

Swindon Borough Council

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

Wednesday, 21 March 2018

Committee Room 6, Civic Offices

At 6.00 p.m.

Conservative Councillors

Gary Sumner (Chair)
Colin Lovell
Gemma McCracken
Barbara Parry
Caryl Sydney-Smith

Labour Councillors

Matthew Courtliff
Fay Howard
Carol Shelley
Nadine Watts

Co-opted Representatives

Steve Colledge, Swindon Association of Secondary Headteachers
Spencer Allen, Swindon Association of Primary School Headteachers
Steve Henderson, Equalities Advisory Forum
Tori Jones, Healthwatch
Alison Paul, Swindon Association of Special School Headteachers
Elaine Poulter, Parent Governor
Liz Townend, Church of England Diocese
TBC, Catholic Church Diocese

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 - 10)

To receive the minutes of the meeting held on 24th January 2018.

5. Great Western Hospital NHS Foundation Trust (Pages 11 - 20)

6. NHS Swindon Clinical Commissioning Group - Local Digital Roadmap
(Pages 21 - 26)

7. Children's Performance Summary Quarter 3 17/18 DCS (Pages 27 - 34)

8. MASH, Referrals Assessment and Threshold DCS (Pages 35 - 40)

9. Social Work Update DCS (Pages 41 - 60)

10. Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse DCS (Pages 61 - 72)

11. Work Programme DLDS (Pages 73 - 82)

Date of Despatch: 09 March 2018

Key:

Officers

DLDS - Director of Law and Democratic Services

DCS - Director of Children's 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://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=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, 24 JANUARY 2018

PRESENT:- Councillors Gary Sumner (Chair), Fay Howard, Colin Lovell, Gemma McCracken, Barbara Parry, Carol Shelley, Caryl Sydney-Smith, Nadine Watts and Bob Wright.

Steve Henderson (Cabinet Member Advisory Group - Equalities), Doug Morris (Swindon Parent and Cares Group) and Elaine Poulter (Parent Governor).

Also present: Councillor Fionuala Foley, Cabinet Member for Children's Services and School Attainment.

Apologies for absence were received from Spencer Allen, Swindon Association of Primary Headteachers, Steve Colledge (Swindon Association of Secondary Headteachers), Tori Jones (Healthwatch), Alison Paul (Association of Swindon Special School Headteachers) and Liz Townend (Church of England Diocese).

24. 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 made a personal, non-prejudicial declaration of interest in respect of Agenda item 29 (Education Standards Update) on the grounds of her employment by Ridgeway School.

Councillor Gary Sumner made a personal, non-prejudicial declaration of interest in respect of Agenda item 29 (Education Standards Update) on the grounds that his wife was a deputy Headteacher at a Swindon School.

Councillor Carol Shelley made a personal, non-prejudicial declaration of interest to Agenda item 29 (Education Standards Update) in her capacity as governor of Oliver Tomkins Primary School.

Councillor Caryl Sydney Smith made a personal, non-prejudicial declaration of interest to Agenda item 29 (Education Standards Update) in her capacity as governor of Swindon Academy.

Councillor Nadine Watts made a personal, non-prejudicial declaration of interest to Agenda item 29 (Education Standards Update) as her children attended Commonweal School.

25. Minutes

Resolved – That the minutes of the meeting held on 29th November 2017 be confirmed and signed as a correct record.

26.

Public Question Time

Mr Tom Seaward, Evening Advertiser, asked a question regarding mental health services in Swindon. Since the meeting, Mr Seaward advised that a response was being provided by the NHS Swindon Clinical Commissioning Group.

27.

Digital Roadmap - Swindon Clinical Commissioning Group

Steve Mapleston, Head of IT, at NHS Swindon Clinical Commissioning Group (CCG), gave a presentation on the Swindon Local Digital Roadmap (LDR) and updated the Committee on key projects from the LDR that were being undertaken over the next five years. These included:

- Improving electronic transfer of care records through the Docman Electronic Document Transfers (EDT) system to partner organisations, including general practitioners and urgent care centres. Information shared included End of Life planning and mental health information.
- Utilisation of existing national primary care systems, including Summary Care Record (SCR), Electronic prescribing ESP, Patient online services and e-referrals.
- The replacement of the N3 network with a Sustainability and Transformation Plan which would then enable other digital projects.
- Installing viewers of main clinical systems to key providers, increasing access to patient records.
- Enabling patients to access their digital records on line.
- Ensuring workforce was fully trained to engage confidently with digital technology.

The Committee was advised that the Digital Road Map focused on increasing the range of professionals able to support patients. It allowed professionals access to the right information to enable them make the appropriate decisions with regards to their patients' care.

Following his introduction of the report, Mr Maplestone, with the Director of Children Services and Gill May, the Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), responded to the members' questions and comments in respect of the following matters:

- Data capture, security and sharing of patient information.
- Clear governance of data capture, analyses and dissemination.
- Patient compliance when sharing data between partners.
- The End of Life Plan Project and patients' involvement in this process.
- Diversity impact assessments being undertaken at project level as each project would have a different impact on the various sections of the community.
- Discussions held between CCG, Great Western Hospital and the Prospect Hospice on including the care and support provided to families after a patients' death. Outcomes reached following these discussions would be included within the Digital Roadmap.
- Future involvement of Youth Parliament members to gather young peoples' views on the End of Life Project.
- Blackpear as an established electronic system used nationally to improve data sharing.

- The Digital Roadmap's future direction.
Resolved – That the report be noted.

28. Progress Update of Youth Participation

The Project Manager, Swindon Ten to Eighteen Project, submitted a report updating the Committee on performance and key issues relating to youth participation, with particular regard to the activities of Swindon's Members of Youth Parliament (MYPs), Swindon Youth Council, Young Inspectors and Thought Tank (SEND Participation Group). The Chair welcomed Mr Paul Dobson, Project Manager, STEP (Swindon Ten to Eighteen Project) and Mr Jacob Patterson, elected Members of the Youth Parliament to the Committee meeting. The Youth Parliament representative referred to his experiences during his year as the elected member to the Youth Parliament and he thanked the Committee for its support over the past year.

Following his introduction of the report, the Member of the Youth Parliament responded to the members' questions and comments in respect of the following matters:

- His proudest achievement over the year.
- The importance of the Committees' continued support to future members of the Youth Parliament.
- Ways Youth Parliament members engaged with schools to ensure inclusiveness.
- The continued work between Youth Parliament members and Great Western Hospital representatives to design a website on the transitions scheme.
<http://www.gwh.nhs.uk/wards-and-services/a-to-z/transition-to-adult-care/useful-websites-for-young-people-in-swindon/>
- Ways of communicating with young people, particularly those who engaged by voting in the Youth Parliament elections.
- The support provided by local Members of Parliament.
- His future aspirations.

Resolved – (1) That the report be noted.

(2) That the Committee continues to support the work of the Members of Youth Parliament, Swindon Youth Council, Thought Tank and the wider youth participation agenda across Swindon.

(3) That the Committee continues to make available opportunities for children & young people to enable them contribute to the work streams of Health, Adults & Children Services Overview and Scrutiny Committee.

(4) That the Project Manager, Swindon Ten to Eighteen Project, be requested to submit an update on the work of the various groups at a meeting of the Committee in the next Municipal year.

(5) That the Project Manager, Swindon Ten to Eighteen Project, be requested to circulate an update on the children & young people's hospital 'Experience and Satisfaction Questionnaire' created by the Youth Council in conjunction with Great Western Hospital representatives.

29. Education Standards - Update

The Head of Education submitted a report setting out how well Swindon children and young people had performed in their public assessments in primary and secondary schools. He gave a presentation highlighting the key aspects where

there have been improvements in performance and where there had been declines in standards.

The Head of Education referred to the attainment of pupils between Key Stages 1 and 4. He advised that whilst the attainment level indicators for Early Years to Key Stage 4 were available, some data was un-validated at present. It was explained that Swindon schools were now in line with the national average in their Ofsted assessment. The Committee heard that at the end of Key Stage 1, attainment had risen in all subjects. At KS2, Swindon outcomes were the most improved in the country for children attaining the expected level in reading, writing and mathematics. Similarly in Phonics results, Swindon has been congratulated by the Department for Education for being one of the ten most improved local authorities in the country with outcomes now at the national average.

Following his introduction of the report, the Head of Education together with the Cabinet Member for Children's Services and School Attainment, responded to the members' questions and comments in respect of the following matters:

- The F40 group, together with officers, lobbied at national level for a revised baseline of funding for Swindon schools.
- The commitment by schools to ensure that children of all abilities are encouraged to achieve their full potential.
- Collaboration between schools to promote wider engagement with parents.
- Reasons for the decline in Key Stage 4 attainment results.
- The role of the Higher Education Learning Officers in improving pupil attainment.
- External factors affecting educational outcomes.
- Actions by schools and officers to raise attainment for children with Special Educational Needs.

Resolved – That the report be noted.

30. Local Safeguarding Children's Board Annual Report

The Local Safeguarding Children's Board's Strategic Manager submitted the 2016/17 Local Safeguarding Children Board (LSCB) annual report for the Committees' consideration. Ms Alex Walters, Chair of the LSCB introduced the report and advised that the annual report detailed progress on the work of the Board, its Sub-Groups and partners in promoting and developing multi-agency approaches to safeguarding and protecting children and young people in Swindon.

Ms Walters confirmed that as a statutory partnership, the Boards' remit was to ensure the co-ordination and effectiveness of partners' approach to their work by periodically carrying out quality assurance of policies and procedures. She reflected on the Boards' core functions and its priorities for future work. Ms Walters concluded her report by confirming that with the introduction of the Children and Social Work Act (2017), the LSCB would no longer be a statutory body from 2019 but there would be closer safeguarding agreements between the Local Authority, the Clinical Commissioning Group and Wiltshire Police.

Following her presentation of the report, Ms Walters, together with the Cabinet Member for Children's Services and School Attainment and the Corporate Director, Children's Services, responded to members' questions and comments in respect of the following matters:

- Actions undertaken by partners to help young people who abscond from schools, colleges or home and were vulnerable to sexual exploitation.
- The training undertaken by councillors highlighting the vulnerability of young people with regards to sexual exploitation.
- The arrangements and effectiveness of support provided to families by the Early Help Services, particularly relating to child protection and early help records plans.
- Social workers' case loads and actions undertaken to ensure parents only dealt with their assigned case worker.

Resolved – (1) That the report be noted.

(2) That a report on child sexual exploitation, to include information on the number of children who abscond from colleges or home and were vulnerable to exploitation activities and the actions being undertaken by various agencies to address this, be submitted at a meeting of the Committee during the next Municipal Year.

(3) That the Case Worker, Choice Advisor be requested to invite Councillor Fionuala Foley, Cabinet Member for Children's Services and School Attainment and Committee members to visit her department.

(4) That the Corporate Director, Children's Services be requested to circulate information on the number of child protection cases and early help record plans in Swindon.

31.

Work Programme

The Committee received a report from the Director of Law and Democratic Services detailing its updated work programme for the Municipal Year 2017/18.

Resolved – That the report be noted.

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Great Western Hospital NHS Foundation Trust

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 2018

Author:	Teresa Harding, Divisional Director
Wards:	Swindon
Locality Affected:	Swindon
Parishes Affected:	Swindon

1. Purpose and Reasons

1.1 This report provides the Children's Health, Social Care and Education Overview and Scrutiny with an update of 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 is to hold providers of healthcare services to account.

As a provider of healthcare in Swindon, Great Western Hospitals NHS Foundation Trust is required to provide information on the planning and provision of healthcare services within the Borough and consult with the Committee on any planned substantial changes or developments.

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 This is a general update from Great Western Hospitals NHS Foundation Trust.

3.2 Latest rating by the Care Quality Commission (CQC)

In August, the CQC published their most recent review of Trust services following a routine inspection in March.

While awarded the same requires improvement rating that followed the 2015 inspection, the Trust has been commended for "significant action" over the last two years.

Nearly two thirds of services are now rated as either good or outstanding and Emergency Department staff were rated as outstanding for their caring approach to patients.

Further information on the subject of this report can be obtained from Teresa Harding, Divisional Director, Great Western Hospitals NHS Foundation Trust - 01793 604952, teresa.harding@nhs.net

Great Western Hospital NHS Foundation Trust

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 2018

Safe Children's services did not benchmark its safety performance against similar services – we will therefore work and collaborate with the SW network and benchmark numbers and types of incidents.

Training – mandatory training for medical staff in the children's service was below target – more focus on ensuring medical staff are compliant with their training. It is apparent that most Medical staff do achieve the required compliance annually, but the timing is often linked to their annual appraisal. Work is underway to improve timings and system. Nursing & Midwifery compliance has improved and is consistently greater than 80%.

Well led We are continuing with our open forums for staff and it's a good way of the senior team engaging with the staff 'on the shop floor', and we're able to answer their queries or concerns. We are also continuing with our newsletter that is well received by staff..

Overall Children's unit (inpatient ward)

The unit has been busy over the winter months with a number of children requiring special high dependency care. The unit is not funded to provide this care, so it is something we provide that causes a financial overspend.

The Unit has recently had success in recruiting Registered Children's Nurses and should be back to full establishment very soon. The Children's Unit recently received the results of a CQC Children and Young Person Survey, which compared us to comparable trusts and found three areas (out of 61 questions) where we scored worse. An action plan has been developed to respond and address these issues.

Community Paediatrics

This is still the area of high priority for the Division. As discussed before the service is delivered by Consultants at the Great Western Hospital and we have historically been paid by a block contract – this means we are paid a set amount no matter how much work is delivered.

We are continuing our discussions with Swindon CCG around funding not meeting the workload undertaken and this is causing waiting time problems for some areas of the service, such as ASD. The average wait for a first appointment is 31 weeks, which has improved from the reported wait of 37 weeks in May 2017. However, there is a cohort of 35 patients who have waited longer than the average waiting time for an ASD assessment.

Our ADHD nurse commenced in post in January and he is starting to work on seeing the follow-up children with ADHD and reducing the waiting list as well as supporting the Consultant workload.

In the coming months we are hoping to look at skill mix in the team, a Consultant delivered service is expensive and we may be able to look at more Advanced Nurses in the service, however, this won't be possible until we have a vacancy or the correct funding in the first place..

Further information on the subject of this report can be obtained from Teresa Harding, Divisional Director, Great Western Hospitals NHS Foundation Trust - 01793 604952, teresa.harding@nhs.net

Great Western Hospital NHS Foundation Trust

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 2018

Building projects on the children's unit

We are looking at a wet room for disabled children who struggle when in hospital to shower or bath.

We are also hoping to provide a mental health room for children/adolescents who are in hospital and struggling with mental health conditions

Both of these projects will be funded by a legacy that has been donated to the unit, as well as fundraising by Brighter Futures.

We are very lucky in that both children's unit and SCBU receive a lot of donations both in the way of cash and gifts, and this is always welcomed because it enables us to make the areas nicer for the children and parents.

Sixty seconds for the best start in life

Keeping premature babies attached to their mother for just one extra minute during delivery can dramatically improve the little one's chances of survival.

Ninety per cent of all premature arrivals at GWH now benefit from the simple yet significant procedure.

This leading performance in delayed cord clamping makes the Trust one of the best in the world for offering the treatment.

By not cutting the umbilical cord until at least 60 seconds after birth, a baby's risk of developing serious brain bleeds and gut complications is significantly lowered.

It's just one of a number of positive headlines to have materialised from the Special Care Baby Unit (SCBU) following an ambitious year-long quality improvement drive.

The quality improvement project saw the team focus on 10 simple actions, which have been found to have the most positive impact on the health of preterm babies, and apply as many of the interventions as possible to every birth at the hospital.

Reassuring news

Dr Sarah Bates, Consultant Paediatrician and Neonatologist, said: "Having a premature baby is one of the most testing experiences a parent can go through, but families coming here should feel reassured by the work that's happened over the last 12 months.

Further information on the subject of this report can be obtained from Teresa Harding, Divisional Director, Great Western Hospitals NHS Foundation Trust - 01793 604952, teresa.harding@nhs.net

Great Western Hospital NHS Foundation Trust

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 2018

"Not only have we increased delayed cord clamping from 15 per cent of births to 88 per cent, we've seen really encouraging results in other important areas, such as new-born nutrition.

"It's a clear indication that our teams are doing everything they can to ensure all babies receive the best possible start to life."

Data from the project revealed the time taken for babies to receive their mother's milk has improved, from more than a day this time last year to just a few hours after birth at the beginning of 2018.

It means that mums to premature babies - many of whom have difficulty expressing milk - can give their little one the essential nutrients they need much quicker than before.

Improved quality of life

While the full extent of the project's success remains to be seen, early indications suggest the combined improvements have led to an overall reduction in the number of babies suffering a serious brain injury, which ultimately paves the way for an improved quality of life.

Neonatal Peer Visit 7th November 2017 Update

The concerns raised by the peer visit was around the number of nursing staff on SCBU as they do not meet the regulatory standards. A business case has been presented to increase the number of nurses to the Executives Directors at Great Western Hospitals to address this. A final decision on whether this funding will be agreed will be taken on 20th March at the Executive Committee.

4.

Alternative Options

5.1 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 Teresa Harding, Divisional Director, Great Western Hospitals NHS Foundation Trust - 01793 604952, teresa.harding@nhs.net

Great Western Hospital NHS Foundation Trust

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 2018

Diversity Impact Assessment

5.4 None.

Risk Management

None.

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 - CQC's 2016 Children and Young People Survey Action Plan

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Page 17

	Issue	Action Required	Action by date	Person Responsible	Comments & Updates
1.	Type of ward stayed on children spending most or all of their stay on a ward designed for children or adolescents, and not on an adult ward	<ul style="list-style-type: none"> Identify number and location of all children receiving day case or inpatient stay across GWH Review clinical pathways and identify feasibility of care being provided on Children's Ward 	End of Feb 18 End of April 18	Emma Churchill and Siobhan Heeley Jason Lugg and Claire Evans	Initial meeting planned for early February Work has commenced on this
2.	Facilities for staying overnight for parents and carers who stayed overnight saying facilities were good	<ul style="list-style-type: none"> Undertake focussed survey of overnight facilities with parents and carers Respond to survey and improve overnight facilities in response to feedback 	End of March 18 End of November 18	Claire Evans Val Mortimer and Claire Evans	

3.	Information about next steps for children and young people saying they were told what would happen next after they left hospital	<ul style="list-style-type: none"> • Raise awareness with medical and nursing staff of survey feedback • Undertake engagement activity with children about how and what information they would like • Respond to findings and implement improvement activity to repond to survey findings 	End of January 18 End of May 2018 End of July 18	Val Mortimer and Nic West Val Mortimer and Claire Evans Jason Lugg	
4.	Review Survey Low Scores Identify opportunities to further improve childrens and carers experience in areas where we scored the same as comparable Trusts	<ul style="list-style-type: none"> • Review all survey findings and identify opportunities to develop in areas where we scored comparatively with other Trusts, but the score was low. <p>Target – to perform better than other Trusts</p>	End of August 18	Jason Lugg with Val Mortimer and Claire Evans	

Key

Val Mortimer – Interim Matron, Gynaecology and Children's Services

Claire Evans – Ward Manager, Children's Unit

Nic West – Clinical Lead, Paediatrics

Emma Churchill – Interim Deputy Divisional Director, Women's, Children's & Sexual Health

Siobhan Heeley – Deputy Divisional Director, Planned Care

Action Plan Owner: Jason Lugg, Divisional Director of Nursing & Midwifery

Action Plan Monitored by: CYP KLOE Operations Group & Divisional Board

Background

This survey looked at the experiences of 34,708 children and young people who received inpatient or day case care during October, November and December 2016. Between February and June 2017, a questionnaire was sent to a maximum of 1,250 recent patients at each trust.

Responses were received from 314 patients at Great Western Hospitals NHS Foundation Trust. The survey revealed three areas where we scored worse than comparable Trusts.

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NHS Swindon Clinical Commissioning Group

Local Digital Roadmap

Children's Health, Social Care and

Education Overview & Scrutiny Committee

Date: 21 March 2018

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.
- 2.2 Identify any areas where further investigation is required.

3. Safeguarding

- 3.1 The Clinical Commissioning Group (CCG) has all its required statutory posts in place to provide system wide leadership and advise the organisation on issues relating to safeguarding children and Looked After Children (LAC). This team represent the CCG at the Local Safeguarding Children Board (LSCB) and its subgroups along with other multi-agency partnerships.
- 3.2 The CCG conducts safeguarding children specific quality assurance visits to assess the quality of safeguarding at a service level and we have visited the following services (Children's Unit/ Paediatric A&E, CAMHS, Maternity, Sexual Health) between December 2016 and February 2018.

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

NHS Swindon Clinical Commissioning Group

Local Digital Roadmap

Children's Health, Social Care and

Education Overview & Scrutiny Committee

Date: 21 March 2018

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- 3.3 All CCG staff are aware of their safeguarding responsibilities, the Governing Body received safeguarding training as a Board on 22 June 2017 and across the CCG the safeguarding training coverage is 94%. Safeguarding leads in Primary Care have received training for their role January 2018.
- 3.4 Through contracts and quality schedules the CCG ensures providers are compliant with safeguarding duties and responsibilities. Schedules of all services commissioned by the CCG have been reviewed.
- 3.5 The CCG designated professionals conduct chronologies and write individual management reviews (IMR) for safeguarding related reviews (Domestic Homicide Reviews, Serious Case Reviews, Safeguarding Adult Reviews or other Local Reviews).
- 3.6 The CCG holds a safeguarding risk register to ensure it prioritises its work plan to address risks.
- 3.7 Primary care
The majority of GP practices have been visited by either the Designated Nurse, Designated doctor or the Named GP to ensure they have face to face contact with CCG safeguarding professionals.
- 3.8 To support individual GP practice safeguarding leads, the CCG has delivered the first development session (January 18) for GP practice safeguarding leads (50% of practices attended).
- 3.9 The CCG has developed a safeguarding webpage accessible for GPs to facilitate access to up-to-date advice and links to other useful sites or documents.
- 3.10 The CCG has put in place Key Performance Indicators for GPs related to the Child Protection processes and holding safeguarding meetings with other professionals.
- Metric 1: Number of case conferences requested to attend / submit information to
 - Metric 2: Attendance by a GP at the case conferences in metric 1
 - Metric 3: Number of child case conference reports requested from the practice
 - Metric 4: Number of child case conference reports submitted in advance of the conference following requests
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Further information on the subject of this report can be obtained from Ruth Atkins, 01793 683700, communications@swindonccg.nhs.uk

NHS Swindon Clinical Commissioning Group

Local Digital Roadmap

Children's Health, Social Care and

Education Overview & Scrutiny Committee

Date: 21 March 2018

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- Metric 5: Number of multidisciplinary health care meetings held at the practice
- 3.11 The Named GP is working with primary care and Swindon Borough Council to formulate a standard for 'health professionals safeguarding meetings' held by each practice involving health visitors, school nurses and midwifery.
- 3.12 The CCG is also developing a standard for 'flagging vulnerable children/adults' (parents or carers) in relation to Police and other notifications regarding domestic violence and abuse.
- 3.13 To support this the CCG has a small pot of NHSE money to develop primary care in their support to victims/perpetrators of domestic violence and abuse this money will be used to link practices to Independent Domestic Violence Advisors (IDVA) support where they are currently not.
- 3.14 **Swindon CCG has established a paediatric performance dashboard with GWH. An overall performance dashboard is currently under development and will include all CCG commissioned services to children and young people.**
- 3.15 Mental Health
- A new tier less service model has been commissioned across the BSW STP area from 01.04.2018. In Wiltshire and BaNES, this model is provided holistically by one service provider, whilst for Swindon, there will continue to be two separate service providers: TaMHS (SBC) and CAMHS (Oxford Health Foundation Trust) which is the right model for Swindon. This requires a real focus on compliance with the national models of good practice, such as self-referrals and ensuring children and young people are seen swiftly and by the appropriate service. This is achieved through the provision of a single point of access for referrals.
- 3.16 Targeted Mental Health Service (TaMHS)
- Swindon CCG now receives monthly data reports from TaMHS, focussing on the National Targets by NHS England: increasing the number of children and young people accessing treatment services and waiting times. Referrals have increased to 115 in January 18, the highest rate for the year so far, with 902 referrals received in total for the year to date. An increase in referrals is congruent with the national picture. Performance of the service is improving and service leads are engaged in the design and implementation of a tier less Swindon model.
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Further information on the subject of this report can be obtained from Ruth Atkins, 01793 683700, communications@swindonccg.nhs.uk

NHS Swindon Clinical Commissioning Group

Local Digital Roadmap

Children's Health, Social Care and

Education Overview & Scrutiny Committee

Date: 21 March 2018

3.17 Kooth

From February 2018, the Swindon CCG has commissioned Kooth, an award-winning, online counselling service. This is available 365 days a year, from 12 noon until 10 pm Monday to Friday and 6pm until 10pm on weekends. Children and young people aged 11-18 can sign up themselves, there is no referral required. This service broadens the mental health offer for children and young people, as those who are 'hard-to-reach' can access support from their own house or mobile phones. 17 children and young people have already accessed the service in February.

3.18 Mental Health Hospital Liaison workers

In 2017-18, Swindon CCG committed the permanent funding of a full-time post based at the hospital to ensure children and young people presenting in a mental health crisis received improved access to community services and the hospital staff receive training and are well supported in dealing with these children and young people. Additional funding has been secured from NHS England for an additional part-time fixed-term post to compliment this service.

3.19 Autistic Spectrum Disorders

Following the investment of additional resources by Swindon CCG last year into the occupational therapy service at Saltway, the paediatric occupational therapy service is seeing improvements in the number of children and young people on the waiting list, (currently 36) and the longest wait time. There are currently 41 children on the waiting list for this service, the shortest wait was 1 week and the longest wait was 47 weeks, with the median wait of 23 weeks. Monthly performance data is being received and monitored.

3.20 GWH paediatric services

The paediatric development forum has been firmly established now and is meeting bi-monthly. A paediatric performance dashboard has been established and is informing the service improvements discussed at this meeting. The current focus is on reducing waiting times for assessments for autistic spectrum disorders. This is ensured through establishing Patient Initiated Follow-up appointments and ensuring a graduated response to children and young people with improved referral information, such as Early Help records.

NHS Swindon Clinical Commissioning Group

Local Digital Roadmap

Children's Health, Social Care and

Education Overview & Scrutiny Committee

Date: 21 March 2018

3.21 Additional Training Funding from NHSE

Additional funding of £30,000 has been secured to roll-out additional training to staff across the multi-agency partnership. This will commission further evidence-based package of learning and development to create a sustainable integrated capacity, building a model based on holistic understanding of attachment, trauma and resilience. This will take place across the whole children's workforce including universal, targeted and specialist service staff working in Swindon. The funding is targeted at increasing community resilience, more effective demand management and improving the outcomes for vulnerable children.

4. **Alternative Options**

4.1 None

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

Financial and Procurement Implications

5.1 None.

Legal and Human Rights Implications

5.2 None.

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

5.3 None.

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None.

6. **Consultees**

6.1 The 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.

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

NHS Swindon Clinical Commissioning Group

Local Digital Roadmap

Children's Health, Social Care and

Education Overview & Scrutiny Committee

Date: 21 March 2018

8. Appendices

8.1 None.

Children's Performance Summary Quarter 3 17/18

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

Author:	Jo Ash – Head of Performance Children Services Peter Nathan – Head of Education
Wards:	ALL
Locality Affected:	ALL
Parishes Affected:	ALL

1. Purpose and Reasons

- 1.1 This performance summary provides an overview of performance in children's services based on the position at the end of quarter 3. The detailed performance overview is attached in Appendix 1 and should be referred to for detailed numbers and trends over time. This report captures the key headlines from the appendix and notes significant aspects of performance information including the impact of this for the service overall during the year to date. It also gives comparator data performance from the "Children's social care in year benchmarking group". This is essential information in relation to current trends in other Local Authorities and consideration of how our activity compares in relation to Social care.
- 1.2 The Overview and Scrutiny Committee need oversight of Children Service's performance in order to scrutinise and hold the service to account. The report highlights areas of performance which are positive as well as areas where there are challenges. The Committee also need an understanding of the areas of performance where Swindon is compared with others, and how that information is used by external bodies such as the Department of Education and OFSTED.
- 1.3 Children services performance contributes to the Council's corporate priority in terms of protecting the vulnerable. Partnership working is key to improving outcomes for children and this report helps to indicate areas where stronger partnership working would be of benefit.
- 1.4 The Swindon Challenge Board is a key driver in helping to raise attainment standards within Swindon's schools. This report provides an overview of attainment and attendance, as well as fixed term and permanent exclusions and how Swindon compares with others in this area.
- 1.5 Early help services are key to providing effective interventions that can prevent children from needing help from more specialist and statutory services such as social care. Swindon is uniquely placed with an integrated community health, early help, education support and social care service delivery model. This report provides a performance overview of these services.

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

Children's Performance Summary Quarter 3 17/18

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

2. Recommendations

The Committee is recommended to:

- 2.1 Note the key performance messages from the detailed performance information in the Appendix 1.
- 2.2 Recognise and acknowledge where and how improvements are being made and successes achieved.
- 2.3 Identify any areas of concern that require further scrutiny and investigation. These will be owned by the Head of Children, Families and Community Health, and the Head of Education depending on the areas of performance that the concerns relate to.

3. Detail

Key Performance Headlines: Quarter 3 2017/18:

- 3.1 The Early Help Offer from our SBC locality teams continues to show clear signs of increasing demand and activity. The multi-disciplinary case management system in Swindon ensures that professionals have a good understanding of who else is working with children and families and this enables better information sharing and joint working. For example, when stepping up to social care service provision, as well as stepping down cases from social care to early help following successful interventions. 50.5% of referrals had a previous early help involvement. The performance in delivering the Healthy child programme by our Health Visiting teams has continued to show the impact of significant capacity issues and staffing challenges in the last two quarters and this is reflected in the coverage of visits.
- 3.2 As at 31/12/2017 the Family Service was working with 487 children (217 families). Half (253) of these children have an Early Help Record and Plan, a third are a Child in Need (157), 13% (61) are on a Child Protection Plan and 1% (6) are Looked After. Of the 551 outcomes recorded in the year-to-date, 90.6% (499) were positive, this exceeds the 80% target set when the service was set up. The number of children and families the Family Service have worked with has remained fairly consistent. The Family Service are evidencing that the work they are completing is sustainable with 84.6% of families not receiving another referral to Social Care within 6 months of closing to the service. The Multi Agency Safeguarding Hub data evidences that the service is referring safeguarding concerns appropriately. Within the last quarter the New Beginnings Project launched, which is hosted within the Family Service. This new Service is now working with 5 women who have previously had their children removed. The service is working to reduce the chance of these women having further children

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Children's Performance Summary Quarter 3 17/18

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

removed. In addition to this the Family Service is also reviewing the Family Group Conferencing Service to consider how to grow this Service throughout Swindon, especially in relation to domestic abuse and criminal exploitation.

- 3.3 Children and their families are consistently and efficiently identified when eligible for the Troubled Families programme, and an increasing number have a dedicated lead professional allocated. There has been a considerable emphasis on demonstrating the outcomes for this vulnerable group, and this has resulted in an increase in the number of claims. Positive work in this area was acknowledged by the recent Troubled Families Spot Check, undertaken by the Department of Communities and Local Government, (DCLG). The feedback was positive both in relation to the practice linked to working with these families and the consolidated data approach. The work being undertaken by the Troubled Families taskforce with Early Help colleagues in SBC and partners is delivering a much greater number of claims. This ensures benefit from the transformation fund for Swindon families, linked to this national programme as well as demonstrating that children services are working effectively in helping families to make sustainable changes.
- 3.4 The number of contacts and referrals to Children's services MASH, has continued to show an increase during the third quarter of the year. Overall, the service is still averaging 1240 contacts each month, compared with 1092 monthly average for the same period in the previous year. Referrals are mainly from the police, schools and health professionals.
- 3.5 Of those statutory assessments that are completed the duration has remained good, taking on average 28 days between April and December 17. This is good performance in the national context. There are an increasing number of overdue assessments open within the assessment and child protection team and these will have an impact on duration average once completed. The spike in referrals experienced in November 17 is a contributory factor here, alongside continued capacity pressure due to overall increased demand during the year. This capacity issue has been addressed with additional social worker resources committed to the assessment and child protection team, but there is likely to be an increase in the duration of completed assessments once these arrangements are embedded and assessments are closed. All open assessments are consistently risk assessed routinely and prioritised according to level of need. All child protection concerns are prioritised in this context and progressed to statutory assessment.
- 3.6 The number of children on a child protection plan has continued to increase during the 3rd quarter of 17/18, with 382 reported at the end of December 17. The data shows that Swindon has a higher number of child protection investigations than other local authorities, and of these a higher number progress to child protection conference. A higher proportion are also made the subject of a child

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

Children's Performance Summary Quarter 3 17/18

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

protection plan as a result of the conference. Audits and softer operational intelligence indicates that agencies and partners have confidence in the local authority child protection processes and therefore are encouraging the child protection approach to ensure the most robust service provision. Following the revision of child protection thresholds and procedures, review work is underway to test the application of the threshold to ensure that it is applied consistently between teams and partner agencies. Work is also underway to prevent progression to child protection plans wherever appropriate. This piece of work is key in managing demand going forward and achieve sustainable outcomes.

- 3.7 341 children were looked after at the end of December 17, or 68.6 per 10,000 population aged under 18. Swindon is slightly above the national and statistical average (62). There continues to be signs of stability in the level of increase in children becoming looked after during 17/18, but with high numbers on child protection plans, it is inevitable that a proportion of these will need to become looked after in the best interests of the child. Thirty three children have experienced 3 different placements between April and December 17, this equates to 10% and is in line with national and statistical neighbour average. The long term stability is not strong in the comparator context, and this is linked to the lack of capacity in our in house provision for children demonstrating challenging behaviours. This leads to the commissioning of specialist placements, which causes instability for children as well as significant budgetary pressures. There were 21 unaccompanied asylum seekers at the end of December 17. These factors have contributed to an increase in the use of commissioned placements which now accounts for 41.3% (141 out of 341), of the children looked after population. Participation of children in the looked after children process remains consistently robust and above national comparator which is positive.
- 3.8 The number of children being adopted is still below the national average with 11 children adopted between April and December 17. This represents 10% of children ceasing care. A further 20 children became the subject of special guardianship in the reporting period, and this is higher than others in the national context, and forms part of our story in relation to a lower adoption rate. Timeliness of adoption has improved with an average of 600 days between a child coming into care and being placed for adoption. Although still higher than national and statistical neighbour average, the gap is now only 50 days. As Swindon has relatively small numbers adopted due to its population, it is important to note this measure is easily impacted by small numbers when an adoption is delayed, even if the delay is in the best interest of the child.
- 3.9 The proportion of care leavers engaged in education/employment/training has continued to improve during the 3rd quarter with 64.5% (78 out of 121 young people), reported in December 17. This is above national average. Eighty nine percent, (108 out of 121), of our care leavers are in suitable accommodation

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Children's Performance Summary Quarter 3 17/18

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

which is also stronger than national comparators. The service knows the young people who need suitable accommodation and are actively working to improve their situation.

- 3.10 Police National Computer (PNC) and Youth Justice Board (YJB) figures from 2016 show that over 80% of First time entrants are dealt with by the police under their pre court processes, with no Youth Offending Team (YOT) involvement. A joint initiative with the police is exploring ways in which the YOT can contribute to their prevention strategy to reduce this figure and stop them committing more crime (and entering the youth justice system). The number of first time entrants into the youth justice system has reported a decrease which is welcome. The YOT is also working with other partners such as Wiltshire Council and the Office of Police and Crime Commissioner, (OPCC), in creating a pan Wiltshire protocol to reduce criminalisation of children and young people in care; recognising that this particular cohort is, (along with others from a BME background), overrepresented in the youth justice system.
- 3.11 Under the Ministry of Justices' (MoJ) new quarterly measures re-offending rates have increased from 36.7% in quarter 2 to 46.3% in quarter 3, slightly above the national average. This data is historical with a two year time lag. The increase was expected both locally and nationally and is in part explained by the changing methodology the MoJ use; however it also reflects the fact that the Youth Offending Team (YOT), is now working with smaller, but more complex numbers of children and young people who have multiple issues and risks associated with their offending behaviour. The YOT is exploring new methodologies in working with such young people; including the Trauma Recovery Model and also is using the Youth Justice Board 'Live tracker' tool to give contemporaneous data to inform interventions and better react to emergent trends (including knife crime and domestic burglary).
- 3.12 For children requiring an education/health and care plan, there has been a significant improvement in the timeliness of completion from 69.4% in December 16 to 93% in December 17. This has been achieved with a combination of new EHCP processes and content embedded into a clear follow up and monitoring system of each phase of statutory assessment process. In addition, staff training within the team and focussed supervision and prompt decision making have all played a contributing factor. Improvements have also been made in other areas of operation in order to improve compliance. This is a key measure monitored by the Department of Education. Alongside grant funding has been to provide additional staff.
- 3.13 The number of young people engaged in education/employment and training as at December 2017 was 92%, just above the national average of 91.3% and above the statistical neighbour figure of 89.3%. The NEET rate, (those not

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

Children's Performance Summary Quarter 3 17/18

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

engaged in education/employment/training), is 1.8% and again, Swindon is performing better than the national average of 2.7% and statistical neighbour figure of 2.9%. The raising participation/NEET plan is currently being reviewed and refreshed in light of the overall ambitious target of achieving 95.4% in learning by March 2018.

- 3.14 Fixed term exclusions continue to be a priority focus for the Swindon challenge board. The number of children receiving a fixed term exclusion has increased overall, but that is due to secondary school exclusions as opposed to primary. The data reported in this report (2123 exclusions in 16/17, compared with 1946 in the previous year), includes special schools and those educated other than at school, (EOTAS). Permanent exclusions are at a higher level than in previous years with 53 reported during 16/17 compared with 24 in 15/16.
- 3.15 Primary outcomes have improved significantly this year with outcomes at Key Stage 2 at the expected level being the most improved in the country. Phonics outcomes are now at the national average and a letter has been received from Nick Gibb, Minister of State for School Standards congratulating Swindon on having one of the highest rates of improvement in the country (see Appendix 1). Pupils are now assessed as being at the expected level or having a high score/working at greater depth. The assessments are tested by exam, in all subjects bar writing which is teacher assessed. The focus for primary schools this year, as discussed with head teachers and the Swindon Challenge board, is improving outcomes at the higher standard/greater depth whilst continuing the improvement at the expected level across all subjects.
- 3.16 90% of primary schools in Swindon are currently judged by Ofsted to be good or better which is in line with the national average. For inspections of early year's settings, 98% of settings are good or better which is higher than the national average (93%).
- 3.17 The number of children in elective home education has increased to 197 at the end of December 17, and this is up from 174 at the end of December 16.

Alternative Options

- 3.18 There are no alternative options for consideration within the context of this report.

4. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 4.1 For 2017/18, the budget for Children, Families and Community Health is £26.9m. Based on the January monitoring position, the service is reporting a projected

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Children's Performance Summary Quarter 3 17/18

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

overspend of £3.7m. The service has experienced significant demand pressures which is impacting on staffing budgets, placement budgets and legal costs.

- 4.2 The 2017/18 Skills and Attainment Dedicated Schools Grant (DSG) budget is £84.9m. Based on the January monitoring position, the DSG is projected to be £0.127m over budget. The main pressures are due to increases in demand which impacts on a number of High Needs budgets including external placements and High Needs Top ups. The pressures are partially offset by funding recouped from schools and academies for Permanently Excluded Pupils and by savings in the pupil growth budget and following a reduction in demand for home tutors.
- 4.3 The 2017/18 Core Skills and Attainment budget is £1.939m. Based on the January monitoring position, the service area is reporting a projected overspend of £0.065m, which is mainly due to the service area's share of redundancy costs plus school improvement projects.

Legal and Human Rights Implications

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)

- 4.4 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

- 4.5 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

- 4.6 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.

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Children's Performance Summary Quarter 3 17/18

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

5. Consultees

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

6. Background Papers

- 6.1 None

7. Appendices

- 7.1 Appendix 1: Key Performance Indicator Overview Social Care and Education.

Overview of Children Services Performance

Appendix 1

(Data Position at the end of Quarter 3 – December
17)

Notes for consideration when reviewing the data

- Swindon is a member of the Southern Benchmarking group. This provides 17/18 in year benchmarking data, and allows comparison with authorities in the southern and south east. This is included on the graph where relevant
- Swindon also reports to the South West benchmarking group for in year comparator data, and that is also indicated on the graphs for the relevant measures
- Targets are shown where they have been set for specific measures.
- The data position is based on the year to date performance at the end of December 17, with December 17 snapshot population measures

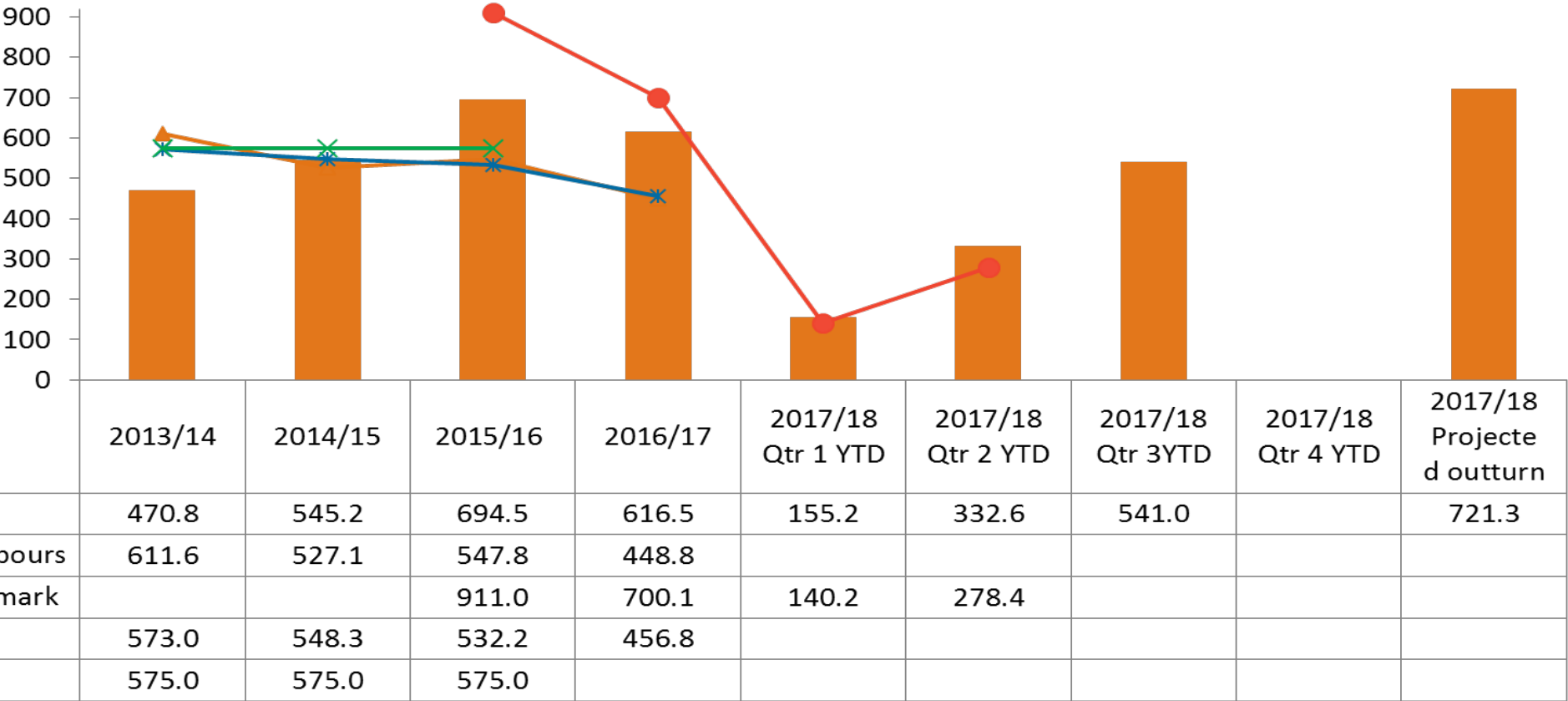
The number of referrals to Social Care per 10,000 population aged under 18

The latest reporting for end of quarter 3 of 17/18 indicates 2651 referrals were completed between April and December 17, up from 2235 for the same period in the previous year. The graph shows annual trend, and cumulative year to date, with full year projection to March 18.

Target 17/18: 575 per 10,00 pop U18

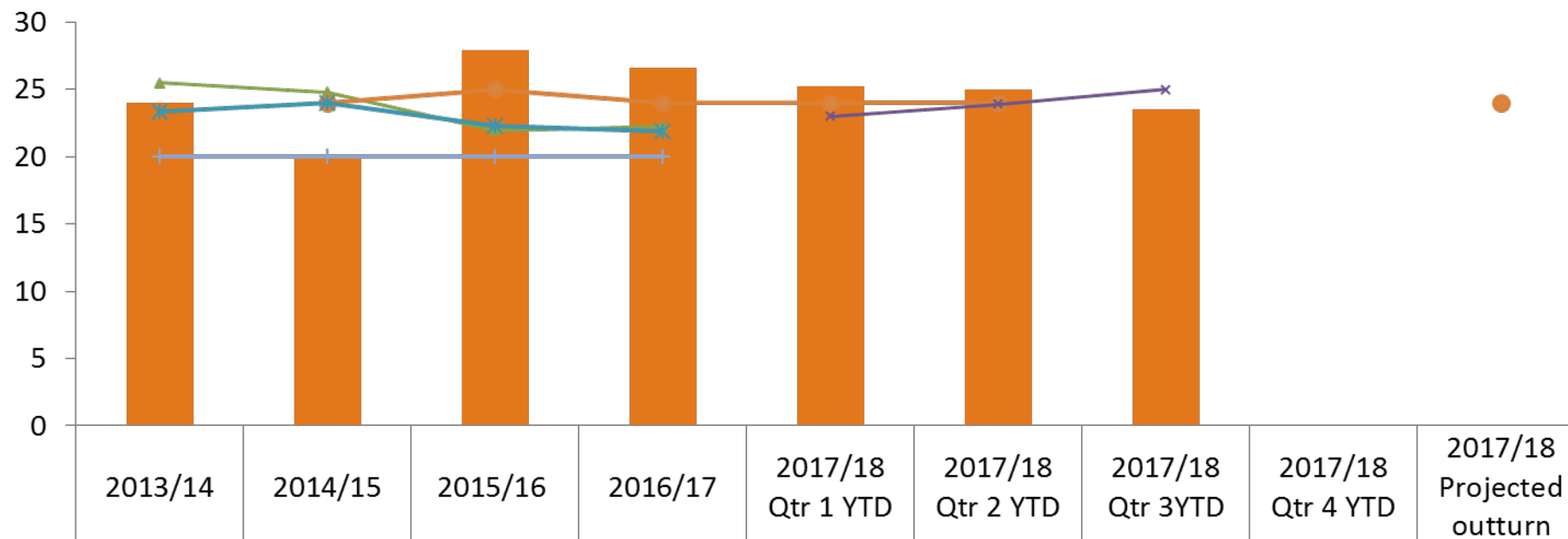
Outturn 16/17: 616.5 per 10,000 pop U18

Qtr. 3 outturn 17/18: 541 Per 10,000 pop.



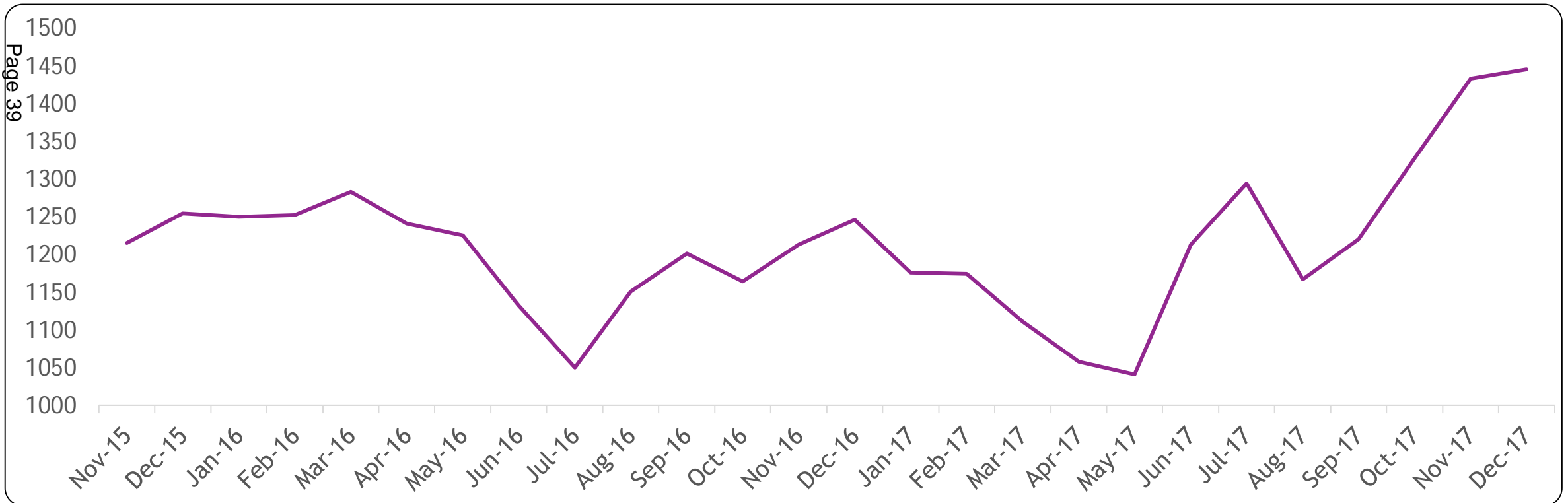
Re- Referrals to Children’s Social Care within 12 months

cumulative performance for April - December was 23.5% which relates to 627 re-referrals. Swindon is in line with all comparators for this measure.



Section 17 - Children in Need

- The number of children who are section 17 children in need varies over the months, and fluctuations are sometimes caused by a delay in case closure on the system, following by data cleansing exercise
- There were 1445 children in need as at the end of December 17
- Overall, though numbers are increasing over time, and this has been particularly notable since August 17.
- Swindon is higher than statistical and national average



Average number of days taken to complete statutory assessments

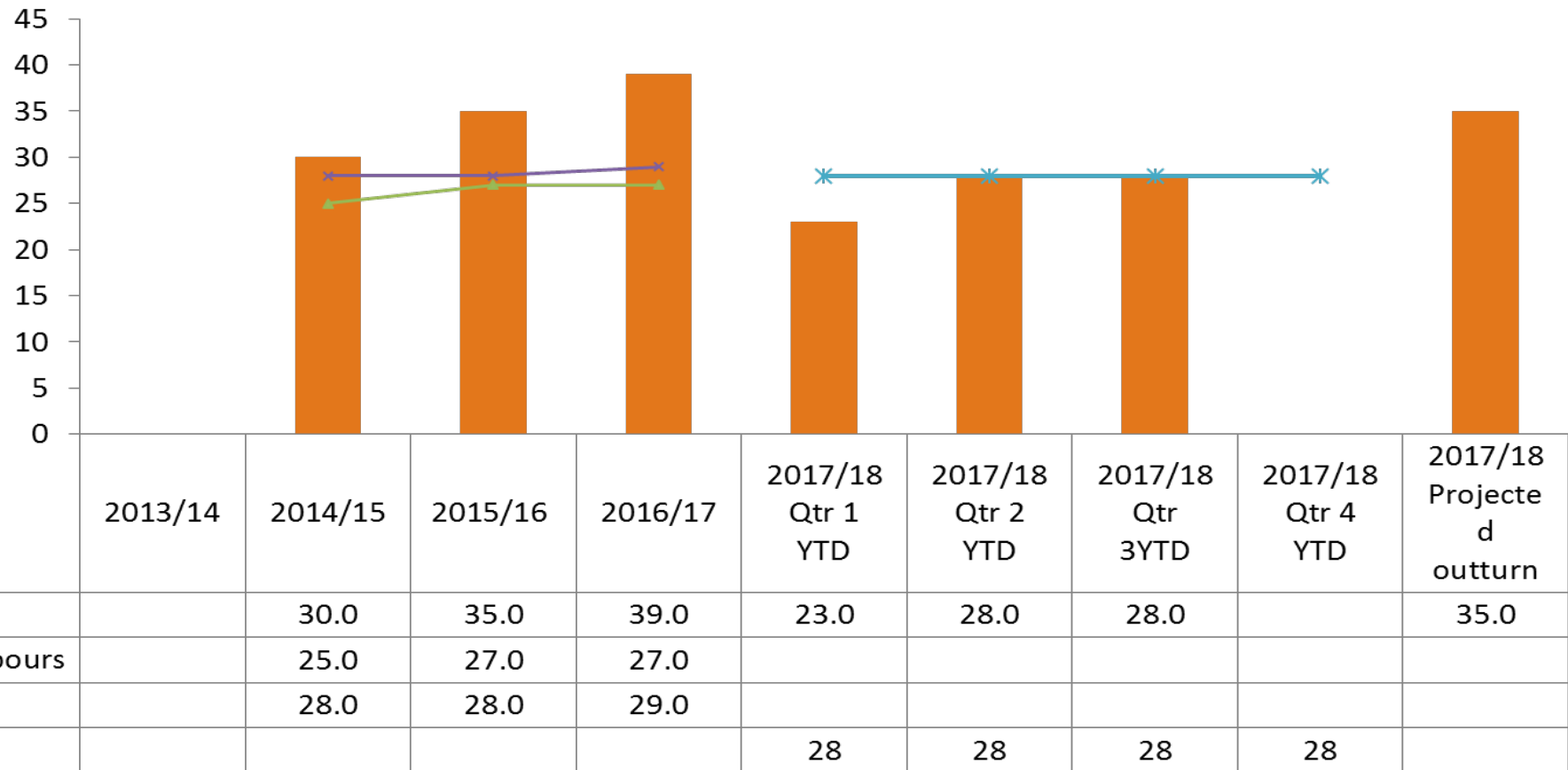
- Performance in relation to assessments completed within the reporting year is positive at the end of quarter 3 with an average duration of 28 days. This has improved from 39 days in 16/17.
- Swindon completes a higher number of assessments compared with others, and 2244 assessments were completed between April and December 17

Page 40

17/18 target: 28

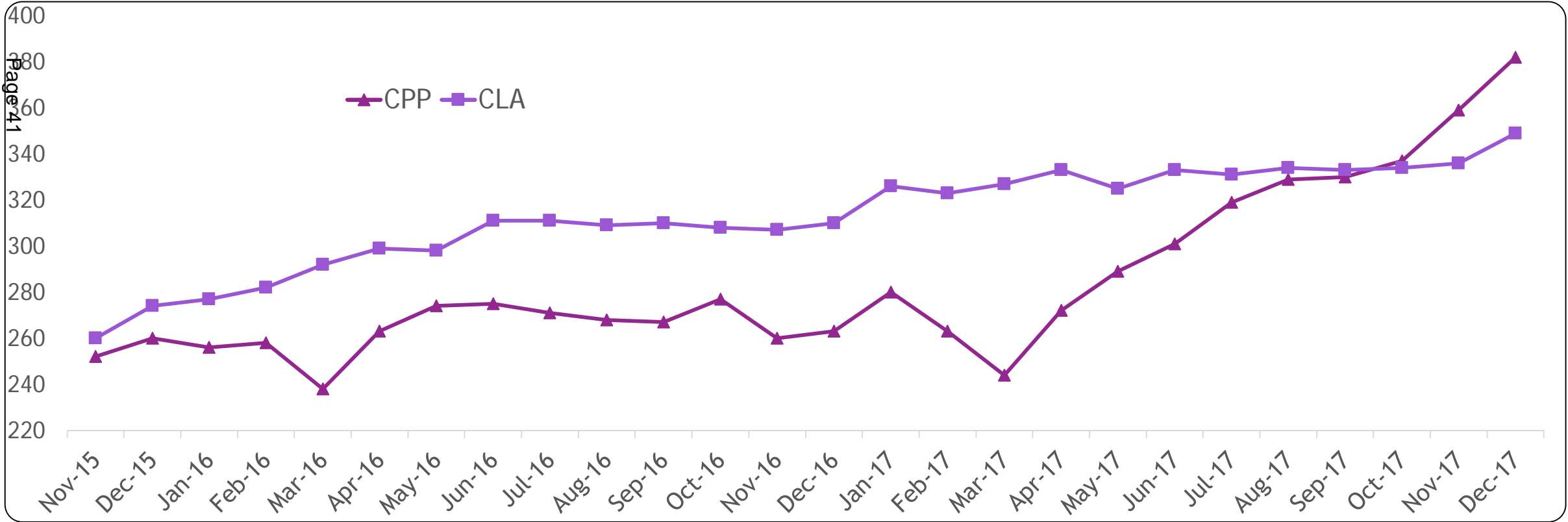
16/17 outturn: 39

17/18 qtr. 3 outturn: 28



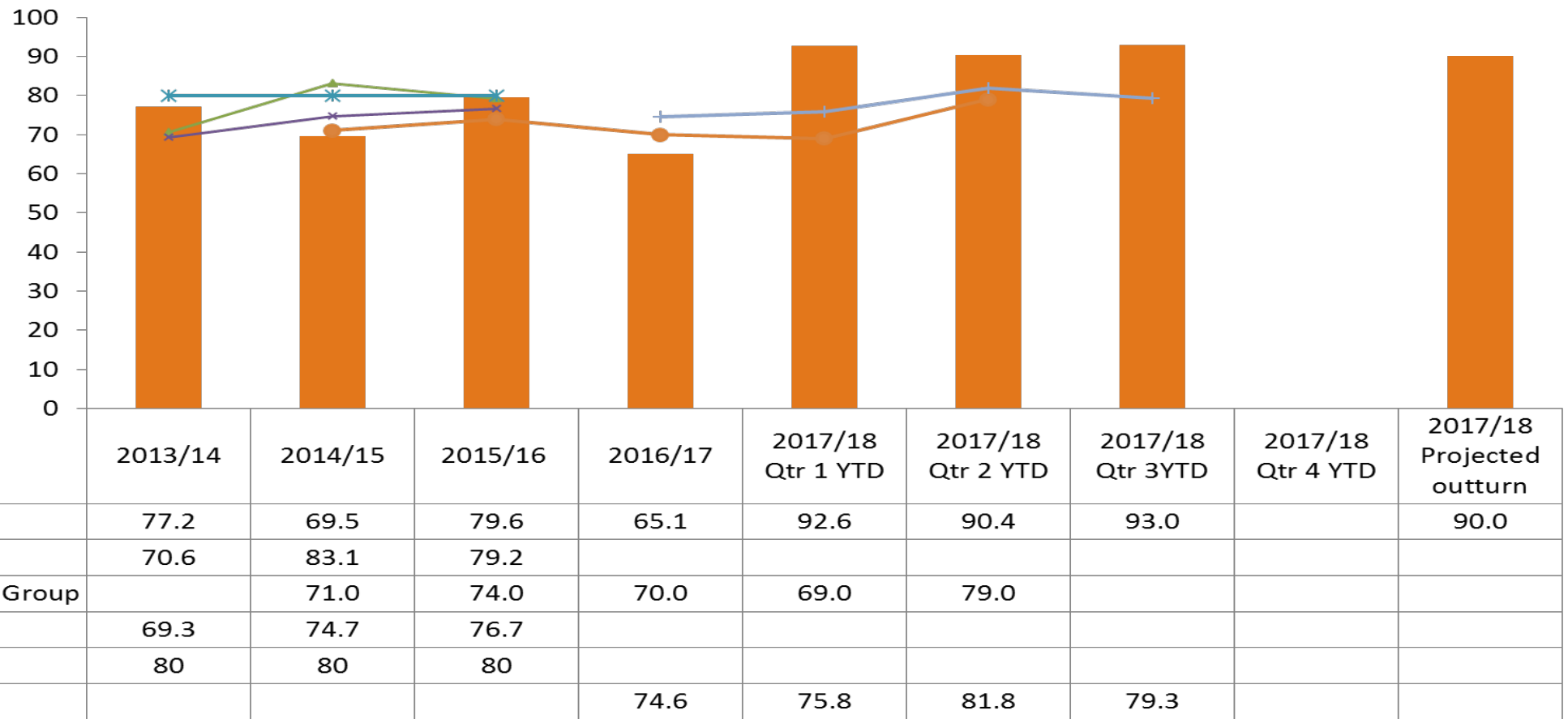
Number of children on Child Protection Plans, and Children Looked After

- The numbers of children on a child protection plan has been increasing steadily and is above national and statistical neighbour average. There were 382 children on plans at the end of December 17.
- The number of children looked after has also increased, and is slightly above national and statistical neighbour average with 341 children looked after at the end of December 17



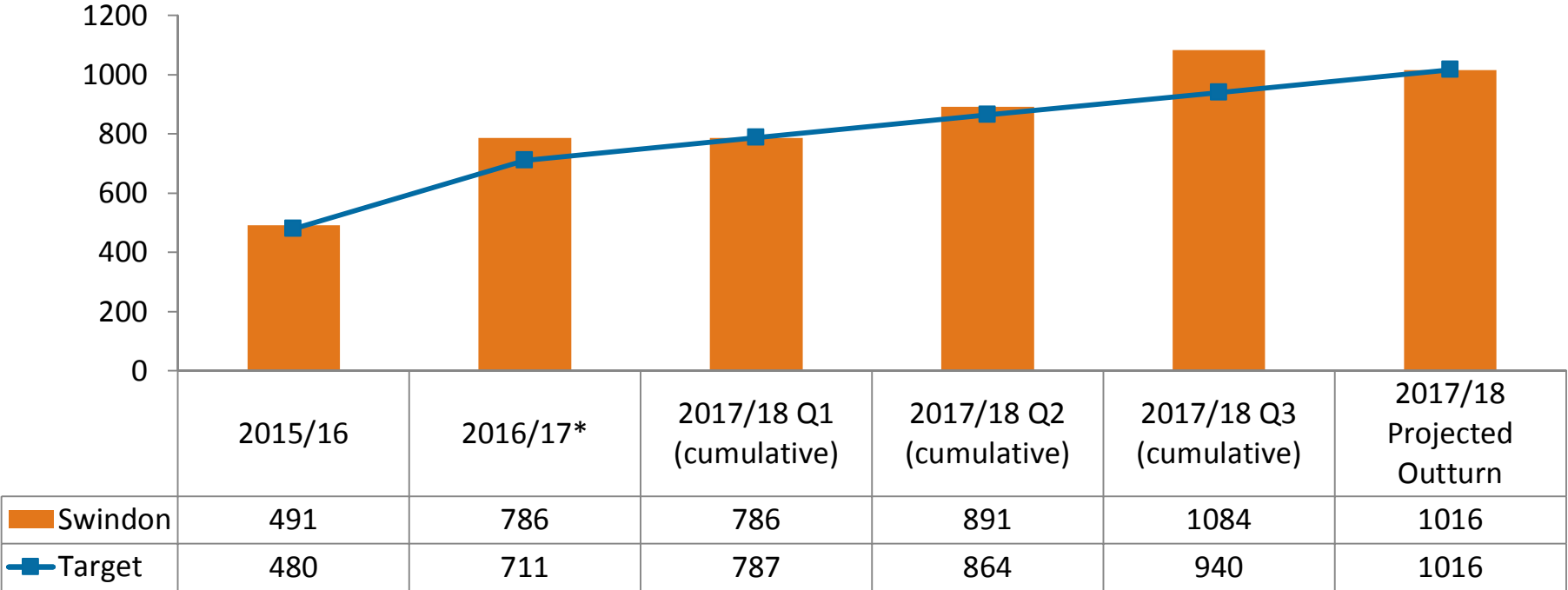
% of children going to Child Protection Conference within 15 working days

93% of children had a child protection conference within 15 working days of the decision to go To conference. This is positive and strong performance in relation to timeliness.



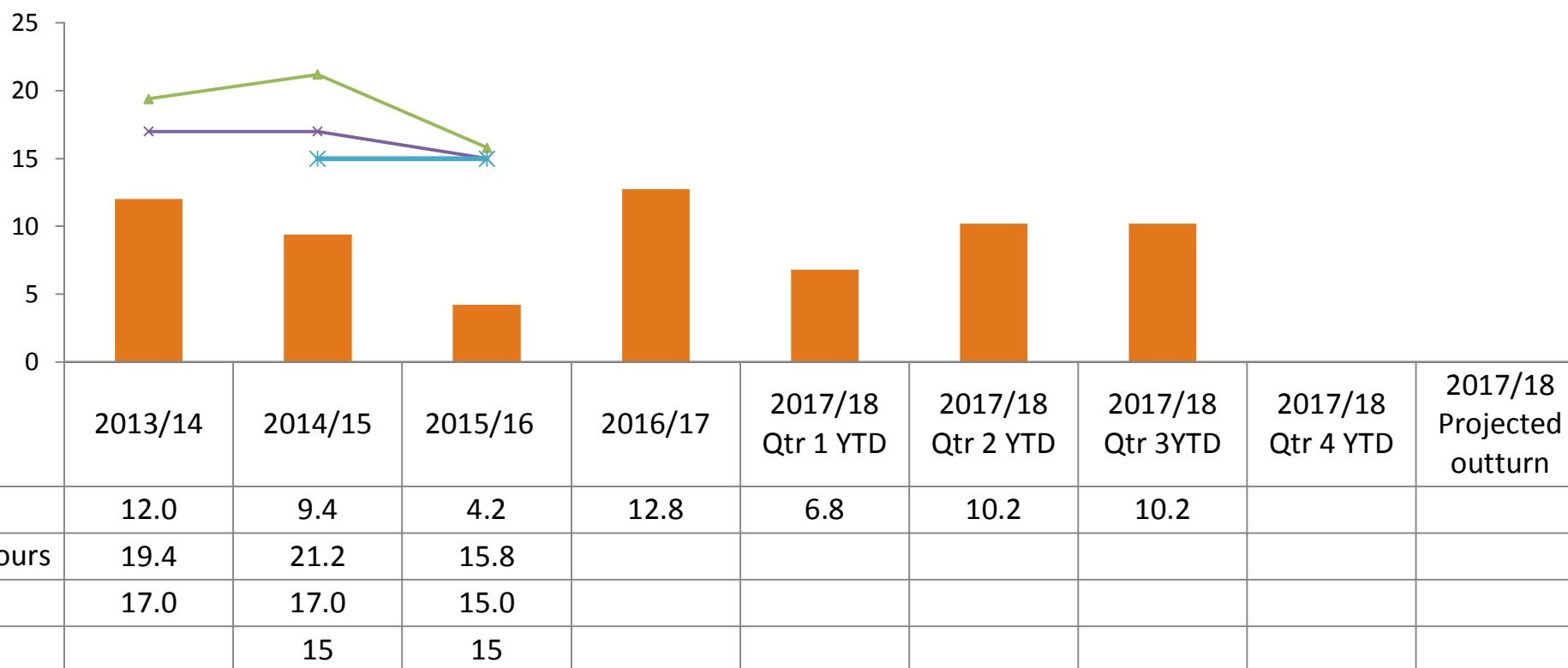
Number of Troubled Families Engaged

The number of families engaged in the programme is on target for 17/18, and the number Of claims is increasing which is positive



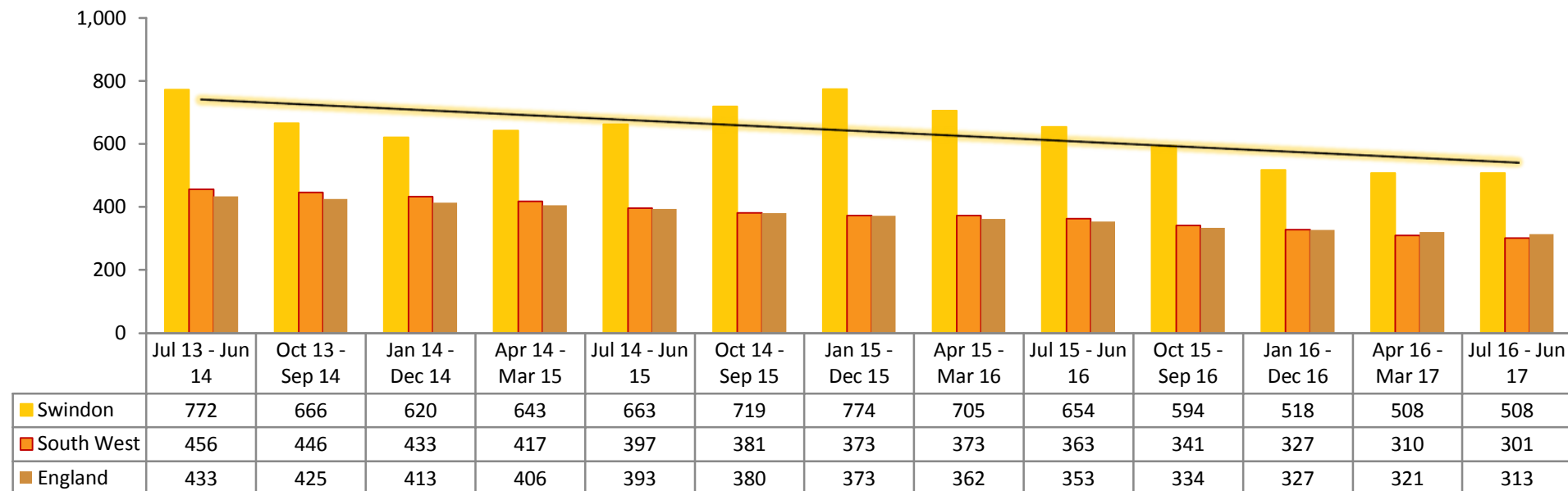
% of children ceasing care to be adopted

This measure reports the percentage of children ceasing to be looked after adopted in year. 12.8% (19 out of 149 children ceasing care) of children ceasing care were adopted during 16/17 up from 4.2% in 15/16. 10.2%, (14) of children were adopted between April and December 17.

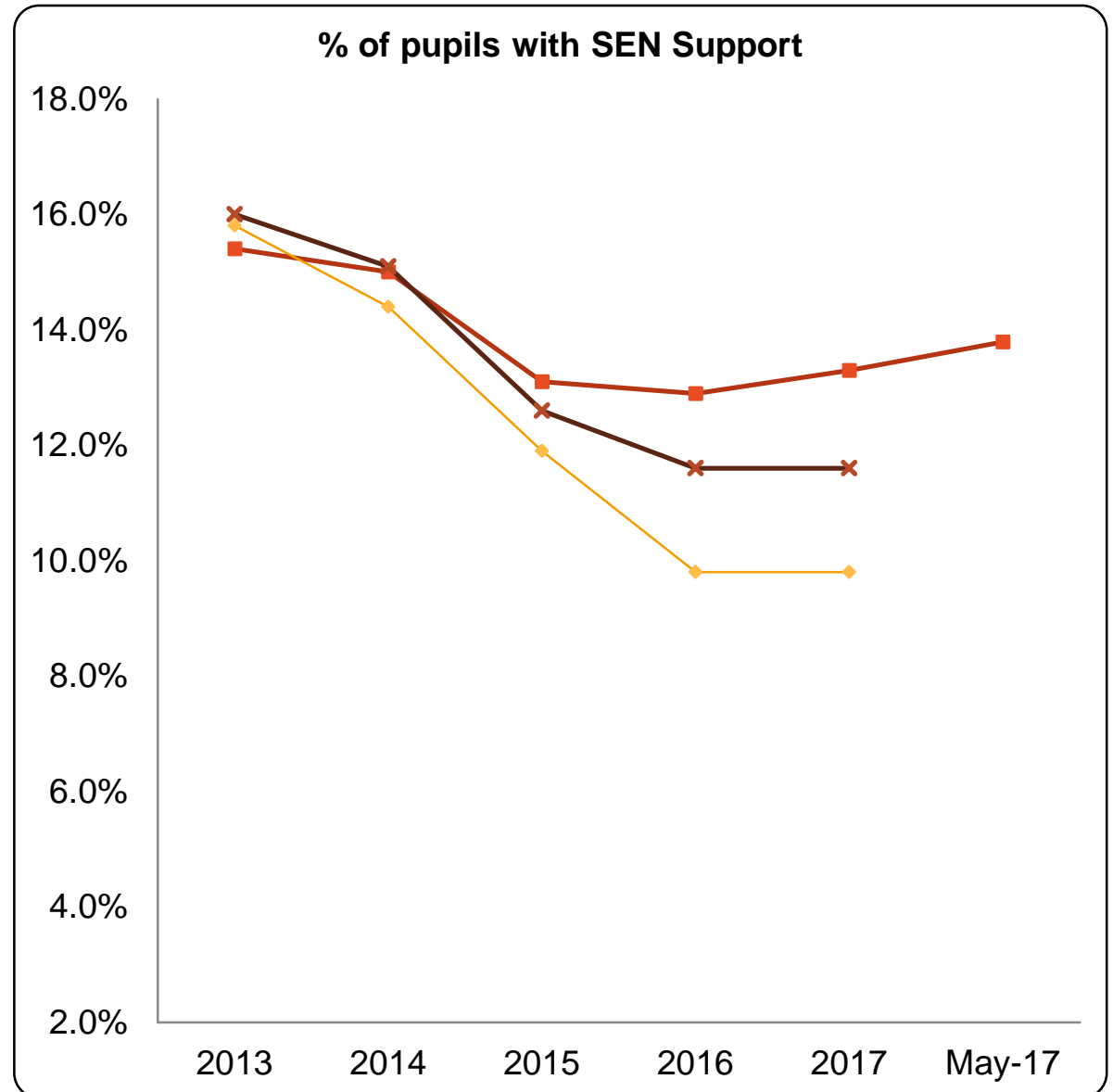
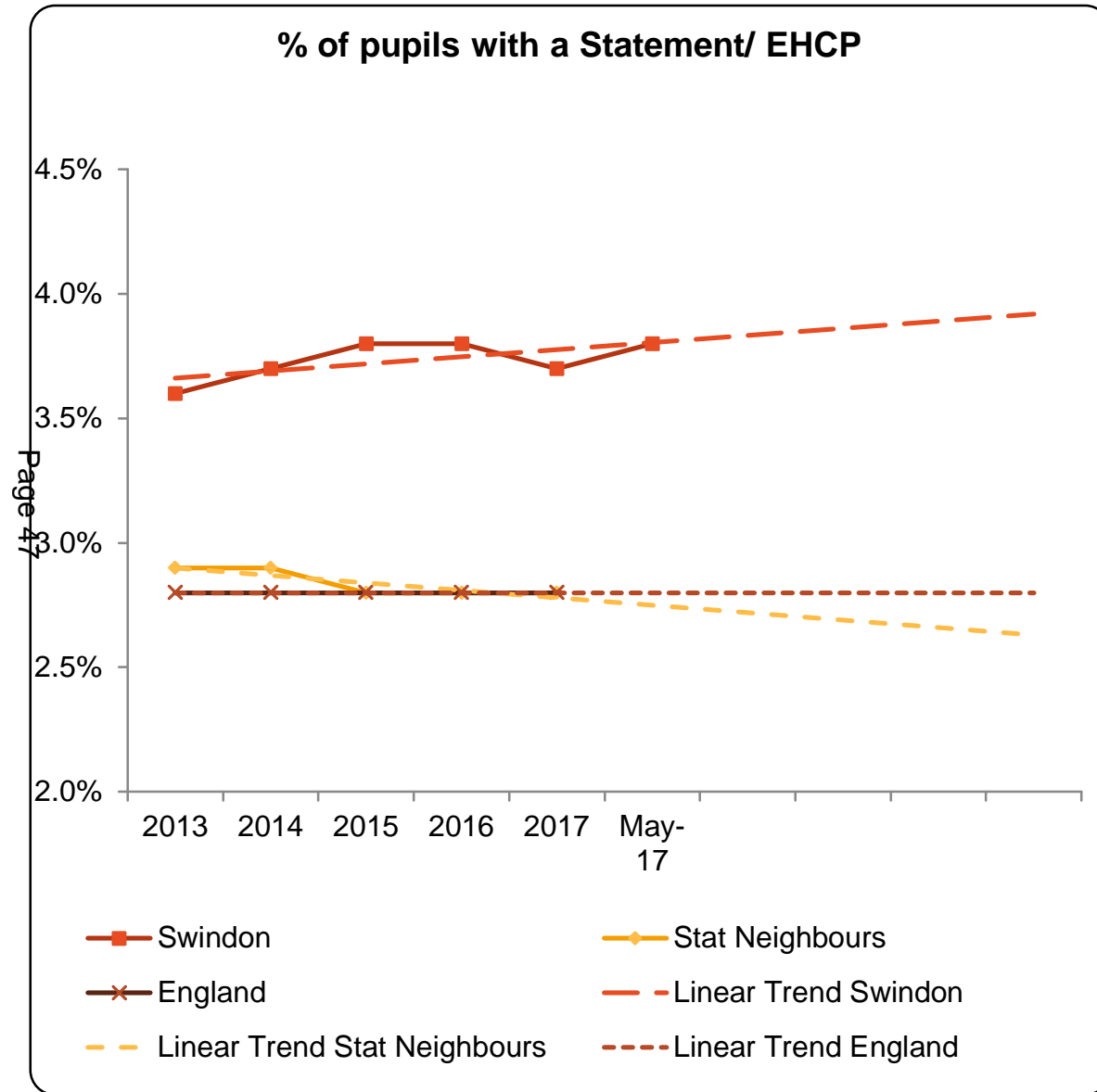


YOT & RYS- Rate of First Time Entrants per 100,000

- Notes - The First Time Entrants count has fallen from its peak in 2015 and is currently at its lowest since this record began in 2013. The downward trend continues and is welcome, however most recent figures released from the YJB in relation to PNC data in 2016 states that 82% of FTE's in the Wiltshire Police Force area (that is both Wiltshire and Swindon) were pre-court disposals not involving YOTs.

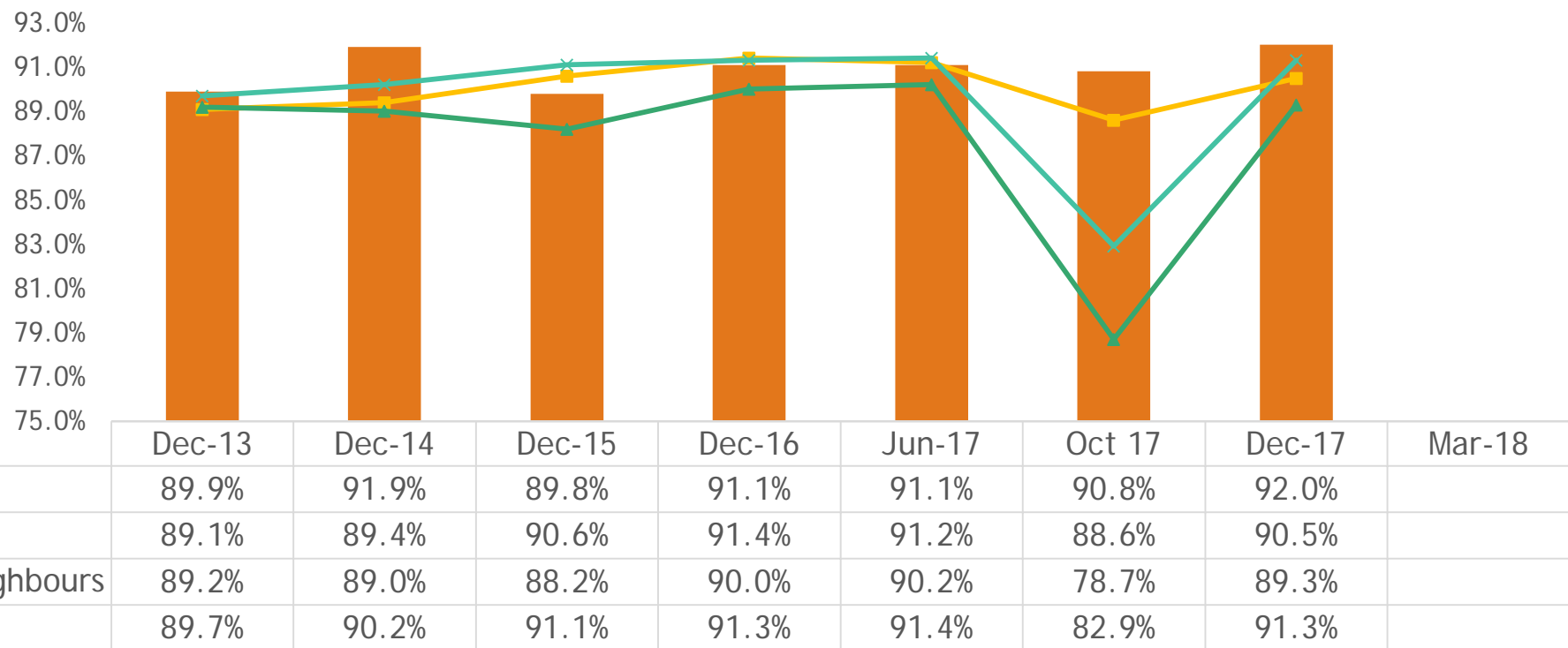


SEND - % of pupils with statement/Education Health and Care Plans



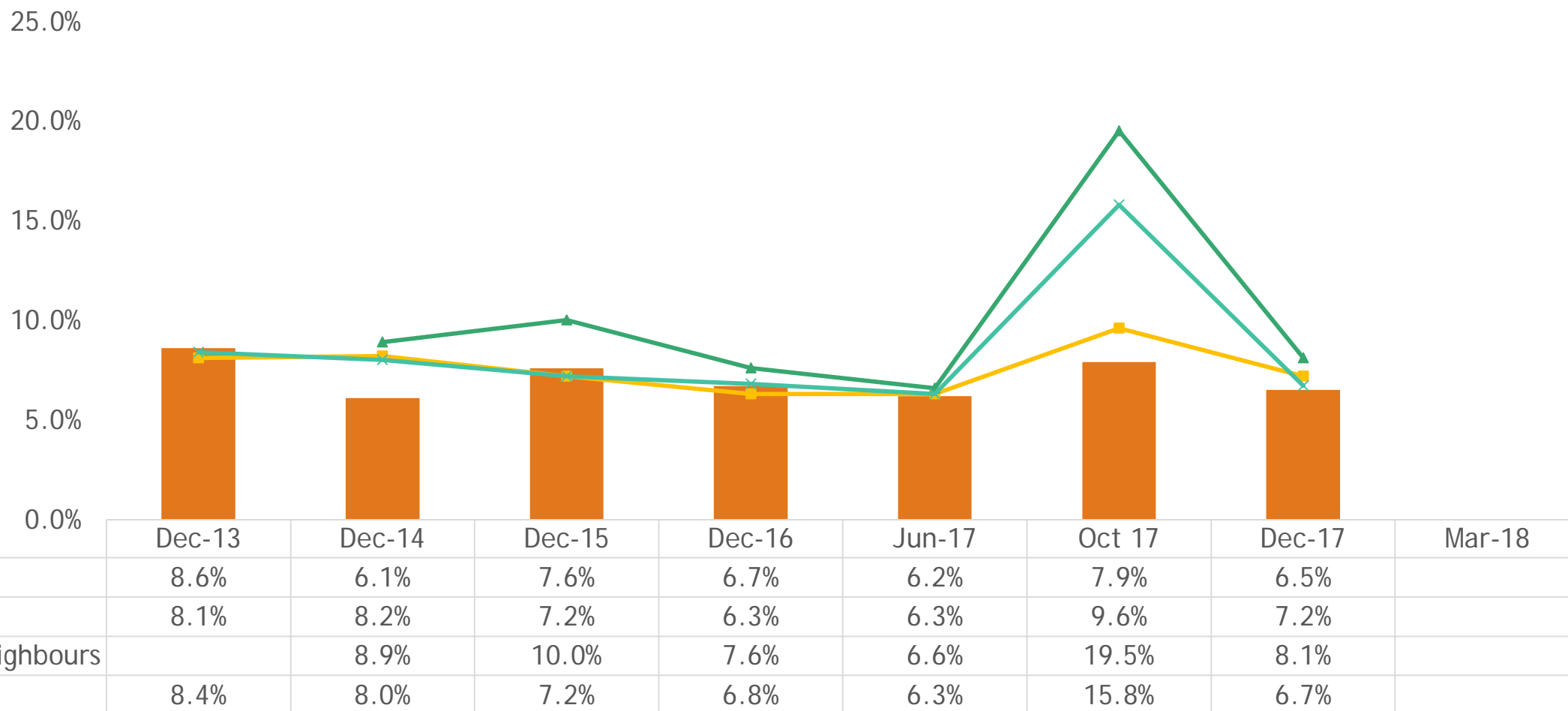
NEET & RPA – % of Academic age 16 & 17s 'In Learning'

- Notes - December 2017 figures show that the proportion of 16-17 year-olds in learning (education or training) activities in Swindon, at 92.0%, which is up on the previous year (91.1%). The learning rate is just above the national average (91.3%) and South West average (90.5%). Looking at previous years we know that Swindon is quick to track most destinations before the October data submission. Historically the national and regional 'In Learning' figures start to level between November and December, however in 2017 Swindon's figure stays just above.



NEET & RPA – % of Academic age 16 & 17s NEET & Unknown

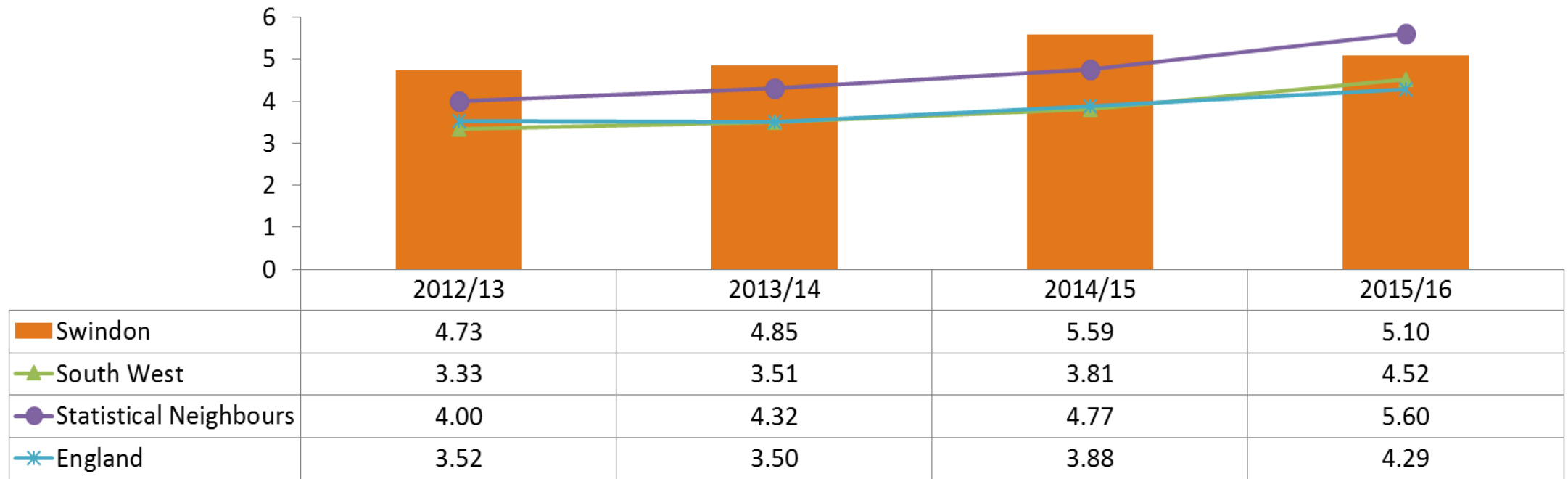
- Notes - This new measure has replaced the previous 'adjusted' NEET figure and indicates how well Swindon is performing at both tracking young people and managing the proportion who are NEET. The proportion of 16-17 year-olds that were NEET or Unknown in Swindon as at December 2017 was 6.5% just below the national and regional average.



Exclusions – Fixed Term Exclusion rate – as % of school population

Swindon has a higher than average rate of FTEs compared to England, the South West and its statistical neighbours - 56 FTEs issued per 1000 in the school population. Note that this figure represents the number of FTEs compared to the school population, expressed as a percentage, and is not the percentage of pupils who have had an FTE. 2016 data illustrates an increase in the national average, while Swindon has experienced a decrease, beginning to close the gap.

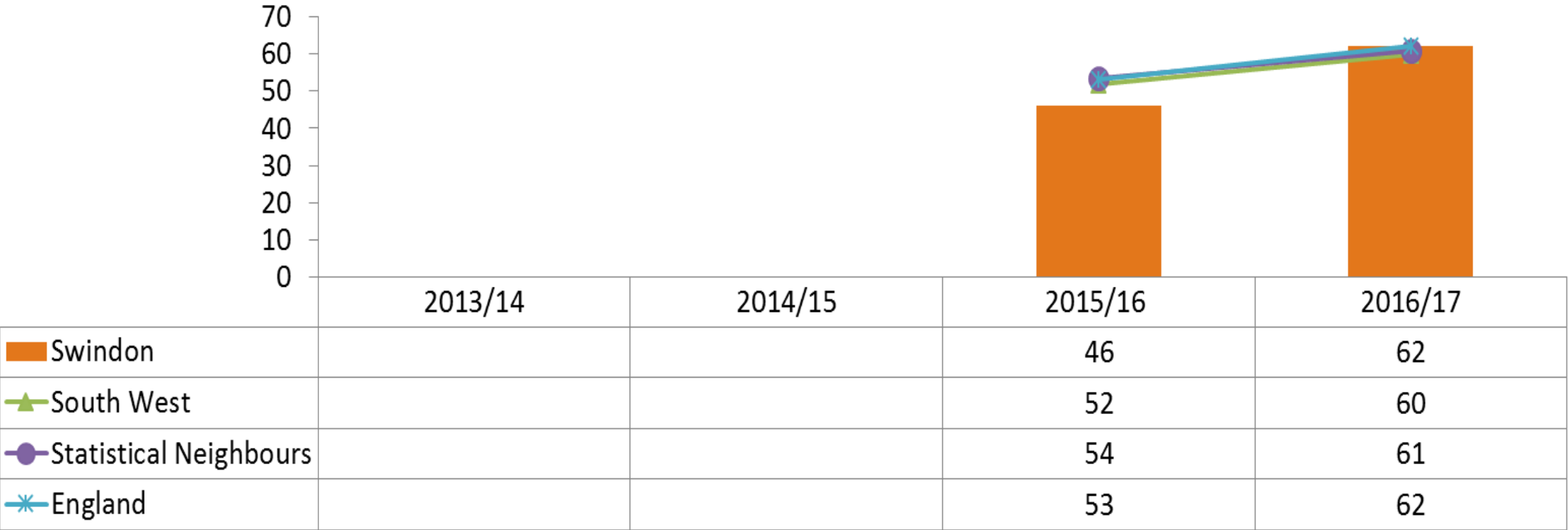
Page 50



Primary Education KS2- % of pupils achieving at least the expected standard in Reading, Writing & Maths

- Notes - Pupils should meet the expected standard in all three of Reading, Writing and Maths at Key Stage 2. In 2016, Swindon fell below the national average for this measure, largely driven by the low percentage achieving the expected standard in Writing. Figures for 2017 show that Swindon has closed the gap and is now in line with the national average on this measure.

Page 51



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MASH, Referrals Assessment and Threshold

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

Author:	Ceri Woszczyk – Service Manager Children's Social Work Team Children Families and Community Health
Wards:	ALL
Locality Affected:	ALL
Parishes Affected:	ALL

1. Purpose and Reasons

- 1.1 This report has been written to provide the committee with an update on progress of the Multi-agency Safeguarding Hub (MASH) and Thresholds decisions that are made to determine which children receive statutory services and at what level. The information presented draws on the findings and recommendations of a peer review of the MASH by Oxfordshire Local Authority and some work on demand management by Newton Europe. Additionally the report will provide a brief outline of what is known about the new children's OFSTED inspection framework: Inspection of Local Authority Children's Services (ILACS).

2. Recommendations

The Committee is recommended to:

- 2.1 Note the key updates and progress contained within this report.
- Identify any areas that require further scrutiny and investigation by the Committee

3. Multiagency Safeguarding Hub - MASH

- 3.1 The MASH was established in 2015 and receives all new contacts into Children's Services. The function of the service is to screen all contacts and make a decision about appropriateness of progressing the contact to a referral for either social care or early help. The team is co-located with representatives from police and health as well as early help colleagues.
- 3.2 Between October 31st and November 1st managers and practitioners from Oxfordshire Local Authority Children's Services undertook a peer review of Swindon's MASH. A number of strengths were identified by the review team including;
- Clear management oversight of MASH cases.
 - Senior review and management over-sight clearly seen on electronic recording.

Further information on the subject of this report can be obtained from Ceri Woszczyk Direct Dial (01793) 465878, cwoszczyk@swindon.gov.uk.

MASH, Referrals Assessment and Threshold

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

- Good/clear chronologies evidenced on case recording and clear evidence that these were adding value to the triage decision making.
- Some evidence of taking Early Help history/involvement into account to inform decision making.
- Some evidence of positive multi agency work/ sharing of information that aided MASH decision making.
- Passionate and committed staff with good morale
- Good examples of multi-agency and partnership working were evidenced.

The peer review found good evidence of referrers receiving information relating to decision making of referrals

Cases of most concern received a timely service in the MASH and every effort was made to ensure those cases of a less serious nature were managed in a timely way.

Overall the review found that children and families received a service at the right time and at the right level of intervention.

The review recommended that for some children clearer exit plans were needed when cases required step-down services and particularly in the move to Early Help universal services. A recently established Early Help Hub will oversee and manage the step down process and ensure a more robust exit plan when children's cases need to step down from statutory services.

In addition to the peer review, Newton Europe completed a data diagnostic in November 2017 which gave further helpful insight into the demand and work flow within the MASH. The diagnostic helped to understand the pattern of demand, changes in the pattern of referrers and the impact of high and increasing demand on decision making.

Newton Europe identified an overall 14% increase in the number of contacts each month into the MASH over the past 2 years.

- 3.3 The MASH has a Team Improvement Plan in response to the recommendations and findings of both the Oxford Peer Review and the Newton Europe Diagnostic. This plan addresses a number of key priorities including practice development and staff training.

MASH, Referrals Assessment and Threshold

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

The MASH Manager and Consultant Social Workers are actively reviewing and have developed a robust plan for improved oversight of the timeliness of contacts.

Multi-agency Threshold Document

- 4.1 The purpose of the multi-agency threshold document is to support Swindon's Early Help Strategy 2017 – 2022 which sets out the priorities for progressing the delivery of a more co-ordinated and targeted approach to Early Help across Swindon.

The threshold document sets out four levels of need and provides guidance to help practitioners assess a child's level of need and identify which if any additional services are required. It is not a rigid set of procedures as each child is unique and their needs will change over time. It outlines a graduated response to assessing need

- 4.2 The threshold document has recently been revised and up-dated by a multiagency group lead by the Head of Service Children and Families. The work of this group, which was supported by good participation and engagement from partners, resulted in a new threshold document. This document is called The Right Help at the Right Time. Guide To Assessing Levels of Need and Identifying the Most Appropriate Support. The document was launched at the Local Safeguarding Children's Board Conference at the end of last year. The implementation is being monitored through the Early Help Implementation Group chaired by Louise Campion the Service Manager for Early Help. The document sets out the shared responsibility for safeguarding across our multiagency partnership. By working together earlier and effectively will reduce the demand on children's statutory services and specialist provision.
- 4.3 In order to ensure a consistent application of thresholds the Early Help Implementation Group supports practitioners in their localities to use the document to ensure that help is offered to families at the right level.
- 4.4 The effectiveness of this work is monitored through the LSCB Performance Sub Group who use performance data to analyse the numbers of children that that have received Early Help through the provision of an Early Help Record and Plan (EHRP)

5. OFSTED Framework

- 5.1 In January 2018 Ofsted commenced inspections using a new framework, the Inspections of Local Authority Children Services (ILACS). Under this framework

Further information on the subject of this report can be obtained from Ceri Woszczyk Direct Dial (01793) 465878, cwoszczyk@swindon.gov.uk.

MASH, Referrals Assessment and Threshold

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

Ofsted will use the intelligence and information they have to inform decisions about how best to inspect each Local Authority.¹

This system includes:

- Local Authorities sharing an annual self-evaluation of the quality and impact of social work practice (see below for more details)
- an annual engagement meeting between Ofsted's regional representatives and the Local Authority to review the self-evaluation and to reflect on what is happening in the local authority and inform how they would engage with each other in future
- the Local Authority intelligence system (LAIS) (which brings data and information into a single record)
- focused visits that look at a specific area of service or cohort of children
- standard and short inspections where Ofsted make judgements using our four-point scale

The self-evaluation requires Local Authorities to answer the following three questions:

- What do you know about the quality and impact of social worker practice in your local authority?
- How do you know it?
- What are your plans for the next 12 months to maintain or improve practice?

Inspectors will look at this self - evaluation when preparing for the next inspection or focused visit. The self-evaluation is being completed currently in readiness for this meeting.

The standard inspection will be an unannounced inspection, with the DCS receiving a call on either the Monday or Tuesday of the week preceding the arrival of the inspection team on site. In the period of time between the call being received and the arrival of the team on site, local authorities are required to send over information about a number of areas as set out in Annex A of the inspection handbook.

¹ Local area special educational needs and disability (LA SEND) inspections are inspections of the local area that sit outside ILACS, but Ofsted will take them into account when they schedule inspections.

MASH, Referrals Assessment and Threshold

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

The timing of the inspection will be dependent on the time of the last inspection and the grading from that inspection. Ofsted will be using different pathways to decide in which order local authorities will be inspected.

Swindon will be inspected under Pathway 2 as an authority having been judged to be requiring improvement to be good in 2014. As such Swindon will receive a standard inspection. In between inspections, Swindon will receive up to two focused visits. Given that Swindon had its last inspection over 3 years ago it is likely that it will be inspected early in the inspection cycle.

Inspectors will be on site in Swindon for just under two weeks, visiting social work teams and hearing directly from frontline staff about the work they are doing with children and families.

Staff are currently receiving team briefings to prepare them for the ILACS inspection and to offer them an opportunity to ask any questions they have.

The full details of how the inspection will be conducted under the ILACS can be found at:

<https://www.gov.uk/government/publications/inspecting-local-authority-childrens-services-from-2018>

6 Alternative Options

There are no alternative options for consideration within the context of this report.

7 Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

For 2017/18, the budget for Children, Families and Community Health is £26.9m. Based on the January monitoring position, the service is reporting a projected overspend of £3.7m. The service has experienced significant demand pressures which is impacting on staffing budgets, placement budgets and legal costs.

Legal and Human Rights Implications

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.

MASH, Referrals Assessment and Threshold

Children's Health, Social Care and Education

Overview and Scrutiny

Date: 21st March 18

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

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

No Diversity Impact Assessment (DIA) is required at this stage as this report proposes no changes to services.

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.

8 Consultees

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

9 Background Papers

- 9.1 None.

10 Appendices

- 10.1 None.

Social Work Update

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 21st March 2018

Author:	Quality Assurance and Review Service Manager and Principal Social Worker, Children, Families & Community Health
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 on the progress in the quality of social work, feedback from the Principal Social Worker and an update regarding the Social Work Health Check.
- 1.2 A key purpose of 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

2.1 The Committee is recommended to:

Note the contents of this report and provide appropriate challenge and scrutiny in relation to the information it contains. It is the responsibility of the author to take forward any actions required.

- 2.2 Identify any areas that require further investigation.

3. Recruitment and Retention

Social Workers deliver statutory responsibilities as set out in the Children Act 1989. Within the Council there are a number of social work teams, delivering specialist services to children and recruitment to these posts remain a high priority.

- 3.1 The relentless focus on recruitment, development and retention of social workers (SW) and their managers has led to a stable reduction since March 2017 – current Vacancy rate sits at 17% (inclusive of investment posts) without investment posts the rate sits at 10% (below the national average of 17%); however, keeping the workforce vacancy rate low continues to be a challenge. Continual improvement to the recruitment and retention rates remain an area of focus.

Further information on the subject of this report can be obtained from Maria Young, 01793 463268, myoung@swindon.gov.uk.

Social Work Update

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 21st March 2018

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- 3.2 Over the past 3 years 101 new SW /SW Manager posts were recruited to, with only one Team Manager (TM) post and only one Assistant Team Manager vacancy. During the course of the recruitment and retention project, the following initiatives have been introduced which have had a significant impact on our recruitment achievements.
 - 3.3 A more robust "One Childrens Service Workforce Strategy" has been developed which is delivered via the Workforce Development Group and this in turn is monitored by the Projects and Priorities Board.
 - 3.4 The strategy has three key priorities:
 - 3.5 Attract and recruit high quality staff;
 - 3.6 Develop and embed a culture of strong leadership and development and
 - 3.7 A strong stable and effective workforce.
 - 3.8 This strategy is being underpinned by a Delivery Plan for 2017-2020 and is closely aligned to the Childrens Services Business Plan and the Service Improvement priorities.
 - 3.9 In terms of current staffing levels, as at the end of February there was 25 social work vacancies at a rate of 17% against establishment. These posts are across social work, managers, IRO's and service managers. At this time these vacancies are covered by agency staff.
 - 3.10 The requirement to reduce social work caseloads to between 15-18 children, a nationally acceptable level, has been approved and resources to start the recruitment campaign are being progressed. This recruitment is taking place in a nationally challenged competitive market, where a shortage of social workers is evident. Swindon Borough Council is part of the South West Memorandum of Cooperation which is joining a number of Local Authorities to all work together to address some of these challenges in the region.
 - 3.11 The Voice of Social Workers in Swindon:
 - 3.12 A number of channels are used to elicit the voice of frontline practitioners in Swindon Borough Council through the Principal Social Worker; the staff engagement sessions held by the DCS and the Social Work Health Check.
 - 3.13 The Principal Social Worker (PSW) in Swindon continues to be incorporated into the role of the Service Manager for Quality Assurance and Review Service.
 - 3.14 The Principal Social Work function is delivered through the Principal Social Work Board which is made up of experienced and consultant practitioners from across the Children's Service.
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Further information on the subject of this report can be obtained from Maria Young, 01793 463268, myoung@swindon.gov.uk.

Social Work Update

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 21st March 2018

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- 3.15 Appendix 1 of this report provides the most recent Principal Social Work Report, including a number of Good Practice Story Boards (appendix 2) and the response by the Head of Service to What you told us needs to change report (appendix 3).
- 3.16 The voice of the frontline practitioners is fed through from the teams by the Principal Social Work Board members. This voice is captured within this 6 monthly report which in turn is shared to provide the Director of Children Services, Head of Service and Lead Member an update on the Principal Social Work Role for children's social care over the last six months and the view from social workers about their experience of being employed within Swindon Borough Council. It is also shared with the LSCB and the Overview and Scrutiny Committee.
- 3.17 This is the second Principal Social Worker's 6 Monthly Report. A "What you told us v what we did" style report was developed with the Head of Service following the first report, in response to the issues that were raised. This was shared across the service via the Quarterly Quality Assurance Board for Children Families and Community Health; with the Council Lead Member for Children and with the LSCB. It received very positive responses and feedback from all these different audiences. A similar process has been in place for this second report.
- 3.18 The second channel is the Director of Children's Services has developed quarterly staff engagement sessions which are mandatory for all staff. The purpose of these sessions is to provide practitioners the opportunity to engage with the Director; to communicate the priorities and areas of development including the achievements and to seek the staffs views and contribution to developing the whole service. There is now a clear vision and mantra which all staff have agreed to "**One Swindon Service- Consistently Good Everyday**".
- 3.19 Feedback from staff regarding these sessions has been very positive and they are reporting a more inclusive, leadership style of high support and high challenge which has fostered a more transparent and open approach. The priorities for the improvement journey have been agreed as part of this engagement and the impact is a stronger ownership of our improvement journey.
- 3.20 The priorities which the Principal Social Work Report and the staff engagement sessions have identified are reflective in the updated Children Families and Community Health Business Plan. It is positive to note that the both channels highlighted the same priorities which were already recognised and confirm that there is a clear understanding of where we are in our improvement journey.
- 3.21 The third channel of social work feedback is through the Social Work Health Check. The social work health check is an important tool in supporting and delivering effective social work. It is a key element of the standards for
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Social Work Update

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 21st March 2018

employers of social work and is part of Standard 1 which covers the requirement to have a 'clear social work accountability framework'. The health check is a process for assessing practice conditions across a number of key areas.

- 3.22 Practitioner feedback is collected via team meetings using a survey comprising 15 questions covering four key areas of practice:
- 3.23 Effective workload management – caseload management, hours worked (including TOIL and annual leave) and competing priorities in relation to training and professional development.
- 3.24 Pro-active workflow management – competing priorities in relation to workload and meetings with service users and professionals, and tasks undertaken by other staff.
- 3.25 Having the right tools to do the job – having the right professional services and resources and access to appropriate office space.
- 3.26 A healthy workplace – team meetings, support and welfare, senior management and whistle blowing.
- 3.27 All practitioners working in social care services were invited to take part in the survey.
- 3.28 This survey is currently being rolled out across the service during March 2018 and its findings will be presented to the Quality Assurance Performance and Improvement Board.
- 3.29 Improving Social Work Practice
- 3.30 In order to embed the “leadership grip” and ownership of the quality of service which children and their families receive from Swindon Borough Council the Quality Assurance and Performance Improvement Board has moved from quarterly to monthly meetings.
- 3.31 The analysis of performance information, learning from Serious Case Reviews and audits as well as the Ofsted 2014 improvement plan has identified 16 key practice improvement areas which are now underpinned by a Social Work Practice Improvement Plan.
- 3.32 Each team presents their own Performance Summary and Self-assessment, along with a team scorecard reflecting what management steps will be taken to improve the practice priorities within their team, setting their own target and trajectory for “getting to good” as well as identifying the impact and outcome for children.

Further information on the subject of this report can be obtained from Maria Young, 01793 463268, myoung@swindon.gov.uk.

Social Work Update

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 21st March 2018

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- 3.33 One of the key challenges for the service is the current ICS system which is the electronic file system for all children. It was one of the areas for improvement in the Ofsted 2014 Inspection Report and while work has concentrated on improving the system and procuring an upgrade this remains one of the most focused corporate priorities.
- 3.34 The challenge of the current ICS systems is being confirmed through the monthly Quality Assurance and Performance Improvement Board which is concentrating also on the validity of the information the system can provide and level of training that social workers and managers are required to have to be competent and consistent in their recording of key performance information. In the current climate of staff “churn” this is an ongoing challenge.
- 3.35 There have been three of the new Boards to date and it is clear that the service now knows what is required and what needs to change. There is strong commitment from managers in embracing this new performance culture. It is positive to note that this detailed oversight and scrutiny is ensuring that we focus on the correct priorities, embed the routine required to improve, and monitor the practice to show a consistent and sustainable change. The impact for children means that they will receive a good consistent service across all teams. This culture change and the clear investment which the managers have demonstrated is to be congratulated especially at a time of increased demand across the service. There is now clarity regarding what service we provide and what is required for the service to improve.
- 3.36 There are conversations starting with partner agencies especially schools, which have been welcomed, to share ownership of the improvement journey and to strengthen the ethos that safeguarding is everyone's responsibility, so that we can develop confidence that all interventions in children's lives ensure they receive the correct service at the right time in their life.
- 3.37 These conversations are now being focused through the new Strategic Children's Services Delivery Group which the Director of Children's services has established and chairs.
- 3.38 Troubled Families Programme
- 3.39 We have had a social worker seconded to work as part of the Troubled Families Task Force team since October 2017
- 3.40 They have concentrated on ensuring that all staff and managers in social care teams understand the Troubled Families Programme and how to link with the Swindon Borough Council taskforce to get help with specific aspects of outcomes such as worklessness
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Further information on the subject of this report can be obtained from Maria Young, 01793 463268, myoung@swindon.gov.uk.

Social Work Update

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 21st March 2018

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- 3.41 They have identified that much of the evidence that would support claims is within the memo/ notes of the social care records or children's files and so difficult to access. The taskforce team now have two workers who have access to the ICS records in order that they can help staff to identify families where the evidence suggests the family have met outcomes. This has helped improve the number of families working with social care we have successfully claimed for. However, we need more systems based solutions to reduce the amount of time this current process takes.
- 3.42 The social worker has also worked with social care managers and the information and performance team to ensure that the families identified as being Troubled Families are added to their weekly score card so they can ensure that conversations are taking place about the wider determinants of transformational, whole family working such as addressing adult worklessness etc. The Troubled Families task force team can support this work with frontline staff to engage help and support if needed.
- 3.43 The outcome so far of this work is of better awareness and more calls from social workers to the Troubled Families taskforce, understanding of the systems issues we need to address to improve claims and more claims actually identified for submission. We need to identify Troubled Families champions within social care teams to continue the work

4. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 4.1 The service pressure remains in relation to additional staffing costs. Workload demands have necessitated the use of agency social care staff across the service to support vacancies, sick leave and maternity cover.

Legal and Human Rights Implications

- 4.2 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.

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

- 4.3 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.

Further information on the subject of this report can be obtained from Maria Young, 01793 463268, myoung@swindon.gov.uk.

Social Work Update

Children's Health, Social Care and Education

Overview and Scrutiny Committee

Date: 21st March 2018

Diversity Impact Assessment

- 4.4 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

- 4.5 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.

5. Consultees

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

6. Background Papers

- 6.1 None.

7. Appendices

- 7.1 Appendix 1 - R20 - Principal Social Worker 6 Monthly Report June 2017.
- 7.2 Appendix 2 - R20 - PSW Report - What you told us needs to change November 2017

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CHILDREN, FAMILIES AND COMMUNITY HEALTH REPORT

Report Title	Principal Social Worker 6 Monthly Report – June 2017
Date of Meeting	July 2017
Report Author	Fiona Francis - Service Manager Quality Assurance and Review Service
Purpose of Report	<p>To provide the Director Children Services, Head of Service and Lead Member an update on the progress of the Principal Social Work Role in Swindon children's social care over the last six months and a view from social workers about their experience of being employed within Swindon Borough Council.</p> <p>c.c. CF& CH Senior Management Team & LSCB</p>
Summary	<p>Context:</p> <p>'A core aim of the Principal Child and Family Social Worker is to ensure strategic direction and decision making is informed by the realities of social work practice. Thus a feedback loop.....links the real-life experience of those who deliver and manage social work with those on the receiving end of practice.' Stanley and Russell (2014)</p> <p>Professor Eileen Munro's Review of Child Protection recommended that each Local Authority should designate a Principal Child and Family Social Worker who is a Senior Manager with lead responsibility for advocating higher practice standards and the development of organisational learning cultures within local authority.</p> <p>The Principal Social Work role in Swindon is about how to drive up standards of practice in a way that is not bureaucratically led but holds the child and their family as the central focus.</p> <p>The ethos of Swindon is to develop a learning culture and the way in which we have embedded the Quality Assurance Framework reflects this. We aim to be child focused at all times and are challenging all we do from the child's lived experience.</p> <p>Swindon's vision for the Principal Social Work Role is to develop the role within a systems approach via a Practitioner Board.</p> <p>The lead function of the Principal Social Worker (PSW) in Swindon continues to be incorporated into the role of the Service Manager for Quality Assurance and Review Service.</p>

	<p>The model enables the PSW not to be involved in direct practice but to be the lead enabler in allowing for far greater practice insight to be heard by the DCS and Lead Member as views from social workers from across all areas of the Council are sought.</p> <p>The PSW is tasked with seeking creative ways to ensure this broader experience is sought, fed back, valued and has an impact on changing practice for the better.</p> <p>The Principal Social Worker also uses the broader day to day experiences to observe practice, hear views and experiences and then uses a Practitioner Board made up of consultant and experienced social workers to seek their wider views, debate challenges, celebrate success and reflect this back to the management team.</p> <p>This is the second Principal Social Worker's 6 Monthly Report, the last one being completed in November 2016. A "What you told us v What we did" style report was then developed with the Head of Service in response to the issues that had been raised. This was shared across the service via the Quarterly Quality Assurance Board for Children Families and Community Health; with the Council Lead Member for Children and with the LSCB. It received very positive responses and feedback from all these different audiences.</p> <p>Progress:</p> <p>Since November 2016 the PSW Board has met on four occasions. From February 2017, it reduced its frequency to once every two months, as agreed in the terms of reference following the embedding of the Board into practice.</p> <p>The priorities that were agreed for the last PSW Report have been addressed in the last 6 months work.</p> <p>While it has been a challenge for members to consistently attend we now have membership from the Disabled Childrens Team, Fostering Service and the Adoption Team.</p> <p>The members continue to address the PSW Board work through their own team meetings and have worked hard to provide Good Practice Story Boards which are attached, (shared in appendix 1). The Board is planning to improve these by using the child's direct quotes where appropriate so we can evidence the voice of the child in the good practice examples. The aim is that all the story boards and work of the PSW will be "show cased" at the Children Families and Community Health Conference which has been scheduled for February 2018.</p> <p>We have continued to seek the voice and lived experience of Swindon children's social workers using the Signs of Safety mapping and scaling tools.</p>
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	<p>Guest Speakers:</p> <p>There has been two guests in attendance at the PSW Board since November 2016. The Named Nurse for Health Visitors and the Lead Coordinator for the Baby Steps Programme. The purpose of these guests being invited was to consider how the Board could raise awareness in their teams of these specific specialist health roles and to identify how we could all work more closely together. The key areas where improvements could be influenced included referrals to the Baby Steps programme and ensuring the coordinators are invited to participate in child protection conference; improved understanding of the health role in MARAC, information sharing and health participation in strategy discussions.</p> <p>It was also arranged to have the Virtual Head for Looked After Children however this was cancelled on the day and will be rearranged.</p> <p>The Policy and Procedures Officer attends part of each Board and continues to develop this ongoing link to share the new policy's which have been developed or amended and to also hear the voice of practitioners regarding the need for any policy or procedure which should be developed. Specifically the Board has been reminded of the LSCB Escalation Policy and the protocol between Children Services and Adult Services that has recently been developed and shared at a workshop for managers. The Board members are also now provided with regular monthly updates from the Policy and Procedures Officer which include research and good practice guides and tools.</p> <p>A number of Board members were interviewed by the independent ISOS partnership who recently completed a Strategic Review of Children's Services in April 2017.</p> <p>Reflective Practice Sessions:</p> <p>Reflective Practice Sessions have continued, informed by the Quality Assurance Framework and the learning from Serious Case Reviews and Local Case Reviews. These sessions included:</p> <ul style="list-style-type: none"> ➤ Learning from SCR Child D and Child S ➤ Fostering and Adoption Standards – what is expected from carers ➤ Practice improvements required following audits of supervision and models of reflective practice; core groups; the Pathway from SD to ICPC; the findings from the Social Work Health Check.
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	<p>➤ Transfers of children subject to protection plans across boundaries as per learning from LCR Child A</p> <p>National and Regional Links:</p> <p>Updates have been provided to the Board from both the work of the regional and national PSW networks. Information from these networks has been passed to Board members to share with their teams, including correspondence from Isabelle Trowler the Chief Social Worker for Children.</p> <p>The PSW Board provided feedback to the national consultation on the proposals for Social Work Accreditation.</p> <p>Significant and helpful research has been shared during and between meetings, including :</p> <p>“Not Seen Not Heard” research</p> <p>Bright Spots Survey of Children in Care</p> <p>Parental Capacity- Article Bristol University</p> <p>Repeat Removals- Lancashire University research</p> <p>Concurrent Planning</p> <p>Attachment and contact- Ben Grey research</p> <p>The Board now has access to the virtual issues of Child Abuse Review on Development on the BASPCAN website.</p> <p>Assessing parental Capacity to Change – Harriet Ward et al 2014 (recommendation of SCR Child D)</p> <p>The Voice of children’s Social Workers and their Lived Experience:</p> <p>At alternative meetings the Board focuses on what they and their teams experience is like working in Swindon. The following are some of the comments of the practitioners.</p> <p><i>What’s working well?</i></p> <ul style="list-style-type: none"> • Our commitment to children. • The teams remain child focused and we have good relationships between children and their social workers. • The peer support we have within teams and the building culture that is not a “blame or backstabbing” culture. • Positive feedback from managers and service managers.
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	<ul style="list-style-type: none"> • The PSW Board is a good thing, the teams have felt more informed and also that their complaints are being listened to. • Children feel listened to and we have positive outcomes from Court proceedings • A Care Leaver has received The Mirror's Pride of Sport award. His trophy and photos were shared with the Board to demonstrate what the end result can be for children in care. • Positive outcomes for child with custodial sentence • Use of wider family for assessments • Partner agencies working well together • Manager working hard to regroup team with team meetings and peer groups. • Improving contact in linked in cases with Personal Assistants and children who are in care over 16+ • Recording on ICS – development of the system to make it easier. • Sessions with partner agencies coming into the teams. • New phone system working well at the front door. • New group being launched for children with autism at risk of CSE • Concurrent placements and foster to adopt placements • Adoption orders and permanency for children concluded • "Positive Comments Board" in teams working well • The Fostering Team has been asked to participate in a research project with Rees Centre, University of Oxford, in relation to the mental health of children in care. This was due to the good partnership working during a previous research project of foster care stability. <p><i>What are we worried about</i></p> <ul style="list-style-type: none"> • Lack of placements and the delay in seeking approval to search outside Swindon –it can take all day and the child waiting. • Teams feeling a slight disconnect from senior management team given the changing roles at that level in the last 6 months. • Conflict resolution. Concerns about the service being escalated too high or too soon and too many people are being copied in before the problem is addressed by team manager and the social worker. • Frequent changes in ATM's • High turnover of SW's for some children
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	<ul style="list-style-type: none"> • Different thresholds across teams. Not consistent, making it hard for other agencies. • The time it takes to complete chronologies <ul style="list-style-type: none"> • Caseload weighting not realistic, accurate or working. • KPI's can be hard on workers. Sometimes it is not clear who is responsible for collating information for ICS. <ul style="list-style-type: none"> • Some workers feeling micro-managed which is disempowering. • ICS not working well. Time it takes to use ICS. Time spent with young people is decreasing due to time needed for recording. • Transport for placements. Taxi's not turning up or refusing to take child/staff member. Funding for transport <ul style="list-style-type: none"> • Some Social Workers don't feel valued and don't feel there is enough recognition from Senior Management. (this was on a different day to the positive comment above) • Staff feel that there is a lack of handover and inductions for new & agency staff. • Not enough Social Workers to cover the workload in the timescale expected. • Individual support and reflective supervision is not consistent for all. • Apprehensive of staff changes / staff leaving / lack of permanent staff. • Unclear about changes to adoption when we move to ATV and the possible impact or difficulty finding adoptive placements. • Placement issue - worried that SWs will become expected to care for children overnight. Staff are asked at short notice. Impact of work / life balance and blurring boundaries for children. Feel there is a disconnect with Senior Management on urgency of placements • Lots of changes of IRO's & CP chairs resulting in very different working styles and quality is not what it should be. Danger statements and CP plans are too generic and not specific enough. They also need more context <p><i>What needs to change?</i></p> <ul style="list-style-type: none"> • Small manageable caseloads for all staff. • Threshold for a service to be consistently applied across teams. • There should be a change in how a placement is approved so that children do not have to wait for a placement. • Senior Managers should make the changes to placement availability and staff should not be asked to care for children in hotels.
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	<ul style="list-style-type: none"> • There should be a consistent approach for what happens when a Social Worker leaves and another agency staff member takes over – across all teams. • Permanent IRO/CP Chairs to be appointed • Performance information, recording V contact with children should be debated. <p>Impact of PSW Board:</p> <p>A centralised shared drive has been set up by members where all attendees can access the minutes, research, policy and procedure changes as well as story boards.</p> <p>A resource library will be developed as part of Trix to store all the resources the board members have access to and for them to access and share within their teams.</p> <p>The Board has requested that the Swindon Borough Council website for the public is updated.</p> <p>The Board has challenged the LSCB regarding its website and barriers to access the LSCB CP Procedures.</p> <p>Work is being completed by the newly appointed commissioner for placements.</p> <p>Positive comment boards are becoming more apparent in teams.</p> <p>The PSW Board is building connections between teams.</p> <p>The link with the policy and procedure officer is positive.</p> <p>PSW members are reporting that they are feeling more confident as a result of being on the Board.</p>
Decision Required	For the Director of Children's Services to note the contents of this report and share any feedback they wish to the Principal Social Work Practitioners Board
Next Steps/ Actions	For PSW Practitioners to continue as agreed to further embed the role in Swindon Borough Council.

Directors Response	The opportunity for social workers, through the social work Board, to express their views and experiences on service delivery and quality is an important one. The evidence of response and change from senior managers is important and communication to all social work staff of improvements/changes as a result of feedback from the "frontline" needs strengthening.
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	<p>The context and conditions for good social work practice are evident in aspects of this report e.g. learning from SCR's, reflecting on national and local research, establishing specific work for vulnerable groups, voice of the child being heard, supportive managers.</p> <p>There are equally a set of concerns raised by staff that the service needs to systematically address. Some of these concerns will be integral to the developing strategic plan for Children's Services and will be prioritised quickly, particularly thresholds, placement provision, connection with senior managers and consistency of practice. This will be taken forward through the Quality Assurance and Performance Board workshop on the 01/09/2017.</p> <p>David Haley Director of Childrens Services 31/08/2017</p>
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Appendix 1

Story Boards x 5

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Principal Social Worker Report – Senior Management Response

Oct 2017

What you told us needs to change.	What we did in response.
<p>Caseload weighting not realistic, accurate or working. Need small manageable caseloads for staff.</p> <p>Not enough Social Workers to cover the workload in the timescale expected</p> <p>Apprehensive of staff changes / staff leaving / lack of permanent staff.</p> <p>Lots of changes of IRO's & CP Chairs resulting in very different working styles and quality is not what it should be. Danger statements and CP plans are too generic and not specific enough. They also need more context.</p>	<ul style="list-style-type: none"> • Caseload weighting was reviewed again and considered the number of children open as opposed to only focusing on the weight of a case. This has enabled us to increase SW capacity in order to reduce caseload. • Recruitment of SWs is one of our key priorities including an enhanced and creative recruitment campaign against an ever competitive national and local market. • QA & Review Service Manager delivered a workshop to all CP Chairs regarding consistency of their practice across all conferences – including danger statements. Protection Plans were dip sampled. Further evaluations are planned.
<p>KPI's can be hard on workers. Sometimes it is not clear who is responsible for collating information for ICS.</p> <p>Some workers feeling micro-managed which is disempowering.</p>	<ul style="list-style-type: none"> • Changes and improvements to our QA Performance Framework will mean greater clarity and ownership at team level of performance. This will allow teams to own performance information which they will validate, it will provide an accurate reflection and therefore reduce the feeling of scrutiny.
<p>The time it takes to complete chronologies</p> <p>ICS not working well. Time it takes to use ICS. Time spent with young people is decreasing due to time needed for recording.</p>	<ul style="list-style-type: none"> • ICS processes have been developed to assist in the creation of chronologies. The policy and guidance has been signed off. • The upgrade of ICS remains a priority.
<p>Some Social Workers don't feel valued and don't feel there is enough recognition from Senior Management.</p>	<ul style="list-style-type: none"> • CSMT recognise that our heightened level of scrutiny has led to feelings for some staff of being undervalued and that the excellent work does not get noticed. This is a timely reminder for CSMT to reflect on how we provide high support coupled with high challenge.
<p>Staff feel there is a lack of handover and</p>	<ul style="list-style-type: none"> • The transfer policy gives helpful

Principal Social Worker Report – Senior Management Response

Oct 2017

inductions for new & agency staff.	<p>guidance for the standard expected in the transfer of children between and within teams. We want TM & ATM to appreciate the value and encourage a good handover in all cases.</p> <ul style="list-style-type: none"> • Work is ongoing with the Consistency Across Social Care Group to develop induction packs across the social work teams. • Induction guidelines for IROs is also being developed.
Individual support and reflective supervision is not consistent for all.	<ul style="list-style-type: none"> • We absolutely acknowledge this and know that reflective supervision lies at the heart of SW practice. This remains an area to strengthen as practice is variable. We are developing ways where the ratio between SW & manager is such that there is the capacity to deliver reflective supervision on a more consistent basis.
Unclear about changes to adoption when we move to ATV and the possible impact or difficulty finding adoptive placements.	<ul style="list-style-type: none"> • Within the month of November we will ensure there is an information session to update the SW workforce regarding our adoption practice and the impact of the transfer to ATV.
Placement issue – worried that SWs will become expected to care for children overnight. Staff are asked at short notice. Impact of work / life balance and blurring of boundaries for children. Feel there is a disconnect with Senior Management on urgency of placements.	<ul style="list-style-type: none"> • HOS is absolutely clear that there is no expectation for SW to remain with children overnight and in fact is totally discouraging of this practice. We therefore acknowledge we need other resources available to enable children to be kept safe in emergency situations. Plans are in place to develop these resources.
Threshold for a service to be consistently applied across teams.	<ul style="list-style-type: none"> • Our audit activity has sighted the variance of thresholds across teams. Continuous focus on performance in our new QAPB will enable improvement and consistency
Performance information, recording V contact with children should be debated.	<ul style="list-style-type: none"> • HOS is absolutely clear that a decrease in caseloads and the improvement of ICS will mean that direct work will be more achievable and recorded in a way that enables the children's lived experience to be reflected.

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

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

Date: 21st March 2018

Author:	Fiona Francis, Service Manager for Quality Assurance and Review Service
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To update the Committee on work being undertaken regarding Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse.
- 1.2 This is the second report and it has been requested to update the committee of the progress being made in relation to Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse.
- 1.3 Tackling these areas of harm which children and their families in Swindon experience is linked to the Council's Corporate Priority of reducing vulnerability. It also contributes to the One Swindon Priority: Living Independently, protect from harm, leading healthy Lives and making a positive contribution. There are also links to the Crime and Disorder Act whereby Section 17 of the Act 1989 makes it a statutory responsibility for all local authorities to consider community safety as part of its core business.

2. Recommendations

2.1 The Committee is recommended to:

The Committee is recommended to note the contents of this report and provide appropriate challenge and scrutiny in relation to the information it contains. It is the responsibility of the author to take forward any actions required.

3. Child Sexual Exploitation (CSE):

- 3.1 The councils Child Sexual Exploitation (CSE) working group was established in January 2015. This group changed in October 2017 to become a Child Exploitation Delivery Group, this group is chaired by David Haley Corporate Director of Children Services. The change is to acknowledge the emerging concerns in relation to children who are being criminally exploited in Swindon. The CSE strategy refreshed in 2017 is being re-written to incorporate Child Exploitation. There is a CSE delivery plan in place that each Head of Service has contributed to so that the strategy can be delivered. Actions are updated

Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

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

Date: 21st March 2018

and reviewed at the delivery group meeting. The draft CE strategy will be taken to the Cabinet for sign off.

- 3.2 The Multi-agency Opal CSE Team continues to work with children who are at high risk of CSE. The practitioners work closely with MASH and other agencies. There are key benefits of having the police as part of the co-located team. It enables a joined up response to children and their families. Information/intelligence is shared and themes can be identified.
- 3.3 The Opal service is child-centred; staff work flexibly by working outside normal office hours and weekends as/if required.
- 3.4 The Opal team and the CSE and Missing Manager have been providing a training and awareness raising programme to schools, colleges, Young Peoples Housing Providers, Foster Carers and Early Help Services.
- 3.5 The CSE e-learning module is now mandatory for all SBC staff. Compliance to completion of this training is being monitored through the CSE delivery plan. The Council Communications team are promoting the requirement for all staff to undertake the training in March. There will be an alternative option put in place for council employees who are not able to complete the course on line.
- 3.6 It has been agreed that the Opal team will be moving to become a Child Exploitation Team. This is in response to the emerging concern in relation to Children who are being Criminally Exploited, linked to County Lines. Wiltshire Police have already seconded an officer into the team as part as a pilot to scope the need.
- 3.7 There are additional training courses in place for Children's Services practitioners to enhance skills and practice. Courses are: Working with parents: CSE and Children with Learning Difficulties and Boys and LGBT (called not just for girls). It is particularly important to highlight to practitioners and partners that boys are being sexually exploited. The training is facilitated by a multi-agency group of trainers co-ordinated by the CSE and Missing Manager. The training is open to partner agencies and administered through Swindon Borough Council Children's Work force Development Team.
- 3.8 As part of a bid made to One Swindon a successful conference was held in February in Swindon and the focus was the impact of Trauma on children who have been sexually assaulted and how perpetrators groom children and the adults around them. This training was very successful and the evaluations received have been positive.

Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

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

Date: 21st March 2018

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- 3.9 Child Exploitation awareness sessions have taken place with members through the Conservative and Labour groups.
 - 3.10 Links have been made with Parish Councils and awareness session delivered to Haydon Wick Parish Council. Unfortunately a session planned for all parish councils had to be postponed due to illness of the facilitator from police and locality manager. This is being re-arranged.
 - 3.11 MARP was independently re-evaluated in April 2017. The independent reviewer concluded "MARP's functioning was unrecognisable from the previous evaluation. The previous evaluation was largely positive but there have been major improvements since that time. A meeting that generates over seventy actions to safeguard children is a powerful influence. Overall I thought MARP was impressive." "MARP appears to be a hard-working and effective process that is making a significant contribution to safeguarding children. It is also an evolving and improving entity which is important because it is clear the perpetrators of abuse perpetually change their methods and open up new challenges. I hope efforts will continue to identify clearer evidence of impact and to strengthen existing safeguarding arrangements."
 - 3.12 MARP continues to ensure there is a focus on perpetrator disruption in relation to children. There has been an increase in the number of Child Abduction Warning Notices issued. Wiltshire police have also successfully obtained sexual risk orders.
 - 3.13 A gap has been identified by MARP regarding the transition of those high risk/exploited young people who do not meet the criteria for receiving adult services. As a result a briefing paper was submitted to the Swindon Local Safeguarding Adults Board recommending that a coordination group was established. This group is now in place chaired by adult's services. One of the key developments is the extension of the remit of the Community Partnership led Community MARAC for risk management. This is a positive development. These young adults will be reviewed in this forum.
 - 3.14 As a result of the emerging concern in relation to Child Criminal Exploitation (CCE) a Multi-Agency development group was established. There is no national definition of CCE so the group adapted a definition used by Wiltshire Police "*When a child is forced, coerced, compelled or exploited to commit offence by a third party who stands to gain*".
 - 3.15 The group has developed and piloted a joint CSE/CCE screening tool to identify children who are being exploited. Comments from practitioners using the tools have been positive.

Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

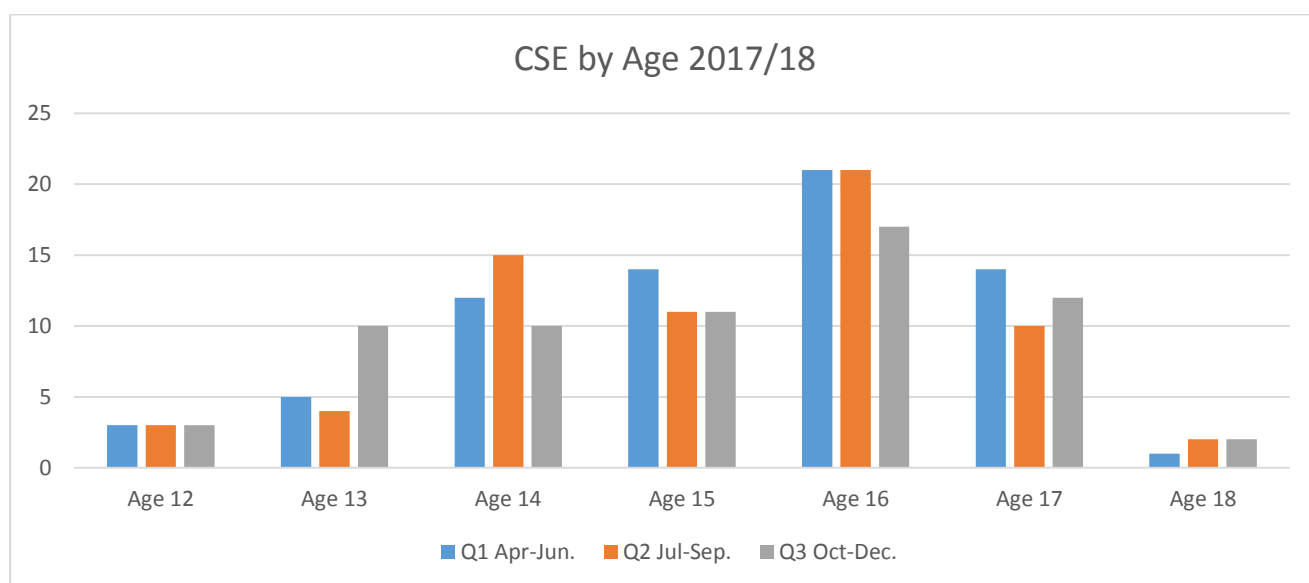
Children's Health, Social Care and Education Overview and Scrutiny

Date: 21st March 2018

- *A useful tool in up skilling our practitioners to identify signs and symptoms of child criminal exploitation.*
- *The tool allowed for us to identify those children at risk or not of CCE.*
- *Helped identify risk and guide discussion particularly with parents.*
- *Some reluctance from professionals initially but once used was found to be beneficial for clarifying and engaging with parents/children.*
- *It got parents thinking about the behaviours they were seeing.*

A performance scorecard is in place for CSE. The following quantitative information is collected on a quarterly basis.

Table 1 shows the age of children subject to CSE by age across Q1 Q2 and Q3.



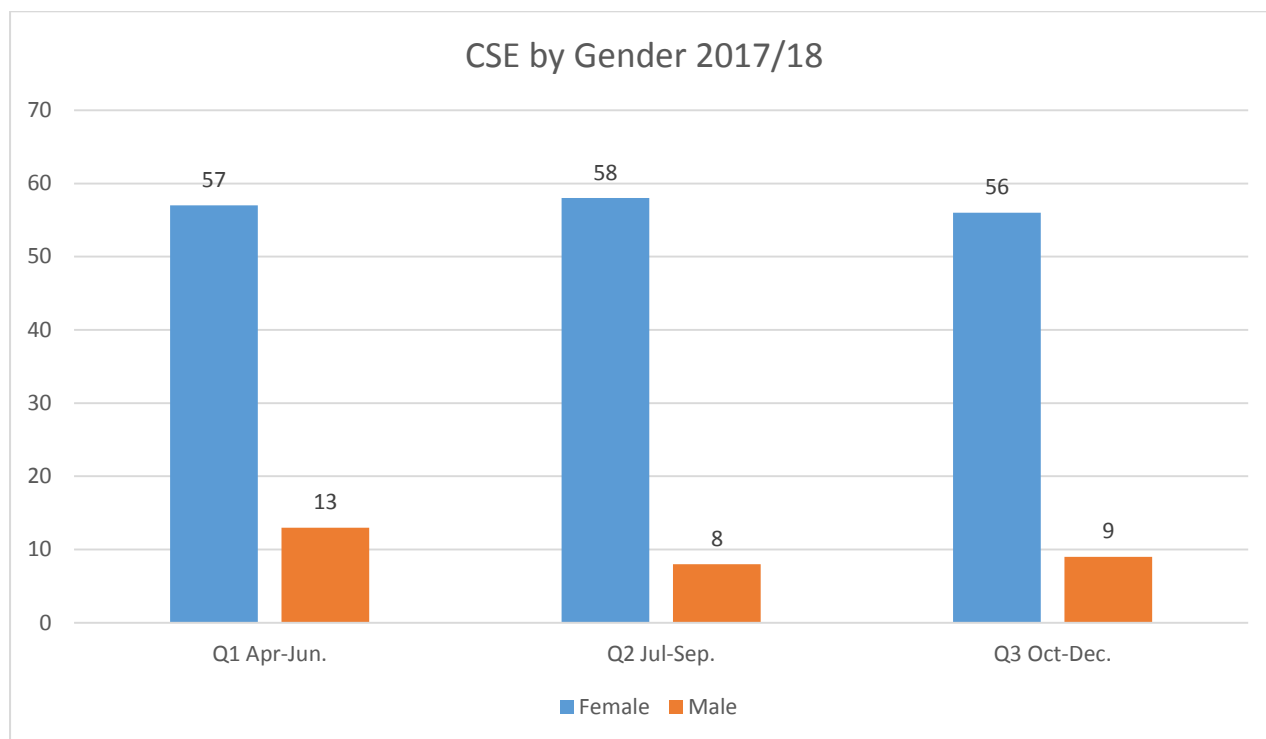
This information evidences that the target age where children become subject to CSE is from 16 years onwards. However this also indicated that the prevention strategies for children below 16 years should be strengthened.

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

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

Date: 21st March 2018

Table 2 shows the number of children who are subject to CSE by gender across Q1, Q2 and Q3



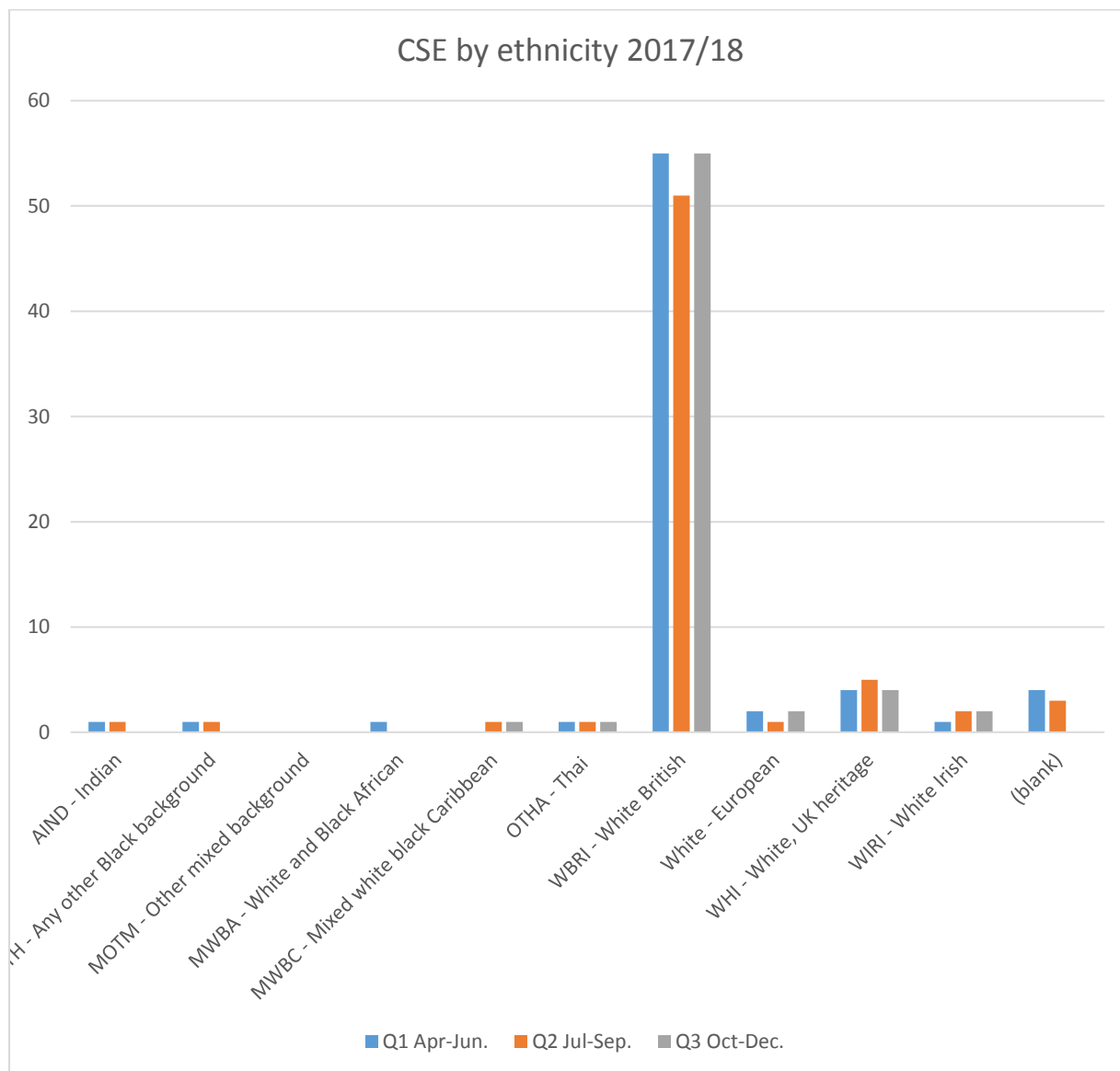
This information shows us that boys are increasing as victims of CSE, with the average number across the three quarters doubling that of 2016/17. This was previously an area of concern as professionals do not always recognise boys as being subject to CSE. So this increase is positive in terms of identification.

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

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

Date: 21st March 2018

Table 3 shows the comparison of children subject to CSE across Q1,Q2 and Q3



This table evidence that white British children are the highest ethnic group who are subject to CSE. This does not mean that other ethnicities are not subject to CSE rather it is not being identified and referred to services. The range of ethnicities being reported this year is broader than those of 2016/17, although numbers are low.

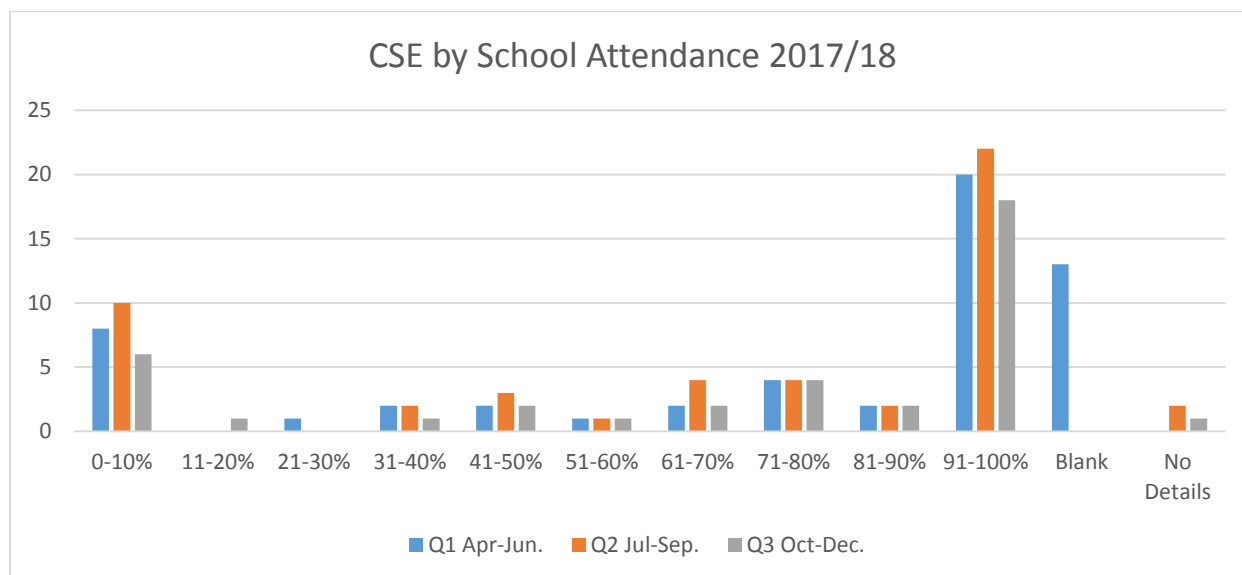
Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

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

Date: 21st March 2018

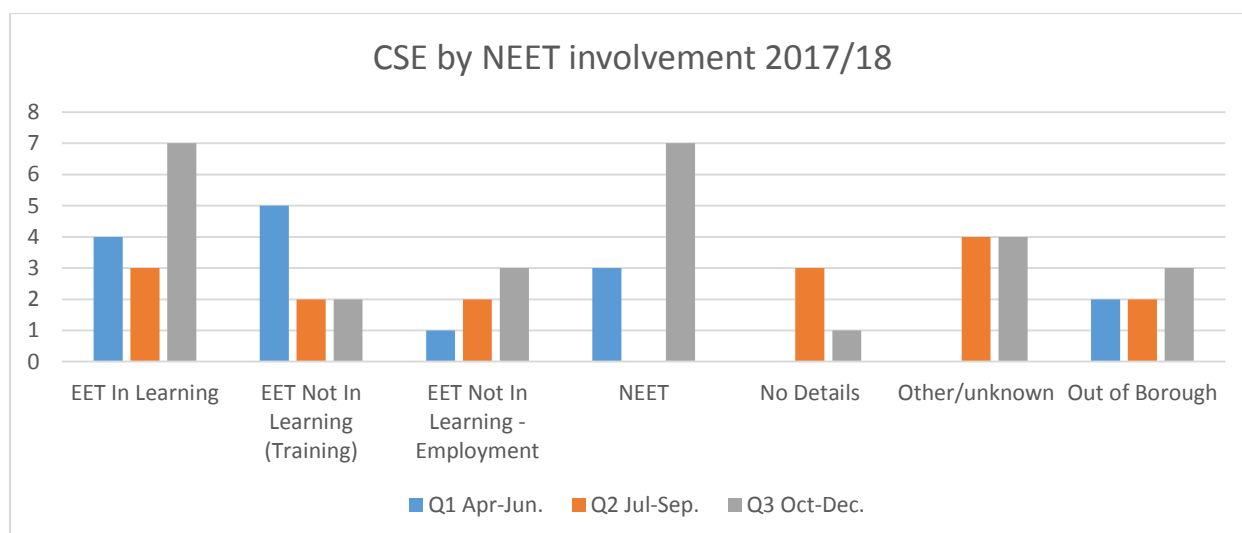
Table 4 shows the school attendance of those children subject to CSE (up to 16 years) and their school attendance across Q1, Q2 and Q3.



The largest cohort here have over 90% attendance, however this has dropped slightly for Q3. This indicates that there are slightly more children missing education who are at risk or subject to CSE than previously.

Table 5 shows the NEET Activity (17-18 yr olds) across Q1, Q2 and Q3.

This table evidences a reduction across Q1 –Q3 for those young people subject to CSE who are NEET.



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Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

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

Date: 21st March 2018

3.16 Honour Based Violence (HBV)/Female Genital Mutilation (FGM)/Forced Marriage

In 2017/18 there were 7 contacts to Children's Social Care in relation to FGM. 3 resulted in no further action and 4 progressed to assessment. This is an increase on last year where no referrals met the threshold for statutory assessment. There were 6 referrals in relation to honour based violence and 2 progressed onto assessments, 3 had a strategy discussion. There were no contacts concerning Forced Marriage.

There is a good awareness within MASH/FCP and the Assessment and Child Protection Team around concerns relating to FGM, HBV. Partner agencies are referring into the service and seem to also have a good understanding.

3.17 Specialist awareness courses continue in 2017/2018 and 20 practitioners attended. A good cross section of agencies attended from health, education, Voluntary sector, police and SBC were trained. There are a further two full day courses planned for 2018/2019 (March & October) and two half day sessions just on FGM.

3.18 The community safety partnership lead on the development of the Violence against women and girls strategy, HBV, FGM and forced marriage are key areas in the strategy and will form part of the delivery plan. CSE and Teenage Domestic Abuse are also key areas of the Violence against women and girls strategy.

3.19 The FGM protocol and practitioner toolkit has been updated.

3.20 Domestic Abuse

Swindon has estimated high levels of domestic abuse, compared with its 'nearest neighbours'. Evidence suggests that the number of children affected by domestic abuse has increased in recent years. Domestic Abuse continues to be a high priority across all of Children Families and Community Health and work is underway within the Community Safety Partnership to develop the risk, prevalence and impact of domestic abuse in Swindon.

3.21 A joint task and finish working group between children and adult services has been proactively progressing the development of services for Swindon in relation to Domestic Abuse. This is chaired by the Director of Public Health.

3.22 This group has been successful in its bid for funding from One Swindon and is looking at the best interventions nationally so that they can be commissioned for Swindon. The sum of 90K has been awarded for a two year project. These will include a holistic service for the whole family so that children, victims, and

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

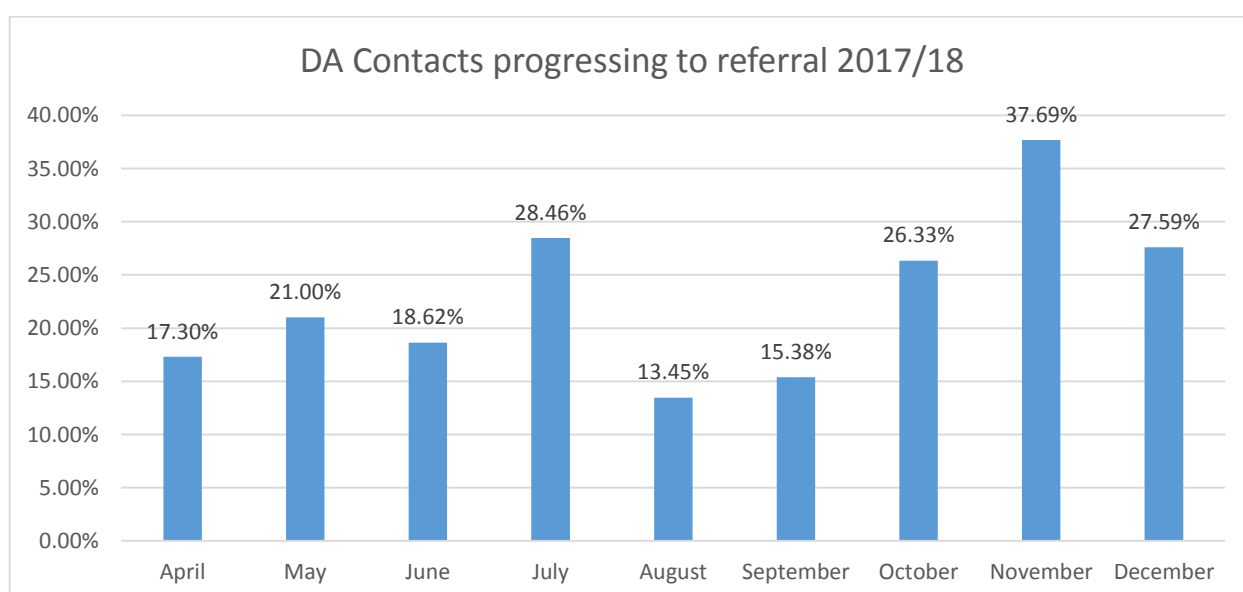
Children's Health, Social Care and Education Overview and Scrutiny

Date: 21st March 2018

perpetrators are supported in a joined up and safe way. A review of what is available within Swindon for families in regards to Domestic Abuse is also underway so that the gaps can be identified and plans to address these put in place. The training offered to practitioners who work with the families of Domestic Abuse is being reviewed to ensure that it addresses both the adults and the children's needs.

- 3.23 Domestic abuse (DA) accounted for 21.3% of contacts for MASH in December 2017 (261 contacts) - however this is only where DA is identified as being the primary reason for referral. This is higher than any other category of need. Table 6 depicts the rate of domestic abuse referrals that progressed to referrals between April 2017 – December 2017. This shows the percentage of those contacts that became referrals to social care.

Table 6



- 3.24 MASH also have information sharing agreements with the refuge and they advise every time a Swindon family leave the refuge. Swindon's Women's Aid have also been completing some awareness raising workshops for the MASH consider how MASH can be more effective in how it engages with victims of Domestic Abuse.
- 3.25 Police are risk assessing domestic abuse notifications to consider the risk to a child and a RAG rating is being applied. This means that those children who

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

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

Date: 21st March 2018

are most at risk are identified early so that their safety needs can be identified and met.

- 3.26 The new model for sharing police notifications - Encompass - started in February 2017 and has become embedded across schools Early Years and GP surgeries. Training has been offered and delivered across these partner agencies. Feedback is very positive. Swindon is the first to do this with GPs. The police will be leading on a review of Encompass during 2018.
- 3.27 Police and the MASH manager have delivered joint training with frontline police officers to raise their awareness of how to record and share the information regarding the children while on visits to homes where DA has been reported.
- 3.28 The Respect Young People's Programme is currently being offered within the YOT and is a licensed programme that successfully works with young people aged 10 to 17 and their families. The programme delivers a structured intervention to help those families that are dealing with aspects of adolescent to parent violence throughout the borough of Swindon. The programme also works with young people and families who have experienced and witnessed domestic abuse historically. The aim of the programme is to offer early intervention to create positive change for these families by preventing the continuation of domestic abuse in the future and thus reduce the risk of family breakdown and criminality.
- 3.29 The programme in Swindon was previously funded by the Wiltshire Community Foundation for a period of 2 years from July 2016 and has now been implemented as a permanent intervention to be offered to families and young people across Swindon. Respect has successfully completed with 36 families in that time and currently has a waiting list of 66 young people with referrals being received via schools, Family Contact Point/MASH, Social Services, CAMHS, TAMHS, the police and any various other children's services across Swindon. Referrals can also be accepted by parents and young people themselves.

4. Alternative Options

- 4.1 This report is for information only.

5. Implications, Diversity Impact Assessment and Risk Management

5.1 Financial and Procurement Implications

At the time of writing this report there is no discernible financial implications.

Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

Update on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse

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

Date: 21st March 2018

5.2 Legal and Human Rights Implications

Human Right considerations have been taken into account fully in compiling this report. It is considered that the recommendations of this report are compatible with Convention rights.

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

None.

5.4 Diversity Impact Assessment

This report is covered by the Diversity Impact Assessment for Swindon's Children Social Care.

5.5 Risk Management

There are no risk implications.

6. Consultees

6.1 The Director of 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 2017/18

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

Date: 21st March 2018

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.
 - 1.6 The Local Government and Public Involvement in Health Act 2007 have presented the Children's Health, Social Care and Education Overview and

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 2017/18

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

Date: 21st March 2018

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 2017/18 Municipal Year.

2. Recommendations

The Committee is recommended to:

- Consider and discuss the Chair's proposal for the 2017/18 work programme.
- Approve the proposed Work Programme for the 2017/18 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 2017/18 Municipal year.
- 3.3 Attention is drawn to the Scrutiny Process Flowchart, attached at Appendix 2, which is aimed at assisting the Committee in identifying how they could influence policy development.
- 3.4 To assist Members in developing the Committee's Work Programme, a copy of the current Cabinet Work Programme and Forward Plan, for the period 28th November 2017 to 28th November 2018, is included as Appendix 3. This appendix can be inspected on the Council's website (links listed below) and copies can be obtained from the Committee Officer. A hard copy will be available for inspection at the meeting.

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 2017/18

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

Date: 21st March 2018

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.

Diversity Impact Assessment

- 5.4 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

- 5.5 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 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.

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 2017/18

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

Date: 21st March 2018

8. Appendices

8.1 Appendix 1 – Work Programme for 2017/18.

8.2 Appendix 2 – Scrutiny Process Flowchart.

8.3 Appendix 3 – Cabinet Work Programme and Forward Plan, for the period 27th February 2018 to 27th February 2019. (This appendix can be inspected on the Council's website and copies can be obtained from the Committee Officer. A hard copy will be available for inspection at the meeting.)

Internal link: <http://sbcvpwmmgv02:9070/mgListPlans.aspx?RPId=285&RD=0>

External link:

<http://ww5.swindon.gov.uk/moderngov/mgListPlans.aspx?RPId=285&RD=0>

Children's Health, Social Care and Education **Work Programme 2017 - 18**

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
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5th July 2017		
Theme/Scope: Work programme and Health theme – Hospital Quality Account and CCG Children's Review		
Item	Objectives	Witnesses
Co-optees Appointment	To confirm the appointment of Co-optees to the Committee.	Chair
Annual Quality Accounts for The Great Western Hospital 2016-17	To update the Committee.	Kevin McNamara – Great Western Hospital
Clinical Commissioning Group - Children's Services Review (Postponed)	To update the Committee.	Gill May – Clinical Commissioning Group
Performance Report	To provide a detailed report on the Children's Services performance.	Phillipa Lamb / Peter Nathan/ Maria Young
Work Programme discussion	To set the work programme for the forthcoming municipal year.	All

20th September 2017		
Theme/Scope: Disabilities and Special Educational Needs		
Item	Objectives	Witnesses
Education and Health Care Plans	<ul style="list-style-type: none"> To update the Committee on the national model and expectations and the challenges facing services to implement E&HCP To include exploration of the effectiveness of provision; services and Special Resource Provision in school settings: Guidance available to parents re pathways for Autism/ ADHD.ADD diagnoses. 	<p>To run as a workshop style and to involve a Head Teacher; parent; SENAT; SEND & EP</p> <p>Peter Nathan to lead/ arrange</p>
Clinical Commissioning Group – Children's Services Review	To update the Committee.	Gill May – Clinical Commissioning Group

29th November 2017		
Theme/Scope:– Children's Mental Health and Wellbeing		
Item	Objectives	Witnesses
TAMHS	<p>Update the Committee on mental health of young people</p> <ul style="list-style-type: none"> Challenges and opportunities the service has encountered in the past year Reasons for any delay in assessments and if this is a factor in school exclusions? 	Maria Young
CAMHS	<p>Update the Committee on mental health of young people.</p> <ul style="list-style-type: none"> To include challenges, evidence of need and impact Update on re-commissioning of CAMHS CCGs overview of children's mental health pathways 	Thomas Kearney/ Gill May

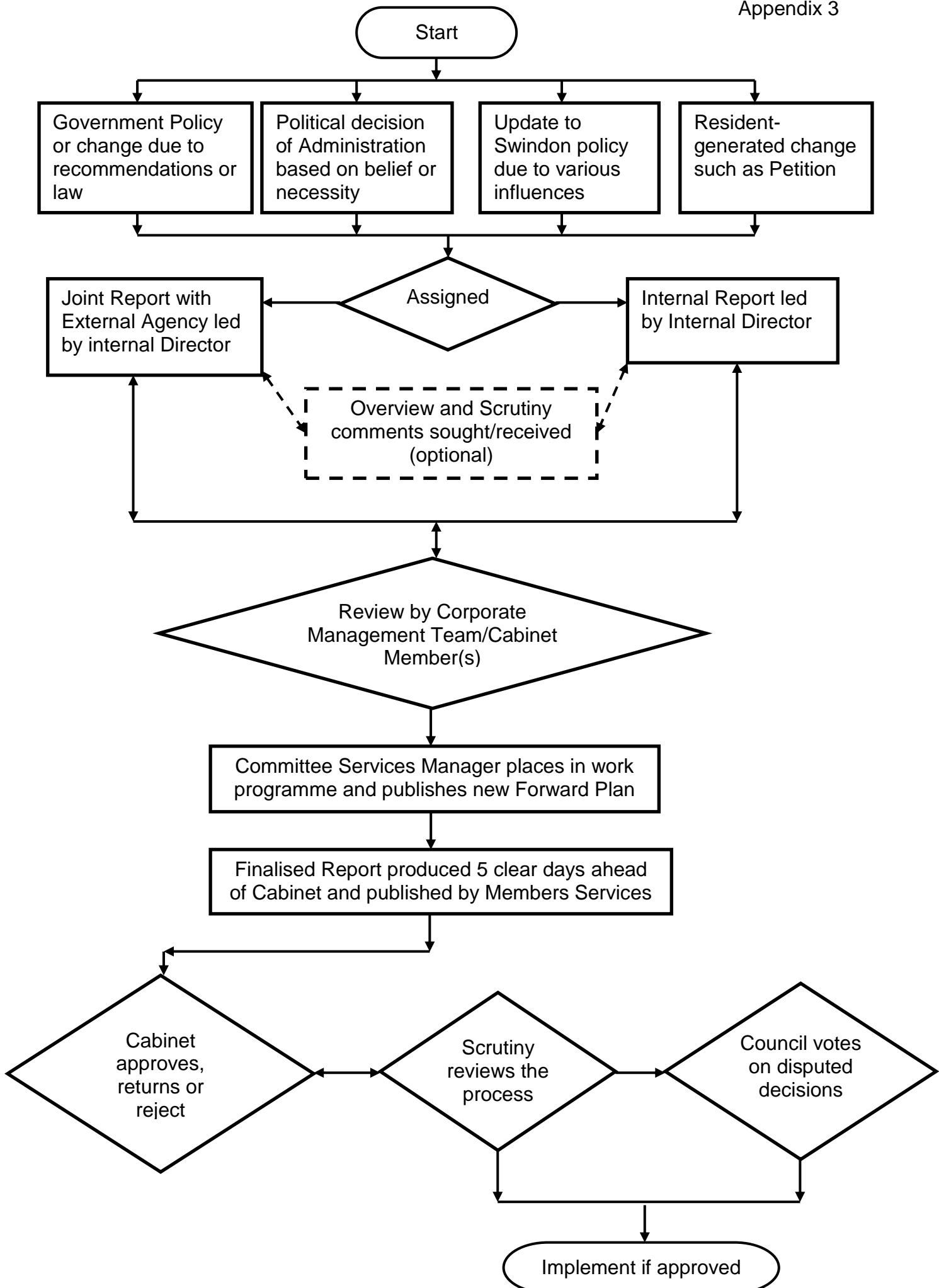
29th November 2017		
Transitions to adulthood	Update the Committee to include: <ul style="list-style-type: none"> Challenges and opportunities the service has encountered in the past year Transition to adult mental health, effectiveness, outcomes, challenges, issues, opportunities. 	Gill May, Clinical Commissioning Group
Performance of Children's health services	<ul style="list-style-type: none"> Detailed report on the Children's Services performance. Informing the Committee of the latest indicators across Children's Services. Detailed performance report on children's area - overview/issues Detailed performance report on children's area - overview/issues 	Jo Ash / Peter Nathan/ Maria Young Kevin McNamara, GWH Gill May, Clinical Commissioning Group
Clinical Commissioning Group	6 month plan - The future of Primary Care Services	Gill May
Youth Council and Youth Parliament	To introduce Youth Parliament members; receive details of the Youth Council's work for the 2017/18 period and to give the Committee an opportunity to identify any issues raised that Overview and Scrutiny can assist with.	Paul Dobson/ Claire Smith

24th January 2018		
Theme/Scope: Education and School Standards		
Item	Objectives	Witnesses
Education Standards	To provide the Committee with an overview and highlight challenges and progress in the following areas: <ul style="list-style-type: none"> Academy performance LA Education Plan Exam/ progress results Exclusions –progress in reducing 	Peter Nathan, To Invite Chairs of SAPH and SASH Committee
Clinical Commissioning Group	To update the Committee on the Digital Roadmap	Gill May
Youth Forum and Youth Parliament	To update the Committee – Feedback on actions during term of office.	Paul Dobson
Local Safeguarding Children Board Annual Report	To update the Committee on the LSCB work.	Simon Ratcliff

21st March 2018

Theme/Scope: Childrens Safeguarding and Children's Social Work

Item	Objectives	Witnesses
Front Door Referrals & Threshold	To provide the Committee with the an update on: <ul style="list-style-type: none">• Progress of the MASH and Thresholds work• Brief outline of what's known about the new Childrens Ofsted framework	Maria Young
Social work update	<ul style="list-style-type: none">• Progress in the quality of social work, feedback from the Principal Social Worker and Social Work Health Check	Maria Young and Fiona Francis
Safeguarding	<ul style="list-style-type: none">• To receive a report on Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse	Maria Young & Gill May
Performance of Childrens Health Services	<ul style="list-style-type: none">• Detailed report on the Children's Services performance. Informing the Committee of the latest indicators across Children's Services.• Detailed performance report on children's area -overview/issues• Detailed performance report on children's area -overview/issues	Jo Ash/ Peter Nathan/ Maria Young Teresa Harding / Julie Marshman, GWH Gill May, Clinical Commissioning Group



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