, sexually harmful behaviours and restorative approaches to behaviour management.
- 3.8 In addition, the YOT Police Officer and Service Manager recently met with the Education other than at school (EOTAS) Head of Service and the YOT Police Officer has agreed to work with this part of the service to work up a bespoke group work programme aimed at young people who may be tempted to become involved in organised crime.
- 3.6 The YOT received the outcome of two thematics released by the Youth Justice Board: 'Referral Orders – do they achieve their potential?' (July 2016) and 'Accommodation of Homeless 16 and 17 Year Old Children Working With Youth Offending Teams' (September 2016). A copy of the former was released to all Panel Members in Swindon for their perusal, with plans to follow up the learning and recommendations in a Panel Members / Volunteers training meeting in November. Swindon is liaising with Wiltshire YOT colleagues with a view to scoping refresher training for all new and existing Panel Members in both areas jointly.
- 3.8 The second thematic around accommodation, for 16 and 17 years prompted the YOT to see if this was a particular issue for and in Swindon. This review identified that, of the identified cohort of 31, 16 and 17 years old, only 3 (10%) were accommodated in 'unsuitable' accommodation, and all 3 were actually in Young Offenders Institution (YOI) or Secure Training Centre (STC).
- 3.9 YOTs have been anticipating the publication of the Government review of youth justice services being led by Charlie Taylor, the former Chief Executive of the National College of Teaching and Leadership and a former head teacher.
- 3.10 The original scope of the review suggested that the outcome could have significance for all YOTs in terms of future operating models, as well as funding, and statutory responsibilities under potential new legislation. However changes within central government have now created uncertainty over the validity of the report and its future publication. Current information suggests if the report is to be published, this will be delayed until later in 2016.
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Further information on the subject of this report can be obtained from Matt Bywater, 01793 463890, mbywater@swindon.gov.uk.

Restorative Youth Services Work Programme 2016/17

Children's Health, Social Care and Education

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- 3.11 Children's Services recently approved the placing of the co-ordination of assessments and interventions around children and young people displaying Sexually Harmful Behaviours (SHB) [via the AIM – Assessment, Intervention, Moving on - processes] under the Restorative Youth Service umbrella. Specifically this entails transfer of co-ordination responsibilities from the previous Co-ordinator to the current Ops Manager, Youth Offending Team.
 - 3.12 It is hoped this will offer co-ordinated and considered responses to any young person referred, who is believed to be exhibiting Sexual Harmful Behaviours.
 - 3.13 On the 1 July two new workers joined the Team in the capacity of RESPECT workers, based on funding received from the Wiltshire Community Foundation. The funding covers two years, and is aimed at reducing incidences of adolescent to parent abuse across families in Swindon and will be available across Swindon Children's Services. The programme requires delivery of a structured intervention (based on the national RESPECT model) as well as the ability to engage and train other professionals – including social workers and health workers – aimed at the sustainability of the programme over the long term. The programme received positive media coverage in both press and radio.
 - 3.14 Referrals to the On Trak Youth Counselling Service remain high, with continuing pressure on waiting times. The appointment of two new qualified Counsellors and unpaid but skilled volunteers means that there is now more scope for assessments and follow up with greater flexibility in the work.
 - 3.15 Training was recently delivered, in conjunction with the Churchfields school resident Counsellor to educate/ update the volunteers in the appropriate skills of counselling and delivery within guidelines. During September 2016 an observed practice visit was undertaken by the Head of Children, Families and Community Health with positive feedback which included "The team is passionate and dedicated to deliver a timely and responsive service to service users", "The team has a file filled with compliments and feedback from service users – indicating the value they place on service feedback in order to keep improving and meeting young people's needs".
 - 3.16 One of the key challenges is to work more effectively with Targeted and Mental Health Services (TAMHS) and Child and Adolescent Mental Health Services (CAMHS) and discussion is planned. On Trak have a pressure to pick up those young people who are not always eligible for other services. The service is also seeking innovative ways of working, including online counselling and a higher profile through the new website The Dock (see below).
 - 3.17 The Substance Misuse Service U-Turn continue to receive a steady flow of referrals from different agencies, and a discernible increase from schools. In July 2016 a new drugs worker was appointed and this has returned U-Turn to its full

Further information on the subject of this report can be obtained from Matt Bywater, 01793 463890, mbywater@swindon.gov.uk.

Restorative Youth Services Work Programme 2016/17

Children's Health, Social Care and Education

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capacity. Cannabis is still the primary substance presenting for males and females, with a small number of alcohol clients. One young person is presenting in clinic for heroin use and is receiving targeted support from the registered doctor.

- 3.18 Most young people are presenting as low risk regarding drug use but with multiple vulnerabilities. U-Turn are engaged more fully in prevention work and promotion has been a focus, so young people and professionals are aware of harm existing or what new drugs can cause and what to do or how to refer. U-Turn is also working alongside The Dock, a new support website for young people where the service can be promoted.
- 3.19 The award winning programme 'Young Volunteers' was recommended, by HM Inspectorate of Probation for expansion across more of Swindon's primary schools. Training has been delivered to seven schools since April 2016, of which four (Orchid Vale, Robert Le Kyng, Wroughton, and Eldene) are engaged in the delivery of the anti-crime programme to other classes and neighbouring schools.
- 3.20 Restorative Youth Services was subject to an assessment held on the 11 August 2016, by Investors in Volunteers (IIV) in order to secure renewal of its prestigious kite mark. An audit carried out in June 2016 showed that RYS had 44 adult volunteers. Of these, 14 acted as Appropriate Adults; 15 as panel members, 12 as On Trak counsellors; and 3 support reparation activities including half term projects. The YOT also had 32 young volunteers (ages 9 and 10) from Orchid Vale, Robert Le Kyng, Wroughton, and Eldene schools. IIV was granted following this review for a further period 2016 to 2019.
- 3.21 RYS was delighted to be cited by the Mayor for a team award (Volunteers) at the 2016 Pride of Swindon Awards event. Six of our volunteers (each with well over 10 years of service) attended an event at Steam to receive the award, and were also present at a ceremony to unveil a plaque at the Central Library.
- 3.22 In a ground breaking initiative for Swindon designed to improve outcomes for young people using digital tools, The Council commissioned a new website called <http://thedockswindon.co.uk/>. The official launch of this site (with media in attendance) took place at the Local Safeguarding Children's Board on the 12th October at the Wyvern Theatre. Every school and college in Swindon is due to receive publicity material encouraging young people to use The Dock which will help keep them informed, safe and healthier. Young people also have an opportunity to contact key services using a 'I want advice' tab.

4. Alternative Options

None

Further information on the subject of this report can be obtained from Matt Bywater, 01793 463890, mbywater@swindon.gov.uk.

Restorative Youth Services Work Programme 2016/17

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5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The YOT is financed through a combination of funding from the Youth Justice Board, Local Authority (Children's Services), Wiltshire Police Crime Commissioner, and partner organisations. The total Youth Justice grant for 2016/17 amounts to £224,950 including funding set aside specifically for helping to meet devolved demands associated with Unpaid Work and Attendance Centre orders from Court. Partnership cash funding amounts to £437,933 of which £267,500 comes from Children's Services.
- 5.2 The following agencies also provide cash contributions: £78,533 from the Police and Crime Commissioner; £5,000 from the National Probation Service; £19,700 from the Clinical Commissioning Group (CCG); and £67,200 from the Wiltshire Community Fund, in addition to staffing resources (based on secondments) such as the Police Officer, Health worker, Probation staff and Education worker.
- 5.3 The substance misuse service U-Turn is funded from three sources; Local Authority based Public Health (£75,000); Youth Justice grant funding transferred from YOT income to U Turn (£13,000); and Children's Services core funding (£33,600), in addition to £3,600 from Health, making a total budget of £125,200.
- 5.4 The youth counselling service On Trak is funded by the Local Authority £61,300, and the CCG (£64,000) making a total budget of £125,300.

Legal and Human Rights Implications

- 5.5 The Plan conforms to all the Borough's protocols and policies concerning the Legal and Human Rights of Swindon residents.
- 5.5 The Plan also builds in interventions on behalf of young people designed to promote opportunities for constructive use of their leisure time and as a result, a reduction in anti – social behaviour or crime.

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

- 5.6 Restorative Youth Services are uniquely placed to straddle the criminal justice and care environments, resulting in strong links with the overarching strategic themes encompassed within key partner agencies including the Police and Crime Commissioner (Wiltshire and Swindon).

Further information on the subject of this report can be obtained from Matt Bywater, 01793 463890, mbywater@swindon.gov.uk.

Restorative Youth Services Work Programme 2016/17

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Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.7 The Plan takes account of developments incorporated into Local Authority plans (including Community Safety) around crime prevention and reducing reoffending, as well as links to 'One Swindon' Priorities and specific targets around improving life for families in Swindon.

Diversity Impact Assessment

- 5.8 The work of the YOT, substance misuse service U-Turn, and the youth counselling service On Trak, are embedded in the Restorative Youth Services Plan 2016-17 which includes the Diversity Impact Assessment.

Risk Management

- 5.9 Plans include activities or protocols and procedures designed to address known or anticipated risks, including those associated with the potential for public sector funding reductions, as well as safeguarding of staff and young people.

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 Matt Bywater, 01793 463890, mbywater@swindon.gov.uk.

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Targeted Mental Health Services (TaMHS)

Children's Health Social Care & Education

Overview and Scrutiny

Date: 9th November 2016

Author: Director of Children Services

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education Overview & Scrutiny Committee with an update of performance and key issues relating to the Targeted Mental Health Services (TaMHS). This report highlights the areas of performance to be noted by the Board.
- 1.2 A key purpose of the Children's Health, Social Care and Education Overview & Scrutiny Committee is to hold Commissioners of Children's Health, Education Support, Early Help 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 key performance messages from the performance information and identify any areas of concern that require further investigation.

3. Detail

3.1 What service does TaMHS deliver?

3.1.1 Targeted mental health services (Tier 2) are provided through Swindon Borough Council and relates to services where emotional and or mental health needs for children, are identified.

3.1.2 TaMHS deliver services for:

- 0-4 year olds: Concerns about attachment, routines and boundary setting, separation anxiety.
- 4-8 year olds: Anxiety, aggression, oppositional or challenging behaviour, concerns about attachment, low self-esteem, bereavement, loss, trauma, routines and boundary setting, hyperactivity, emotional distress, low mood.

Further information on the subject of this report can be obtained from Kevin Leaning
01793 463887 kleaning@swindon.gov.uk.

Targeted Mental Health Services (TaMHS)

Children's Health Social Care & Education

Overview and Scrutiny

Date: 9th November 2016

-
- 8 year olds and upward: Anxiety, low mood, depression, withdrawn behaviour, compulsive and obsessive behaviour patterns, low self-esteem, distorted body image, issues regarding gender/identity, inappropriate sexual behaviour, substance misuse, bereavement, loss, self-harm, eating disorders.
- 3.1.3 TaMHS deliver services: through Cognitive Based Therapy (CBT), solution focussed therapies, 1-1 support re anxiety, self-harm, self-esteem, eating issues/low level eating disorders, mood tracking, triaging into Tier 3 CAMHS, assessing to rule out more serious mental health conditions e.g. anorexia or/and psychosis.
- 3.1.4 TaMHS further assist with referrals to Paediatricians for ADHD and ASD conditions; Sleep hygiene, parenting support, classroom observations, consultations to school staff, clinical supervisions within the team and supervision to school staff.
- 3.2 Performance: From Referral to Assessment
- 3.2.1 Children and young people are to be assessed as quickly as possible following a referral. The team dedicate staffing resource to fulfil this activity and review their methodology in order to achieve the best performance. In order to ensure timely assessments, the waiting list initiative was introduced as a response to the amount of referrals that were waiting longer than 4 weeks for an assessment. This involves offering a concentrated amount of assessments during the school holidays.
- 3.2.2 TaMHS have utilised the existing staff establishment to achieve this and backfilled the resource required for assessment. We have received £12.5K from the CCG as part of the transformation fund to employ a temporary member of staff to increase the capacity of the delivery of treatment.
- 3.2.3 For Q1 2016/2017 there have been 513 referrals and 288 assessments offered. Of these assessments 40 (13.9%) were not fulfilled due to the children not being brought to clinic. The number of first assessments in Q1 2016/2017 was 112; with 67 (59.8%) of those children waiting 4 weeks or less.
- 3.2.4 During June 2016 there were 172 referrals received and 87 assessments offered.
- 3.2.5 Of these assessments 14 (16.1%) were not fulfilled due to the children not being brought to clinic. The number of first assessments in June 2016 was 29; with 20 (69%) of those children waiting 4 weeks or less.
-

Further information on the subject of this report can be obtained from Kevin Leaning
01793 463887 kleaning@swindon.gov.uk.

Targeted Mental Health Services (TaMHS)

Children's Health Social Care & Education

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TaMHS Service Summary Indicators	Apr-16	May-16	Jun-16	16/17 YTD	15/16 YR
Referrals:					
Number of referrals	173	168	172	513	1929
Number of inappropriate referrals	2	1	10	13	54
% of inappropriate referrals	1.2%	0.6%	5.8%	2.5%	2.8%
Assessment appointments:					
Number of assessments	108	93	87	288	1257
Number of children not brought to assessment	12	14	14	40	159
% of children not brought	11.1%	15.1%	16.1%	13.9%	12.6%
Referral to assessment time (shown as a % of first assessment)					
Number of first assessments	47	36	29	112	1240
Number of assessment within 4 weeks of referral	25	22	20	67	524
% of assessments within 4 weeks of referral	53.2%	61.1%	69.0%	59.8%	42.3%
Number of assessments in 4-8 weeks of referral	6	4	4	14	191
% of assessments in 4-8 weeks of referral	12.8%	11.1%	13.8%	12.5%	15.4%
Number of assessments in 8-18 weeks of referral	5	8	1	14	222
% of assessments in 8-18 weeks of referral	10.6%	22.2%	3.4%	12.5%	17.9%
Total % of assessments within 18 weeks of referral	76.6%	94.4%	86.2%	84.8%	75.6%

Further information on the subject of this report can be obtained from Kevin Leaning
01793 463887 kleaning@swindon.gov.uk.

Targeted Mental Health Services (TaMHS)

Children's Health Social Care & Education

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Date: 9th November 2016

3.3 Performance: From Assessment to Treatment

3.3.1 Once children have been assessed then an intervention is to be delivered as efficiently as possible. TaMHS is a short term intervention service and will offer six sessions to children. The team will also seek other services to compliment and continue the work. In order to improve the performance in this area funding has been secured from the CaMHS innovation fund to deliver 'family links' programmes. This is in response to the number of referrals that relate to parenting issues and children's mental health. By offering a group programme, the team can efficiently deliver work rather than offering individual interventions.

3.3.2 For Q1 2016/2017 302 children started treatment with 271 (89.7%) waiting 18 weeks or less since their assessment.

3.3.3 In June 2016, 95 children started treatment with 82 (86.3%) waiting 18 weeks or less since their assessment.

Referral to treatment time:	Apr-16	May-16	Jun-16	16/17 YTD	15/16 YR
Number starting treatment	128	79	95	302	1028
Number starting treatment within 18 weeks of referral	117	72	82	271	854
% starting treatment within 18 weeks of referral	91.4%	91.1%	86.3%	89.7%	83.1%

3.3.4 The traded income from schools for the 2015/16 academic year was £294,425 with 52 schools purchasing. There has been a year on year increase in the amount that schools have purchased since the start of the service in 2011.

3.3.5 Schools purchase one to one work for their pupils which are short-term interventions tailored to meet the needs of each pupil using evidence-based interventions such as solution focused therapy or cognitive behavioural therapy.

3.3.6 They can also purchase bespoke training packages, additional consultancy for school staff or parents, clinical supervision and group interventions based on a nurture group model such as rainbow groups and go-zone groups.

Further information on the subject of this report can be obtained from Kevin Leaning 01793 463887 kleaning@swindon.gov.uk.

Targeted Mental Health Services (TaMHS)

Children's Health Social Care & Education

Overview and Scrutiny

Date: 9th November 2016

3.4 Priority areas:

- 3.4.1 Improving timeliness from referral to assessment & the assessment to treatment performance. The team performance data is scrutinised via the Early Help Quality Assurance Performance Board. The recruitment of two additional members of staff will increase the capacity for assessment and treatment. The increase in family links programmes and maintaining the level of traded orders will also assist.
- 3.4.2 To maintain a valued and effective service for Schools to ensure an effective traded service.
- 3.4.3 To work with Oxford Health and CCG partners to develop and implement a transformation plan for children's mental health services in Swindon. The objective is to ensure that the child's journey through these services (Tier 2 & 3 mental health services) is seamless, effective, and efficient.

3.5 What are the challenges?

- 3.5.1 Referrals remain at a high level and are increasing when compared with last year – 513 for Q1 2016/2017 compared with 432 for Q1 2015/2016. The upward trend in single point of access referrals is an area that needs addressing. The TaMHS referral criteria (commissioned in 2011) is far more inclusive and most referrals lead to an assessment. The referral criteria need to be reviewed to ensure focussed service delivery.

4. **Alternative Options**

- 4.1 None

5. **Implications, Diversity Impact Assessment and Risk Management**

Financial and Procurement Implications

- 5.1 The budgeted cost for TaMHS in 2016-17 is £599.4k funded as follows; £206.9k from Swindon Clinical Commissioning Group, £189.2k Traded Services income and £203.3k Local Authority funding. As at Sept 2016 the service is forecast in line with the budget with no pressures or savings declared.

Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act 2000 (as amended) 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 report.

Targeted Mental Health Services (TaMHS)

Children's Health Social Care & Education

Overview and Scrutiny

Date: 9th November 2016

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 Overview and Scrutiny Committee and in any recommendations made by the Overview and Scrutiny Committee.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment (DIA) is required at this stage as this report proposes no changes to services. Any DIA that is required during a review of topics included within the work programme, will be identified at the appropriate stage.

5.5 Risk Management

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 Scrutiny Committee and if it makes any recommendations.

6. Consultees

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.

Child and Adolescent Mental Health Services (CAMHS)

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9 November 2016

Author:	Associate Director – Out of Hospital Care, Swindon CCG Head of Service, Swindon, Wiltshire & Banes, Oxford Health NHS FT
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 on the position of the Child and Adolescent Mental Health Service (CAMHS) in Swindon.
- 1.2 The CAMHS service in Swindon is provided by Oxford Health NHS Foundation Trust (OHFT).
- 1.3 Mental health need is growing year on year. One in four of the population experience problems at some point in their lives. Over half of the mental health problems in adults start before they are aged 14, and 75% by the time they turn 18. Mental health services for children and young people have never been so crucial to the future wellbeing of adults and their families.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.

3. Detail

Waiting Time Update

- 3.1 In Swindon, the referral rates for children and young people with moderate to severe mental health needs is increasing in line with national trends. In addition, clinicians and other professionals regularly report that the young people they see, are now much more complex and exhibiting higher levels of risk and need than they were even five years ago. Increased referrals, and the need for more intensive therapeutic interventions has had a direct impact on growing waiting times. Oxford Health FT has implemented a number of strategies to ensure all new referrals are seen in the shortest possible time including a period of Saturday clinics, additional locum staff and refinement of assessment processes and clinics. The demand continues to grow however and requires wider whole system transformation across all agencies as described in Future in Mind:

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

Child and Adolescent Mental Health Services (CAMHS)

Children's Health, Social Care and Education

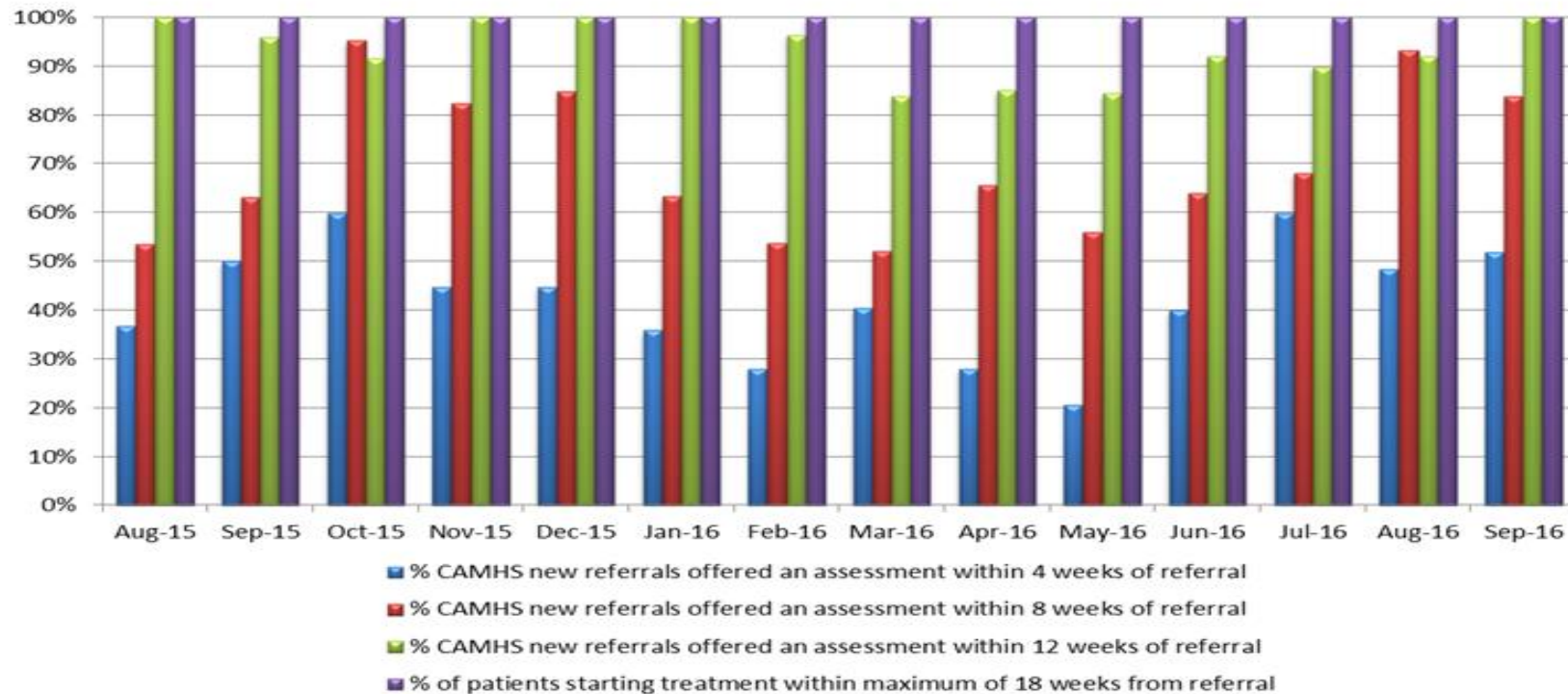
Overview & Scrutiny Committee

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

3.2

Swindon CAMHS referral to assessment time in weeks



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

Child and Adolescent Mental Health Services (CAMHS)

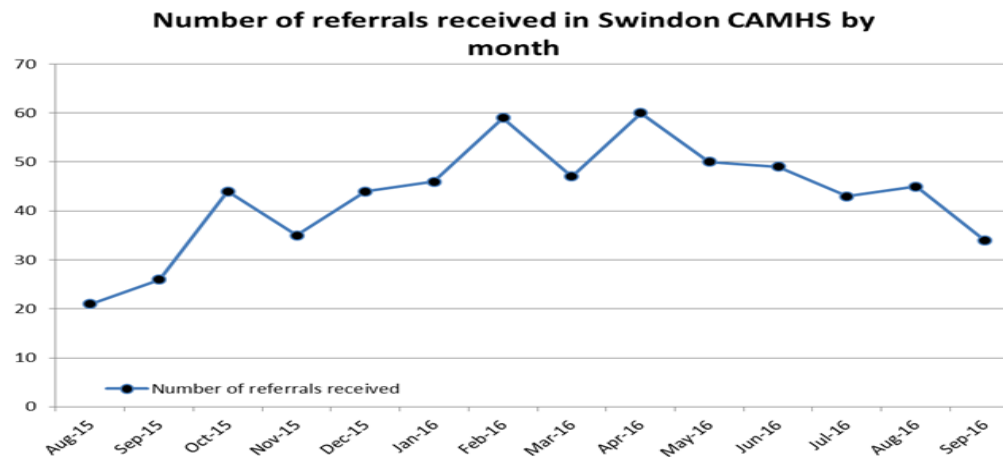
Children's Health, Social Care and Education

Overview & Scrutiny Committee

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Swindon referral to assessment times, August 2015 to September 2016

Time from referral to assessment	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
% CAMHS new referrals offered an assessment within 4 weeks of referral	37%	50%	60%	45%	45%	36%	28%	41%	28%	21%	40%	60%	48%	52%
% CAMHS new referrals offered an assessment within 8 weeks of referral	54%	63%	95%	82%	85%	63%	54%	52%	66%	56%	64%	68%	93%	84%
% CAMHS new referrals offered an assessment within 12 weeks of referral	100%	96%	92%	100%	100%	100%	96%	84%	85%	84%	92%	90%	92%	100%
% of patients starting treatment within maximum of 18 weeks from referral	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



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

Child and Adolescent Mental Health Services (CAMHS)

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9 November 2016

Swindon CAMHS referrals received by month, August 2015 to September 2016

Month	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Number of referrals received	21	26	44	35	44	46	59	47	60	50	49	43	45	34

CAMHS Transformation Update

Eating Disorders

- 3.3 The new Swindon, Wiltshire and BaNES eating disorders service for children and young people is now fully recruited following investment from the three CCGs. This has enabled a doubling of clinical capacity in all areas and embedding of Emergency Department (ED) trained staff in outreach teams. Specialist ED staff are now undertaking additional training in Single and Multi-Family Therapy training, alongside other evidenced based models cited in the new national Access and Waiting Time Standards
<https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>
- 3.4 The new service will provide clinics in Swindon, Marlborough, Salisbury, Melksham and Keynsham ensuring capacity every day for emergency, urgent and routine assessments. Young people will be offered a specialist multi-disciplinary assessment nearest to their home, according to the urgency of the referral. Intensive home based support will also be offered to families to support home feeding and increase skills within families. Families will also be offered multi-family therapy groups alongside individual therapy for young people. Intensive community support is aimed at reducing the debilitating and sometimes fatal impact of an eating disorder, and reduce the need for admission to hospital. Paediatric colleagues in the acute hospitals are directly engaged in developing the new model. The new service is due to be launched fully in 2017.

CAMHS Transformation

- 3.5 As part of the Swindon CAMHS Transformation Board, Oxford Health FT are working closely with TaMHS to streamline access to services via the single point of access (SPA) and reduce waiting times for assessment and treatment.
- 3.6 An initial series of meetings have commenced to review the pathways, demand, systems, criteria and interface between TaMHS and CAMHS with a view to streamlining the systems and reducing hand offs for young people. This will be achieved through:

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

Child and Adolescent Mental Health Services (CAMHS)

Children's Health, Social Care and Education

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Date: 9 November 2016

-
- A shared assessment process and format
 - Daily screening and triaging of referrals to the relevant service
 - Common documentation and processes
 - Joint supervision and training
 - Shared clinical pathways
- 3.7 The first step in this change process will be to commence joint assessment clinics. CAMHS Transformation funding has been released during 2016/17 to increase capacity by 2.0 wte per service in TaMHS and CAMHS. Following successful recruitment in OHFT, CAMHS will have the required resources and clinical expertise to commence the joint assessment clinics in January 2017 (subject to parallel recruitment in TaMHS).
- 3.8 CAMHS are also developing psychological evidence based brief interventions for those young people with mild to moderate mental health problems. The training will be offered across both services. This will reduce the need for moving young people between services unless a specialist intervention is required. Joint supervision by CAMHS will also be made available.
- 3.9 Streamlining of processes, criteria, documentation and other systems is subject to further discussion and agreement between respective service leads.
- 3.10 Supporting Information
- 3.10.1 None
- 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)
-

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

Child and Adolescent Mental Health Services (CAMHS)

Children's Health, Social Care and Education

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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.

Children's Services Performance Report

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 16

Authors:	Maria Young - Head of Children and Families & Peter Nathan - Head of Education
Wards:	All Wards
Locality Affected:	All Locality Areas
Parishes Affected:	All Parish Areas

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 Services. It is a high level summary of the key messages from the detailed performance report which is attached in the Appendix 1. Please refer to Appendix 1 for the actual data and performance context. This report highlights the areas of performance to be noted by the Board. As part of our annual reporting process we also produce a detailed performance overview specifically for social care with annual trend data for all our key performance indicators, comparator context - and a summary of performance with any service actions identified. This is included as Appendix 2 for those interested in a higher level of detail in relation to the social care aspects of children services.
- 1.2 A key purpose of Children's Health, Social Care and Education Overview & Scrutiny Committee is to hold Children's Community Health, Education Support, Early Help and Social Care Services to account.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the key performance messages from the detailed performance information in the Appendices 1 and 2.
- 2.2 Identify any areas of concern that require further investigation.

3. Key Performance Messages

- 3.1 This report presents the quarter 1 performance for 16/17 in Children's Services. More detailed performance information is provided in the each of the appendices but key performance messages have been highlighted below based on current strengths and challenges.
- 3.2 Children's Services continue to face significant pressure from increased demand and the challenges of securing permanent, experienced and

Further information on the subject of this report can be obtained from Jo Ash, Direct Dial 01793 465849, jash@swindon.gov.uk.

Children's Services Performance Report

Children's Health, Social Care and Education

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suitably qualified staff, which is a challenge mirrored nationally. The number of children looked after has remained at a higher level reported in the last report. It should be noted that historically Swindon had a lower rate of children becoming looked after compared to their statistical neighbours and nationally. Fewer children are benefitting from long-term stable placements. The increase in unaccompanied asylum seeking children coming into our care as well as a limited number of local in-house foster placements has contributed to a higher percentage of children being placed in independent fostering agencies than previously. On a positive note, the number of children being the repeat subject of child protection plans has decreased, as has the overall social care re-referral rate. Indeed, although contacts have continued to increase at our 'front door', Family contact point/MASH, the rate of referrals that actually progress to social care has decreased in quarter 1, when comparing this year to last. This will be at least in part a welcome impact of the introduction of the MASH (multi agency safeguarding hub), which has improved information gathering at the early stages of contact process.

Inevitably, high workloads can impact on the timeliness and effectiveness of some interventions although performance in relation to the timeliness of child protection visits is showing consistent improvement. The latest social worker vacancy rate is 14% which mirrors the national. Increased social worker capacity has been agreed to ensure caseloads are more manageable. The operational team managers are working well together to support the workforce and implement service improvements. The first cohort of newly qualified social workers joined the academy on the 20th June. This is a critical programme in developing a sustainable workforce.

- 3.3 On a positive note, strengths in performance include a high percentage of children being looked after in family placements, with a lower proportion residing in residential placements compared with others. The timeliness of statutory assessment completion has improved during quarter 1 of 16/17. The number of assessments taking longer the 45 days is the lowest it has been in the last year. Fewer children are also becoming the subject of a second or subsequent child protection plan, and this coupled with a lower re-referral rate gives confidence that child protection plans are achieving sustainable outcomes.
- 3.4 The quality and performance quarterly board chaired by the Director of Children Services receives a comprehensive set of qualitative and quantitative information. This includes themed audits that are presented by team managers and provides the context for judgements on key quality indicators that have been locally set. This governance arrangement

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promotes open discussion by managers along with the identification of any improvements required in relation to the service.

- 3.5 The Swindon Early Help offer ensures support is available to children, young people and their families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future. In the first quarter of 16/17 the children's workforce has continued to complete a higher level of Early Help Assessments and Plans. In addition, Health Visitors, Family Nurse Partnership Practitioners and Targeted Mental Health Service are working with more children and families to ensure they receive the support they require.
- 3.6 The level and rate of fixed term exclusions from Swindon schools remains high in comparison with other authorities, and increased when looking at the 15/16 academic year compared with 14/15. The number of permanent exclusions has reduced slightly between 14/15 and 15/16 academic year, but it still at a higher rate in the context of the last 5 years' performance. The Education Strategy Board, chaired by the office of the Regional Schools Commissioner, is monitoring progress against the strategies that have been put in place to work with schools to reduce the level of exclusions and support pupils and families at risk of exclusion.
- 3.7 Work is ongoing to embed the Special Educational Needs and Disability (SEND) reforms. Swindon continues to have a higher percentage of pupils with a Statement of Special Educational Needs (SEN) or Education, Health and Care Plan (EHCP) compared to England and statistical neighbours. The service has undertaken a turning the curve exercise. The resulting action plan will focus on a number of priorities including, the ongoing review of SENRAP (Special Educational Needs and Assessment panel); workforce development in relation to quality first teaching; and a review of the SEN funding formula including the notional SEN budget to increase the funding to schools without the need for a statutory plan.
- 3.8 Compared to last year, there is a reduction in the Youth unemployment rate (16-24s) and a slight improvement with our NEET (Not in Education, Employment or Training) figures overall), but fewer young people are participating in learning activities and there are more young people with 'unknown' post-16 activities. There has been an increase in the number of young people declaring work as their destination, and this will be work without training and so does not count as EET (In Education, Employment or Training). The fact that they are working is positive and a preferable option to NEET, however further work needs to be done to increase jobs with training to build a sustainable future for these young people. It might also highlight that Swindon has a higher percentage of unqualified

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employment routes than others. Although there has been a significant increase in the percentage of Care Leavers in Education, Employment and Training (EET), there are still too many Care Leavers who are NEET compared to other authorities. The high number of Care Leavers who have a disability in our NEET co-hort has again proved challenging for routes to EET. However, Swindon continues to keep in touch with all but 1 care leaver in the co-hort and places Swindon above others in terms of making sure the service keeps in touch with this vulnerable group of young people.

- 3.9 Swindon community health professionals continue to work together to provide a strong community health service provision for children and young people. There has been a high uptake in relation to all immunisations for children when compared with others. The new meningitis vaccination has been introduced for year 9 students in 15/16 and the early indications are that take up is positive. The implementation of the Healthy Child Programme continues, and ante- natal and post-natal checks are taking place routinely to support Mother's in their child's health and well-being.

3.10 Supporting Information

None

4 Alternative Options

- 4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The budget in 2016/17 for Children, Families and Community Health was £24.613m. The forecasted variance from budget for 16/17 was a projected overspend of £2,049m based on the year to date August 16 position. The service pressures have increased in the last quarter, particularly in relation to commissioned placements, and additional staffing costs. Difficulties in recruiting staff and increasing workload demands have necessitated the use of agency social care staff across the service. There are a higher number of children coming into care and this inevitably impacts on legal costs, as legal services support the process of children coming into the care of the local authority.

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Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act 2000 (as amended) 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 report.

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 Overview and Scrutiny Committee and in any recommendations made by the Overview and Scrutiny Committee.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment (DIA) is required at this stage as this report proposes no changes to services. Any DIA that is required during a review of topics included within the work programme, will be identified at the appropriate stage.

Risk Management

- 5.5 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 Scrutiny Committee and if it makes any recommendations.

6. Consultees

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

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1: Children's Services Performance Report Quarter 1 16/17
Appendix 2: Performance Overview of Children's Social Care Annual Performance report.

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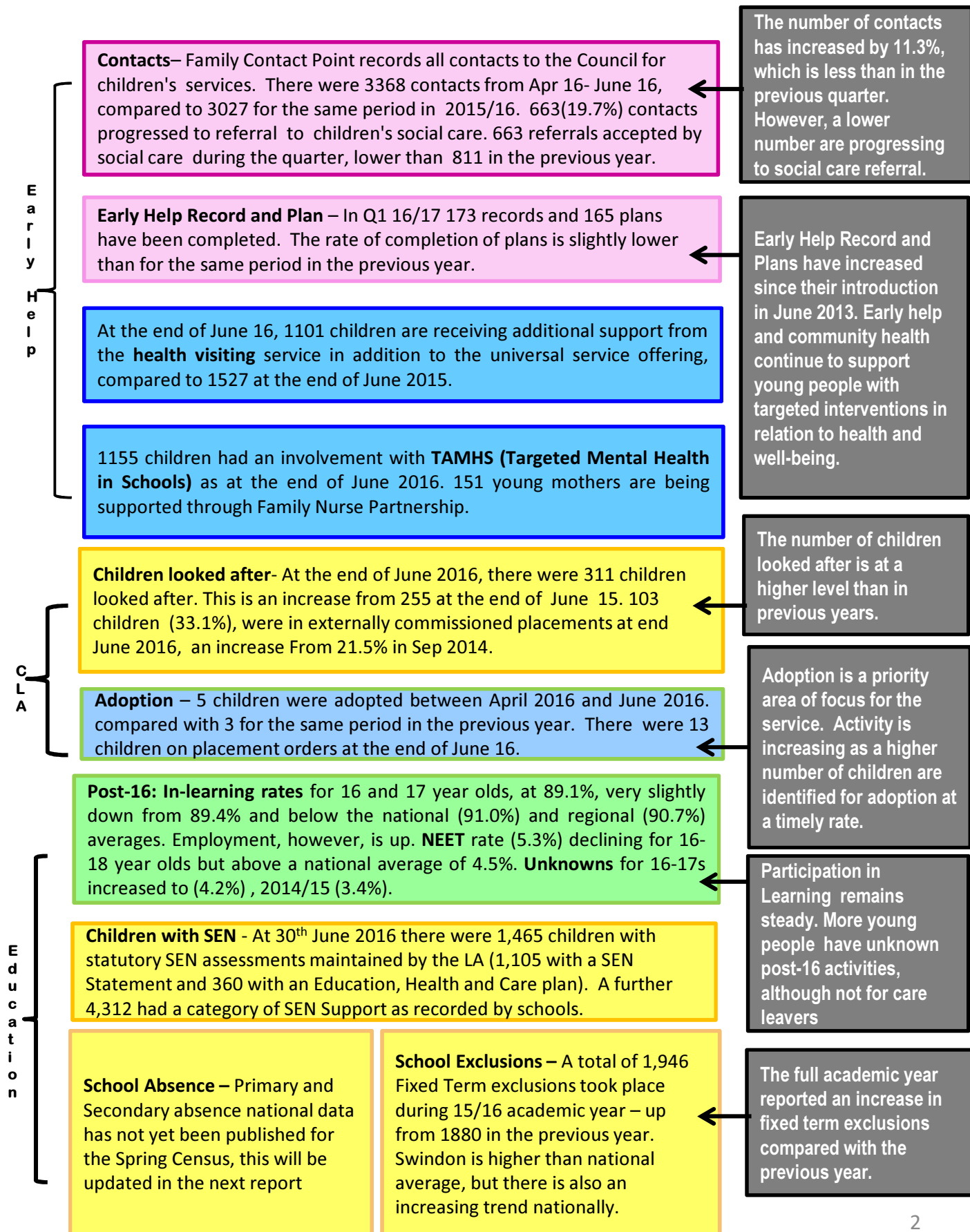


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Data Position for April – June 16/17

Headline Messages from Data position for Quarter 1 16/17



Headline Messages from Social Care Safeguarding Data Quarter 1, 16/17 position

REFERRALS

Referrals – There were 663 referrals from Apr 2016 to Jun 2016 compared to 811 for the previous year. Of the 663 referrals, 25.6% were re-referrals. Most of the re-referrals relate to domestic abuse notifications. The re-referral rate is in line with national average.

There are still a high number of initial contacts, but less are progressing to social care referral which is partly attributable to more effective screening at the contact stage in the MASH (Multi Agency Safeguarding Hub).

ASSESSMENTS

Statutory Assessments

From April 2016 to June 2016, a total of 922 statutory (social care) assessments were completed compared with 739 for April - June 15. Given the lower referral rate this indicates the majority of social care referrals lead to a statutory assessment.

The number of statutory assessments completed has increased by 24.8% between quarter 1 of 15/16 and 16/17

There were 160 **child protection enquiries** (also known as **section 47 enquiries**) between April and June 2016. The percentage of enquiries going to Child Protection Conference within 15 working days has increased from 58.3% between April 2015 and June 2015 to 69.8% between April 2016 and June 2016.

The timeliness of initial child protection conferences is higher this year compared with last following the implementation of improvements to improve performance in this area. Number of children on plans is above national and statistical neighbour average

CHILD PROTECTION

Child Protection Plans - 275 children were on a child protection plan at the end of June 2016. The number has increased from 182 in June 2015. The number of children on a child protection plan is above the national and statistical neighbour average. 98.3% had their child protection **reviews** completed on time as at the end of June 16 compared to 99.2% for the same period in 2015/16. This is based on those children on a plan at the end of June 16 for 3 months or more.

The rate of children starting a **child protection plan** for a second or subsequent time decreased to 11.8% between April 16 and June 16, down from 21.1% in June 15. This is encouraging in the context of a high number of plans, and performance will continue to be monitored closely.

Children on subsequent plans has decreased and this is positive. The number of children ceasing a plan after 2 years or more has increased. More children are staying on plans for longer, but less are having a subsequent plan.

At the end of June 2016, 5.3% (4 children) of children ceasing a protection plan had been on a **plan for 2 years or more** compared to 0% June in 2015.

Early Help Services including Troubled Families Programme

Performance Assessment

Early Help Record (EHR) A total of 173 EHR's were completed during quarter 1 2016/17. This compares to 220 in quarter 4 2015/16. For quarter 1 the previous year (2015/16) 200 EHR's were completed. Ofsted recognised the strength of Early Help in Swindon and the access that families have to early help before entering statutory services. Partner agencies may need to consider if their staff are appropriately starting EHR's as the proportion of those undertaken in comparison to statutory social care assessments is disproportionate (although this is not particular to Swindon and is a national issue). In Swindon compliance with the completion of and the recording of EHR's has been identified as a service area performance "obsession". This means that a specific SMART action plan has been developed to improve performance, and this in turn is monitored monthly at the children services management team meeting.

Early Help Plan (Plan) and Early Help Review (Review) The Early Help Record will always lead to a plan being created for the child. The plan may be delivered in a number of ways depending on its complexity.

In quarter 1 of 2016/17 165 plans were completed. This compares to 178 in the same period in the previous year and 184 plans completed in quarter 4 of 2015/16.

325 reviews were completed in quarter 1 2016/17, compared with 354 in quarter 4 2015/16. There can be a delay in input of Early Help Records, Plans and Reviews due to schools sending in periodically.

Troubled Families Programme:

There are currently 599 engaged families on the programme, which is 84% of the 2016/17 Troubled Families target. There are in excess of 200 additional families identified as eligible for the programme and so the service is on track to meet the 2016/17 target.

Claims linked to successful outcomes have been made for 35 families which is 11% of the 2016/17 target of 309 families. The DCLG (Department of Communities and Local Government) monitor performance and will engage with Local Authorities where targets are not met. The full year forecast for claims is 120 families (39% of the claims target).

It is highly likely the service will exceed the targeted number of families to work with in 2016/17 which in turn will put us in a positive position in terms of achieving the 2017/18 target.

Of the 189 families meeting the Crime criteria, 69% have achieved the 'significant and sustained' outcomes needed for the issue to be regarded as solved

Strengths

Council Early Help services are a recognised strength

- Increasing the number of records, plans and reviews are being reviewed giving confidence in the process being embedded into practice
- Outcomes for children in receipt of early help services are now being routinely reported as part of quality and performance reporting arrangements, including a quarterly quality and performance board

Challenges/Risks

- We need to increase the number of Early Help Records and Plans that are created and children supported to prevent escalation of cases to children's social care.
- Identifying practitioners or service teams with the capacity to work with the Identified Troubled Families
- Currently the number of families that have been claimed for is only 11% of this year's target of 309 families. This could lead to engagement from the DCLG.

Safeguarding at the Councils front door – contacts, referrals and assessments

Performance Assessment

Contacts Family Contact Point/MASH records all contacts for children's services in their wider sense (i.e. includes Early Help) as well as contacts that become referrals to Children's Social Care. There were 3368 contacts to Family Contact Point between April and June 2016, compared to 3027 for the same period in 15/16. This represents a 10% increase. Although still high, this is a decrease in percentage terms, and activity will be closely monitored to see if the trend continues.

Referrals and Re-Referrals 663 referrals were received in Children's Social Care between April 16 and June 16, compared to 811 for the same period in the previous year. Swindon's referral rate is now between the national and statistical neighbour averages based on the cumulative rate of referrals between April 16 and June 16. (Swindon 136.4 per 10,000 under 18 compared with 131.8 statistical neighbour and 137.1 national average). The decrease in referrals could be the result of both the slight decrease in demand at the front door, and the implementation of the MASH in Swindon which helps to improve more effective information gathering and screening at contact level involving multi agency professionals.

Of the 663 referrals between April 16 to June 16, 25.6% (170) are **re-referrals**. This is an increase from 18.5% for the same period in the previous year. The national average is 24% (14/15).

Statutory Assessments From April 16 to June 16, a total of 922 assessments were completed taking an average of 57 working days. The reason for the prolonged duration was as a result of a number of legacy assessments remaining open on the system that required closure. As this work has been completed it has increased the reported duration of assessments. Performance without these cases is 42, and this falls within the 45 day expectation of the service. The national average was lower at 27 days.

Number of children in need (section 17 social care) The number of children in need (this does not include children subject to a child protection plan or children in care) was 1132 at the end of June 2016, down from 1554 at the end of June 2015. This is below the national average(1140) but above the statistical neighbour (943) average. Some of these cases will be those open to assessment, but whose needs could be met by tier 2 universal services.

Strengths

- The service is managing a significant risk in relation to the number of assessments and the overall number of contacts at the front door.
- Improved information gathering in the MASH results in better quality referrals to social care; with a reduction in the number of referrals requiring statutory intervention in social care

Challenges

- Need to improve the prompt closure of assessment on the system to avoid distorting performance data. I.e. there remains a data recording issue. This is being addressed and progress is being made

Child Protection Processes and Outcomes

Performance Assessment

Child Protection Enquires (also known as Section 47's) going to initial child protection conference within 15 working days - 160 child protection enquires were completed from April 16 to June 2016. This is a decrease from 189 in the same period in 2015/16

82 out of the 160 (51.3%) of child protection enquires completed went to **child protection conference**, compared to 69 out of 189 (36.5%) , in the same period in 2015/16. The percentage of enquires that went to initial child protection conference within 15 working days was 69.8% between April and June 16. This is below the national average of 74.7%.

Children on Child Protection Plans 275 children were on a child protection plan at end June 16. This is higher than the national average. Children are remaining on plans for longer and there are still increasing numbers of new plans starting. The number of children having second/subsequent plans has reduced in quarter 1.

Timeliness of Child Protection Reviews

Between April 16 and June 16, 98.3% of children on child protection plans had their **reviews** completed on time. This is a decrease from 99.2% in June 2015. The national average is 94% and the statistical neighbour average is 97.6%.

The number of children having second or subsequent plans was 11.8% between April 2016 and June 2016, a decrease from 21.1% in June 15. This is below the national average (16.6%) and statistical neighbour (17.6%). This measure should be considered alongside duration, as a high percentage of second and subsequent plans and low duration could indicate that children's plans are being ceased prematurely, or that intervention outcomes are not sustainable. It is also important to note that a percentage of children will have subsequent plans due to family circumstances changing and for different reasons to their original plan.

Duration of children on child protection plans 5.3% (4) of children ceasing a child protection plan remained on a plan for two years or more between April 16 and June 16, compared to 0% in the previous year. This is above the 2014/15 national average of 3.7% and below the statistical neighbour average of 3.6%.

Timeliness of Child protection visits. Of all child protection visits completed between April and June 16, 79.% were within 10 days of the previous visit. However, when this is measured in terms of a child receiving ALL visits within timescales during the quarter performance decreases to 32.7%. One late visit means the child will be late in terms of performance for the whole year. Data analysis has identified areas of excellent practice in terms of visit timeliness by social workers, and will be building on this across teams to improve the overall timeliness of visits experienced by each child for every visit throughout the year.

Strengths

- The timeliness of child protection conferences is positive
- % of children with subsequent child protection plans is reducing

Challenges/Risks

- Partners need to work to reduce the number of children subject to Child Protection Plans.
- To improve visit timeliness so that vast majority of children receive all visits on time
- Ensure that child protection reviews are consistently held within timescales

Permanency Children Looked After and Adoption

Performance Assessment

Number of children in care. 311 children looked after at the end of June 2016, this compares with 255 at the end of June 2015. Swindon is above the national average (291 children in care when scaled to the Swindon population). 106 children in care (33.1%) were in externally commissioned placements at the end of June 2016. This compares with 21.5% (55 children) in June 2015. As well as an increase in Unaccompanied asylum seeking children

19.6% of children in care were placed more than 20 miles away from their home address as at the end of June 2016, up from 17.0% at the end of June 2015 ; this is above the national average of 14%. This measure is a corporate priority with a target to reduce to 7% by 2019.

88.1% of looked after children were in family placements at the end of June 2016. This is an increase from 82.0% in June 2015 and is slightly above the national average of 85%.

Placement Stability. Short term placement stability is measured based on those children having 3 or more placements during the reporting period as a percentage of the number of children looked after at the end of June 2016. 1.6% of children in care had 3 or more placements. The national average for 14/15 was 10%. Swindon has more adolescent young people in care than the average and we know this age group tends to have a higher number of placement moves.

Long term stability of placements for children in care for 2.5 years or more has decreased to 59.1% from 62.3% at the end of June 15. Performance is slightly below the national average (67%). The decrease is attributable to 5 children having a placement move who had been in a stable placement for a long time.

Adoption - 5 children were adopted between April 2016 and June 2016. In the same period the previous year a total of 3 children were adopted. A further 2 children also became subject to special guardianships between April 16 and June 16. Swindon was below the national average in 15/16, but performance in quarter 1 for 16/17 has shown improvement, and this will be monitored closely going forward.

Timeliness of Adoption – The average number of days between becoming looked after and being placed for adoption is high, at 799 days at the end of June based on the 3 year rolling average as reported annually in the adoption scorecard published by the Department of Education. This compares with 636 nationally (2012-2015). Swindon's performance has improved since end of March 16 when 905 days was recorded. We know this figure is also higher due to the legacy of poor performance in previous years as well as the complexity of the children that were found placements. The majority of children are placed well within timescales.

Strengths

- The number of special guardianships shows these are being used as a good alternative to adoption where in the child's best interests.
- Adoption timeliness has remained good for the majority of children, with a very small number of cases where needs were complex, skewing the average. The number of adoptions is higher than in previous year

Challenges/Risks

- Reduction in placement stability for children looked after
- Higher number of children looked after brings resourcing impacts on placement options

Children, Families and Community Health Quality Assurance Framework

Children, Families & Community Health have continued to strengthen and embed its Quality Assurance Framework. The scrutiny role of the Quarterly Performance Board which oversees the audit and performance activity has become more challenging and continues to review the Key Quality Indicators (KPIs), its Performance indicators so that it can consider qualitative as well as quantitative information, as well as its key performance indicators for improvement (known as “obsessions”). There has been some progress made with regards to the shared knowledge between the Early Help and Children’s Social Care Quarterly Performance Board and the aim continues to bring the two boards together in 2016-2017 to adopt a more joined up approach to performance review.

Monthly Case File Audits took place during quarter 1 with the following headlines:

- The majority of the cases audited in Quarter 1 showed that intervention had a positive impact on the child’s life i.e. that there was evidence that the child’s life chances had improved and that the child had been helped. Supervision and management oversight is the key area needing attention and the child’s voice needs to be evidenced more.
- Cases are audited by managers who apply the Ofsted grading criteria. In relation to the audits completed the outcomes were 10 x good; 13 x requires improvement and 6 x inadequate.
- **Independent Case Audits-** We continue to have an independent auditor who every quarter audits a sample of six cases using the Ofsted threshold for good. The actions for each case are identified and a system is in place to review them. Areas for improvement replicates the internal audits’ improvements. An area that demonstrates improvement is the recording of the child’s views on their files; which is good. In Quarter 1, audits were graded 3 x good; 2 x requires improvement and 1 was inadequate. This is an improvement from the last report.
- **Customer Spot Survey** – This survey continues to be developed and we completed 24 in Quarter 1. 71% felt respected by their Social Workers and 63% felt they saw their Social Workers enough.

Strengths

- The new QA framework is identifying strengths through themed and case audits. It also provides a robust basis for any improvement plans required
- Feedback from service users now routinely sought
- More consistent audit activity and skilled analysis of the qualitative and quantitative information across middle management.

Challenges/Risks

- Our focus within Quality Assurance is to concentrate on key areas so that we can make and sustain real improvements, in a consistent way. To further embed the Quality Assurance Framework.
- Engaging families to provide feedback can be challenging and approaches to engagement in user survey need consideration to improve response rates and sustain going forward.

Safeguarding Referral and Assessment to Social Care

Performance Assessment

Workforce information for Children's Social Care:

Overall caseloads compare reasonably with the national picture. Caseloads in ACP team average have decreased to around 25 – 30 (from 30-35) children per social worker, the average has decreased elsewhere across the service to between 24 – 30 (from 25-32 in last report), however this is higher than we would prefer. Caseload weighting is undertaken on a monthly basis within teams, to identifying both the complexity as well as the quantity of cases held within a team; this provides an opportunity to analyse across teams. This data, inclusive of feedback from social workers on how manageable they feel their caseloads are assist to inform service planning.

We continue with our recruitment efforts for social workers and social work managers. Our overall vacancy percentage currently stands at 14%. Our first cohort of 4 Newly Qualified Social Workers joined our Academy in June. These four social workers will formally join Teams on 1st January releasing the agency workers currently covering the vacancies. Our next Cohort of Newly Qualified Social Workers is due to commence in October, spending their first six months in the academy environment. Agency workers continue to be used to cover some vacant posts within the service, maternity and long term sickness.

Strengths

- Good progress in developing potential managers from existing workforce
- New Academy approach to developing Newly Qualified Social Workers introduced and assists in 'growing our own' social workers

Challenges

- Reviewing caseloads for social workers to ensure complexity of caseloads as well as quantities are considered in the allocation process

Exclusions

Performance Assessment

Fixed term school exclusions (FTEs)

Figures for the 2015/16 academic year show that 1,946 Fixed Term exclusions (FTEs) were given to pupils in Swindon, more than the 1,880 given in the previous year. There is a considerable time-lag for official DfE exclusion figures (due to appeals, reviews etc.) but the 2014/15 data show an increase in both the number and rate of FTEs nationally. 2014/15 national figures show Swindon with a FTE rate of 5.6%, compared to 3.9% nationally and 3.8% regionally.

There has been an increase in primary exclusions in Swindon. In 2015/16, 81% (1,573) of FTEs were given to secondary-aged pupils and 19% (373) were given to primary pupils, compared to the previous year which had 1,565 secondary and 315 primary exclusions. 20% (387) of exclusions in 2015/16 were given to Female pupils, while 80% (1,559) were given to Male pupils. Persistent Disruptive Behaviour is still the most common reason given by schools for exclusions, at 36% (699). Smoking (7%, 141 FTEs) and Sexual Misconduct (1%, 15 FTEs) are the reasons with largest proportional increases in 2015/16 with 86% and 50% growth respectively. Exclusions are shorter in 2015/16, at 1.65 days on average for each FTE, compared to 1.74 days in the previous year.

Permanent school exclusions (PEX)

24 children have been permanently excluded from Swindon schools in 2015/16, fewer than in the previous year (30 pupils) but higher than all other previous recent years. In addition to formal permanent exclusions, parents/carers of a further 24 pupils who had reached the point of permanent exclusion accepted their Head Teacher's offer of a 'withdrawn permanent exclusion'. This is a local agreement implemented from 2009 which is part of the Swindon Fair Access Protocol and enables pupils to move on without the stigma of a formal permanent exclusion. During 2014/15 21 parent/carers had accepted permanent exclusion withdrawal.

18 PEXs were for secondary pupils while 6 were for primary-aged pupils. The equivalent figures for 2014/15 were 26 and 2, respectively, with 2 out of borough exclusions. 21 pupils with a PEX in 2015/16 were Male while 3 were Female. 2015/16 continued to see over representation by those pupils with certain characteristics and vulnerabilities: 16 out of 24 had SEN (including 4 with an EHC Plan/Statement); 10 out of 24 were disadvantaged (eligible for the Pupil Premium); and there is a rise in BME pupils PEX in 2015/16 (with 6 out of 24).

2014/15 figures show Swindon with a 'Permanent exclusions as percentage of school population' rate of 0.09%, in comparison to 0.07% nationally and 0.08% regionally.

Strengths

- Fewer pupils Permanently excluded in 2015/16 than in the previous year

Challenges/Risks

- Fixed term exclusion rates still above the national average rate
- Over representation by vulnerable pupils receiving school exclusions

SEND

Performance Assessment

In January, the percentage of pupils with a Statement of Special Educational Need (SEN) or Education, Health and Care Plan (EHCP), in Swindon was 3.8%. This is higher than the 2.8% reported for England and Statistical Neighbours. These figures are published annually, but for Swindon the latest census in May shows no change to this figure.

It is worth noting that Swindon receives more requests for assessment per 10,000 population than Statistical Neighbours and England. In Swindon in 2015 the rate was 39.8 per 10,000 population compared to 28.6 for Statistical Neighbours and 34.2 for England. For Q1 2016/17, 91 requests for assessment have been received, compared to 72 for the same period last year.

In Quarter 1 16/17, 53 new EHCP have been issued, this compares to 29 for the same period last year. Swindon issued 54.9% of EHCP plans within the required 20 weeks (excluding exceptions) this compares to 43.8% for the same period last year. The Special Educational Needs and Disability (SEND) reforms require authorities to convert SEN statements to EHC Plans by July 2018. Of statements open as at January 2016, Swindon had converted 8.8% of these by the end of June 2016.

Commissioners are working closely with partners to refresh Swindon's SEND strategy and develop an action plan to drive improvement. This has included the development of a SEN performance dashboard and audit framework to track progress. A "turning the curve" exercise has been undertaken to address the high prevalence of children who have a statement/ EHC plan in Swindon. The resulting action plan being developed will focus on:

- Ongoing review of SENRAP (Special Educational Needs Resources and Assessment Panel).
- Workforce development re quality first teaching.
- A review of the SEN funding formula including the notional SEN budget to increase the funding to schools without the need for a statutory plan.

Strengths

- Embedding the Special Educational Needs and Disability (SEND) reforms
- SEN Performance Dashboard and audit framework development completed

Challenges/Risks

- Higher rate of children who are SEN compared with the national average
- Timeliness in issuing ECHPs
- Conversion rate for statements to EHC plans

Attendance, NEET, Participation in Learning and Youth Unemployment

Performance Assessment

The DfE introduced a more rigorous Persistent Absenteeism threshold from 2015/16. Pupils are now classified as PA if they miss 10% or more of all possible sessions – up from 15% in 2014/15.

The Spring data for absenteeism was not yet published at the time of writing the report. An update will be provided in the next report . Previous performance narrative is left in for reference:

Primary School Absence continues a steady decrease year on year, with an all-time low of 3.4% for the Autumn term of 2015/16, down from 3.7% in the previous year. This compares to 3.6% nationally and regionally. In terms of Persistent Absenteeism, 8.6% Primary pupils (1,389) hit the threshold in the Autumn of 2015/16, down from 10.1% in 2014/15 (1,595 pupils). Primary absence in Swindon compares favourably to national (9.0%) and regional (8.8%) averages. Performance is good and above the national average for the percentage of pupils attending good or outstanding primary schools (89%).

Secondary School Absence, likewise, continues a steady decrease, with an all-time low of 4.6% in the Autumn of 2015/16, down from 4.9% in the previous year. This is line with the national average (4.6%) and lower than 4.8% regionally. In terms of Persistent Absenteeism, 13% Secondary pupils (1,454) hit the threshold in the Autumn of 2015/16, down from 14% in 2014/15 (1,587 pupils). However, persistent absence at Secondary level in Swindon did not fall at a rate recorded elsewhere, with the national average at 12%. Performance is low for the percentage of secondary pupils attending good or outstanding secondary schools (49%).

Post-16 activities of young people: NEET, participation in Learning and Youth Unemployment

June 2016 figures show that the proportion of 16-17 year-olds in **learning** (education or training) activities in Swindon, at 89.1%, is slightly down on the previous year (89.4%) – a difference of 64 young people, out of a possible 5,200. The learning rate is below the national average (91.0%), but especially so for 17 year-olds. This drop however is not directly linked to an increase in NEET rates: it seems that a major contribution to the drop in learning is the increase in the number of young people declaring work as their main activity. When employment is taken into account, the difference between Swindon and England in terms of 16-17 year-olds in positive activities is negligible.

Local authorities have a statutory duty to track young people's post-16 activities, with the primary aim of identifying those not participating so that support can be provided for those to take on positive activities. The proportion of young people in '**unknown**' activities was 4.2% (220) for 16-17 year-olds in June 2016, 0.8%pts higher than the previous year, at 3.4% (178 young people). This is above national (3.4%) and regional averages (3.2%). The proportion of 16-18 year-olds that were **NEET** in Swindon as at June 2016 was 5.3% (381 young people) - lower than last year's figures of 6.4% (476), but slightly higher than England's 4.5%. However, a significant higher proportion of Swindon 18 year-olds were in 'unknown' activities. When looking at the RPA cohort (16-17 year-olds), the NEET rate is down on the previous year and 16 years olds NEET figures are in line with the national average.

In terms of the wider cohort (16 to 24 year-olds), the **Youth Unemployment rate** - *those working out of all those 'available' for work* - was on average 9.9% during April 2015 to March 2016, compared to 17.6% in 2014/15 and compares favourably to a national average of 13.8% and regional average (12.6%).

Strengths

- Reduction in the youth unemployment rate (16-24's)
- A drop in the NEET rates for the RPA cohort (16-17s)

Challenges/Risks

- Persistent Absenteeism & % pupils attending good or outstanding secondary schools
- More young people with 'unknown' post-16 activities

12

NEET – in relation to Care Leavers

Performance Assessment

As well as reporting NEET for the Swindon population as a whole there are also some key measures in relation to NEET and EET that are reported to the Department of Education as part of our statutory reporting responsibilities for our care leavers.

We have a responsibility to keep in touch with our care leavers up until the age of 21 and promote, encourage participation in learning opportunities. We also have a responsibility to actively monitor whether young people are engaged in Education, Employment and Learning activity. The headlines below refer to quarter 1 of 16/17. Please note that as early in the reporting year there are only 34 care leavers in the cohort, the statistics therefore should be treated with an element of caution in terms of drawing conclusions this early in the reporting year.

Care Leavers in NEET (Low is good)

Care leavers who are NEET slightly decreased from 50.7% in 14/15 to 48.3% (85 out of 176 young people) in 15/16. The 14/15 National average was 39% Statistical neighbour was 39.3%. Although a positive direction of travel since 14/15, Swindon is still above national and statistical neighbour average. It was also the highest in the South West in 14/15, where an average of 42% was reported. Between April and June 2016 38.2% of children in care were NEET though this is too early in the year to give a representative figure

Relevant context of NEET population: 4 of the NEET care leavers (11.2%) were due to disability or illness which is higher than the 8% recorded nationally. 1 (2.9%) was due to parenting responsibilities; lower than 20% for 2015/16 and lower than the national average of 6%. The reason for the decrease here is that a number of young parents moved out of the NEET cohort as turned 22.

Care Leavers in EET (High is good)

Care leavers EET increased from 33% in 14/15 to 48.9% in 15/16 (86 out of 176 young people) - National 14/15 comparator 48% SN 46.6%. High is good for this performance measure, and we are now in line with national average. This is positive. Between April and June 2016 58.8% of children were EET.

Of the 34 care leavers who had a birthday between the 1st of April and 30th of June 2016 (17th to 21st birthday) all but one were in touch with the service. This means 97.8% of care leavers were in touch with the service and this is better than the national average (87%), and Statistical neighbour average of 85.9% (2014/15).

Strengths

- EET has increased significantly from last year and is now in line with national average
- Swindon has a very low number of “unknowns” compared with others, meaning that we are in touch and actively engaged with our care leavers.

Challenges/Risks

- Swindon has a high number of NEET with a disability compared with others, and routes to EET for this group is challenging

Youth Offending

Performance Assessment

Reducing the number of Young People committing offences for the first time – First Time Entrants (FTE) April 2016 to June 2016 (Q1 2015/16)

The locally set target is to maintain low numbers of first time entrants (FTEs) into the justice system. Based on previous year's outturns our local target is to have less than 44 first time entrants into the justice system per quarter. These trends are in line with what is happening nationally, where there is a significant reduction in youth offending. Local data indicates a reduction from **23** the FTE's in Q1, **2015/16 to 17** FTE's in Q1 2017 which accords more accurately with local and neighbouring statistics (reflecting a continuing decrease over time).

Whenever possible, low level offending is dealt with without taking young people to court, especially (but not exclusively) if the young person has not been in trouble before. In the community the Police encourage reparation by the offender direct to those affected by their offending, (paying or repairing damage or a genuine apology etc. as part of a Community Resolution). In 2014/15 there were **186 Community Resolutions**, in 2015/16 there were **110** and in **Q1 2015/16 there have been a further 17**. This is a reduction in this type of disposal however YOT do not get involved in this particular activity which is wholly a local police one.

Re-offending data is produced by the Ministry of Justice (MoJ) using police (PNC) and Youth Justice Board (YJB) data and is based on a rolling cohort identified 24 months previously. Year on year until 2012/13 Swindon Youth Offending Team (YOT) re-offending rate had been broadly in line or better than the national average (**currently 37.7%**). In 2012/13 however, the local rate rose to a peak of 43.2%. Data suggested this was due to a small number of persistent offenders from 2011/12 re offending, but as they 'rolled through' the cohort timeframe this peak reduced (41.2% in 2013/14 to **37.8% in 2014/15**) this figure being much more within expected normal rates and close to the national average. It should be noted that the above data is historical (with the accompanying time lag). Whilst the decrease shown is welcome – it does not reflect current data, trends or concerns. This is predominately why Swindon YOT have, with the approval of the YOT Management Board, moved to using the 'live tracker' YJB tool which gives contemporaneous data with the data effectively re-set each financial year. The cohort it is based on is those with a substantive outcome in the current financial year that have subsequently re-offended in year. Therefore at the start of each year this figure will be very low (as they will have only had a couple of months in which to re-offend) but is very likely to increase throughout the year as the cohort grows and the amount of time in which the cohort can re-offend increases. Using 'live tracker' the current re-offending rate (April 2016 to June 2016) shows a local current Swindon re-offending rate of **10%**, which is very encouraging.

Strengths

- FTE rates remain low and continue to reduce and Re-offending rates showing a positive direction of travel
- Post inspection action plan well progressed

Challenges

- Ensuring cautions and pre-Court disposals are used where appropriate
- To remain vigilant in respect of FTE and re-offending rates which are predicted to rise nationally

14

Child Health

Performance Assessment

Healthy Child Programme

At the time of writing the national figures for Quarter 1 2016/17 had not been published. They are due for release at the end of October 16 and so will be included in the next report.

Breastfeeding

Prevalence of breastfeeding at 6 weeks was 48.6% of all eligible babies (687) during quarter 1 of 16/17. The coverage in Q1 was 95.9%. Coverage is measured in terms of all eligible babies receiving a 6-8 week visit from their health visitor.

Health Visitor Contacts

Ante natal visits by health visitors at 28 weeks are now being completed and in quarter 1 of 16/17, 498 pregnant women were visited after 28 weeks gestation. This compared to 420 in Quarter 4.

New Birth Visits were completed for 98.7% of eligible babies in Quarter 1 (79.1% before 14 days and 19.6% after), a slight drop from the 98.9% in Quarter 4.

12 Month Checks were completed for 70.5% of 716 eligible children prior to them reaching 15 months. This has decreased from the 76.6% reported in Quarter 4.

2-2.5 Year Checks were completed for 76.7% of 709 eligible children, increasing from 71.5% in Quarter 4. Of those visited, 77.9% had a developmental test (known as ASQ-3 test), completed compared with 76.2% in Quarter 4.

Strengths

- Coverage for the 6-8 week visit and breastfeeding advice has improved since last quarter.
- The vast majority of new birth visits are taking place within 10 days
- HV team have maintained good performance levels and increased antenatal visiting despite workforce capacity challenges

Challenges

- 12 month checks have decreased since the last quarter and performance will be monitored closely for this quarter, and improvement plan developed if required.

Child Health

Performance Assessment

Obesity

The prevalence of obesity for both Reception and Year 6 children in the 2015/16 decreased from the previous academic year and the figures were lower than those reported nationally in 2014/15: 8.5% of 2,701 Reception were classed as obese, decreasing from 9.2% the previous year. In Year 6 the prevalence was 17.4% of 2,199 children, a 2.1% decrease from 2014/15.

The combined proportion of overweight and obese children in Reception was lower in Swindon than in the whole of England (according to the 2014/15 figures) – 21.1% compared to 21.9% – yet it increased from the previous year's figure of 20.5%. The prevalence in Year 6 was also lower than the national figure (32.7% as opposed to 33.2%) and decreased from 34.3% in 2014/15.

Immunisations

Uptake of primary vaccinations and the 1st dose of MMR at 24 months decreased for the second consecutive quarter, from 97.5% to 97.4% and 94.0% to 93.8%, respectively. Uptake for the preschool booster at 5 years, however, increased for the fourth consecutive quarter, from 92.0% to 92.2%. Uptake of primary MMR vaccinations at 5 years increased for the second consecutive quarter and is now the highest ever reported (98.1%). All 13 measures were higher than both the national figures and those reported for the Bath, Gloucestershire, Swindon and Wiltshire Area Team.

Uptake for diphtheria, tetanus and polio (Td/IPV) vaccination in Year 9 pupils for the 2015/16 school year was 89.3%, dropping slightly from 91.8% in 2014/15. The Meningitis ACWY vaccination was introduced in the 2015/16 school year and uptake amongst Year 9 pupils was 89.4%, compared with 91.3% receiving the Meningitis C vaccination the previous year. The percentage of Year 9 girls completing a two-dose course of HPV was 95.8% whereas in the previous year 95.0% completed the course. At this time national data for school-based immunisations is not published so no comparison can be made.

Strengths

- Uptake across immunisations is high compared with others

Challenges

- Decrease in obesity at both reception and year 6, and lower than national average. Need to ensure that this is a sustained decrease and continue to work with partners as this reflects the effective work being done by all agencies who contribute to this outcome.

Key To Quartile Rankings	Meaning
Quartile A	in the best performing 25% of local authorities
Quartile B	In the best performing 50% of local authorities but not in the top 25%
Quartile C	in the lower performing 50% of local authorities but not in the bottom 25%
Quartile D	in the lowest performing 25% of local authorities

Page	Topic	Indicator	2014/15 Quartile	National Rank	Trend 2013/14	Trend 2014/15	Trend 15/16	Target
3	Referrals and Assessments	Rate of referrals to social care per 10,000 children aged under 18	Quartile C	87	↑	↑	↑	575
3	Referrals and Assessments	Referrals to children's social care closed with no further action	Quartile B	63	↓	↓	↑	10
4	Referrals and Assessments	% of children that are re-referred within 12 months of the previous referral	Quartile B	67	↑	↑	↑	20
4	Referrals and Assessments	Referrals where the child is assessed but not found to be in need	Quartile B	50	↓	↑	↑	15
5	Referrals and Assessments	Statutory assessments completed within 45 working days	Quartile D	136	n/a	↓	↓	100
5	Children In Need	Children in Need (Inc. CPP, CIC and care leavers) rate per 10,000 as at 31st March	Quartile C	94	↑	↑	↑	330
6	Children In Need	Children in Need (not inc. CPP, CLA or care leavers) rate per 10,000	Quartile C	78	↑	↑	→	230
6	Referrals and Assessments	Number of children subject to section 47 enquiries which started during the year rate per 10,000 children	Quartile B	55	↑	↑	↑	125
7	Child Protection	Rate of Initial Stage Child Protection conferences	Quartile C	80	↑	↓	↑	55
7	Referrals and Assessments	% of initial child protection conferences held within 15 days of the start of the section 47 enquiries which lead to a conference	Quartile C	104	↑	↑	↑	80
8	Child Protection	Children who are the subject to the child protection plan- rate per 10,000	Quartile C	78	↑	→	↑	40
8	Child Protection	Children who became the subject of a child protection plan- rate per 10,000	Quartile C	82	↑	↓	↑	52
9	Child Protection	Rate of children who ceased to be the subject of the Child Protection Plan per 10,000 children	Quartile C	84	↑	↓	↓	45
9	Child Protection	% of children having a second or subsequent child protection plan	Quartile C	102	↑	↑	→	17
10	Child Protection	Child Protection plans lasting 2 or more years which cease during the year	Quartile B	53	↑	↓	↑	4
10	Child Protection	Children on a child protection plan who were visited in timescales in plan (national 6 weekly intervals)				↑	↑	100
11	Child Protection	Review of child protection plans- % that should have been reviewed that were reviewed CF/C20	Quartile C	108	↑	↓	→	100
11	Looked After	Children looked after (rate per 10,000 children aged under 18)	Quartile B	41	↔	↔	↑	60
12	Looked After	Children whose cases had all been reviewed within statutory time limits	N/A	n/a	↓	↓	↓	100
12	Looked After	% of children looked after for more than 2.5 years who have been in the same placement for at least 2 years or placed for adoption	Quartile C	87	↑	↓	↓	70
13	Looked After	Percentage of children at 31 March with three or more placements during the year CF/A1	Quartile D	131	↔	↓	↓	10
13	Looked After	Children looked after at 31st of March placed 20+ miles from home	Quartile C	95	↓	↑	↑	10
14	Looked After	Number of children who ceased to be looked after because of a Special Guardianship Order	N/A	n/a	↓	↑	↑	
14	Looked After	Proportion of children leaving care over the age of 16 who remained looked after until their 18th birthday	Quartile B	36	↑	↓	↓	100
15	Looked After	% of children in residential care placed more than 20 miles from home	Quartile D	106	n/a	↑	↓	50
15	Adoption	Number of looked after children adopted in year	N/A	n/a	↑	↓	↓	
16	Adoption	Percentage of looked after children adopted in year	Quartile D	120	↑	↓	↓	15
16	Adoption	Average time between a child entering care and moving in with its adoptive family (A1)	Quartile D	147	↑	↓	↑	426
17	Adoption	Average time between LA receiving court authority to place a child and deciding on a match (A2)	Quartile B	38	↓	↓	↑	121
17	Adoption	Number of children where decision for adoption is in best interest of child	N/A	n/a	↔	↑	↑	

18	Adoption	% of children who wait less than 20 months between entering care and moving in with their adoptive family	Quartile C	93	↑	↑	↑	100
Page	Topic	Indicator	2014/15 Quartile	National Rank	Trend 2013/14	Trend 2014/15	Trend 15/16	Target
18	Outcomes	Percentage of looked after children subject to conviction, final warning or reprimand during the year	Quartile C	76	↑	↓	↑	
19	Outcomes	Percentage identified as having a substance misuse problem during the year	Quartile D	75	↓	↑	↔	
19	Outcomes	Emotional and behavioural health of looked after children (average SDQ score per child)	Quartile B	55	↑	↓	↓	
20	Outcomes	Percentage of children looked after having dental checks	N/A	0	↑	↓	↑	100
20	Outcomes	Percentage of children looked after having health checks	N/A	0	↓	↓	↑	100
21	Outcomes	Children looked after achieving 5+ A*-C GCSEs including English and Maths	N/A	0	↓	0	0	
21	Care Leavers	Care leavers in suitable accommodation	Quartile D	122	↓	↓	↑	95
22	Care Leavers	Care leavers in Higher Education	N/A	n/a	n/a	↓	↓	
22	Care Leavers	Care leavers in Education, Employment or Training	Quartile D	146	↓	↓	↑	
23	Care Leavers	Care leavers NOT in Education, Employment or Training	Quartile D	134	↑	↑	↔	

Points for consideration when reading document in relation to Benchmarking referred to in this report:

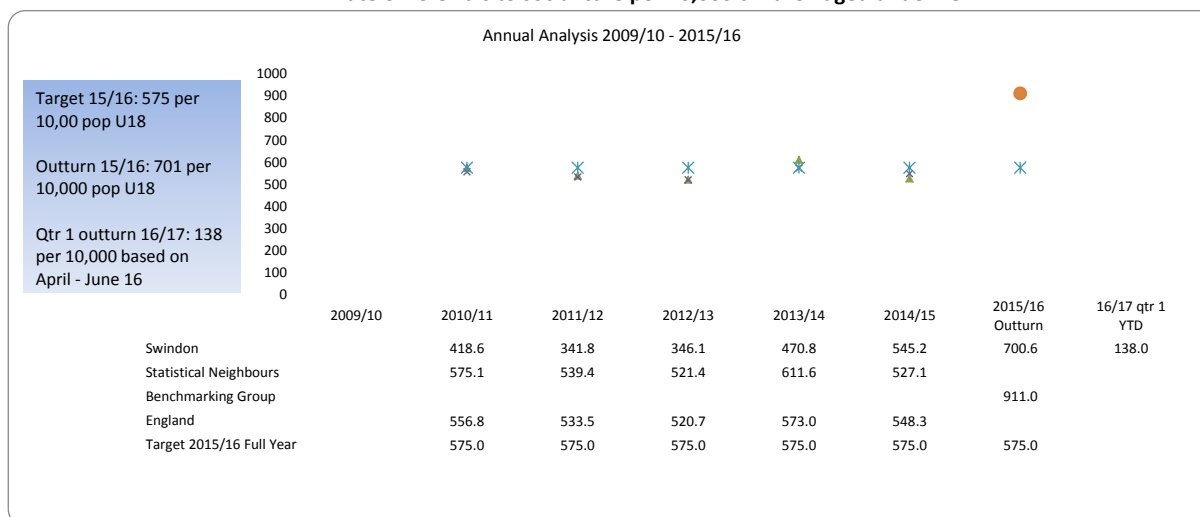
Statistical Neighbour Comparator Group: This is the group defined by the Department of Education as being the most similar to Swindon in relation to demographics and socio economics. The latest comparator data is for 14/15 for the majority of indicators with a few where 15/16 data has been very recently published. The full comparator data publication for 15/16 is expected in November 16 and these figures will then be updated. The statistical neighbour is used by OFSTED and other external bodies when considering our performance. Our statistical neighbours are:

Lancashire
Northamptonshire
Nottinghamshire
Essex
Kent
Medway
Poole
Telford and Wrekin
Southend
Suffolk

Benchmarking Group: Swindon needs to have access to more real time benchmarking in addition to the statistical neighbour comparator group. To this end this comparator group provides quarterly in year benchmarking data for key indicators. This enables Swindon to have a feel for how it's current performance compares with others. 15/16 comparator data is therefore available and shown in graphs for key indicators to provide a more up to date information of how Swindon's activity compares with others.

Referrals and Assessments

Rate of referrals to social care per 10,000 children aged under 18



This measure provides an annual breakdown of the referral rate per 10,000 population based on the latest ONS estimates (48,600 children aged under 18 in Swindon). There were 3405 referrals to Swindon social care during 15/16 a considerable increase from 14/15. (equates to 700.6 per 10,000 pop in 15/16 up from 545.2 in 14/15).

The 'in year' benchmarking group that Swindon is part of (for authorities in the South East, as well as some from the South West), shows that Swindon does have a higher rate of referrals for this comparator group during 15/16.

Swindon however has a higher than average rate of IDACI (Income of deprivation affecting children index), at 17.2% (7,256 children) compared with 14.5% on average.

NB: Different systems and local interpretation of the differentiation between contacts and referrals does however lead to a broad range of referral rates.

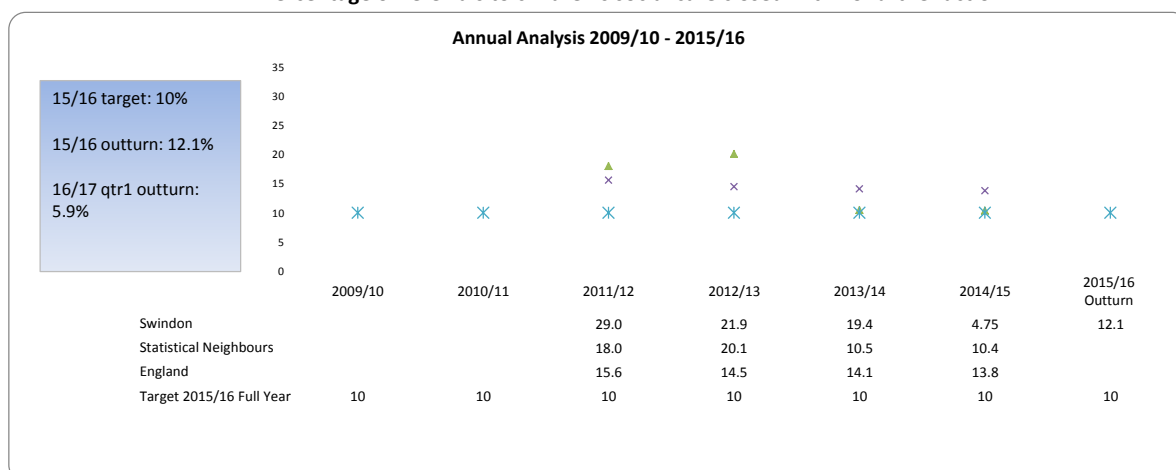
In terms of source of referral, Swindon has the highest number of referrals from the police, then schools, this is consistent with the majority of authorities in the benchmarking group when looking at the 15/16 data. However, the rate of referrals by police per 10,000 population was 99 for Q4 in Swindon compared with 18 in the benchmarking group. This is a significantly higher rate than others, with the second highest being 59 (Isle of Wight).

Required Action:

LSCB is updating the Threshold criteria and this will assist in the consistent application thereof within Family Contact Point/MASH.

Regular audit activity within FCP/MASH and Assessment and Child Protection team provide a further understanding of the consistent application.

Percentage of referrals to children's social care closed with no further action

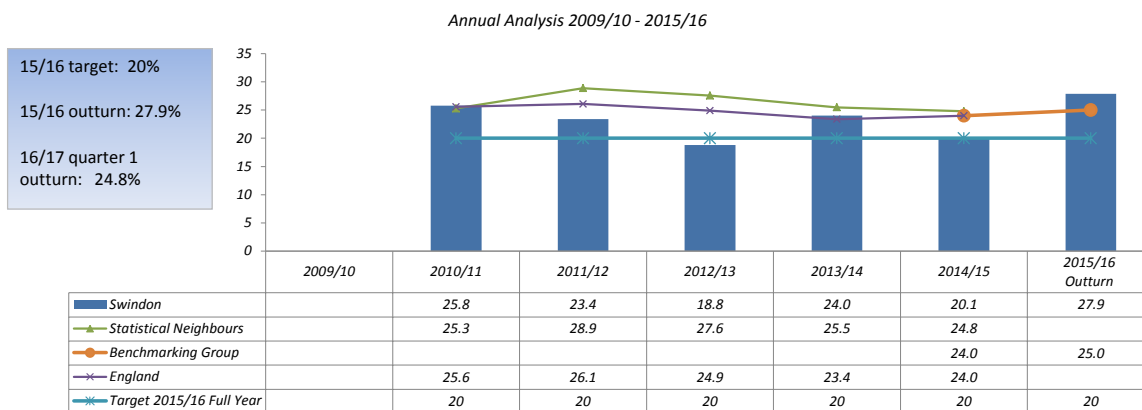


Swindon implemented a MASH model during 15/16 and so this measure has been affected by a change in process. In the shorter term there is an expectation that performance for this measure will now be very close to 0%, as MASH information gathering will mean that the vast majority of social care referrals received by Assessment & Child Protection will always result in action, as effective multi agency information gathering at contact point will ensure only the relevant contacts are progressed to referral.

Required Action:

Audit activity across long term SW teams to ensure referrals are closed appropriately with NFA as well as audit activity in FCP/MASH as per the Protocol to ensure correct threshold decisions are made

Percentage of children that are re-referred to social care within 12 months of a previous referral

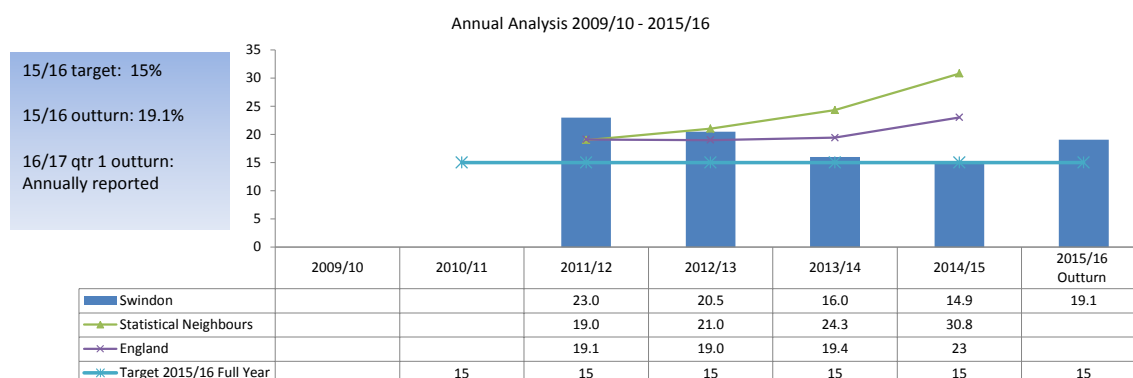


This measure looks at the number of referrals within the year that were re-referred within 12 months and reports as a percentage. There were 3405 referrals during 14/15 of which 953 were re-referrals. This equates to 20.1%. This increased to 27.9% for the final outturn in 15/16. Swindon, which is high comparatively to many other LAs. The re-referral rate has however reduced in Swindon in Q1 of 16/17 to 24.8%, and is more in line with national and statistical neighbour average. The re-referral rate is likely to be linked to the number of domestic abuse notifications given the rate of police referrals is so high.

Required Action:

Re-referral rate is influenced by the change in recording a contact on all children within a household instead of only on one, as per previous practice. Audit activity within FCP/MASH is undertaken to understand the reasons for re-referrals

Percentage of Referrals where the child is assessed but not found to be in need

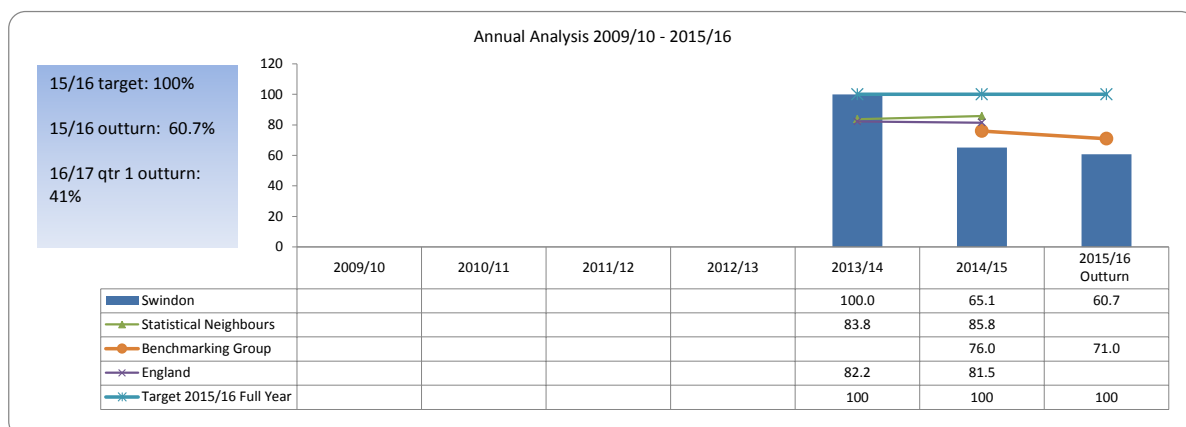


This measure looks at those children who had a statutory assessment with an outcome of no further action. The rate increased from 14.9% in 14/15 to 19.1% in 15/16. The implementation of the MASH should start to impact on activity here and it is anticipated the percentage will decrease during 16/17 as the threshold for social care is better applied with the support of the MASH.

Required Action:

Consistent application of the threshold criteria will drive this measure down. Maintain current practice.

Percentage of statutory assessments completed within 45 working days of the assessment starting



Performance for 13/14 was based on a very small number of statutory assessments. Full reporting only commenced for 14/15 when the full transition to statutory assessments had occurred. There were 3146 assessments completed during 15/16, many more per 10,000 pop than others when looking at the SE benchmarking report for 15/16. However the overall distribution of completion of assessments is broadly in line with benchmarking group for completion of assessments within 10 days, a lower percentage than others in the 11-45 day range - and increasing percentage again in the 45 days+.

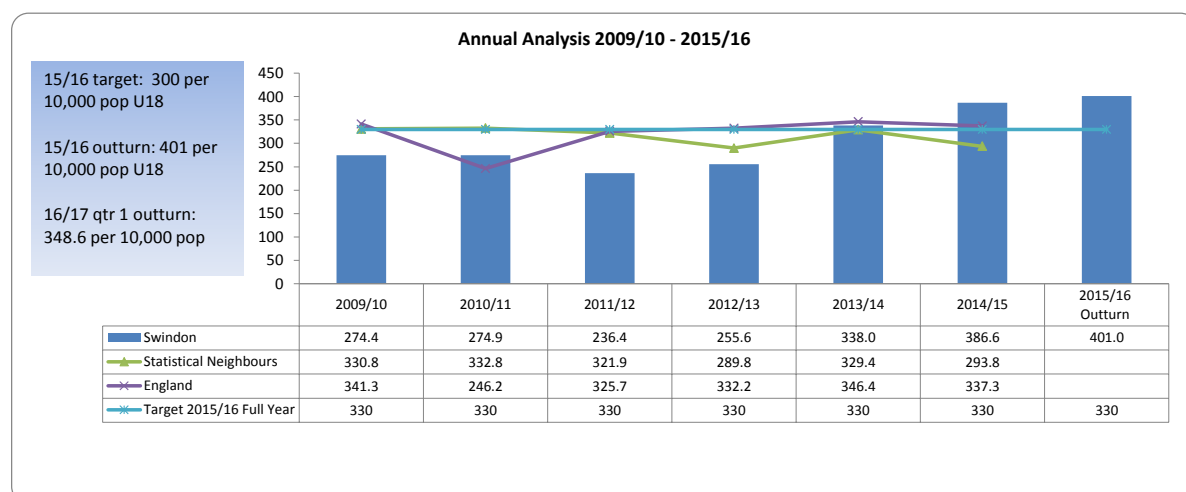
A number of the assessments in this last group were those signed off retrospectively as part of a data cleaning exercise over 2015/16. Performance has improved in quarter 1 of 16/17 to 41%.

Required Action:

This is a current performance priority for the service and appropriate attention and action is taken to ensure timely assessments are completed

Children In Need (all open cases to social care)

Children in Need rate per 10,000 children aged under 18 (this includes children in care, children on a protection plan and care leavers)



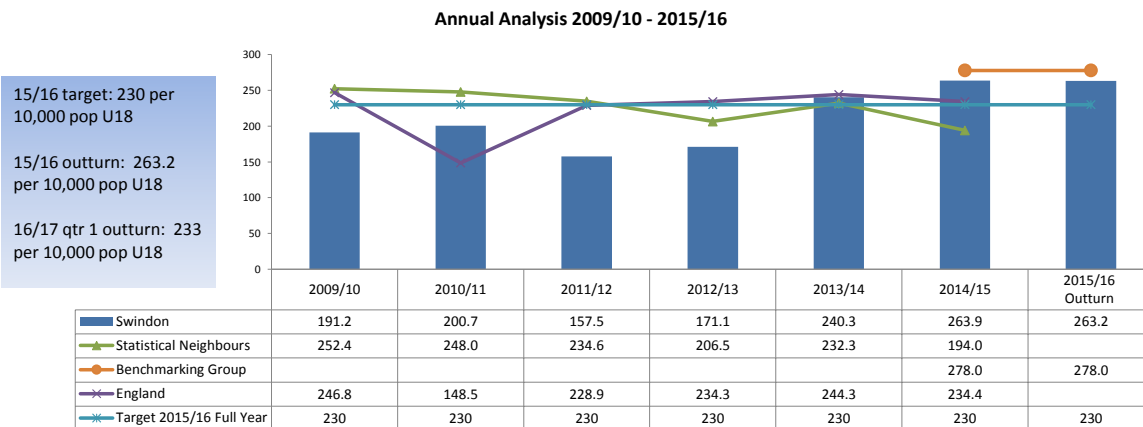
Annual rate of children in need (Inc: child protection, looked after children and care leavers) per 10,000 population (48,600 children). This effectively shows the number of cases open to social care based on the snapshot as at 31st March each year. There has been an increase in the number of open cases, which given the increase in referrals and assessments is predictable. However Swindon had been historically lower than comparators but the increase in the last 2 years now places Swindon above the statistical neighbour and national average. There were 1968 open cases as at the end of the year or 1807 (this figure excludes care leavers).

This increase appears to be because although the rate of section 17 children in need has remained fairly constant there has been a large increase of the number of children looked after and on protection plans. It is worth noting that activity has decreased to 348.6 per 10,000 pop aged U18 at the end of June 16.

Required Action:

Regular threshold audits ensure consistent decisionmaking

Children in Need rate per 10,000 children aged under 18 (excluding children that are looked after and on a protection plan)



The rate of children in need but excluding child protection and children in care looks at the number at the end of each financial year & then quarterly during the year.

The number has stayed essentially static between April 15 (263.9), to 263.2 per 10k pop at March 16. This is still above the statistical and national average, but in line with the south west. NB: It is the first year that the position has not increased for 4 years.

In terms of actual numbers there were 1279 child in need cases open at March 16.

The benchmarking group also reports a higher average than national and Swindon is more in line with this.

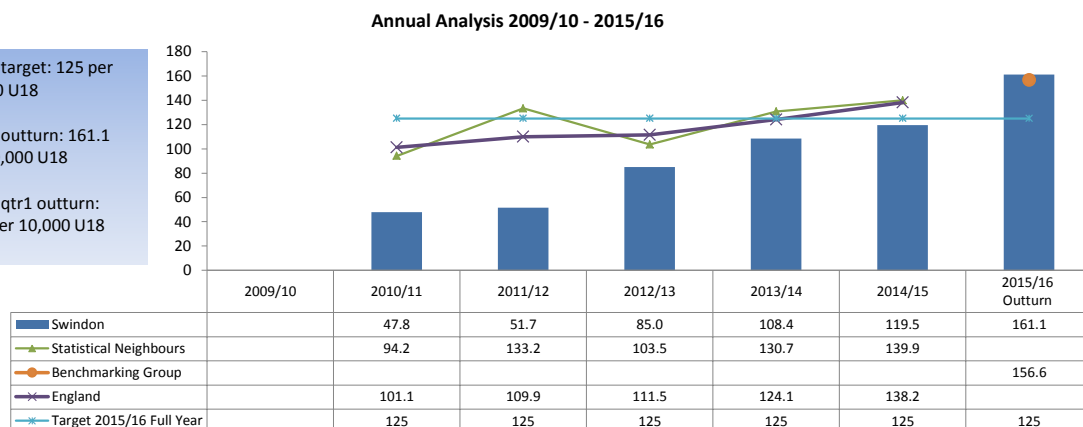
The number of section 17 children in need has reduced to 233 per 10,000 population aged U18 at the end of June 16.

Required Action:

Maintain current practice

Child Protection

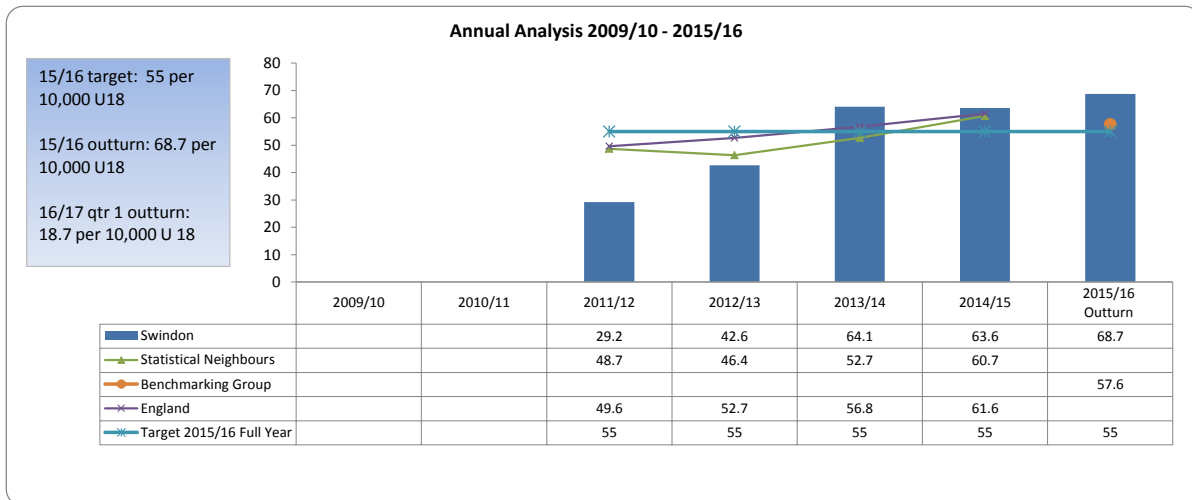
Rate of children subject to section 47 enquiries which started during the year per 10,000 children



Annual breakdown of the rate of Section 47 (child protection) enquiries completed per 10,000 population shows there were 783 child protection enquiries initiated during the year 15/16. This was a considerable increase in year 15/16 & is above the national and statistical neighbour average for 14/15. There has been a general annual increase nationally so once national data is available we may prove to have had a similar increase. The benchmarking data for 15/16 does not show Swindon as being particularly high and enquiries were in line with the average 15/16 outturn. Swindon does have a higher percentage of CP enquiries resulting in no further action with 61% in 15/16 compared with an average of 44% for the SE comparator group.

Required Action: Maintain current practice

Rate of Initial Child Protection conferences per 10,000 children

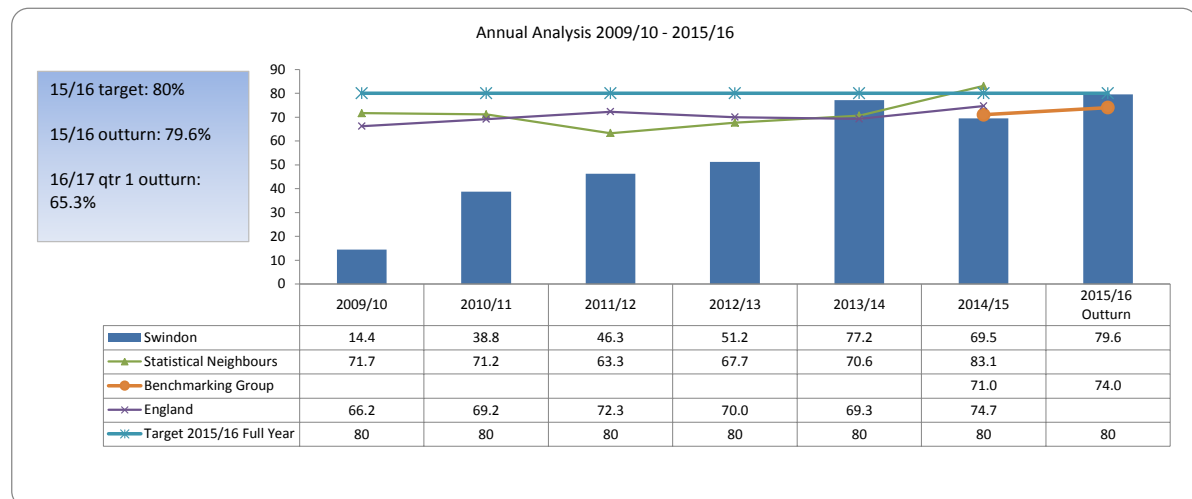


334 initial Child protection conferences were held in 2015/16. There has been an annual increase year on year. The 15/16 SE benchmark report shows that Swindon was in line with the average for the year, but was showing a higher trend in quarter 3 and 4 and this makes sense as the numbers on a child protection plan have continued to rise between March 16 and June 16.

Required Action:

This is an performance priority for the service and actions are in place to address the increase in child protection plans

Percentage of strategy discussions that go to an initial child protection conference within 15 working days



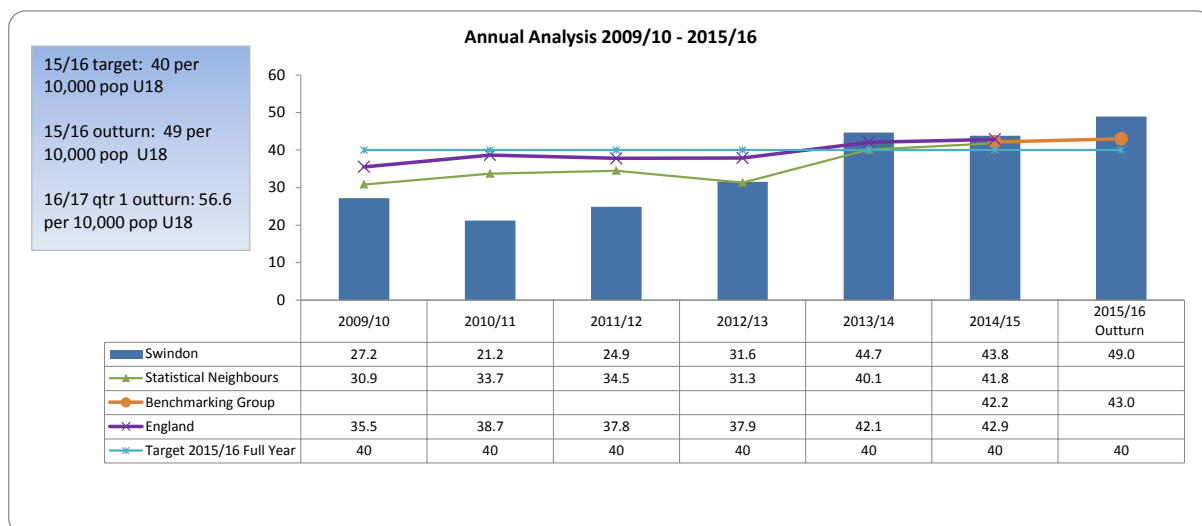
This measure looks at the percentage of initial child protection conferences that took place within 15 working days of strategy discussion where decision was to go to conference. This shows the annual trend, and the quarterly column reports the year to date for 15/16.

Performance for 15/16 shows an increase to 79.6% from 69.5% in 14/15. This is in line with the 14/15 national average, although still below the statistical neighbour. Swindon is performing well in the context of the SE 15/16 benchmark. The latest quarterly performance (April - June 16) reports a decrease to 65.3%. This is due to particularly low performance in May 16.

Required Action:

Maintain current practice

Children who are the subject to the child protection plan - rate per 10,000 children



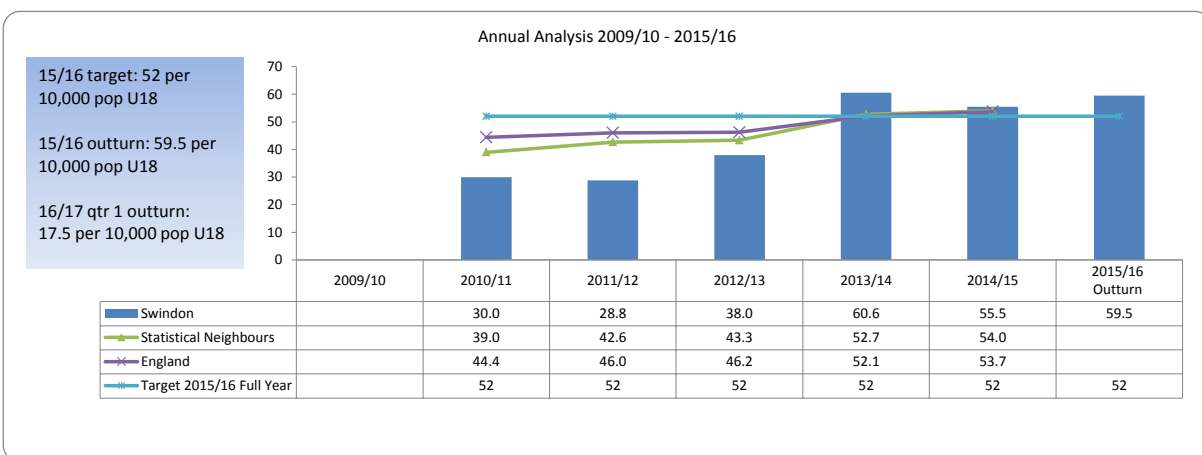
This measure shows the annual rate of children that are subject to a child protection plan (CPP) per 10k pop. There were 238 children on a CPP at 31st March 2016 compared with 213 in March 15. There is likely to be an increase in the national and statistical neighbour average when the data is published later this year. However, Swindon is still likely to be above the national and statistical neighbour average.

The number has continued to increase into quarter 1 of 16/17. The data suggests that part of reason for the increase is that less children are ceasing plans, as opposed to a significant increase in new children starting plans.

Required Action:

This is an 'performance priority within the service and actions are in place to address this measure

Rate of children who started to be the subject of the Child Protection Plan per 10,000 children

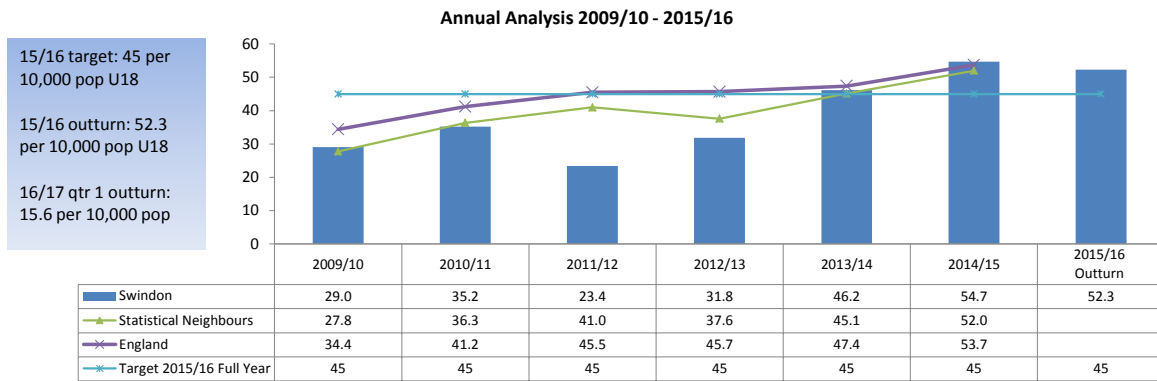


Swindon is likely to be higher than national average and statistical neighbour in terms of new children starting plans when the comparator data is published in the Autumn. The increase is due to a higher number starting plans in the last 2 quarters of the reporting period. 289 children started a plan during 15/16 compared with 266 in 14/15

Required Action:

This is an area of performance priority within the service, with appropriate actions to address this performance

Rate of children who ceased to be the subject of the Child Protection Plan per 10,000 children

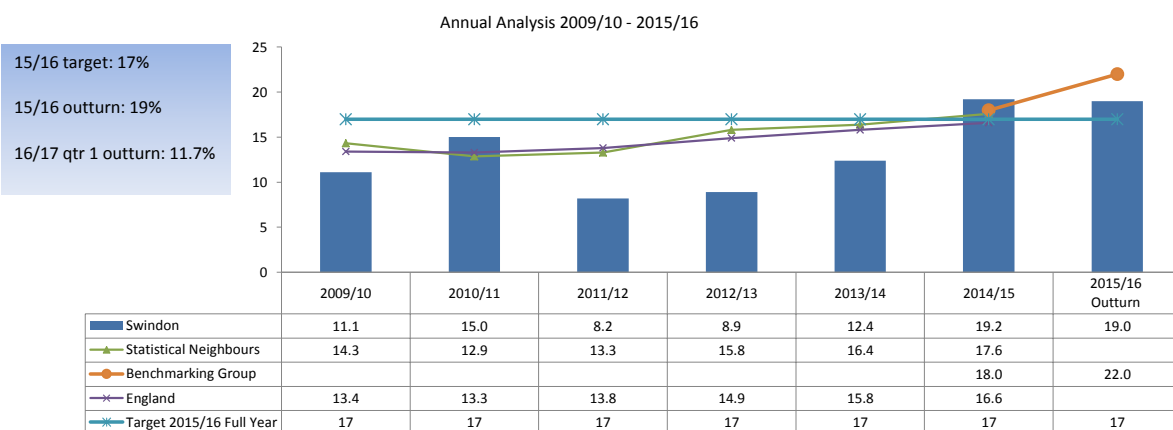


Annual rate of children ceasing to be on a child protection plan per 10,000 population aged under 18 (48,600 children). The rate of children ceasing a plan is roughly in line with the national and stat neighbour average for 14/15, but the national and statistical 15/16 figures are likely to increase based on previous year's activity, so need to consider performance in this context. 254 children ceased a plan during 15/16.

Required Action:

Action is in place to analyse this measure and ensure that children cease CP plans in a timely manner

Percentage of Children starting a second or subsequent child protection plans during the year

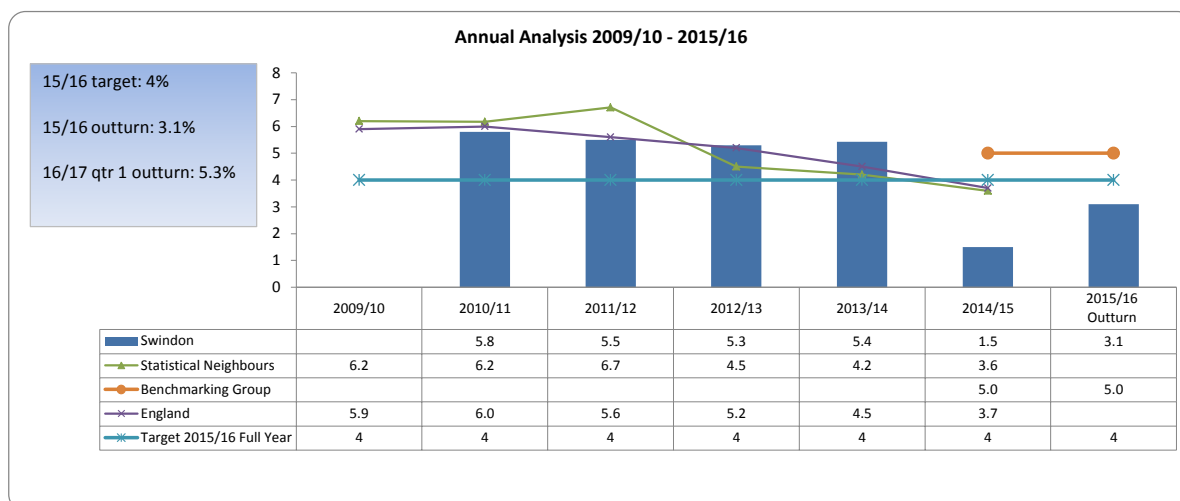


Annual breakdown of the percentage of children starting a child protection plan that have previously been subject to a plan. Swindon has relatively small numbers of children starting plans for a second/subsequent time and one family with a large number of siblings causes fluctuations in performance which should be bore in mind when analysing performance in this area. Performance has remained broadly static between 14/15 and 15/16 at 19%. The latest quarterly performance (April - June 16), reports a decrease to 11.7% which is positive.

Required Action:

Maintain current practice

Percentage of Child Protection plans that lasted 2 years or longer which ceased during the year

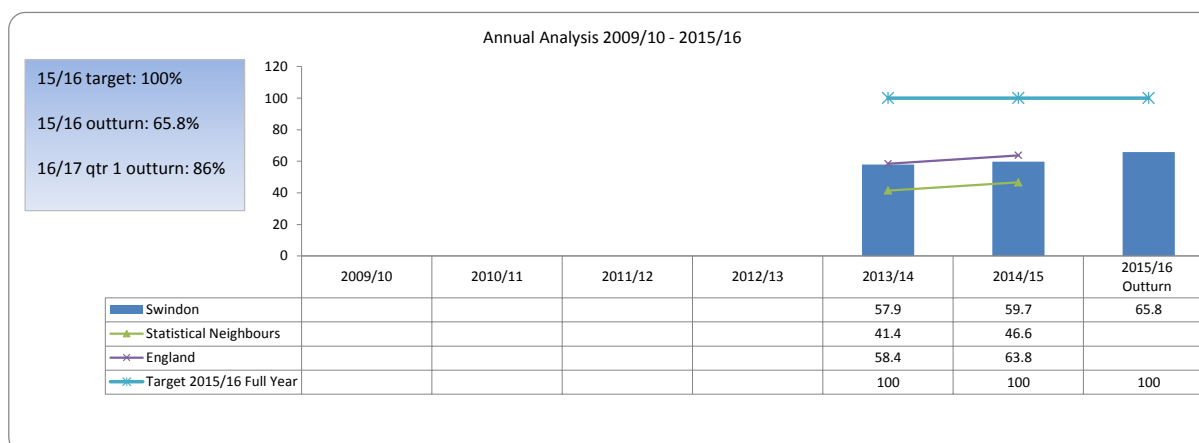


Annual breakdown of children that are ceasing a child protection plan that have been on a plan for 2 years or longer. Swindon has very small number of children ceasing a plan who at the point of ceasing been on a plan for 2 years or more and this should be considered when reviewing performance. Performance for 15/16 reports an increase from 1.5% in 14/15 to 3.1% in 15/16. This equates to 8 children out of 256 children ceasing plans during the year. This measure should be considered in conjunction with a relatively high number of children having subsequent child protection plans in the reporting period, as could indicate children are coming off plans prematurely, leading to a subsequent child protection plan in the future for the same reason. Performance increased to 5.2% between April and June 16.

Required Action:

Maintain current performance

Percentage of Children who had a child protection plan during the year that had visits 'on time'



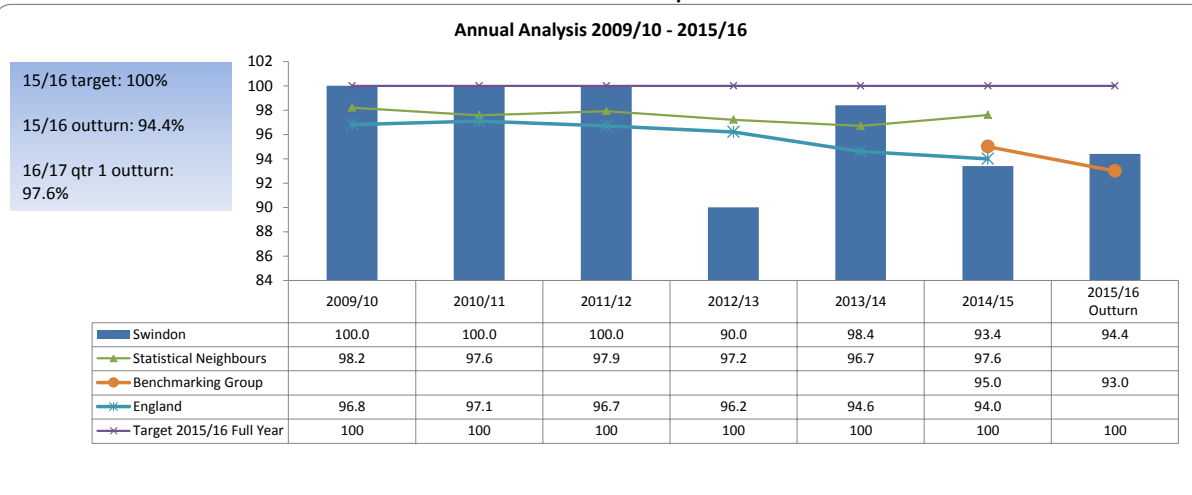
During 2015/16, 65.8% of children on child protection plans were visited within timescales as set out by DfE in their data return (six weekly)

Swindon is slightly above the national average (63.8%), and higher than statistical neighbour average (46.6%). Locally a 10 day target was set in year: performance was at 15.4% for visits occurring every 10 working days and this has been identified as a priority measure, for 16/17. Performance has further improved in the first quarter of 16/17 with 86% of visits occurring on time. Performance does tend to be at higher level at the beginning of the reporting year as fewer visits have taken place.

Required Action:

This is a performance priority and actions are in place to address this measure

Percentage of children who were subject of a child protection plan for three months or longer who had all of their review conferences completed on time



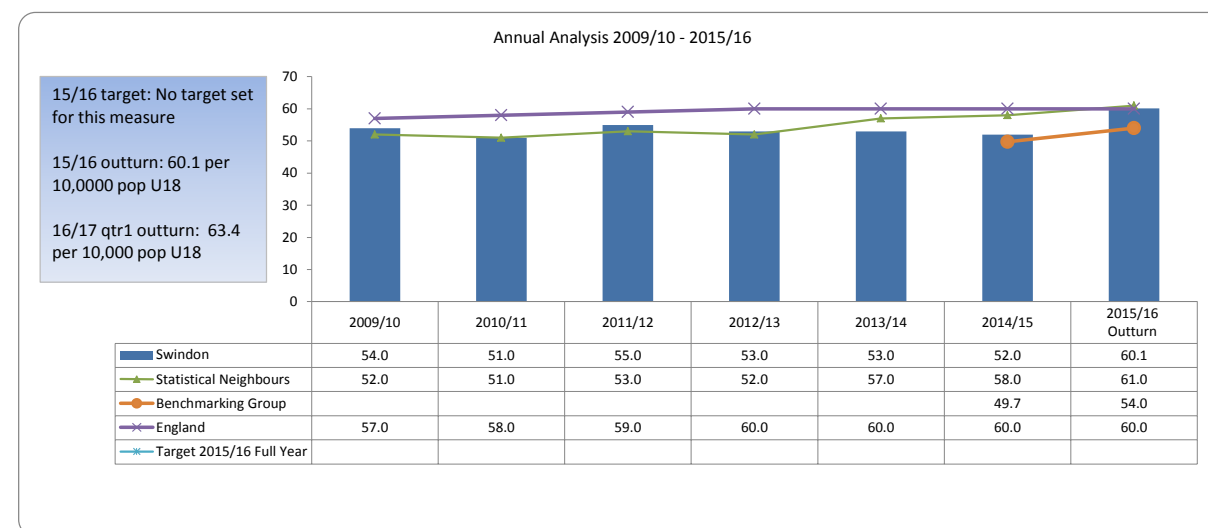
This measure looks at the number of children on a plan at the end of the year (who have been on a plan for 3 months or more), that have had all their statutory reviews within the year completed on time. Swindon has historically been at 100% for a number of years until 12/13 when performance dipped to 90%. Performance improved from 93.4% in 14/15 to 94.4% in 15/16. 151 out of 160 children had all of their reviews during the year on time, and 9 were late. The list of late reviews is reviewed by the QA team, so that the context can be reported. The average across 4 quarters for the benchmarking group was 93%.

Required Action:

Review action is in place to analyse and improve this measure

Looked After Children

Rate of children looked after per 10,000 children

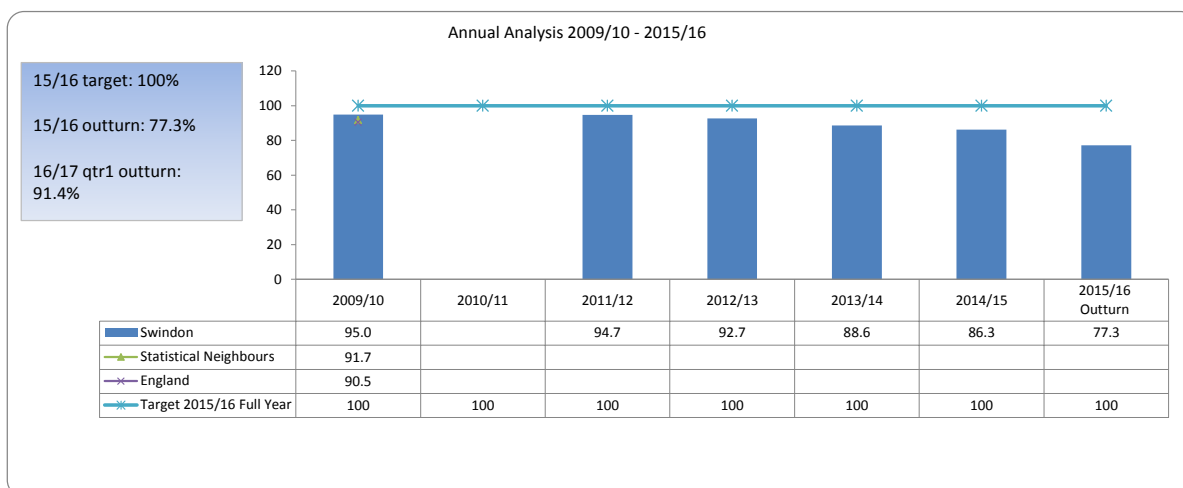


Children looked after (rate per 10,000 population) Annual breakdown.

This indicator uses the 31st March annual snapshot. The rate of children looked after increased from 52 in March 15 to 60.1 in March 16. Swindon also had a higher number of children subject to court applications during 15/16 compared with the benchmark group with 409 per 10,000 under 18 compared with 32.2 SE average. The data shows a trend from mid to late 2014 to date of increases following a lower rate in the preceding 2 years. The rate per 10,000 at the end of June 16 was 63.4 per 10,000 population aged U18.

Required Action: This measure remains to be reviewed and analysed

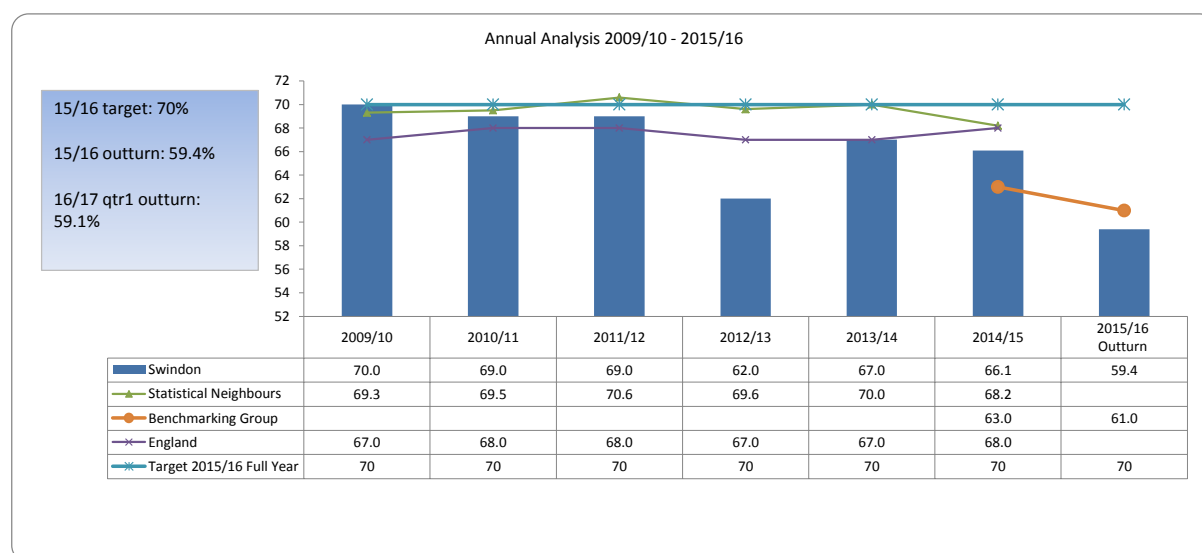
Percentage of children looked after for one month or longer who have had their reviews during the year completed on time



This measure looks at all children in care for 4 weeks or more as at 31st March annual snapshot, and of those how many received all their reviews within timescales during the year. Reasons for the decline in performance (to 77.3% which was 63 children out of 277 children in care for four weeks or longer having a late review), are late notification for the first review and Independent Reviewing Officer miscalculations for when a review is due and this measure has been identified as one of the performance priority indicators for 16/17. There are issues reporting this measure nationally and comparator data has not been published for a number of years. The expectation is that children in care reviews performance should be in line with child protection reviews, for which Swindon has a target of 100%.

Required Action: This measure is performance priority and actions are in place to deliver improvements

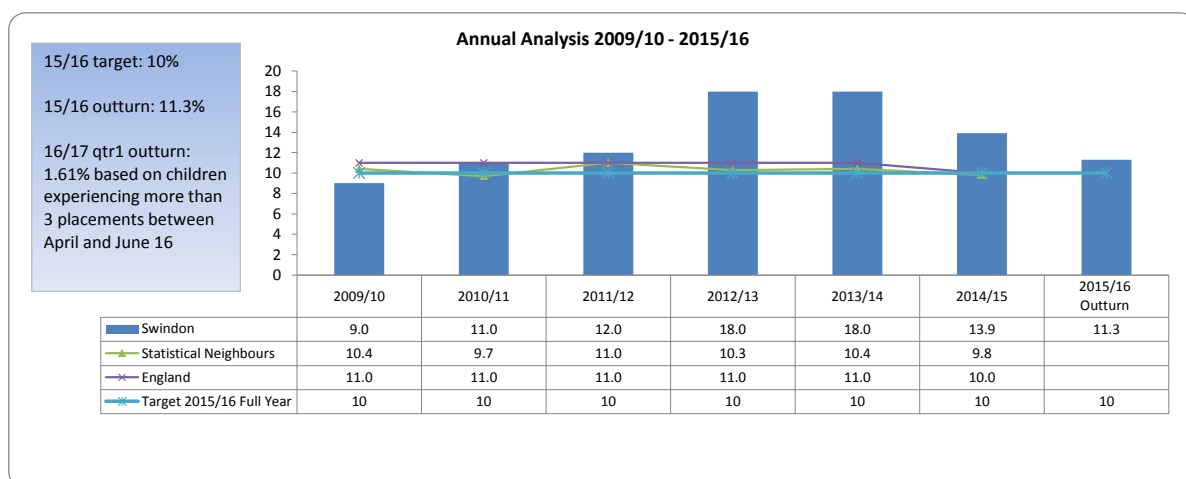
Percentage of children looked after for more than 2.5 years or longer aged under 16 that have been in the same placement for at least 2 years or placed for adoption



This measure looks at the annual breakdown of the percentage of children that have in care for 2.5 years or longer based on the snapshot at March 31st that have remained in the same placement for 2 years or longer for children aged up to 16. Provisional outturn for 15/16 has decreased by 7% from 66% (38 out of 64 children) in 2014/15 to 59.4% (38 out of 64 children), in 2015/16. Swindon is now 9% below national average and 9% below the statistical neighbour. However, 15/16 benchmark group is lower at 61%, and so Swindon is much nearer average for this group. there have been data quality issues historically which have now been addressed. The benchmarking group also measures the percentage of children looked after for more than 2.5 years regardless of placement. Interestingly, Swindon has a lower percentage (29% as at 31st March 16), compared to the SE average of 42%.

Required Action:
Current analysis is being undertaken to understand the decline in stability in placement

Percentage of children looked after that have had 3 or more placements during the year



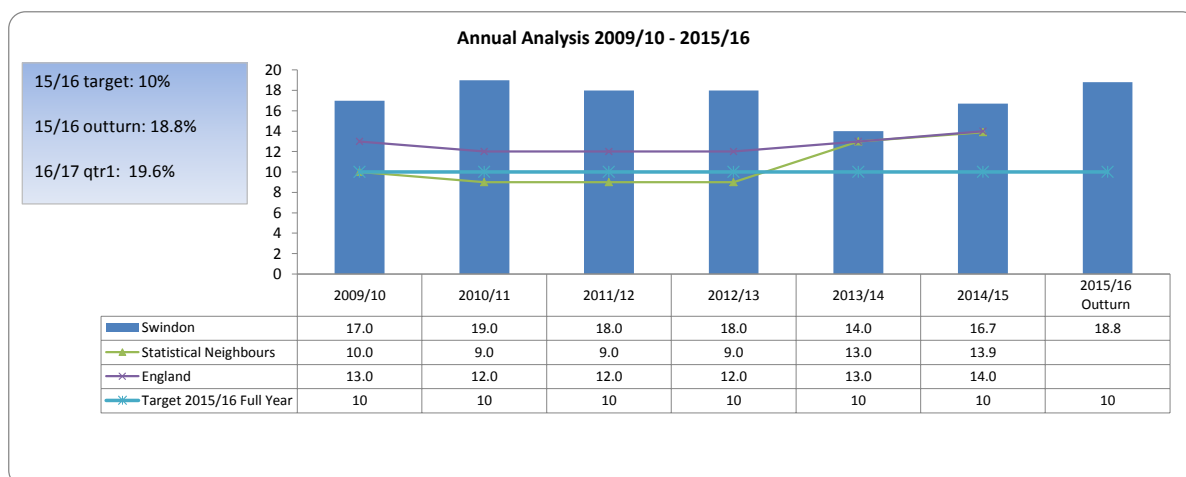
This measure gives the annual breakdown of children looked after at year end that have been in three or more placements within the year.

The outturn for 15/16 improved to 11.3% (33 out of 292 children) from 13.9% in 14/15. Swindon still has a higher number of children experiencing 3 or more placement moves during the year compared with the statistical neighbour and national average who were 10.4% and 11% nationally in 13/14.

Required Action:

This measure is currently being analysed to ensure improvement in performance. Stability meetings are now held operationally to further understand the reason for placement breakdowns.

Percentage of Children looked after at 31st of March placed 20 miles or further from their home address when entering care

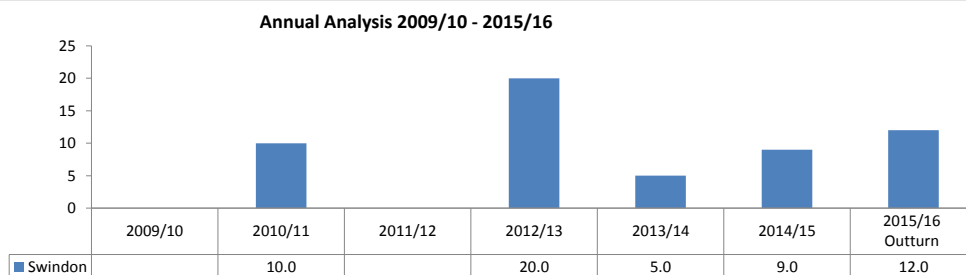


Performance has decreased from 16.7% (42 out of 252 children) in 15/16 to 18.8% (55 out of 292 children) in 14/15, this is above national and statistical neighbour average.

Small numbers do cause fluctuation in performance for this measure, and the fact that Swindon does not have its own LA residential provision also factors and there are some circumstances where it is in the child's best interest to be placed further from home.

Required Action: Monitor performance

Number of children who ceased to be looked after due to a Special Guardianship Order being granted

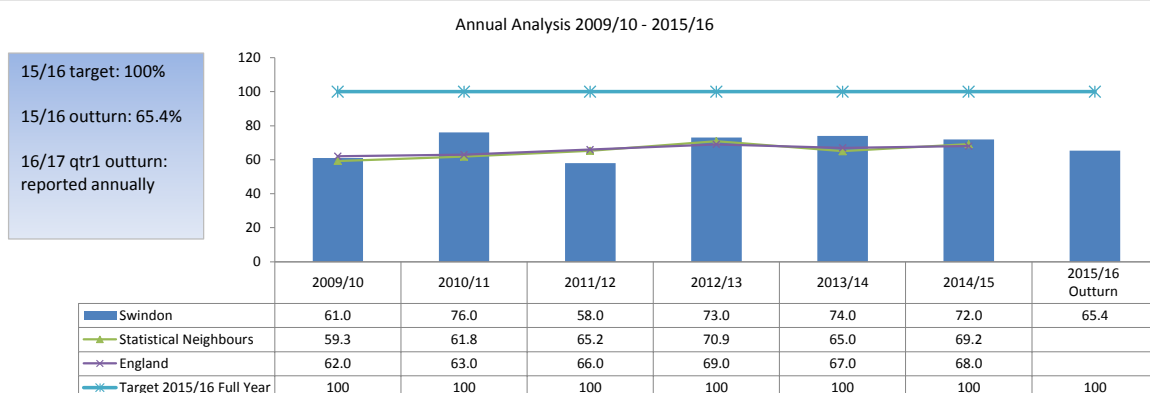


There were 12 special guardianship orders granted during 15/16, which is slightly higher than average for Swindon from a trend perspective. 12/13 was exceptional with 20 (and the result of a 2 year drive coming to fruition at that time)

Required Action:

Maintain current practice

Percentage of looked after children leaving care aged over 16 who remained looked after until their 18th birthday

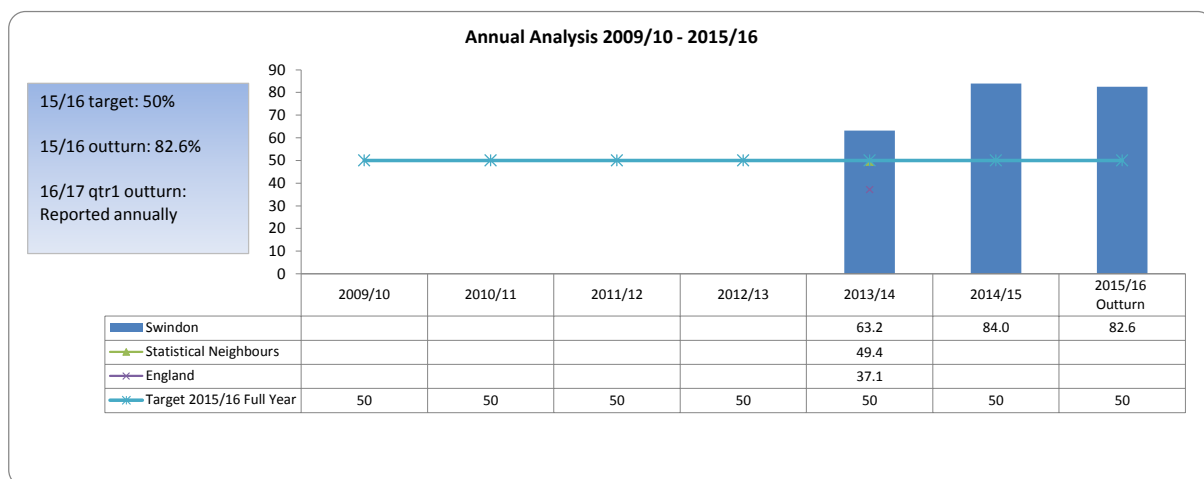


Swindon performance reduced slightly from 69.2% (36 out of 52 children) in 14/15 to 65.4% (34 out of 52 children) in 15/16, but is still inline with the national and statistical neighbour average.

Required Action:

Maintain current practice

Percentage of children placed in residential care placements that are 20 miles or more from their home address when entering care



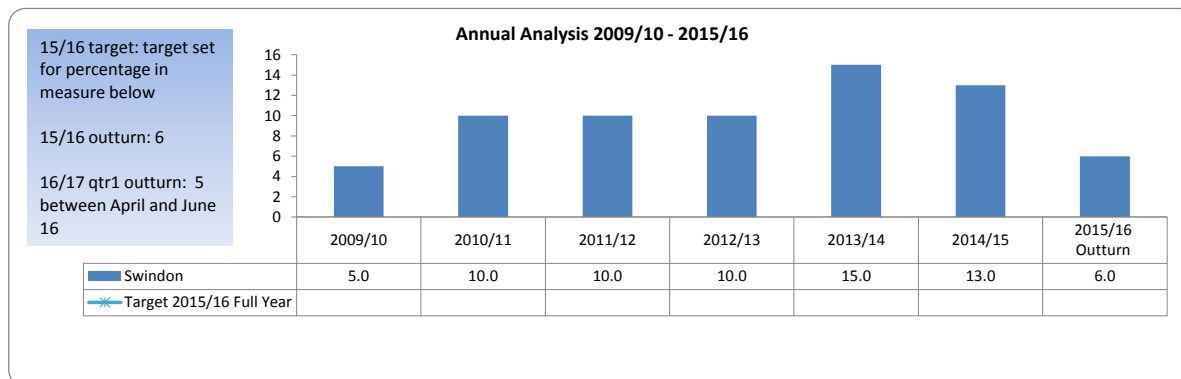
In 2015/16 19 out of 23 (82.6%) of children in residential care were placed more than 20 miles from home. The slight decrease from 84% in 15/16 is attributable to a number of children who were placed in Buttons residential for a period of time and for whom a more suitable placement provision has now been found. Small numbers of children in residential care mean that in terms of this measure 1 child represents 4%.

Required Action:

A review of these placements are underway to ensure that these placements are outcome based and that exit and / move on plans are in place, for these children

Numbers of Children Adopted

Total number of looked after children that ceased care due to being adopted during the year

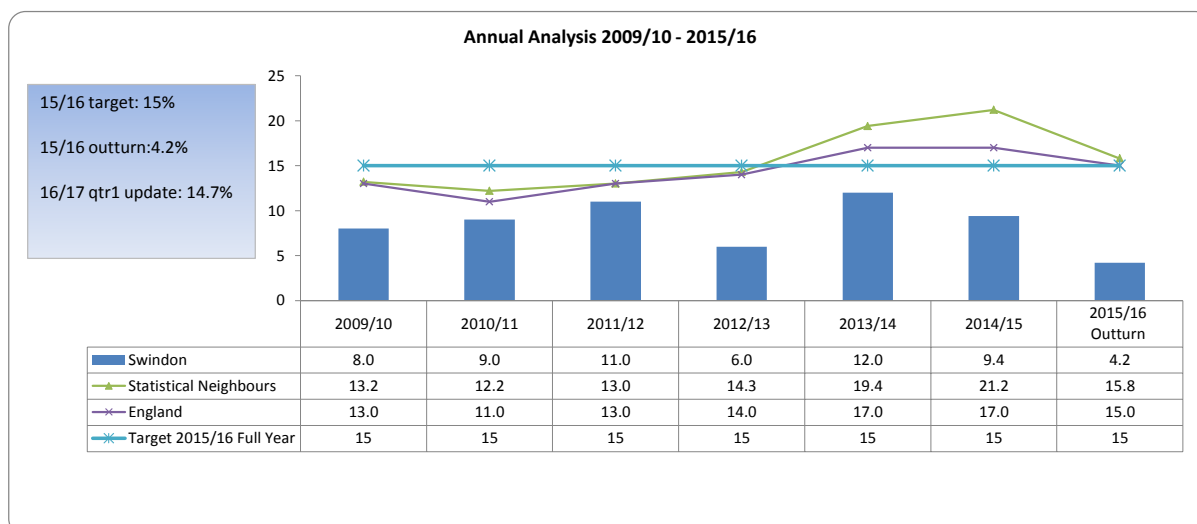


This measure reports the actual number of CLA adopted in year. This activity should be considered alongside the number of children ceasing care, and the measure for this is included further below. 6 children were adopted during 15/16. This is a decrease from 13 in the previous year and the lowest figure since 2009/10.

Required Action:

An analysis of the number of Placement and Adoption Orders made in 15/16 were undertaken. This performance has increased in 16/17

Percentage of children ceasing care that ceased due to being adopted

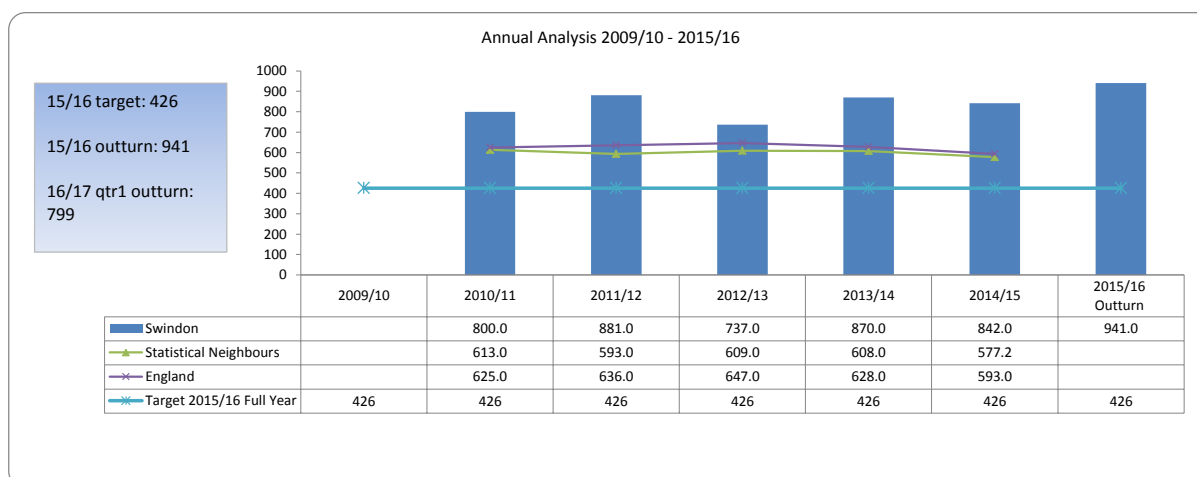


This measure reports the percentage of children ceasing to be looked after adopted in year. 4.2% (6 out of 143 children ceasing care) of children ceasing care were adopted during 15/16 down from 12% in 13/14. This equates to 7 less children being adopted in 15/16. Swindon is below the national and statistical neighbour average. The Benchmark average is also consistently higher than Swindon with an average of 14% of children ceasing care being adopted each quarter.

Required Action:

Maintain the current practice

Average number of days between a child entering care and moving in with their adoptive family (A1)



Average number of days between entering care and being placed for adoption. This has been a recognised challenge in Swindon and a detailed analysis undertaken & was determined not to be due to performance concerns.

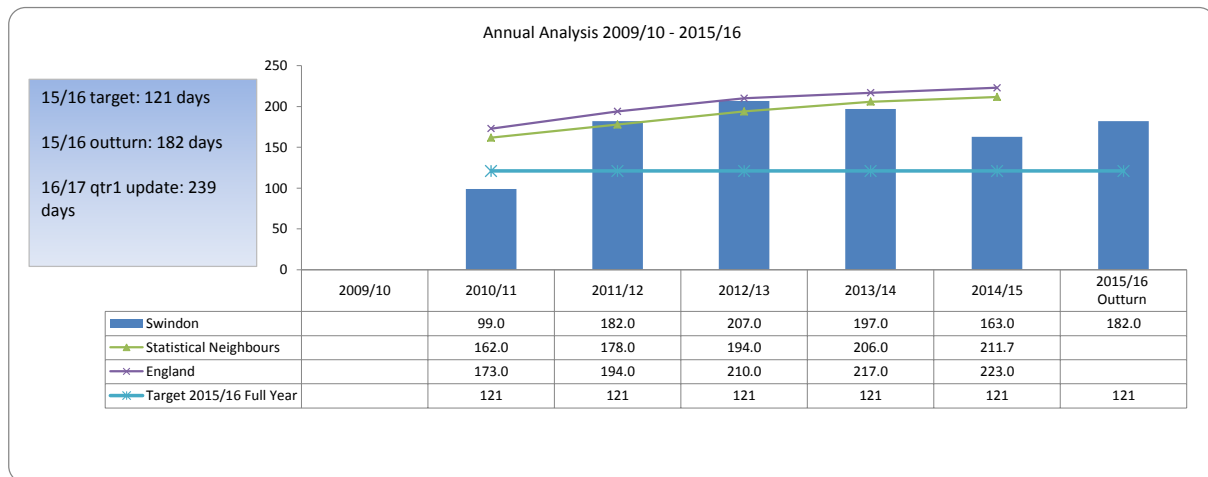
The rate reduced considerably during 12/13, but a few children had negative impact on 13/14 performance and this has continued into 14/15 and 15/16.

There are still a small number of children who are on placement orders who have been in the care system for a number of years. When these children are adopted they have skewed the timeliness measure during 15/16.

Required Action:

Maintain current practice

Average number of days between LA receiving court authority to place a child and deciding on a match

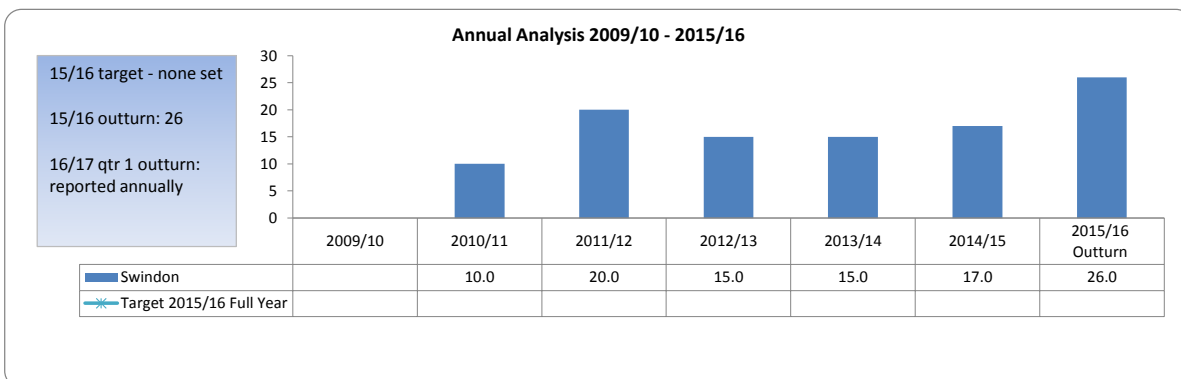


This measure is reported on the national adoption scorecard. Swindon performance improved to 182 average days in 14/15.

Required Action:

This performance is improving - current practice to be maintained

Number of children looked after that have a decision that adoption is in the best interest of the child

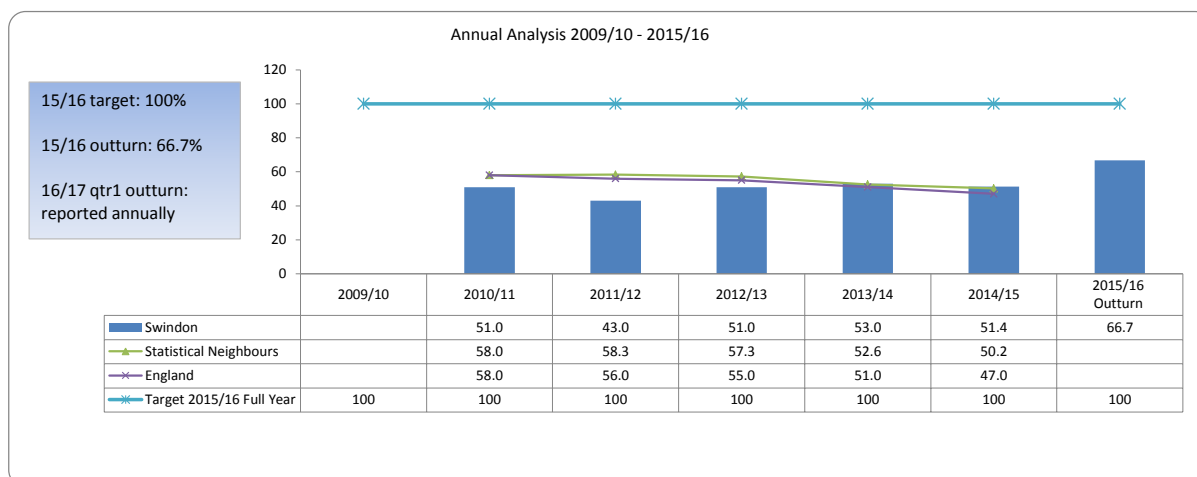


There were 26 children who have been identified for adoption. This is the highest number reported in the last 5 years. Indicating that the lower number of adoptions last year will be a one off as numbers should increase this, given the number with adoption agreed as in their interests.

Required Action:

Maintain current performance

Percentage of children who wait less than 20 months between entering care and moving in with their adoptive family



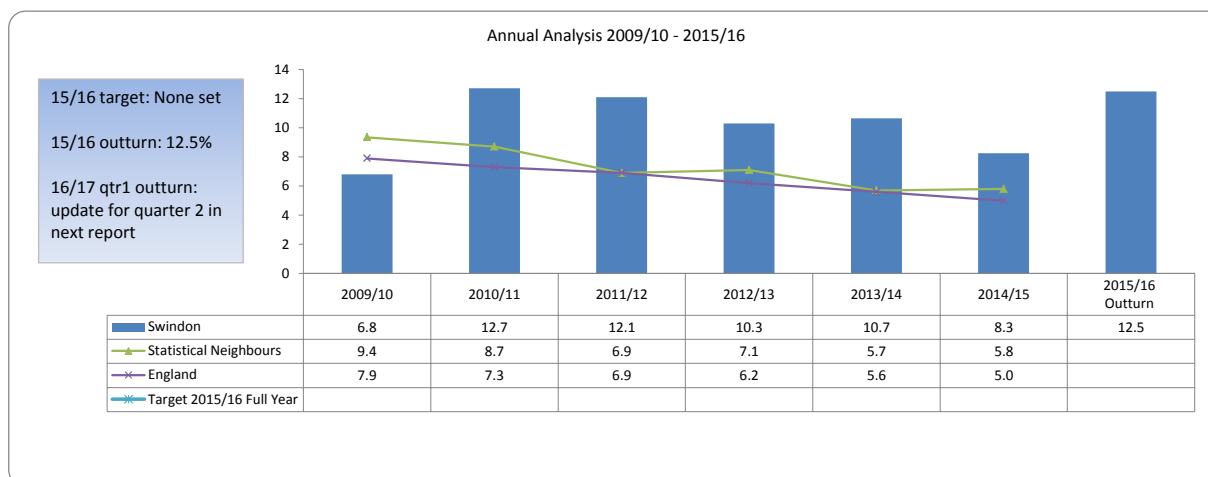
Swindon positively continued to be above national average in relation to the % of children who wait less than 20 months between entering care and moving in with their adoptive family.

Required Action:

Current performance has improved. Current performance to be maintained

Outcomes for Children Looked After

Percentage of looked after children subject to conviction, final warning or reprimand during the year who had been in care for a year or longer

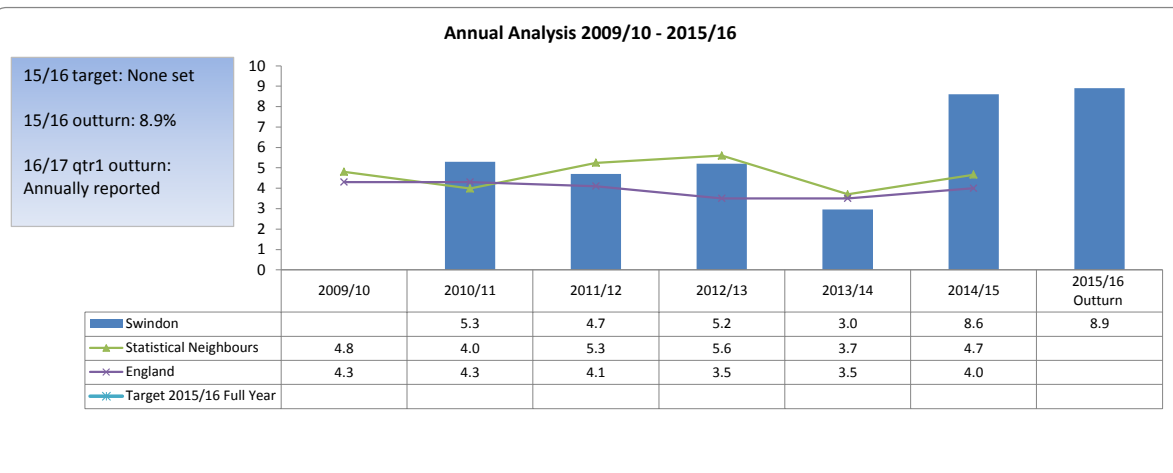


The percentage of children in care who were the subject of final warning, conviction or reprimand increased from 8.3% in 2014/15 to 12.5% in 15/16. This is above the national and statistical neighbour average which was 5.6% and 5.7% respectively. However a number of these children became looked after due to their offending behaviours.

Required Action:

This performance is closely monitored through the YOT Performance Board

Percentage of children looked after for a year or longer who were identified as having a substance misuse problem during the year



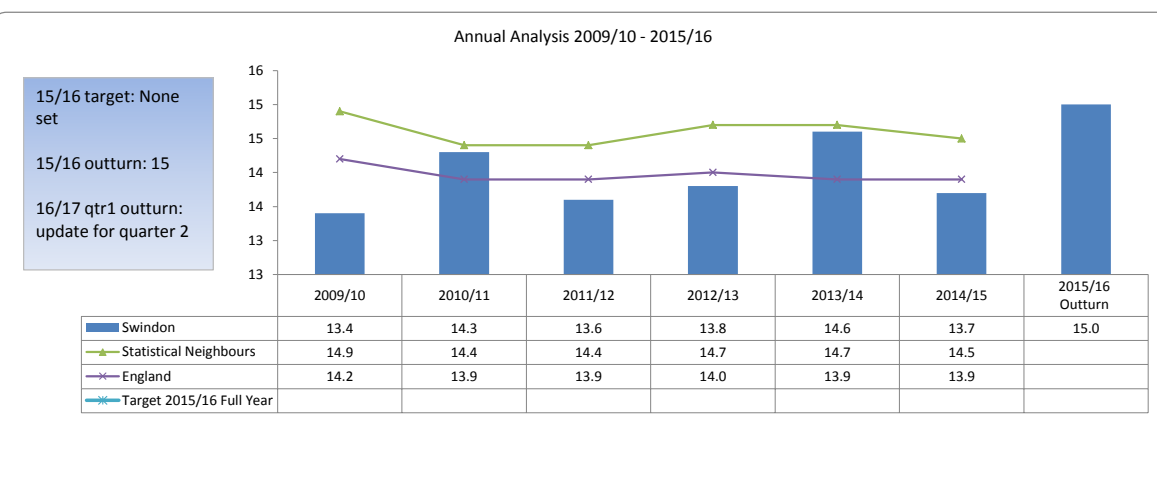
There has been an increase in the number of children identified as having a substance misuse problem which in real terms is an increase from 14 to 15 children.

There has been an improvement in the recording of the data around substance misuse in children this year. From the data there appears to be an increase in the use of alcohol and cannabis in young women. There were several young women with problematic substance misuse some of whom are engaged with U-Turn. There is an association with young women at risk of sexual exploitation and substance misuse. The Designated Nurse is now collecting data on a quarterly basis as part of the Data Dashboard for children looked after and substance misuse which over the next few quarters will give us a better understanding of this group. The Designated Nurse is also working closely with U-Turn.

Required Action:

Maintain current reporting and identification performance

Emotional and behavioural health of looked after children (average SDQ score per child looked after who has been in care for one year or longer)

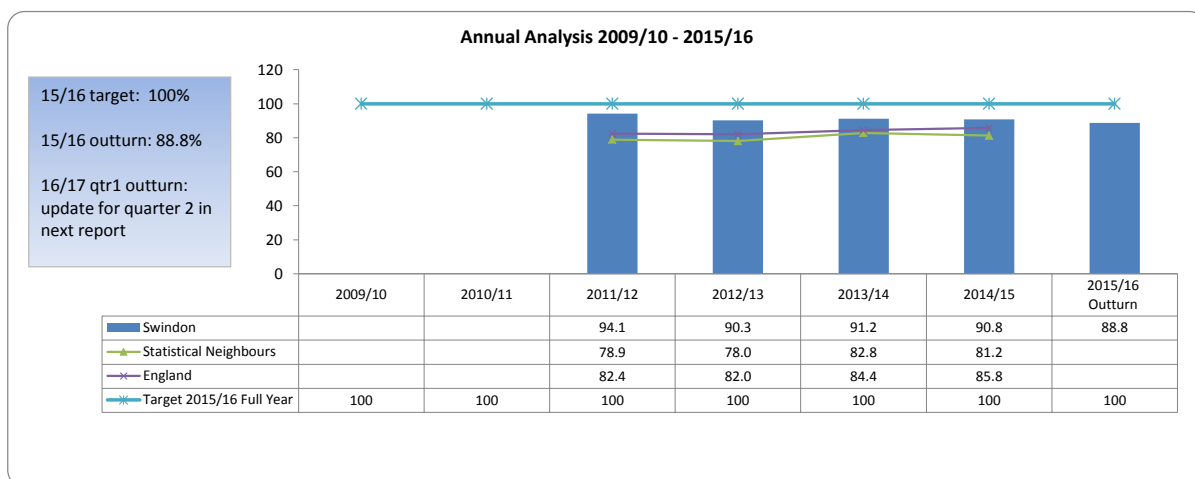


Average Strengths and difficulties questionnaire score for children in care for a year or longer. Low is good for this measure. Swindon has increased and performance is now above national and statistical neighbour average. However a recent audit indicated a need to seek SDQ scores from a wider sample of carers to ascertain whether this figure is as reliable as we would wish.

Required Action:

Action in place to ensure SDQ's are also undertaken with children's teachers to obtain a more balanced representation of these scores

Percentage of children looked after for a year or longer having dental checks during the year

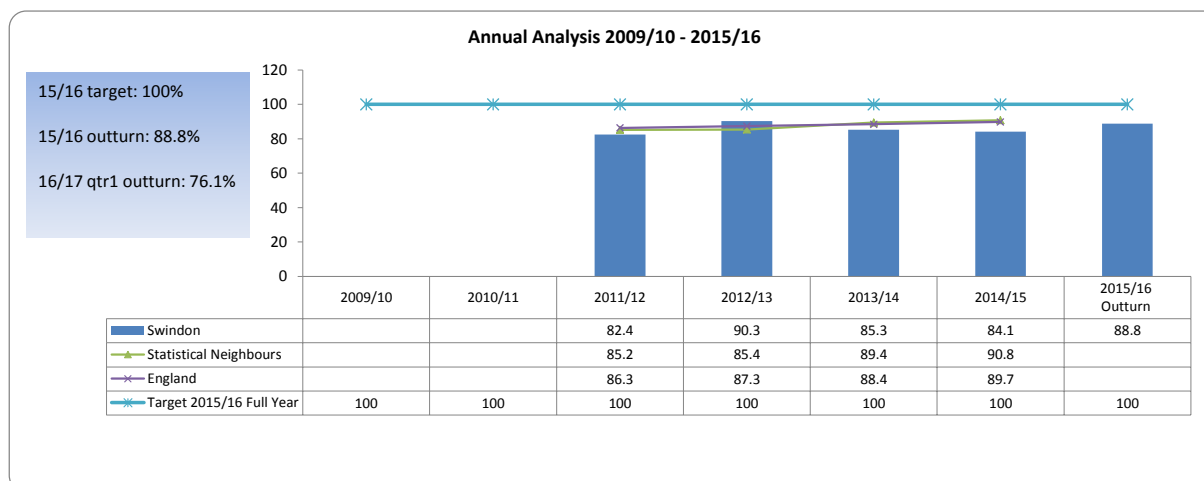


88.8% of children had their annual dental check. This is above the national and statistical neighbour average which were 84.4% and 82.8% respectively for 14/15.

Required Action:

Maintain current performance

Percentage of children looked after for a year or longer having health checks during the year

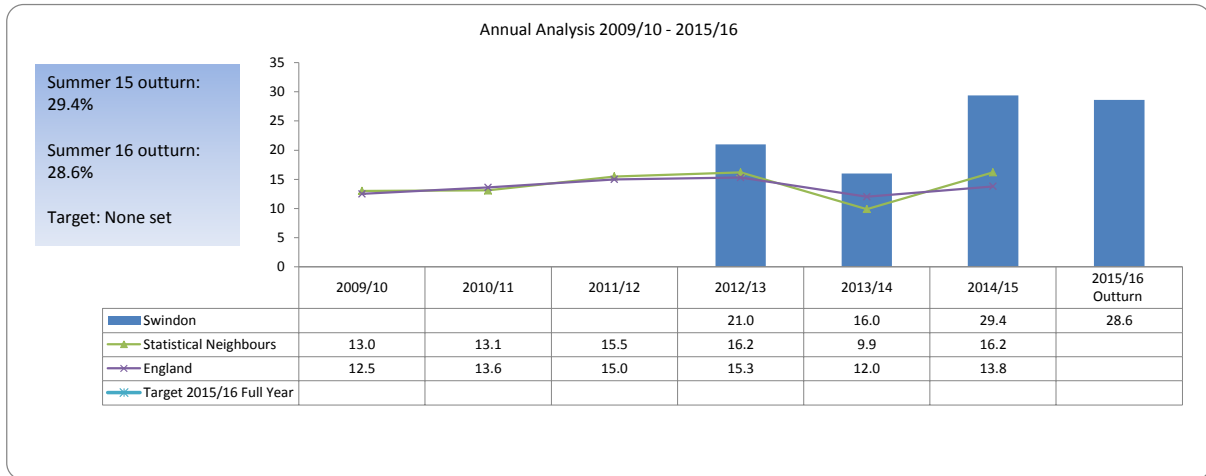


There has been a slight improvement from last year. 24 review health assessments were not completed. All had review health assessments requested or arranged.

Required Action:

Maintain current performance

Children looked after achieving 5+ A*-C GCSEs including English and Maths

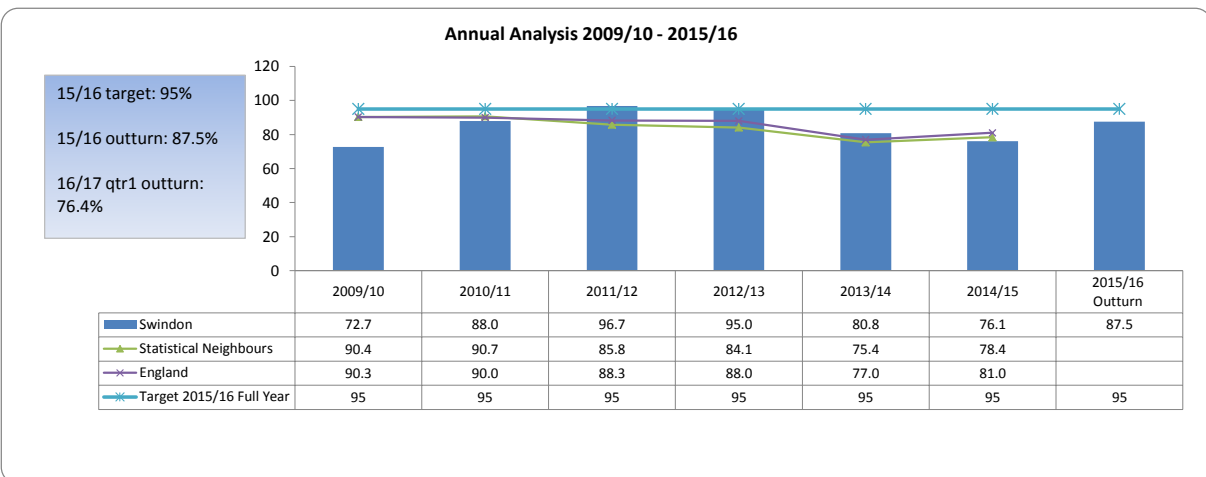


6 out of 21 young people achieved 5 A* to C's including english and maths. Comparator data for 15/16 not published until the Autumn.

Required Action: Head of Virtual School for LAC to ensure Personal Education Plan's are in place for all Looked After Children and are reviewed regularly.

Care Leavers

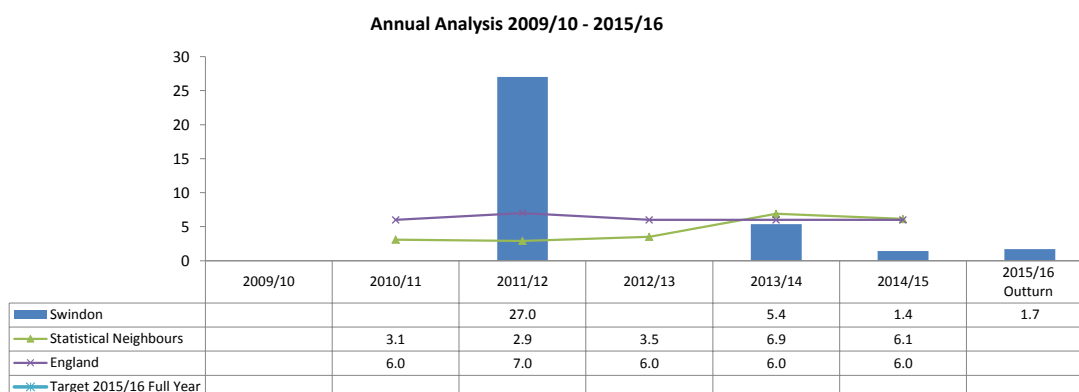
Percentage of care leavers in suitable accommodation



Care leavers in suitable accommodation has increased in 15/16 to 87.5% from 76.1% in the previous year. This is 154 out of 176 care leavers.

Required Action:
A Team Improvement Plan is in place to address this measure. Updated Housing Protocol is also to be implemented

Percentage of care leavers in Higher Education

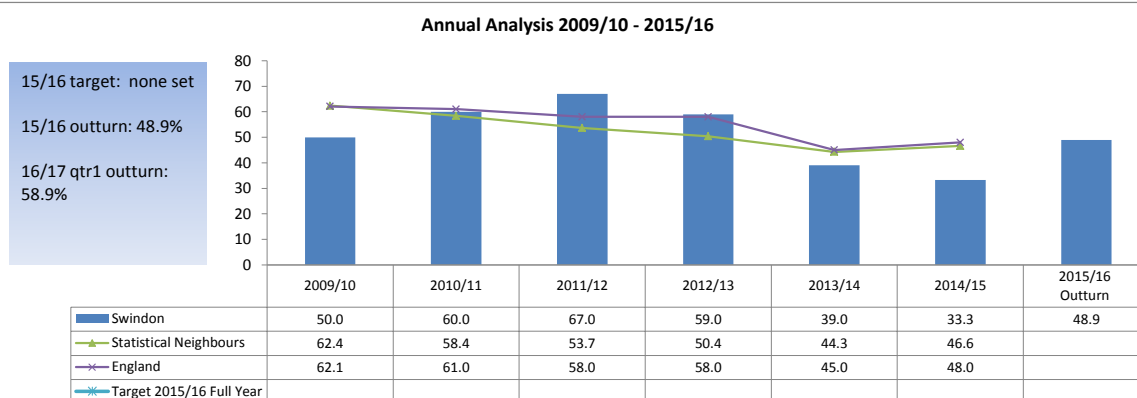


This 3 children out of 176 care leavers who had a learning destination of higher education.

Required Action:

Dedicated attention is being given to improve expectations for Care Leavers; to support them via a Personal Education Plan and Pathway Plan to encourage and support further higher education

Percentage of care leavers in Education, Employment or Training



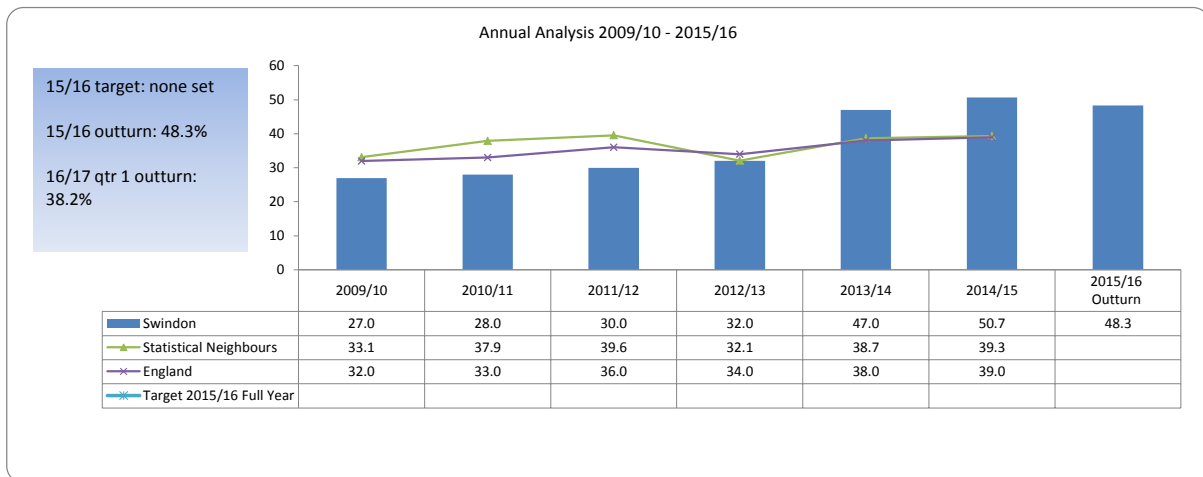
This is an increase from 33% in 2014/15 to 48.9% in 2015/16

For 2015/16 this is 86 out of 176 care leavers.

Required Action:

A dedicated Improvement Plan is in place to address this measure

Percentage of care leavers NOT in Education, Employment or Training



This has decreased slightly from 50.7% for 2014/15 to 48.3% in 2015/16
This is 85 out of 176 care leavers

Required Action:

A dedicated Improvement Plan to assist care leavers into employment, education and training is in place

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Great Western Hospital NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

Author:	Sarah Merritt, Divisional Director of Nursing, W&C
Wards:	Maternity and Children's Services
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 Great Western Hospitals NHS Foundation Trust.
- 1.2 A key purpose of the Children's Health, Social Care and Education Overview and Scrutiny Committee is to hold Commissioners and providers of Health and Social Care Services to account.
- 1.3 Any Commissioner or provider 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 or interest that require further investigation.

3. Detail

- 3.1 General update from the organisation.
- 3.2 What are the challenges that your organisation is facing?

a) Maintaining a strong staffing level

Intensive recruitment is on-going to ensure we have the right number and mix of staff across all Maternity and Children's services.

Further information on the subject of this report can be obtained from Sarah Merritt, Divisional Director of Nursing on sarah.merritt@gwh.nhs.uk or 01793 604953.

Great Western Hospital NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

Taking into account turnover, we have around 100 more nursing and midwifery staff on our wards at the Great Western Hospital than we did in April 2013 when our recruitment drive began.

Improvements and challenges

a) Paediatric Emergency Department

The workload for the Emergency Department has increased over the past five years by almost 20 per cent, last year the department attended to around 82,000 people. During July there were 7,545 attendances, a 7 per cent increase on June, in reality the team saw almost 500 more patients and over 400 more than in July 2015.

One of our biggest challenges is that around one in three of our emergency department attendances now need admitting, this is in addition to the many who are admitted straight onto a ward via their GP.

In the autumn of 2015 agreement was obtained to increase the Registered Nursing model in the paediatric emergency department to provide 2 Registered Nurses on duty 24 hours a day and in March 2016 approval was given to introduce a Health Care Assistant into the paediatric emergency department waiting area 24 hours a day, this initiative would ensure that our safeguarding children requirements were met and the safety of the department improved. Both agreements were a positive step and required intensive recruitment to achieve the required staffing levels, to date we have 2 vacant RN positions left to fill.

b) Children's Acute Unit and Paediatric Assessment Unit

Staffing in the children's unit has continued to be a challenge; however things are looking quite positive at the moment with good levels of recruitment. During the summer months June to October, the beds were reduced to 16 from the usual 20 thus preventing the need to use agency staff during this less busy period. Like last year it started a little rocky for the first week of June, and then settled. July proved to be difficult and a considerable amount of agency staff were required to meet the demand for one week. HDU and Mental Health patients have required dedicated 1:1 support throughout the summer months which has on occasion been difficult to secure.

Long shifts have been introduced on the unit which has helped the staffing situation and last years' staffing review, where Band 4 Nursery Nurses and a Band 6 nurse in charge introduced on every shift 24/7 has been a positive initiative. There is a massive shortage nationally of paediatric nurses with training places and the number of nurses graduating much reduced compared with adult nurses.

Since September 2015 the Ward Manager has been flexibly retired working 3 days a week. There has been very little applicant interest in this post however the post

Further information on the subject of this report can be obtained from Sarah Merritt, Divisional Director of Nursing on sarah.merritt@gwh.nhs.uk or 01793 604953.

Great Western Hospital NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

holder and the Divisional Director of Nursing work hard to ensure the ward do not feel the impact from the reduction in hours.

We continue to nurse patients within the current staffing model on the Children's Unit where the acuity and dependency is high. However we are not a designated HDU facility and benchmarking with other trusts has revealed that we nurse children with greater needs than other HDU facilities in neighbouring trusts. With appropriate designation we would be able to increase our staffing levels, provide additional training and associated equipment.

Work continues towards raising funds for the outdoor play space. We are now much closer to achieving our vision with this and although a funding deficit of approximately £20k remains this has not dampened our enthusiasm and we hope to achieve our goal in the spring.

We have recently secured twice monthly visits from 2 PAT dogs (Pets As Therapy) Ted, a golden retriever and Jasper a lurcher/greyhound cross. The visits by both dogs and their owners cannot be underestimated as they are hugely beneficial to the emotional wellbeing of the children in our care who may be missing their own pets at home during their stay in hospital.

c) Special Care Baby Unit (SCBU)

Long shifts have been introduced on SCBU and the Band 6 job descriptions have all been standardised with them all now fulfilling the role of junior sister rather than, as before, senior staff nurse, this supports the ward manager in her role. Staffing has been difficult on SCBU therefore recent focus has been on succession planning with several Band 6 posts recruited to as developmental positions with associated support provided.

In November 2015 the Special Care Baby Unit introduced an Outreach Nursing Service. This service was created for newly discharged babies to support them and their families in the first early days at home when they can feel quite vulnerable, scared and isolated. Parents have fed back that the outreach team have made a huge difference and boosted their confidence.

Transitional care remains an objective however this is currently not possible as the geographical plan could not be approved to achieve this.

d) Maternity Services

Focus on recruitment remains in maternity services with many newly qualified and experienced midwives joining the service in recent months.

A recent positive development widely reported on in the local news and in the newspapers was the opening of the bereavement suite which, whilst hopefully will

Further information on the subject of this report can be obtained from Sarah Merritt, Divisional Director of Nursing on sarah.merritt@gwh.nhs.uk or 01793 604953.

Great Western Hospital NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

not be used extensively will provide a quiet environment for bereaved families to spend time together at a difficult time.

e) **Children's Outreach Nursing Services (CONS)**

The joint venture between GWH CONS team and Jessie May/Naomi House has proved to be a very successful one, the arrangement is going well with the team having 24 families on their books (30 is the maximum number on current staffing levels).

Specific in-depth topic for discussion at the committee (please note this heading is discretionary depending on the need to raise a specific issue)

3.3 Supporting Information

3.3.1 None.

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

Further information on the subject of this report can be obtained from Sarah Merritt, Divisional Director of Nursing on sarah.merritt@gwh.nhs.uk or 01793 604953.

Great Western Hospital NHS Foundation Trust Update

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

6. Consultees

- 6.1 The Board Director, resources (Section 151 Officer) and the 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.

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NHS Swindon Clinical Commissioning Group

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

Date: 9 November 2016

Author:	Executive Nurse, Swindon CCG
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education O&S Committee with an update of performance and key issues relating to Swindon CCG.
- 1.2 A key purpose of the Children's Health, Social Care and Education O&S 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.

Identify any areas of concern that require further investigation.

3. Detail

General Update

The Joint Children's Services Commissioning Lead commenced in post 08.09.2016 and is working across Swindon CCG and Swindon Borough Council.

3.1 Autism Pathway

The current waiting time for autism assessment and diagnoses in children and young people is approximately 12 months. Understanding the challenges within the service and finding a multi-agency solution to reduce this waiting time is a key priority for the CCG. The recent appointment of the Joint Children's Commissioner is providing dedicated leadership for this pathway review.

NHS Swindon Clinical Commissioning Group

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

Date: 9 November 2016

A full review of children's services has commenced, which will further support the specific autism pathway review. Swindon CCG, together with clinicians and professionals commissioned to provide specialist assessment, are fully engaged in the review process. The current wait times are not acceptable to the CCG and it is recognised that this delay does not provide effective support or a good experience for those children and families referred for assessment.

There is a high commitment to reduce the autism assessment waiting times in Swindon, ensuring alignment of appropriate and timely specialist interventions as necessary, such as speech and language therapy. A detailed action plan is in development, which will set out clear leads and timeframes for improvement with an aim of ensuring better outcomes for children and their families and carers.

3.2 Young People's Clinics

The Children's and Young Person's (C&YP) Service is part of the Swindon Success Service, which is based in Moredon Medical Centre and Carfax Health Centre. Both operate from 8am – 8pm seven days a week, treating infants, toddlers and young people suffering from common colds, aches or pains but not life-threatening conditions. This service is for any parent or carer who believes their child should see a health practitioner the same day. Parents and carers can call the clinic, where, following a phone assessment an appointment can be made. The contact number for the service is 01793 646 466.

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.

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: 9 November 2016

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.

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Work Programme 2016/17

Children's' Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

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 the Scrutiny Unit and other 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.

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

Work Programme 2016/17

Children's' Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

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- 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.
- 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 2016/17 Municipal Year.

2. Recommendations

The Committee is recommended to:

- Consider and discuss the Chair's proposal for the 2016/17 work programme.
- Approve the proposed Work Programme for the 2016/17 Municipal year.
- Appoint Members to any Task Groups agreed by the Committee.

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 will be reviewed at every Committee meeting or as the Committee sees fit to ensure that it remains relevant and that Members and Officers have sufficient capacity to effectively achieve its objectives.

- 3.2 The Work Programme attached at Appendix 1 includes these suggestions and the Committee is asked to approve the work programme for the 2016/17 municipal year.
- 3.3 Members of the Children's Health, Social Care and Education Overview and Scrutiny Committee are encouraged to work with Cabinet in the best interests of the Borough and to take into account the priorities and suggestions of Cabinet as detailed in the Cabinet Work Programme and Forward Plan, attached at Appendix 2 when considering the contents for their work programme.
- 3.4 In addition, attention is drawn to the Scrutiny Process Flowchart, attached at Appendix 3, which is aimed at assisting the Committee in identifying how they could influence policy development.

Task Group Reviews

- 3.5 The Committee is required to undertake individual reviews throughout the municipal year and proposals for reviews should be proposed and discussed at the Committee meeting.

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

Work Programme 2016/17

Children's' Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

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.

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 Scrutiny Committee and in any recommendations made by the Scrutiny 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 including One Swindon.

Diversity Impact Assessment

- 5.5 No Diversity Impact Assessment 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 Scrutiny Committee and if it makes any recommendations.

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

Work Programme 2016/17

Children's' Health, Social Care and Education

Overview & Scrutiny Committee

Date: 9th November 2016

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

- 8.1 Appendix 1 – Work Programme for 2016/17.
- 8.2 Appendix 2 – Cabinet Work Programme and Forward Plan for the period 21st October 2016 to 21st October 2017.
- 8.3 Appendix 3 – Scrutiny Process Flowchart.

Children's Health, Social Care and Education **Work Programme 2016-2017**

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

6th July 2016		
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.	Phillipa Lamb / Jo Ash
Youth Forum and Youth Parliament	To introduce new Youth Parliament members; receive details of the Youth Forum's work for the 2016/17 period and to give the Committee an opportunity to identify any issues raised that Overview and Scrutiny can assist with.	Paul Dobson/ Claire Smith
Work Programme discussion	To set the work programme for the forthcoming municipal year and agree Task Groups and Membership on to those groups.	All

14th September 2016 – Themes: SEND; Disabilities; Transport Appeals		
Item	Objectives	Witnesses
SEND & Disabilities	To inform the Committee on the inspection regime to include preparatory work and policy dynamics.	Lyn Frith
Provision at Saltway	To update the Committee on work being undertaken by Saltway Centre to include performance and policy development.	Mark Green
Transport Appeals	To update the Committee on School Transport system to include information regarding policy, funding and transport appeals.	Rebecca Mathis/ Ann Crowley

9th November 2016 – Themes: Adolescent Issues; Health		
Item	Objectives	Witnesses
Youth Parliament	To include an update on the Youth MP Survey.	Paul Dobson
Youth Offending Team	Update on work being undertaken by the Restorative Youth Service since its last report to include: a) challenges and achievements of the service and b) presentation (DVD) relating to restorative justice.	Matt Bywater

9th November 2016 – Themes: Adolescent Issues; Health		
Mental Health – TAMHS, CAMHS	Update on mental health of young people to include challenges, evidence of need and impact.	Maria Young (TAMHS) / Thomas Kearney (CAMHS)
Performance of health services performance to include immunisation	<p>Detailed report on the Children's Services performance. Informing the Committee of the latest indicators across Children's Services.</p> <p>To include take up and effectiveness to include meningitis vaccinations for young people.</p> <p>GWH (to include A&E, midwifery, paediatrics; Child's Voice).</p> <p>CCG (to include waiting times on autism pathway).</p>	<p>Phillipa Lamb/Jo Ash</p> <p>Cherry Jones</p>

18th January 2017 – Theme: Education & Standards		
Item	Objectives	Witnesses
Education Standards	To provide the Committee with the latest school standards figures; the impact of academies; Swindon schools' standards as compared to out of borough; school improvement arrangements; update on work being undertaken by the Education Strategy Board; Ofsted Local Authority School Improvement Report update.	Peter Nathan
Early Years	To update the Committee on the Early Years Pilot Project.	Peter Nathan
Performance	Detailed report on the Children's Services performance. Informing the Committee of the latest indicators across Children's Services	Phillipa Lamb/Jo Ash

29th March 2017 – Themes: Child Protection; Social Care Work		
Item	Objectives	Witnesses
Child Protection and Social Care	<p>To receive a report on child protection work being undertaken to include recruitment of social workers; an update on Government SW accreditation; caseload issues/ SW Health Check issues.</p> <p>To update the Committee on work being undertaken regarding Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse.</p>	<p>Maria Young</p> <p>Fiona Frances</p>
Performance	<p>Detailed report on the Children's Services performance. Informing the Committee of the latest indicators across Children's Services</p> <p>GWH (to include Service Level Agreements; Standards)</p> <p>CCG</p>	Phillipa Lamb/Jo Ash

TASK GROUPS

Item	Objectives
SEND reforms	The SEND Task Group will continue the review of the Special Education and Disability (SEND) Reforms relating to the Children and Families Act 2014 with special focus on their implementation throughout the Borough of Swindon.

Swindon Borough Council

CABINET WORK PROGRAMME AND FORWARD PLAN

21 OCTOBER 2016 - 21 OCTOBER 2017 – Proposed AGENDA ITEMS and KEY DECISIONS (as at 26/10/16)

Key Decisions are defined as:

- a) decisions that are likely to be significant in terms of spending or savings having had regard to the Council's budget for that particular service or function, and
- b) decisions that are likely to have a significant impact on two or more Council wards.

If you wish to make your views known on any matter set out in this work-plan, please contact the relevant Cabinet Member or the contact officer identified.

Councillor:	Portfolio:
David Renard	Leader of the Council and Chair of Cabinet
Russell Holland	Deputy Leader of the Council and Vice-Chair of Cabinet and Cabinet Member for Finance and Corporate Services
Oliver Donachie	Cabinet Member for Housing and Homelessness
Toby Elliott	Cabinet Member for Strategic Planning
Fionuala Foley	Cabinet Member for Children's Services
Brian Ford	Cabinet Member for Adults' Health and Social Care
Dale Heenan	Cabinet Member for Sustainability and Transport
Mary Martin	Cabinet Member for Communities
Garry Perkins	Cabinet Member for the Economy, Regeneration and Skills
Keith Williams	Cabinet Member for Streetsmart

Cabinet Member Decisions Proposed for October 2016

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
Waiving car parking charges at Lydiard and Coate for specific charity events	No	Cabinet Member for the Economy, Regeneration and Skills		Councillors Matthew Courtliff, Stan Pajak, Jim Robbins, Caryl Sydney-Smith, Tim Swinyard Date of Notice: 18 th October 2016	Interim Corporate Director, Resources Jan Willis Tel: 07392 109911 Email: jan.willis@swindon.gov.uk	Lydiard and Coate parking

Cabinet Meeting Date - 7th December 2016

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
2016-17 Budget Management, 2017-18 Draft Budget and Medium Term Resourcing Plan	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services;	Cabinet	N/A Date of Notice: 24 th October 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	
Capital Programme Monitoring - Second Quarter and Treasury Management Performance 2016/17.	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Notice of Decision: 9 December 2015	Interim Corporate Director, Resources or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Peer Review - Outcomes	No	Leader of the Council	Cabinet	N/A Date of Notice: 19 th September 2016	Head of People, Performance and Engagement Sam Mowbray Tel: 07823 525337 Email: SMowbray@swindon.gov.uk	N/A
Waste Strategy Options	No	Cabinet Member for Streetsmart	Cabinet	N/A Date of Notice: 24 th August 2016	Head of StreetSmart Leon Barrett Tel: 07818 51062 Email: lbarrett@swindon.gov.uk	N/A

Swindon's Country Parks - Car Parking Charges	Yes	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 30 th June 2016	Interim Corporate Director, Resources Jan Willis Tel: 07392 109911 Email: jan.willis@swindon.gov.uk	Cabinet Minute 14 (3) refers
Insurance for Community Groups	No	Cabinet Member for Communities	Cabinet	N/A Date of Notice: 23 rd August 2016	Head of Localities and Volunteering Patrick Weir tel: 07946 595852 Email: pweir@swindon.gov.uk	Council Minute 90 2015/16 refers
Parking Charges at Lydiard and Coate	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice; 16 th September 2016	Head of Highways and Transport Jason Humm Tel@ 01793 463201 Email: JHumm@swindon.gov.uk	N/A
Community Infrastructure Levy	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 15 th September 2016	Interim Corporate Director, Resources or Paul Smith Tel: 01793 463976 Email: psmith2@swindon.gov.uk	
Education Transport Policy 2018-19	Yes	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 26 th May 2016	Head of Education Services or Emily Heaton Email eheaton@swindon.gov.uk Tel: 01793 465769	N/A

School Organisational Changes 2017/18	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 19 th September 2016	Head of Education Services or Danielle Maundrell Tel: 01793 466314 Email: DMAundrell@swindon.gov.uk	N/A
Local Safeguarding Children Board - Annual Report	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 19 th September 2016	Director of Children's Services or Simon Ratcliff Tel: 01793 466833 Email: Sratcliff@swindon.gov.uk	N/A
Polling District and Places Review	No	Leader of the Council	Cabinet	N/A Date of Notice: 5 th October 2016	Stephen Taylor, Director, Law and Democratic Services or Sally Sprason Tel: 01793 46399 Email: ssprason@swindon.gov.uk staylor@swindon.gov.uk	N/A
Affordable Housing Development Programme	No	Cabinet Member for Housing and Homelessness	Cabinet	N/A Date of Notice: 20 th July 2016	Head of Housing Management & Community Safety Michael Ash Tel: 01793 464377 Email: Mash@swindon.gov.uk	N/A
Appointment of External Auditors	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services;	Cabinet	N/A Date of Notice: 14 th October 2016	Head of Internal Audit Nick Hobbs Tel: 01793 463940 Email: nhobbs@swindon.gov.uk	N/A

Renewable Energy Investment Strategy	Yes	Cabinet Member for Sustainability, Highways and Transport	Cabinet	N/A Date of Notice: 18 th October 2016	Interim Director of Economy, Regeneration & Skills Andy Evans Tel: 01793 463201 Email: AEvans@swindon.gov.uk	N/A
North Star - Proposed Regional Leisure Destination	Yes	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 1 st August 2016	Head of Property Assets Rob Richards Tel: 01793 463521 Email: rrichards@swindon.gov.uk	N/A
Wichelstowe	Yes	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 15 th September 2016	Interim Director of Economy, Regeneration & Skills Rob Powe Tel: 01793 463305 Email: rpowe@swindon.gov.uk	
Land at Oakfield	Yes	Cabinet Member for Communities and Strategic Planning	Cabinet	N/A Date of Notice: 4 th May 2016	Head of Property Assets Rob Richards Tel: 01793 463521	N/A

Cabinet Meeting Date - 8th February 2017

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
Budget 2017/18 and Beyond	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Capital Programme 2017/18	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Treasury Strategy Statement 2017/18	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Paul Smith, Finance, Tel: 07500 884176 or Email: psmith2@swindon.gov.uk	N/A
Housing Revenue Account - Rents and Charges 2017/18	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Paul Smith, Finance, Tel: 07500 884176 or Email: psmith2@swindon.gov.uk	N/A

Swindon Pay Policy Statement 2017	Yes	Cabinet Member for Corporate, Customer and Digital Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Head of People, Performance and Engagement Sam Mowbray Tel: 07823 525337 or Email: smowbray@swindon.gov.u	N/A
Town Centre Parking Strategy	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 29 th September 2016	Head of Highways and Transport or Trudy Godfrey Tel: 01793 466416 Email: tgodfrey@swindon.gov.uk	N/A
Youth Engagement Worker Review	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 24 th October 2016	Karen Reeve, Director of Children's Services KReeve@swindon.gov.uk	
Securing a sustainable future for Swindon's Cultural Assets	Yes	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 12 th February 2016	Interim Corporate Director, Resources or Rachel Watts Tel: 07823 525297 Email: RWatts2@swindon.gov.uk	Cabinet Minute 58 2015/16 refers

Cabinet Meeting Date - 15th March 2017

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
Budget Management 2016/17	Yes	Cabinet Member for Finance, People and Performance	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Capital Programme Monitoring 3rd Quarter 2016/17	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Draft Economic Strategy	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 16 th September 2016	Interim Director of Economy, Regeneration & Skills or Trudy Godfrey Tel: 01793 466416 Email: tgodfrey@swindon.gov.uk	N/A

Cabinet Meeting Date - 26th April 2017

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
Budget Management 2016/17	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A

Cabinet Meeting Date - June 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
Housing Revenue Account - Medium Term Financial Plan	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 27 th May 2016	Interim Corporate Director, Resources or Paul Smith Tel: 07500 884176 or Email: psmith@swindon.gov.uk	N/A
Budget Out-turn and Management 2016/17.	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 27 th May 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Capital Programme Monitoring Out-Turn 2016/17	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 27 th May 2016	Interim Corporate Director, Resources or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Treasury Performance 2016/17	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 27 th May 2016	Interim Corporate Director, Resources or Paul Smith, Finance, Tel: 463976 or Email: psmith2@swindon.gov.uk	N/A

Economic Strategy - Final	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 16 th September 2016	Interim Director of Economy, Regeneration & Skills or Trudy Godfrey Tel: 01793 466416 Email tgodfrey@swindon.gov.uk	N/A
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July 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
Budget Management 2017-18	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 7 th June 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Education Transport Policy 2018-19.	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 13 th September 2016	Head of Education Services Peter Nathan Tel: 07467 440955 Email: pnathan@swindon.gov.uk	
Debt Management	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 13 th September 2016	Head of Revenues and Benefits Andy Stevens Tel: 01793 464661 Email: anstevens@swindon.gov.uk	
Council Tax Discretionary Discounts & Premiums	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 13 th September 2016	Head of Revenues and Benefits Andy Stevens Tel: 01793 464661 Email: anstevens@swindon.gov.uk	

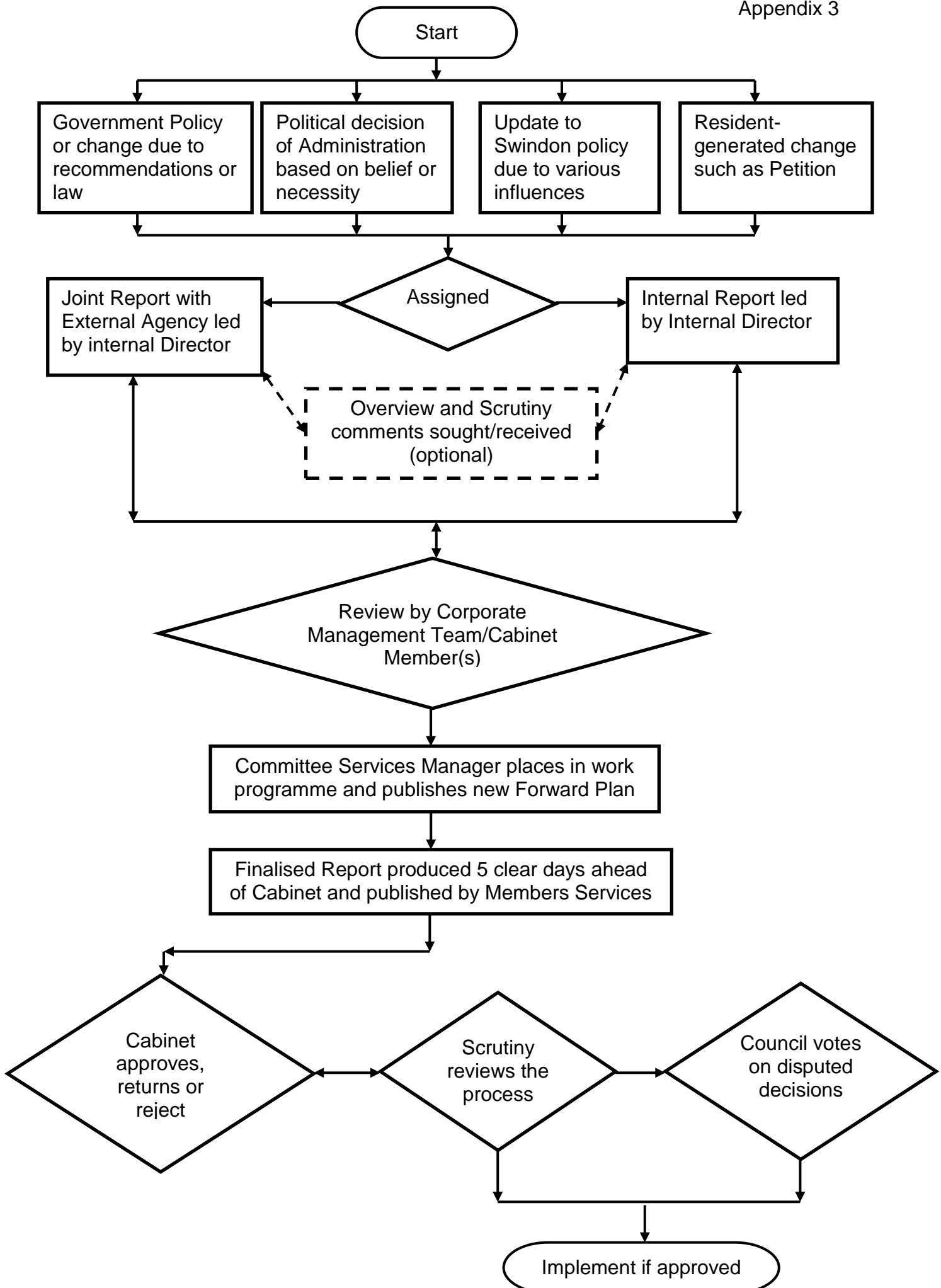
September 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
Budget Management 2017/18 and 2017 - 2021 Efficiency Statement	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 13 th September 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	
Annual review of Local Ombudsman Complaints	No	Leader of the Council	Cabinet	N/A Date of Notice: 13 th September 2016	Director of Law & Democratic Services (Monitoring Officer) or Erz Turner Tel; 01793 463002 Email: eturner@swindon.gov.uk	

October 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Method of Consultation Undertaken / To be Taken	Contact Officer	Available Background Papers
2017-18 Budget Management, 2018-19 Draft Budget and Medium Term Resourcing Plan	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 21 st October 2106	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A

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