

# Swindon Borough Council

## Health and Wellbeing Board

**Wednesday, 25 October 2017**

Committee Room 6, Civic Offices

At 2.00 p.m.

**Contact Officers:**

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### AGENDA

- 1. Apologies for Absence**
- 2. Declarations of Interest**  
Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.
- 3. Minutes** (Pages 3 - 8)  
To receive the minutes of the meeting held on 12<sup>th</sup> July 2017.
- 4. Public Question Time**  
Please refer to the explanatory notes below.
- 5. Safeguarding Adults in Swindon Annual Report 2016/2017** (Pages 9 - 62)
- 6. Local Safeguarding Children Board Annual Report** (Pages 63 - 130)
- 7. Swindon Affordable Warmth Strategy 2017-2019** (Pages 131 - 160)
- 8. SEND Joint Strategic Needs Assessment** (Pages 161 - 174)
- 9. Carers Joint Strategic Needs Assessment** (Pages 175 - 188)
- 10. Better Care Fund 2017-2019** (Pages 189 - 392)
- 11. Joint Commissioning Group - Minutes for information and comment**  
(Pages 393 - 412)
- 12. Health and Wellbeing Board Terms of Reference**
- 13. Any Other Business**

**Date of Despatch:** 17 October 2017

**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 from the Committee Officer named above or on the Council's Website at:

(<http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0>).

**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.

**HEALTH AND WELLBEING BOARD**

**WEDNESDAY, 12 JULY 2017**

PRESENT:- Brian Mattock (Lay Chair), Councillors Fionuala Foley, Brian Ford and Ray Ballman (Swindon Borough Council), Debra Elliott (NHS England), Michelle Howard (Healthwatch Swindon), Nicki Millin (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), Angus Macpherson (Police and Crime Commissioner) and David Wray (Voluntary Action Swindon).

Also in attendance were: Matt Bywater (Swindon Borough Council), John Gilbert (Chief Executive, Swindon Borough Council), Cherry Jones (Director of Public Health, Swindon Borough Council), Dr Rebecca Maclean (Speciality Registrar in Public Health, Swindon Borough Council), Jo Osorio (Healthwatch Swindon), Simon Ratcliff (Local Safeguarding Children's Board Strategic Manager, Swindon Borough Council), Sue Wald (Interim Director of Children's Services, Swindon Borough Council) and Maria Young (Head of Children, Families and Community Health, Swindon Borough Council),

An apology for absence was received from Peter Mack (Clinical Chair Swindon Clinical Commissioning Group).

**13. Declarations of Interest**

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

**14. Minutes**

Resolved – That the minutes of the meeting held on 24<sup>th</sup> May 2017, be confirmed and signed as a correct record.

**15. Public Question Time**

No Public Questions were asked.

**16. Local Safeguarding Children Board Business Plan 2016-19**

The Board considered a report of the Chair of the Local Safeguarding Children's Board setting out its Business Plan for the three years 2016-2019. The Business Plan had been updated to reflect progress against the core function and to set out the plan for 2017/18.

Mr Simon Ratcliff (Local Safeguarding Children's Board Strategic Manager), on behalf of the Board's Chair, introduced the Business Plan which was in its second year and set out the nine core functions and four strategic priorities for improvement. Mr Ratcliff also explained that the intension of the Business Plan was to be comprehensive on the range of work to be undertaken whilst sub-groups would be responsible for developing work and achieving targets and priorities.

Following the presentation of the report Board members discussed the matters raised including:

- Whether the Board had the resources available to fulfil a comprehensive Business plan.
- The role and membership of the Board's Business Plan Sub-Groups.
- The way in which Serious Case Reviews are identified and progressed.
- The audit of Section 11 Reviews and follow up in year 2 of the Business Plan's three year rolling programme.
- The role of Quality Assurance within the Business Plan.
- The role of education establishments within the work of the Safeguarding Board and how quality input can be achieved with stretched educational resources.
- The role of Statutory Authorities in Sub-Group work.
- Cross organisation working to ensure the objectives relating to child exploitation and missing children were robust.

Resolved – That the Local Safeguarding Children Board Business Plan 2016/19, the Board Priorities for 2017/18 and links to the work of the Health and Wellbeing Board be noted

## **17. Restorative Youth Services Plan 2017-18**

The Board received a report of the Service Manager, Restorative Youth Services, setting out the Restorative Youth Services Plan for 2017/18 reflecting upon previous performance, and the priorities and business risks for the forthcoming year. The Plan also covered the confidential youth counselling service On Trak, and the youth alcohol and drug misuse service U-Turn.

Matt Bywater - Service Manager, Restorative Youth Services, introduced the report highlighting key areas and following the presentation the Board discussed issues raised including:

- Work with the probation services teams and other partners for older youths to ensure a smooth transition of service delivery.
- The restructuring of the Restorative Youth team following a 40 percent reduction in Government funding (it was noted that funding from the Police and Crime Commissioner's Office and Swindon Borough Council had been maintained at previous levels). The restructuring had focused upon maintaining the delivery of frontline services.
- The confidence of the Service Manager, Restorative Youth Services, that service levels could be maintained on current funding with joint work involving partner organisations as cuts had largely focused on backroom services.
- The spike of referrals to the service which was largely the result of reductions elsewhere as well as an increase in self referrals.
- Concerns regarding the level of knife crimes although the Board noted that this was a national as well as local issue.
- The value of early intervention and programmes run in conjunction with partners such as the Junior Good Citizen Programme.
- The role of Out of Borough work and the challenge of the local Youth Offending Teams and visits to children in such circumstances.

Resolved – (1) That the Board notes and approves the Restorative Youth Services Plan for 2017/18 which incorporates strategies for meeting Government



and local targets for reducing first time offending, re-offending, remand, custodial rates and substance misuse, together with strategies for the timely and effective delivery of confidential youth counselling services and programmes, delivery of the youth domestic programme abuse programme RESPECT.

(2) That, further to (1) above, the Restorative Youth Service Plan 2017/18 be referred to the Cabinet for its information.

## **18. Draft Swindon Early Help Strategy 2017-2022**

The Acting Director of Children's Services, Swindon Borough Council, submitted a report seeking the Board's approval for the Early Help Strategy 2017/2022. The report set out the work and contribution of partner organisations in ensuring that every child and young person in Swindon has a healthy start in life.

Ms Maria Young, Head of Children, Families and Community Health, Swindon Borough Council, introduced the report and following her presentation the Board discussed points raised including:

- The role of Early Health Assessments and planning process to offer a better integrated Early Help Offer for young people.
- Referrals at the Family Contact Point, the use of early interventions, and the sharing of information should an intervention be required (although this did not always involve joint working).
- The training and technology available to partners and schools through the Local Safeguarding Children Board.
- The need to encourage more use of central records both during single agency and joint agency involvement.
- The six priorities set out within the Draft Early help Strategy 2017-2022.
- Issues that need to be addressed to ensure improvements including ensuring schools know how to properly access the system doer assistance, more collective working to effect positive change and additional work on library resources and threshold document for intervention levels.
- More targeted intervention through a schools team and children locality teams, to maximise results from the resources available.
- The reasons for the number of referrals levelling out over the previous four years.
- The role of schools representatives, who have two representatives on the Early Health Sub-Group, in encouraging good practice and in providing information on resources available to schools.
- The benefits accrued through the use of multi-agency training in adopting good practice and a common approach to early health.
- The use of school governors to help spread knowledge of early intervention tools and assistance.
- The benefits of establishing a multi-agency working group to highlight and focus upon the six priorities with the draft Early Help Strategy.

Resolved – (1) That the draft Early Help Strategy 2017-2022, attached as Appendix 1 to the report of the Acting Director of Children's Services and support to the development to the action plan associated with the strategy to revitalise Swindon's Early Help Offer be approved.

(2) That further to (1) above, Swindon Borough Council's Cabinet and the Governing Body of the Swindon Clinical Commissioning Group be recommended to adopt the draft Early Help Strategy 2017-2022.

The Board received a report of Dr Rebecca Maclean, Speciality Registrar in Public Health, Swindon Borough Council, setting out the refreshed Swindon Healthy Weight Strategy.

Dr Maclean introduced the report and advised the meeting that the strategy was aimed at supporting people in maintaining a healthy weight. The report also identified the need to focus on groups requiring assistance through a vision and rationale for multi-agency action and the identification of other strategies as necessary.

Dr Maclean also noted that inequalities were being addressed by targeting schools in areas of deprivation through specific programmes.

Following the presentation by Dr Maclean the Board discussed issues raised including:

- The need for engagement by the public in the strategy which would offer leadership.
- The current situation which saw 25% of the Swindon population classed as obese which was above the national average.
- The cost to the NHS and partner organisations in dealing with medical issues arising from an overweight population.
- The need for people to regulate their food intake, look for healthy food substitutes and to undertake more exercise to address the problem.
- The need to address the issue of obesity in children who did not have a choice in lifestyle options.
- The need to clearly identify what parts of the strategy were working together with those that weren't in order to maximise the strategy's effectiveness.
- The need to work with businesses, schools and national campaigns, such as the National Healthy Workplace Charter, to raise awareness of the need for behavioural and environmental changes.
- The role that employers can play in the strategy through offering more healthy choices in canteens or vending machines. This could be achieved by showing them the benefits of a healthier workforce.
- The need for innovative training in the promotion of a healthier lifestyle, for instance fans having the chance to train at Swindon Town Football Club.
- The role of highlighting dangers to health, such as diabetes and higher risks of dementia in overweight people, in any promotion of healthier lifestyles and choices.
- The need to identify accessible options to people with disabilities who might find it hard to use commercial facilities and to ensure these were published appropriately.
- The need to continue the discussion on communication and engagement with communities.

Resolved – (1) That the Swindon Healthy Weight Strategy 2017-2022 be supported and approved.

(2) That Swindon Borough Council's Cabinet and the Governing Body of the Swindon Clinical Commissioning Group be recommended to adopt the Swindon Healthy Weight Strategy for 2017-2022.

**20.****Healthwatch Swindon Annual Report**

The Board received a report of the Director, Healthwatch Swindon, setting out the organisation's Annual Report for 2016/17 and updating the Board on the work undertaken during the reporting period.

Mr Jo Osorio, on behalf of the Director, Healthwatch Swindon, introduced the report and tabled an Erratum to the Healthwatch Swindon Annual Report 2016/17.

Mr Osorio noted that Healthwatch Swindon aimed to achieve the following goals which had proven to be challenging:

- Enable local people to influence the planning, delivery and commissioning of local services.
- Respond to local people's expectations when they sought support to requests from commissioning colleagues in getting people involved.

Mr Osorio also noted that Healthwatch Swindon had grown from no volunteers to 17 and advocacy work had included 41 brief interventions.

Following the presentation by Mr Osorio the Board discussed issues raised including:

- Accountability Care and the Sustainability and Transformation Partnership.
- Support advocacy in respect of NHS Services provided to the public prior to any complaint.
- Work undertaken during the previous year which had included looking at health issues for rough sleepers and discussions with Threshold Housing Association as part of this work.
- Other highlights of the year including the use of social media to engage with people, volunteering, attendance at Boards, Committees and working groups across the Borough and the hosting of an aging well event in March 2017.

Resolved – That the Healthwatch Swindon Annual Report 2016/17 be noted and Healthwatch Swindon be thanked for their work and contribution to healthcare in Swindon.

**21. Joint Commissioning Group - Minutes for information and comment**

The Board received an update from Sue Wald, Director of Adults Services, Swindon Borough Council in respect of national and Local Government Association discussions in relation to the better Care Fund Guidance that had been received from Government. Ms Wald also noted that the Better Care Fund submission needed to be made by 2<sup>nd</sup> September 2017.

Resolved – (1) That the minutes of the Joint Commissioning Group meeting held on 16<sup>th</sup> May 2017 be noted.

(2) That the amended Terms of Reference for the Joint Commissioning Group be noted.

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## Safeguarding Adults in Swindon Annual Report 2016/17

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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Author: Chair of the Swindon Local Safeguarding Adults Board

Wards: All

Parishes Affected: All

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### 1. Purpose and Reasons

- 1.1 To present the Annual Report for Safeguarding Adults in Swindon 2016/17. The Annual Report details progress against the Local Safeguarding Adults Board's (LSAB) Strategic Plan, and provides details on activity in relations to safeguarding adults.
- 1.2 The full Safeguarding Adults in Swindon Annual Report 2016/17 can be found in Appendix 1.

### 2. Recommendations

The Board is recommended to:

- 2.1 Note and comment on the Safeguarding Adults in Swindon Annual Report for 2016-2017.

### 3. Detail

- 3.1 It is a statutory duty for LSABs to publish an annual report to show what the Board and member organisations have done to carry out and deliver the priorities within the LSAB Strategy.
- 3.2 This is the second annual report since the Care Act 2014 which gave local authorities and its partner's statutory duties with regards to safeguarding adults.
- 3.3 The annual report includes:
  - Information on activity and data collected throughout the year about cases referred and enquiries held under Safeguarding Adults procedures.
  - An outline of progress made in addressing the priorities from the LSAB Strategic Plan and other developments throughout the year.
  - Submissions from key partner agencies and members of the LSAB.
  - An overview of priorities for 2017/18.
- 3.4 The report outlines that there continues to be an increase in the number of safeguarding concerns raised, however the increase is smaller than reported in previous years. There is still a large gap in the number of concerns raised and those needing an enquiry. The LSAB is monitoring this to consider how it impacts

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Further information on the subject of this report can be obtained from Doug Bale, 01793 463559, [dbale@swindon.gov.uk](mailto:dbale@swindon.gov.uk).

# Safeguarding Adults in Swindon Annual Report 2016/17

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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on resources, and the trends and remedial action taken to improve the quality of reporting or reduce incidents of inappropriate concerns.

## **4. Alternative Options**

- 4.1 There are no alternative options proposed. The publication of an annual report is a statutory requirement.

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

### Financial and Procurement Implications

- 5.1 There are no financial implications arising from this report.

### Legal and Human Rights Implications

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

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

- 5.3 Consideration of how abuse and neglect impact upon these areas continues to be among the topics focussed upon by the LASB.

### Diversity Impact Assessment

- 5.4 A Diversity Impact Assessment has been completed covering the implementation of the Care Act. Whilst it did not identify any adverse impact on any protected groups, it highlighted areas where additional work is required, for example to increase engagement with some community groups. This has again been highlighted in the annual report and the Board's strategy as a priority. One of the main drivers behind the Care Act is to ensure consistent and fair approaches for all people with care and support needs from any community.

### Risk Management

- 5.5 There are no identified risks arising directly from this report. The LSAB has produced a Risk Register which is referenced within the report.

## **6. Consultees**

- 6.1 All members of the LSAB.
- 6.2 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.
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Further information on the subject of this report can be obtained from Doug Bale, 01793 463559, [dbale@swindon.gov.uk](mailto:dbale@swindon.gov.uk).

# Safeguarding Adults in Swindon Annual Report 2016/17

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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## 8. Appendices

- 8.1 Appendix 1 - Safeguarding Adults in Swindon Annual Report 2016/17 *(This appendix, and appendices to other reports in this agenda, have been circulated to the members of the Health and Wellbeing Board under separate cover. All appendices can be inspected on the Council's website at: <http://ww5.swindon.gov.uk/moderngov/ieListMeetings.aspx?CId=933&Year=0> and copies can be obtained from Committee and Member Services).*

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# Safeguarding Adults in Swindon

Annual Report  
April 2016 - March 2017



# Safeguarding Adults in Swindon

## Annual Report 1<sup>st</sup> April 2016 - 31<sup>st</sup> March 2017

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- *Please note, any names or initials referring to alleged victims used in case studies within this report are fictitious (with the exception of case included on page 41)*



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## FOREWORD

I have great pleasure in presenting the Swindon Safeguarding Adults Board's Annual Report for 2016/17. This outlines the achievements during the year as well as highlighting some key issues to address. The report contains statements from member agencies about their progress throughout the year that collectively provide some assurance to the Board that safeguarding principles are being developed. Reports from the sub-groups indicate the work they have undertaken to achieve the actions identified at the start of the year which have generally been achieved. Some issues have been taken forward in the 3-year Strategic Plan 2017-20 so there is a strong link between the two documents.

During the year, the Board worked to the four priorities in the strategic plan: effective governance; performance and quality; communication and engagement; and workforce development. The Board now considers performance data at every meeting and also discusses a specific case in order to better understand the complexity, approach and outcome of partnership working. The Board is therefore clearer about the areas it needs to focus on, namely: The continuing increase in referrals, their source and quality; the gap between concerns raised and those that require an enquiry; financial abuse; ethnicity of alleged victims; the interface between safeguarding and how clinical incidents are managed; and the training of staff in care homes.

Effective partnership working is a key success factor, and resources continue to be problematic for all agencies. Consequently, the Board struggles to deliver its aspirations due to a lack of sufficient funding and its ability to implement the agreed new structure. Turnover and representation levels of Board members is a continuing factor but despite these obstacles, progress has been made and safeguarding remains a priority for member agencies. Finally, I would like to pay tribute to Board members, sub group members, their agencies, the Business Support Team and of course all staff and practitioners across Swindon who work hard to ensure the safety of adults at risk of abuse or harm. We remain committed to best practice and I commend this report as a means of demonstrating this to the public of Swindon.



**Diana Fulbrook OBE**  
Independent Chair of the LSAB

# Safeguarding Adults in Swindon Annual Report 2016/17

## SECTION 1

### Introduction:

Over the last 2 years, since the Care Act came into force, the Local Safeguarding Adults Board and the Adult Safeguarding team with Swindon Borough Council, has continued to develop its work and consolidate practice to fulfil statutory duties. Safeguarding Adults is included in the Care Act 2014, and the duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The overall duty as laid out in the Care Act is:

- where abuse or neglect is suspected (or where an adult in need of care support is at risk of abuse or neglect), local authorities make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and if so, what and by whom;
- arrange where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry;
- establish a Safeguarding Adults Boards;
- ensure the Safeguarding Adults Boards carry out Safeguarding Adult reviews as stipulated within the Act; and
- where there is a need, ensure information is supplied to the Board to enable it to exercise its functions.

The duty to carry out safeguarding enquiries and facilitate safeguarding boards lies with the local authority. Swindon Borough Council has developed a dedicated team to manage concerns raised and ensure any necessary enquiries takes place. This team sits within adult services. The LSAB is in place to support adults with care and support needs who are unable to protect themselves, whether or not the local authority meets or funds these needs. The focus of the LSAB is around abuse and neglect and works towards prevention, protecting people when there is a concern, empowering people to participate in processes and ensuring there are proportionate responses. The Board can be held to account by the Health and Wellbeing Board and will develop partnerships to fulfil its overall functions.

According to the 2011 Census Swindon had a population of 209,159\*; of those 28,854 people were aged 65 years or more (13.8%), including 13,694 aged 75 years or more (6.5%). The midyear estimate of population from the Office of National Statistics puts the total at 220,245 (15.4% of this estimate are over 65 years old and 7% are over 75) There were 5,335 people receiving services from adult social care in 2016/17 broken down into client groups as follows:

Service User Group	Age Band 18-64		Age Band 65+	
	Female	Male	Female	Male
Learning Disability Support	279	366	36	43
Mental Health Support	40	68	53	41
Physical Support - Access & Mobility	312	171	730	351
Physical Support - Personal Care Support	206	200	1361	767
Sensory Support (Dual, hearing & Visual)	19	10	75	34
Support with Memory and Cognition	6	4	108	54
<b>Total of Clients</b>	<b>862</b>	<b>819</b>	<b>2362</b>	<b>1290</b>

The 2016/17 figure shows a 3.82% decrease on 2015/16 when there were 5547 people receiving services. This decrease could be attributed to a number of initiatives designed to provide support, which delays or prevents people from needing social care services. For example, Swindon Circles who match volunteers with people living in the community to reduce isolation. There are also a number of schemes managed by voluntary organisations in Swindon funded to provide similar support to reduce reliance on statutory services.

\*Nb. The 2015 mid-year estimate of the population of Swindon produced by The Office of National Statistics puts the population of Swindon at 217,160.

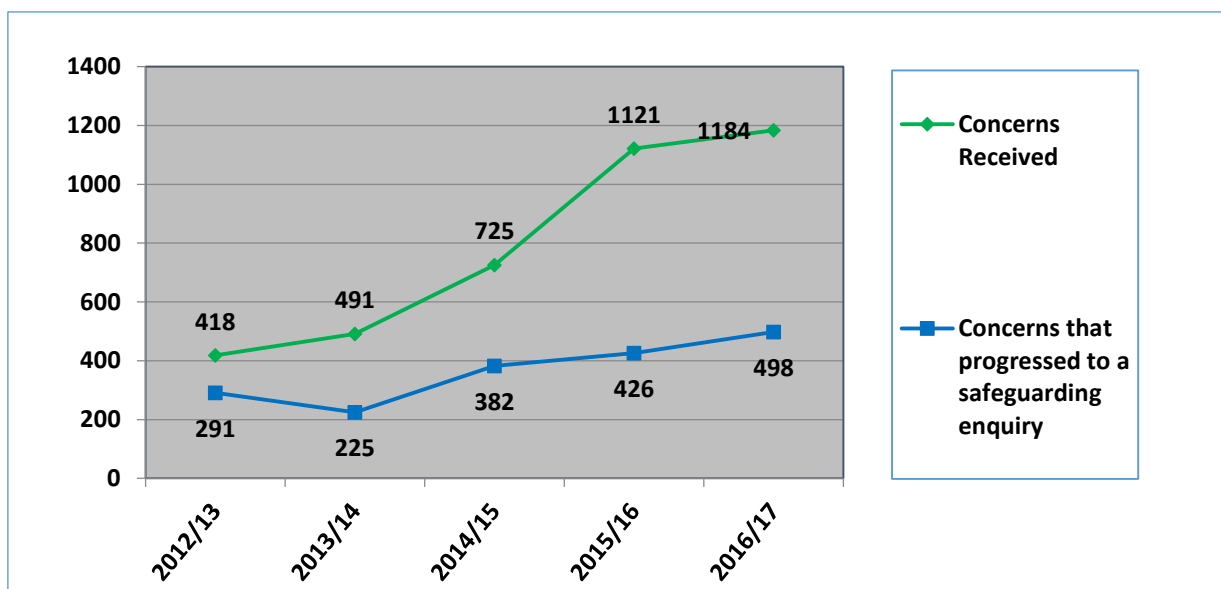
The Borough of Swindon is largely urban with small pockets of rural areas. Within Swindon there are some deprived areas which can also impact on levels of vulnerability for some of those living there. Crime volumes in Swindon and Wiltshire are low in comparison to other Police force areas although there has been an increase in the number of reported crimes. In Swindon during the period from 1st July 2016 until 30th June 2017, there were 40391 reported crimes, a 10.2% increase on the previous twelve-month period. There has also been an increase in the number of reported Hate Crimes. There is a commitment to partnership working in Swindon to: prevent Crime and anti-social behaviour; protect the most vulnerable in society; work in a person centred way and secure high quality, efficient and trusted services.

The number of concerns reported to the safeguarding team continues to increase. However, this year, it appears that the increase is lower than in previous years (5.6% increase as opposed to 56% increase in 2015/16). There has been a 17% increase in the number of concerns requiring a section 42 (the section of the Care Act requiring Local Authorities to carry out enquiries or ensure others do) enquiry. This increase could signify that the accuracy of concerns raised is improving, or the team receiving concerns are becoming cautious when screening cases out. There are a number of reasons cases do not progress to an enquiry:

- Referred to another process that is more appropriate to deal with the matter (and no enquiry is required),
- Signpost (particularly if the concern does not affect an adult in need for care and support),

- There is no further action required (for example a provider may have already carried out an enquiry, or the person is not in need for care and support, or the person is able to protect themselves or no abuse has been alleged), or
- The person who is subject of the abuse or neglect does not want any further action.

Below is a graph that shows the gap between alerts or concerns and the number of enquiries needed.



This annual report includes:

- Information on activity and data collected throughout the year regarding safeguarding concerns and enquires made in line with local and statutory arrangements,
- An outline of the progress made during 2016/17,
- Submissions from key partner agencies and members of the LSAB, and
- An overview of the priorities for 2017/ 18.

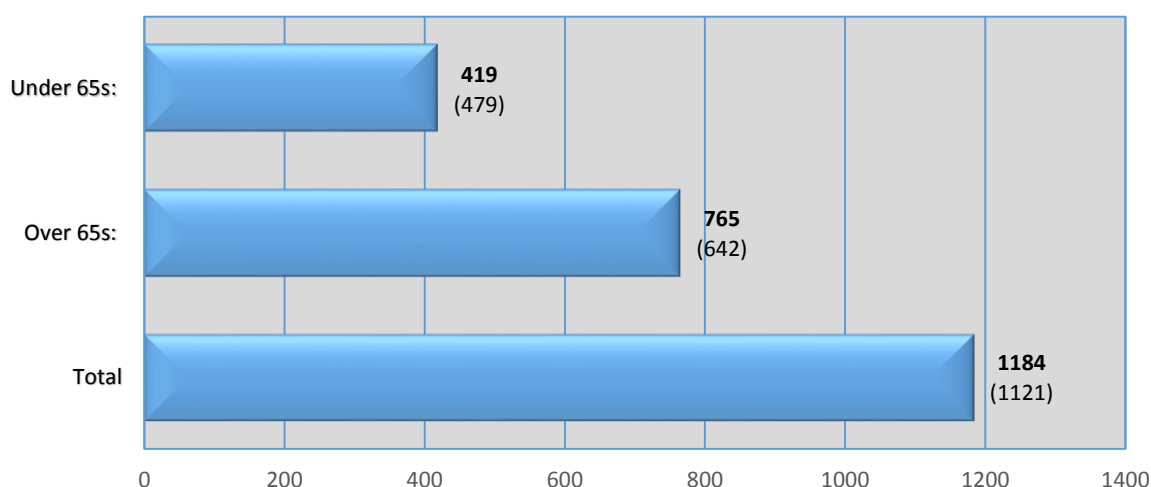
## SECTION 2

### Activity Data 2016 – 2017

(Where included, the figures in brackets relate to data in last year's annual report).

The Adult Safeguarding Manager using information provided by the adult safeguarding team has collated the following data. The information is collected to meet Health and Social Care Information Centre requirements and requests in previous years for specific data from board members and other interested parties.

**Figure 1: Total number of alerts received**



There has been a smaller increase in the number of concerns raised – a 5.6% increase. It is believed that there is some over reporting where agencies and providers are sending referrals for either minor incidents, incidents that have already been managed correctly or are not matters to be dealt with by the safeguarding team and should have been sent to the relevant care team as it highlights a need for a service.

#### **Case Example:**

The ambulance service responded to a call to treat a patient who had had fallen from his bed. They found out that his wife is his sole carer and receives no outside help. She said she had applied for carers to come in to assist but her husband asked for this to be cancelled and he did not want outside help. She requested that the ambulance service put in a referral to review their care package as she was struggling to cope. This did not require action by the safeguarding team other than to pass on the concern to the relevant care team.

Often concerns are sent through although there is a lack a clarity about what may have occurred. Sometimes care providers will send these in “to cover themselves” although there is no need for an enquiry or further action. It should be recognised that each case requires a substantial amount of work and staff time.



**Case Example:**

A care home for people with learning disabilities reported that an altercation had taken place between two of their residents over the TV remote control. They thought there could have been physical contact but were not sure. The referral said the manager of the home had talked to both parties who were unconcerned and they recorded it as an incident in home's records. No further action was required as no abuse had taken place and the home had already taken appropriate action. The referral was unnecessary.

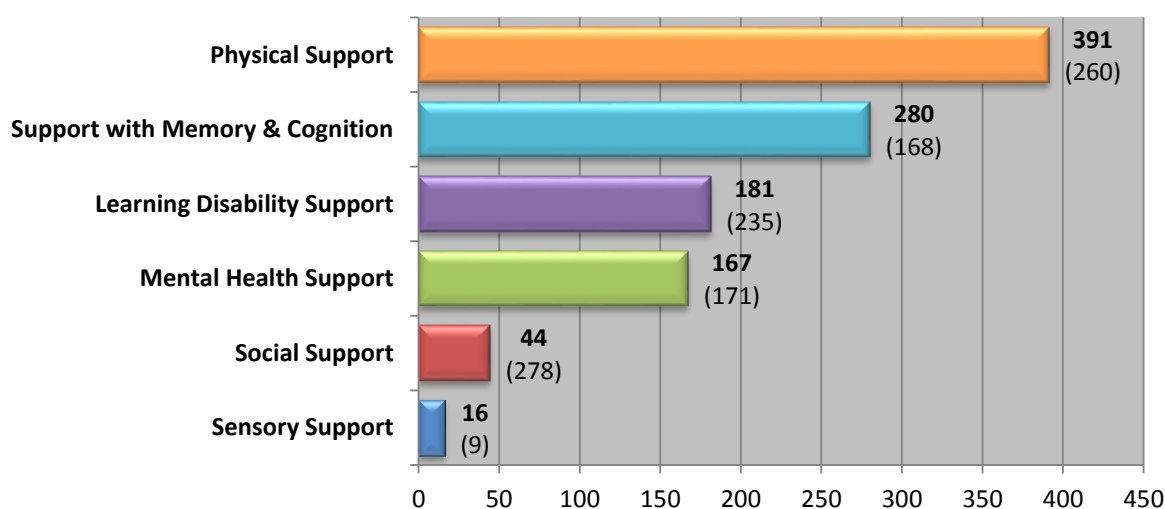
Other local authorities also continue to report increases and have worked with providers and their own teams to reduce the number of inappropriate referrals. Similar work has taken place in Swindon, for example setting up a duty manager system who can advise on the need for submitting a concern. The LSAB are monitoring this issue and are keen to see a reduction in the number of unnecessary referrals by improving training, available information and checking the effectiveness of the safeguarding team's processes.

The table above shows there is a significant decrease in the number of concerns raised regarding females who are under 65. There have been fewer concerns from care providers and where concerns about someone's welfare was previously recorded by the safeguarding team, if their report does not contain an allegation of abuse or neglect, it is recorded separately before forwarding to the correct team.

**Of the 1184 cases reported, 498 cases required an enquiry under safeguarding procedures.** Some of these required no action at all as no abuse was alleged or the person subject of the concern was not an adult in need for care and support. In 145 cases (particularly where self-neglect was a concern), the person was either sign posted to a care team or a direct referral made.

It should be recognised that although a concern may require no enquiry under safeguarding procedures, to enable managers to reach that conclusion a substantial amount of work is required. The LSAB are looking at the gap between concerns raised and those that require an enquiry to consider whether agencies need better information or training to promote more accurate reporting.

**Figure 2: Breakdown by "Primary Support Reason"**

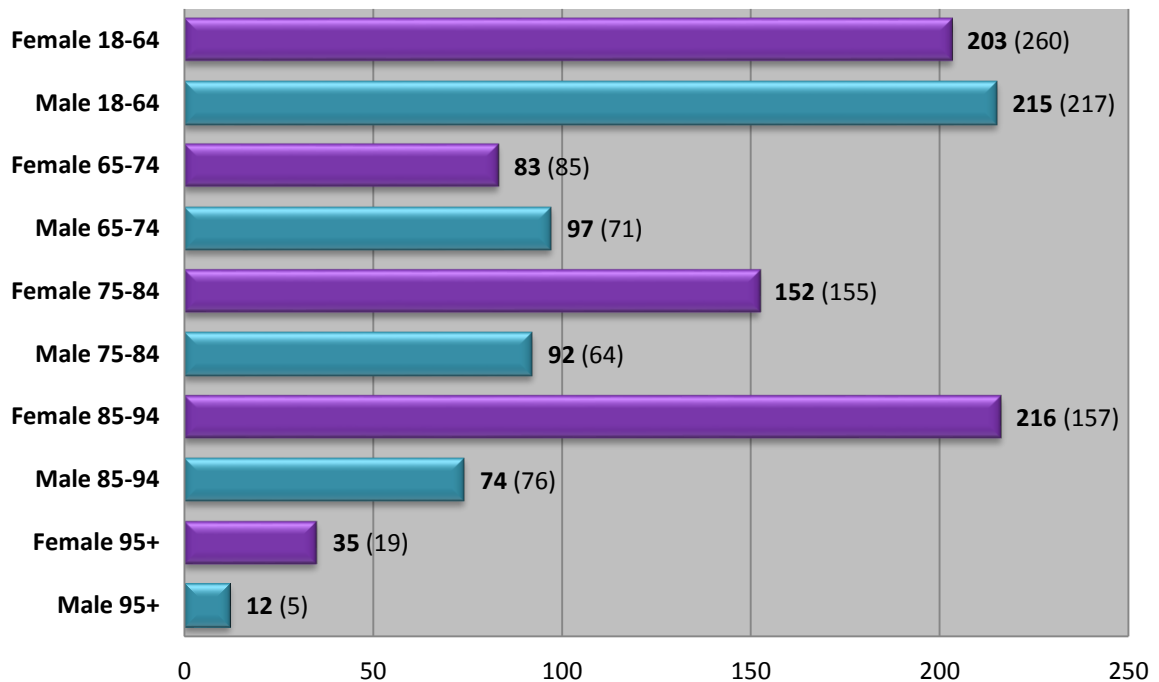


The chart above shows the primary support reasons of the people who were subject of a safeguarding concern *at the point of the referral*. Although figures from the previous



year are shown in brackets, these may not be helpful as the support reasons may change. For example, someone with dementia (support with memory and cognition) may have been recorded as needing physical support as they were recovering from a fall. The vast difference in the number of people recorded as requiring 'social support' is more likely to be due to more accurate recording in 16/17 rather than there being a massive decrease in concerns for this group of people.

**Figure 3: Breakdown by Gender and Age**



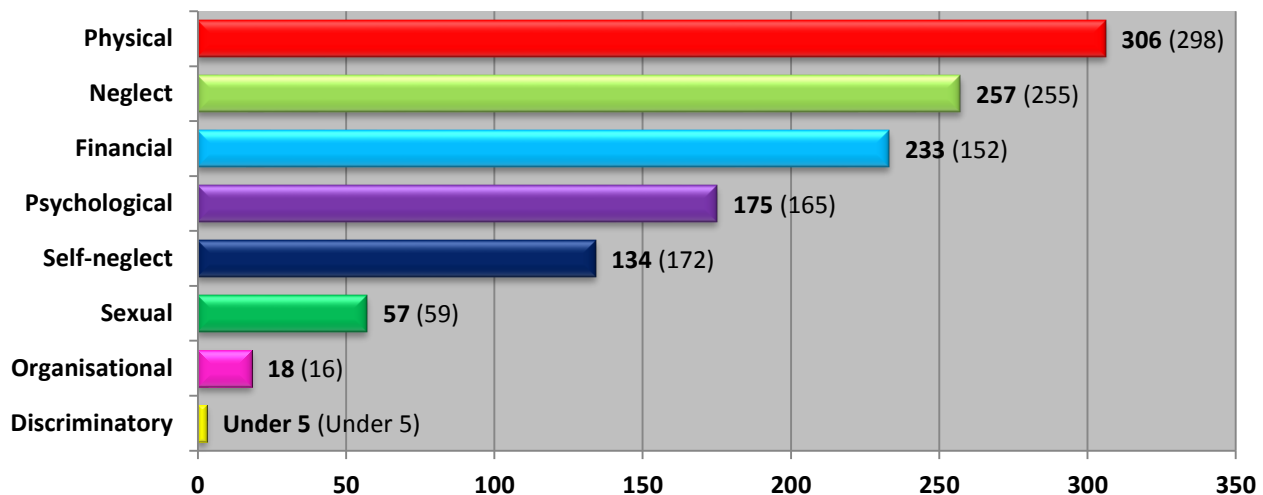
Last year, it was reported that the largest increase of reported concerns with regards to age and gender were adults between the age of 18 and 64 particularly women. This year for this group, this is the biggest decrease (59 cases). On looking further into these figures, there were a small cohort of women of working age, where a number of unrelated repeat concerns were raised. In 2016/17, either no concerns had been raised or the number of concerns reduced. In three cases, the repeat concerns were regarding their chaotic lifestyles, which were putting them at risk. These people became subject of the Risk Enablement Panel (see page 24) which has worked to resolve the risks. In one case, their risk taking behaviour resulted in a custodial sentence.

There was an increase in the number of women aged over 85. In most of these cases, they were concerns about abuse or neglect in their own home and of these, 36% of reports were with regards to a carer (not a paid member of staff) or a family member considered to be their main carers. As well as cases that could be considered to be incidents caused by carer's stress, there have been a number of cases regarding financial abuse. Often the individual does not want action taken because they do not want their family member to get in trouble. Help with managing finances could be an outcome in these circumstances, but where the victim lacks capacity, such cases can be very complex and difficult to get a resolution and require input from the Office of the Public Guardian.

### Case Study:

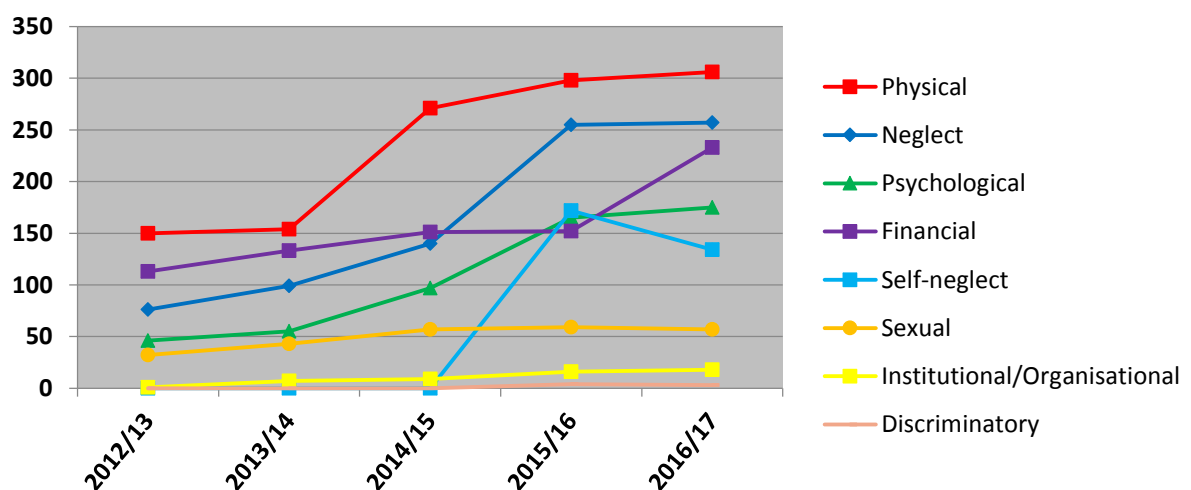
As a result of a financial assessment, (an assessment carried out to find out if service users need to contribute to their care costs), it was found that Mabel Jerome's savings had reduced by about £40,000 over 18 months. She no longer manages her own money and one of her family members is her Power of Attorney for property and finance. As Mabel is house bound and has a simple lifestyle, expenditure of this level was unlikely to be initiated by her. There were frequent bi-weekly withdrawals from cash machines – something Mabel has never done and is unable to do. She was also paying large mobile phone and Cable Channel bills. A safeguarding concern was raised by the Finance and Benefits Team and it was agreed that an enquiry was needed. The Police considered the case but felt there was no criminal investigation required but it was believed that it needed to be referred to the Office of Public Guardian (OPG) as the Power of Attorney might be mismanaging the finances. Following a lengthy investigation by the OPG, they revoked the Power of Attorney and advised the local authority to set up a Deputyship (see page 27).

**Figure 4 Types of Abuse Alleged**



The following chart shows the trend for the types of abuse reported over the last 5 years.

**Figure 5 Types of Abuse Alleged Over the Last 5 Years**



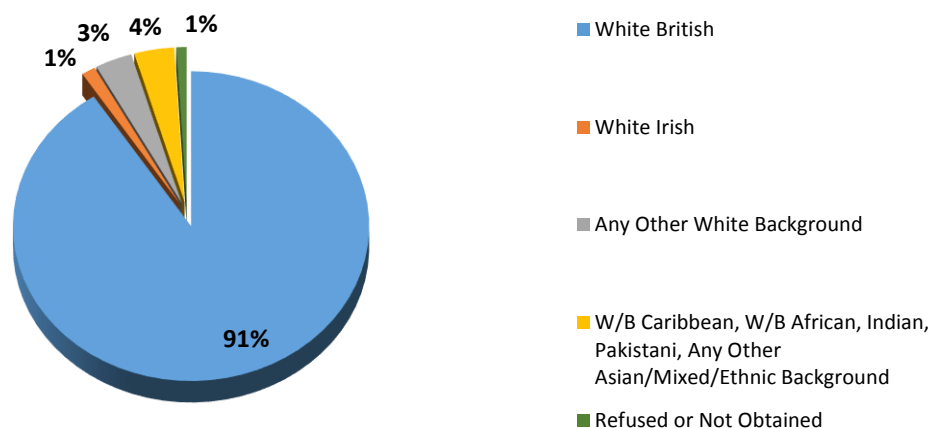
There has been a large increase in the number of concerns that relate to financial abuse. These can range from minor losses to those where there is a possibility of considerable loss of money or property. The level of concerns about financial abuse has been quite stable during the preceding two years, but there is a 53% increase in the number of these concerns. Further work was carried out to see whether the prevalence of financial abuse was greater in particular areas of the town or was more or less prevalent in deprived areas. This showed there were no particular patterns and it was as common in more affluent areas as those considered deprived.

There has been a decrease in the number of concerns recorded as self-neglect because most concerns are about people needing more support and agencies are more aware of direct referral to care teams. Although these cases may still come through to the safeguarding team, they are not included in the overall activity. In 2016, the Department of Health provided some clarification on this matter, stating that concerns about self-neglect need to be considered on a case-by-case basis. While there is less of a need to carry out an enquiry under the Care Act, it should be noted that some of the concerns raised have highlighted serious concerns of extreme self-neglect or extreme hoarding where some immediate support is required as the person has been considered to be at great risk.

**Case study:** There were concerns raised by a GP that Mary Ashcourt was not looking after herself. She had visited Mary's house and although she did not respond to her doorbell, the GP found that a door was open so went in to check that Mary was OK (had she had a fall? become unwell? Passed away?) The GP found that Mary's house was very untidy, full of flies, foul smelling and there was evidence of hoarding. She found Mary was in bed and took considerable time to rouse her but she was not ill and did not require emergency treatment so she left. The GP raised a concern under the safeguarding procedures and as the degree of concern was so great, it was decided that a visit would be carried out immediately. The Mental Health were also contacted and met at the property. Mary was reluctant to engage only talking through the window and said she was not concerned about her health and wellbeing. It was evident that she was mentally unwell, required action under the Mental Health Act, and admitted to hospital. The Enquiry Manager from the safeguarding team also arranged for the Environmental Health Department to carry out an urgent visit.

While in Hospital Mary started to engage well with professionals and agreed to a deep clean of the property before she returned home. When she was discharged from hospital a care package was arranged and now she has support for shopping and personal care. Mary has also been assessed for any aids for daily living to help her stay in her home. She is also considering a regular cleaner. Feedback has been provided to the GP who is happy with her progress and has since visited her.

**Figure 6: Ethnicity of alleged victims**



For 2016/17, the number of concerns raised broken down by ethnicity appears to indicate some under reporting regarding people from black minority and ethnic groups. There is still a requirement for work to widen engagement and awareness among community groups and this continues to be a priority for the LSAB. Previous attempts to establish an awareness and engagement group and develop a plan of action have not been successful and it may be necessary to try a different approach. It should also be noted that people raising concerns may be unaware of someone's background at the time of referral and an assumption made that the person is from a white British background. Since the last annual report, a new Translation & Interpreting Service has been commissioned of which the safeguarding team is able to access.

**Figure 7: Breakdown of Source of Referrals**

Source of Referral	<u>Total</u> <u>2015/16</u>	<u>Total</u> <u>2016/17</u>
Care Providers (e.g. Care Homes day services including Independent Sector)	347	367
Great Western Hospital NHS Foundation Trust	111	166
Mental Health Professionals	40	91
SEQOL Staff (only until 30 <sup>th</sup> Sept)	126	70
Family/Carers	71	66
Ambulance Service	50	57
Council Employee (Adult Social Care)	20	55
Housing Services (including Registered Social Landlords)	43	51
Council Employees (not Adult Services)	30	45
Police	91	45
GP	30	29
Advocacy Service	21	18
Private Hospital	23	17
Members of the Public	27	15
Advice & Support Service	13	9
Educational Establishment	8	9
Care Quality Commission (CQC)	17	8
Out of Area Referrals (including NHS Direct)	12	8
Self-referrals	5	8
Volunteer/Voluntary Organisation	0	8
Business	4	7
Central Government Department	0	7
Substance Misuse Service	2	7
Fire Service	2	6
Probation Trust	9	5
Hospice	8	5
Other NHS Hospital	6	2
Personal Assistant (Direct Payments)	0	2
Swindon CCG	1	1
Anonymous	3	0
Office of the Public Guardian	1	0
<b>Total</b>	<b>1121</b>	<b>1184</b>

The apparent large increase in concerns being raised by Great Western Hospital can be attributed to them taking over most of the health care provision previously provided by SEQOL which ceased to exist in October 2016. The Social Care aspect of SEQOL's work came back to the Council, which accounts for the increase shown above against "Council Employee (Adult Social Care)".

There has been a change in the way "non-safeguarding" referrals (those not highlighting a concern about abuse or neglect) coming in to the safeguarding team are recorded – hence the apparent decrease in the number of "referrals" coming from them. There was an additional 78 cases sent to the team giving a total of 123 concerns from the Police.

**Case Study:**

A concern had been raised by an older man's daughter who lives in High Wycombe. He usually lives in Swindon and it appears he had been staying with her, but left rather abruptly. His daughter was worried as this was out of character and he had recently been bereaved and showing signs of memory loss. The police force in her area contacted Wiltshire Police requesting they check his home address. As they arrived, he was returning to his property having had used public transport, safely and effectively. He thought he had mentioned his return to his daughter and couldn't fully recount the journey he took although it was evident he did not face any difficulties. Although the action taken by the Police was excellent and their assessment of the situation was thorough, as there were no concerns about the man's welfare, there was no need to send any information to the safeguarding team.

There are seven cases reported to the team from central government departments. In most cases these have come from the Home Office highlighting concerns about failed asylum seekers and how they may react to being refused rights to remain in the UK. Again, this is not a matter for the local authorities safeguarding team, but the Home Office use this route as they have a lack of information about the care teams who need to make contact and assess the person's wellbeing, human rights and care needs (if any).

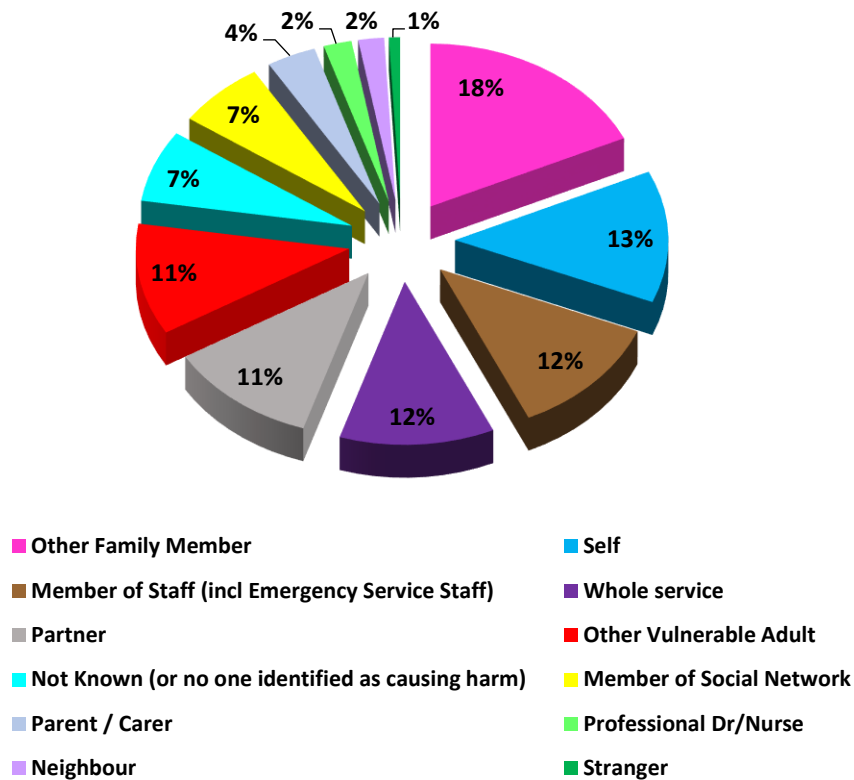
There are still a high number of concerns coming from care homes. Out of the 367 referrals received, less than half required an enquiry. 103 cases referred were in relation to physical incidents by another service user. Often because of the nature of some people's conditions, physical abuse between residents is common. In most cases the response from the safeguarding team is a requirement to review and change the care plan or review their risk assessment, but in some cases, particularly where the behaviour is out of character or not previously managed correctly, an enquiry may be needed.

**Case Study:**

Lizzie Bowler who lives in a care home for older people has dementia and she believes a fellow resident (George) is a close relative (who passed away some 40 years ago). She has started to follow him everywhere and has begun to be physically and verbally aggressive towards him, as he's not responding in the way she wants him to. It is now apparent that she has hit George a couple of times but fortunately resulting in no injuries. The home raised the alert as they are worried that the situation could escalate and that George is becoming increasingly worried about the attention she is giving him. This case progressed under the safeguarding process. At the very least, the investigating manager would be able to monitor the response required from the Mental Health Team, the home and other professionals. Lizzie was prescribed new medication and the staff worked on a management plan to deal with her behaviour and encourage

a consistent approach from staff. There was a keenness that George could continue to move around the home without difficulty. The Investigating Manager kept the case open to ensure that any treatment worked and there was no escalation of Lizzie's behaviour. Later, the home reported that the medication change had worked and Lizzie had become calmer and relaxed. George and his family reported that he was happier and no longer felt at risk.

**Figure 8: Information on those alleged to have caused harm**



Since last year there has been an increase in the number of concerns raised about a whole service (previously reported as “manager of a service”) 6% increasing to 12% here. However, there has been a 5% decrease in the number of concerns relating to allegations against a member of staff. In previous years, often where there was a concern about a service, it was recorded as a member of staff being responsible although an individual could not be identified as causing harm. This was felt not to be an accurate way of recording these incidents. Often the concern was about the quality of a service or an error which could have led to harm.

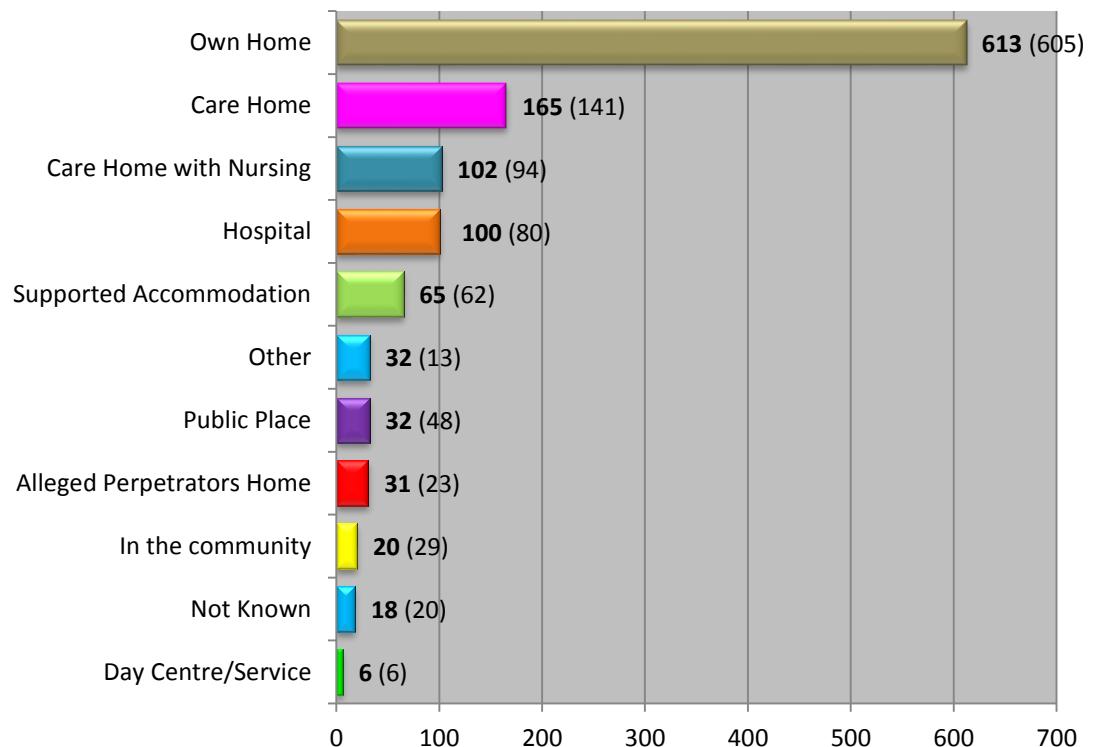
### Case Study

The ambulance service sent in a referral as they had attended to a patient who had fallen and suffered an injury in a care home. It transpires that the staff decided to call the GP rather than the ambulance at the time of the fall 12 hours earlier, only calling them once he was shouting out in pain. An enquiry took place and it was found that initially staff were satisfied an ambulance was not needed as the man could weight bear and was not showing distress. There was evidence that staff were observing him. There was also a request that a contracts officer from the Council looked at the home's systems and while it was felt they needed to adjust their systems slightly; there was no major cause for concern. This was considered a whole service concern as the ambulance crew felt the home's systems were inadequate as there was a lack of information forthcoming from staff at the time of their

call. This is also a concern that homes who have the benefit of a regular visiting GP, tend to wait for those visits, rather than taking emergency or urgent action.

The other change: 7% down from 17%, is self neglect cases. As previously stated, this is due to changes in guidance and concerns being referred directly to the adult care teams rather than dealing with them as a safeguarding concern. Especially where the issue is highlighting a need for a service rather than self-neglect.

**Figure 9: Location of where alleged abuse or neglect took place**



The only change highlighted by the chart above, is a 25% increase in the number of concerns raised about the Hospital. More recently issues about the hospital have been raised as safeguarding concerns, when in the past (and possibly more appropriately) these would have either been raised as a complaint and/or a clinical incident. The interface between safeguarding and how clinical incidents are managed remains an area of work for the local authority and the CCG.

### **Case Study**

Sid Jenkins was admitted to the Hospital, as he was experiencing extreme discomfort and distress with his catheter. This was replaced. He was discharged from hospital back to his flat in a sheltered scheme unbeknown to the warden of the scheme (she later found him in bed asleep. No one had been informed of his discharge. His care agency were not informed of the need to resume home care visits.

A safeguarding referral was received by the team and screened. It was agreed for the hospital trust to carry out an investigation in to the incident, monitored by the Enquiry Manager and the Quality Lead within the CCG. Their enquiry concluded that there was no evidence that a discharge checklist had been completed. This would have highlighted the need to inform the warden of the housing scheme and the care agency. As a result an audit was carried out on the paperwork used on the unit at the hospital responsible for Sid's discharge. The Trust also discussed the matter with their Clinical Governance Group as a "lessons learnt".

There has also been an increase in the number of concerns raised about care homes. 70% of these were raised by the homes themselves and most of which related to a service user on service user incident. Considering some of the conditions people who live in care settings may experience, it is not unusual that incidents of aggression do take place. In some cases there is little or no action required by the safeguarding team (often they will seek assurance from the home that action has already been taken to reduce the risk of further incidents) or an enquiry is held to ensure that care plans and risk assessments are appropriate and up-to-date. 61 case were allegations against members of staff and around half of these progressed to an enquiry. 15 cases identified there was a risk and action was taken, for example disciplinary action, a review of procedures within the home or a review of the persons care plan.

### **Case study**

Staff in a care home had missed that Mrs Hughes's medication had been increased and they had not replaced her existing medication with the new batch. Fortunately, this did not have a major impact on Mrs Hughes health; it delayed the start of her treatment by two weeks. Once the error had been discovered, it was rectified by the home and a disciplinary process was put in place. This concluded that additional training was needed for the members of staff involved. The safeguarding team also suggested that the written procedures in the home be reviewed for their effectiveness to ensure this was less likely to happen again, but at the very least, for the error to be picked up sooner. There was also a recommendation that other staff in the home were also trained in the corrected procedures to prevent future incidents.

### **Enquiries**

The Local Authority's duty with regards to adult safeguarding is to make or cause to be made whatever enquires are necessary. For the cases that progressed to a safeguarding enquiry the following table shows who carried these out.

**Figure 10: Who Carried Out Enquiries?**

Adult Safeguarding Team	183
Care Manager/Social Worker (from SBC and AWP)	91
Health Care Trust/Professional (For example the Hospital carrying out an enquiry)	64
An Employer/Provider	65
Wiltshire Police	59
Other (For example, another team or service within the Council or the Office of the Public Guardian, substance misuse service)	29
Contracts & Commissioning (SBC team who monitor care services)	7

In some cases it may have been necessary for a concern to have more than one agency to carry out the enquiry. For example, one aspect may require a clinical investigation, while the Police consider if there is a criminal issue. In this case it would be recorded as a Police investigation which takes priority over other enquiries.

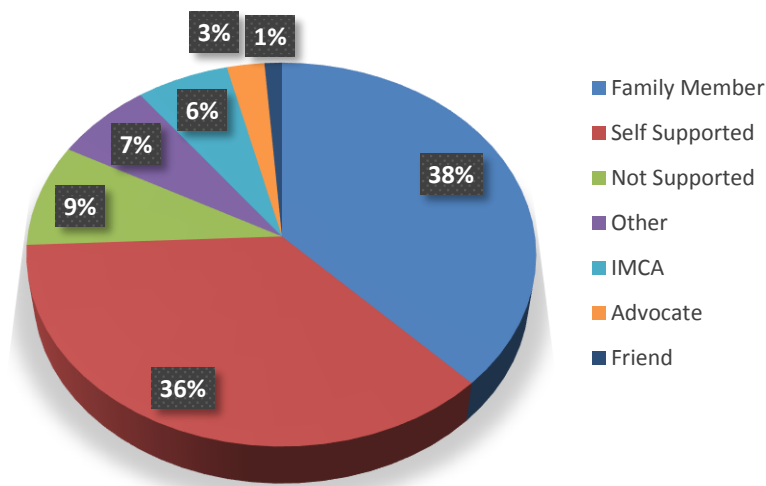
### **Support and Representation**

The safeguarding process requires the involvement of the adult themselves. If this is not welcome by them or appropriate, their representative should be involved (e.g. family member or friend) as long as they have the person's best interests at heart. When someone has substantial difficulties in engaging with the safeguarding process, it is the duty of the local authority to engage an advocate (if the person lacks capacity, this



should be an Independent Mental Capacity Advocate). The Adult Safeguarding Team meets regularly with the service commissioned to provide advocacy (Swindon Advocacy Movement - SAM) to discuss areas of concern and to ensure data held by both teams is consistent. SAM also sits on the LSAB. Below is a chart that shows the proportion of those who provided support in cases that progressed during the year. (Nb. This is a new chart that did not feature in last year's annual report)

**Fig 11 Who supported the adult - 2016/17**



## Outcomes of Investigations

Between April 2016 and March 2017, 686 cases were assessed and did not progress through to a full safeguarding process. 477 of those required no further action by the safeguarding team (either because there was little evidence of abuse or neglect (or the risk of it) or the alleged victim did not wish to proceed or the alert was about a person who was not in need for care and support). 126 cases required care management input (a new care assessment, change to care plan or a review of their care). 48 were referred to another process, for example complaints action or action by the provider (e.g. disciplinary action). 34 alerts resulted in the individual being signposted to other services (for example Domestic Abuse team when the person did not have a care and support need, neighbourhood policing team to provide advice on home security, another local authority for when there has been allegations of abuse in another area). 112 cases were closed at the request of the individual concerned. Often in these cases further advice or guidance is given to the person should they experience any difficulties in the future.

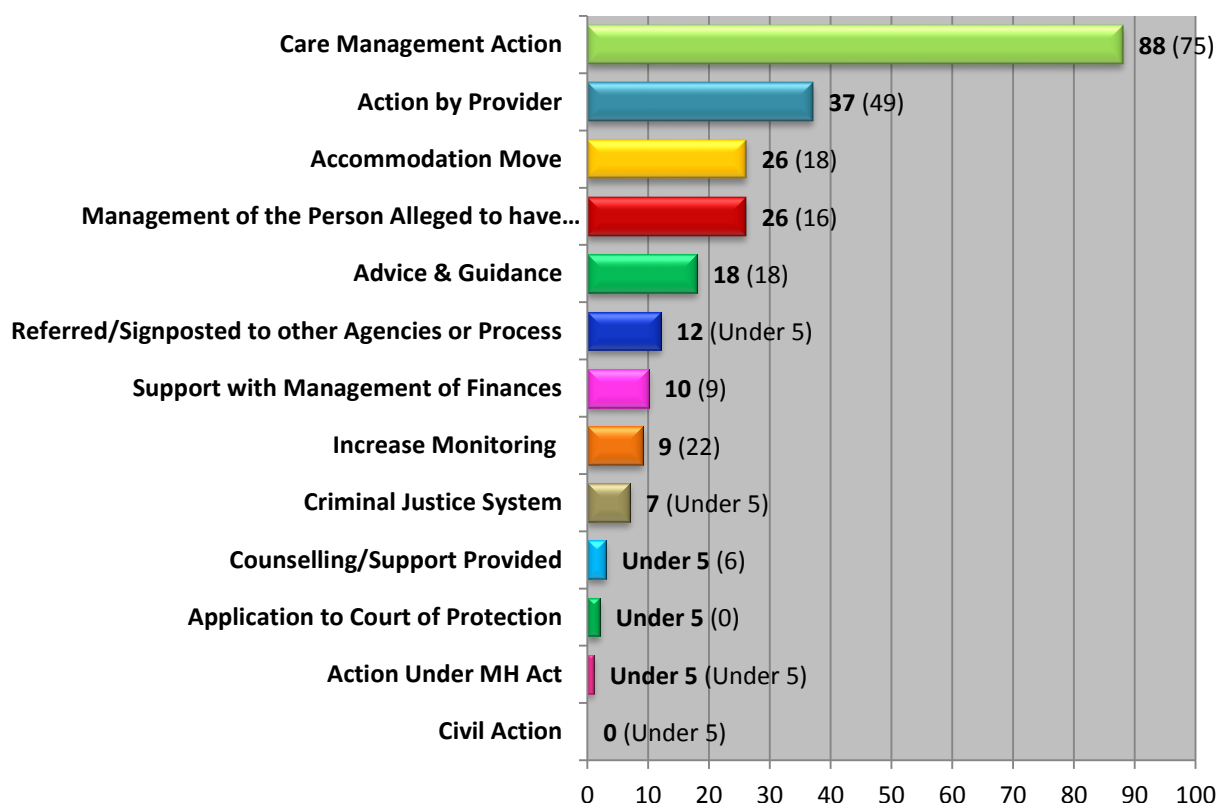
The way in which outcomes of cases are recorded has changed. In previous years the terms used were "substantiated (or partially substantiated), not substantiated, inconclusive or ceased at the individuals request. The emphasis now is on identifying risks and whether there is a need to take any action. Of the cases concluded in the year, the following table shows a breakdown of the outcomes. (Please note that some of these relate to cases that opened in the previous year, but concluded in 2016/17)

**Figure 11: Outcomes of closed cases**

OUTCOME	Number of cases concluded in 2016/17
Risk identified and action taken	173
Risk identified and no action taken	2
Risk - Assessment inconclusive and action taken	43
Risk - Assessment inconclusive and no action taken	14
No risk identified and action taken	77
No risk identified and no action taken	47
Enquiry ceased at individual's request and no action taken	85

498 cases progressed to a safeguarding investigation. From the information provided about cases progressed and concluded, the chart below shows some of the actions taken for the alleged victim by category. Nb. In some cases more than one action was taken to resolve the concern, however the chart below shows the primary outcome.

**Figure 12 Action Taken for the Adult at Risk**



\*NB at the time of reporting, 63 cases remained open. This is due to the alert being raised towards the end of the reporting period and the cases are still under an enquiry or they are long-term cases where it has been agreed that the case remains open to enable a continual review of the safeguarding plan.

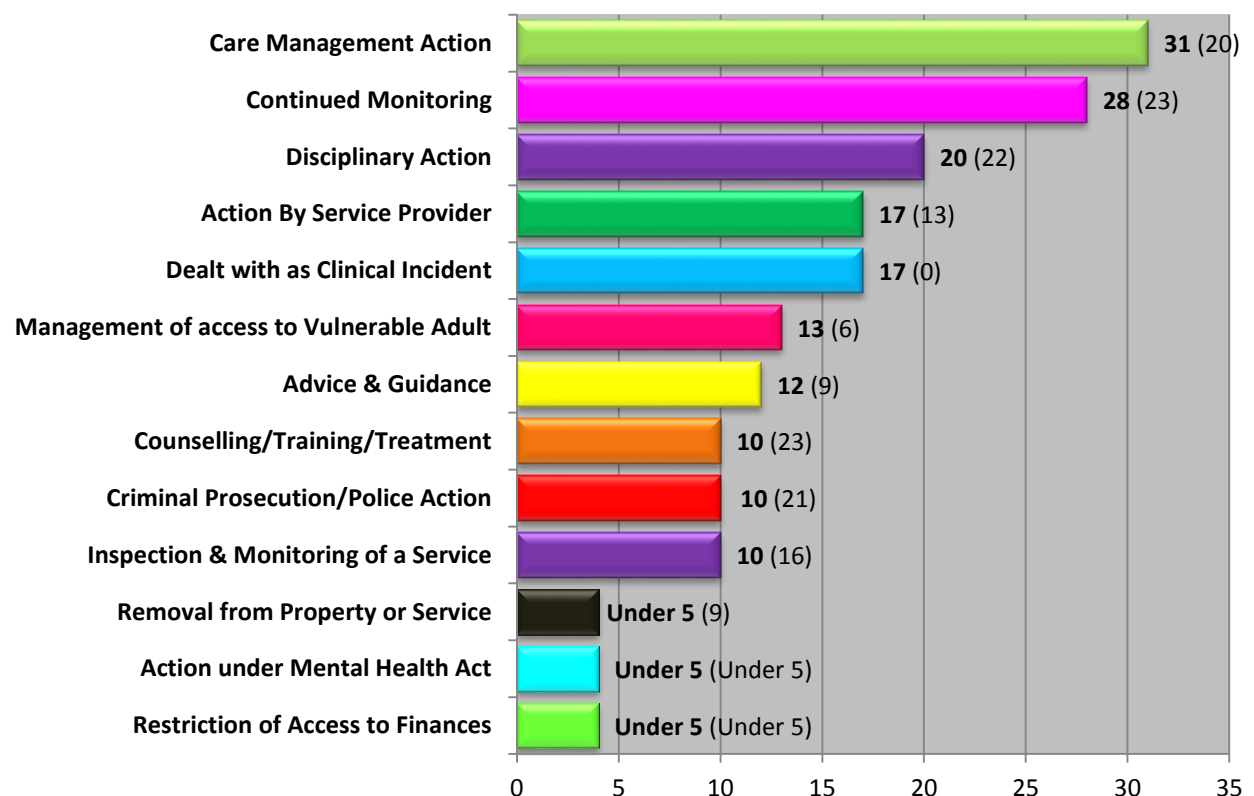
Where it states that there was no further action for the alleged victim, this may mean that the emphasis was on action required for the person alleged to have caused the harm, for example a revised care plan for another service user who attempted to assault the alleged victim.

There were 37 cases where action was required by the provider. This could include disciplinary action, action under their complaints procedure, staff training (or retraining) and changes to in-house procedures. Where dismissal could be a result of the action by

the employer, a referral needs to be made to the Disclosure and Barring Service to consider inclusion on the “Barred List” which prevents the perpetrator working with “vulnerable adults” or children. Action by providers could also include changes to their procedures or even the environment to minimise the risk of further abuse or neglect.

The following chart provides an overview of the action taken with regards to the person or persons alleged to have caused harm. Often there is no action taken as the alleged victim requests it or that the action required focussed on the alleged victim (for example a review of their care plan). There are 10 cases that required Police action or are pending a criminal prosecution. Although these cases may be shown as closed, there may be a need for further work for the teams if the case requires action in the Courts e.g. support to give evidence.

**Figure 13 Actions in relation to the person alleged to have caused harm**



Care management for the person alleged to have caused harm could be as a result that they require a review of their care plan to help address changes in behaviour or it could be that a carer who has become stressed as a result of their caring role, needs a carer’s assessment as a proportionate response to a safeguarding concern.

## Safeguarding Adult Reviews

The Care Act places a requirement on the LSAB to carry out Safeguarding Adult Reviews (SAR). These are when there is an adult in the area with needs for care and support (whether or not the local authority has been meeting any of those needs) and there is a concern how the Board, or members or other persons “with relevant functions” have worked together in safeguarding the adult and they have died and the cause was thought to be abuse or neglect.

In 2016/17 there was a review of SEQOL’s community nursing services. The report was carried out by the Queens Nursing Institute On behalf of the Clinical Commissioning

Group. The case was reported to the LSAB as it came about as a result of a number of concerns about how the service managed aspects of people's care, particularly pressure ulcers. There were inconsistent responses when there was action required and routine visits were not always timely.

The findings of the review included concerns about leadership. Senior nurses were not represented on the service's Board and did not have a clear process to highlight the difficulties they were facing. The team had difficulties in managing their case loads and plan effectively mainly due to a lack of experienced and qualified senior team members and lack of understanding of the role of "band 6" nurses. There were concerns about deficits in training and education of this group of staff and the systems used to support their activities. At the stage of the review, SEQOL had made the decision to wind up their business and alternative arrangements were made to deliver health and social care services. The new providers were made aware of the concerns raised by the review and action was taken to ensure any action required would be progressed. The leadership and structure of the new provider (GWH) was able to remedy the issues identified. There have been far fewer safeguarding concerns relating to the District Nursing Service and the Safeguarding Team have expressed a view that the new provider is far more approachable and responsive in assisting with concerns, sharing of information and have helped in a recent emergency situation demonstrating flexibility and creativity.

Also during the year, a Safeguarding Adult Review was started to look at the case of a woman who died. She was not in receipt of services and had been reluctant to accept support. She was living with her son and there were some concerns about his ability to cope with a "caring role". Concerns about her welfare had escalated over the past year and multiple concerns had been raised. However, although efforts were made to engage with her earlier on in the year, it is apparent that there may have been a lack of response from agencies following new concerns in December 2016. The review is ongoing and will be presented to the LSAB towards the end of the year and a summary will be included in next year's annual report.

### **Large Scale Cases**

There were no significant large scale enquiries during the year although the team did deal with 5 concerns regarding service providers and the contracts team in adult services carried out visits to the services and identified remedial action which was taken.

#### **Case study**

On a medication spot check within a residential home, one of the staff responsible for administering medication had pre-signed the night medication for which she was responsible for administering. Fortunately, the spot check identified the problem prior to the medication round so no medication was incorrectly issued or missed. The medication was issued by another member of staff and the home embarked on a disciplinary investigation.

Although the member of staff's conduct was otherwise good, she said she did this to save time later. The disciplinary process lead to her being demoted which meant she would not be responsible to giving medication.

In last year's annual report, there had been two large scale enquires which had not been concluded. One was regarding a service where serious concerns had been expressed by the Care Quality Commission about the standards and safety of a small care home for people with Mental Health Issues. There was a suspension of further

placements to the home and action taken by the provider about their local, Swindon based management. It appears that they lacked creativity and drive to improve the fabric of the service and seemed to allow their residents to live in an unstimulated and unsafe way. There was considerable work carried out by the organisation over several months to drive up improvements within the home (and others in the area). This led to vast improvements where certain aspects of the care had turned from unacceptable to outstanding.

The other large scale was regarding the high number of pressure ulcers that may not have been dealt with effectively and highlighted a possible service delivery failure by SEQOL community nursing. This was subject to a review commissioned by the CCG (see page 19).

In conclusion, as reported in the last Annual Report, the LSAB are keen to monitor a number of areas:

- The continued overall increase in the number of concerns raised;
- The number of cases that required little or no action because they are inappropriate referrals, which may indicate a lack of understanding of safeguarding among alerters and may take attention away from genuine concerns. This continues to be a focus of the Quality Assurance Sub-group and the Joint Learning and Development Group.
- How the widening of definitions within the Care Act Guidance impacts on referrals

**Areas of focus of attention for the Board next year:**

- The continuing increase in referrals, their source and quality
- The gap between concerns raised and those that require an enquiry
- Financial abuse
- Ethnicity of alleged victims
- The interface between safeguarding and how clinical incidents are managed
- Training of staff in care homes

## SECTION 3

### Progress, developments and news in 2016/17

#### Priorities for 2016/17

In previous annual reports, the priorities in the LSAB Strategic Plan were listed and outlined how they linked to Government priorities highlighted in the guidance for the Care Act of Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability.

One of the statutory requirements for the Board as a result of the Care Act is to produce a Strategic Plan. These are the priorities outlined with the revised plan included in the last annual report.

##### **Effective Governance**

***We will develop the capacity of Swindon LSAB and its infrastructure to effectively deliver the core functions of the Board to help keep adults with care and support needs in Swindon safe***

The Board has continued to maintain links with other partnerships, especially the Domestic Abuse Board, PREVENT Board and the Community Safety Partnership. It is still working on gaining more commitment from its members at a strategic level although there has been a good response in most cases with support required on a case by case basis. Where we have new members, we still need to have an induction process for them. This can be delivered on an informal basis, although it has been felt that a more formal process is needed (e.g. a member's pack). There is annual awareness raising delivered to SBC Councillors.

The Board has recently agreed a new Risk Register and it is to be reviewed at each Board meeting. (This can be viewed by following this link: [Risk Register](#).) In April a Workshop was held for Board members, which highlighted a number of priorities for the coming year. There was also agreement to redesign the sub groups of the Board and give more responsibilities to other statutory partners: The Police and the CCG.

##### **Performance and quality**

***We will ensure that there are effective multi agency quality assurance and performance management processes in place, which will promote the welfare of adults with care and support needs and will hold partners to account***

There are a number of specific risk areas the Board are interested in considering. They include learning disabilities, self-neglect, domestic abuse, radicalisation, hate crime, and trafficking/modern slavery. These continue to be ongoing priorities and with regard to self-neglect, practitioners within adult services and the mental health trust have received specific training. A policy and guidance document has been drafted that includes toolkits for professionals who become aware of individual cases of self-neglect, particularly hoarding behaviour. Similarly there has been some joint work with regards to modern-day slavery/human trafficking and adult services will be highly involved in a pilot on how a reception centre may work if we are faced with a major incident on this matter. Both of these areas have heavy links with the Risk Enablement work (see below).

There is a self-assessment process for partner agencies to use to demonstrate to the Board their effectiveness with regards to safeguarding. It is felt that a “peer challenge” may be a good approach to consider required improvements. There is a quality assurance process that looks at individual cases from referral to closure. This gives the opportunity for partner agencies to challenge decisions made by the safeguarding team and evaluate the effectiveness of procedures and practice.

One of the areas of concern has been with regard to the inappropriate referrals sent into the safeguarding team. The QA Sub group has looked at this but found it difficult to draw any major conclusions. The main areas that need addressing are the agencies that use the safeguarding process as a way of making referrals into the care teams indicating there is less awareness of adult services rather than a lack of awareness of safeguarding procedures. The safeguarding team do inform alerters following the receipt of a referral as to whether the case will be progressing or not. Advice is also given if the original concern should not have been sent in as a safeguarding referral.

Healthwatch Swindon have agreed to obtain feedback from those who are subject of a safeguarding concern, to ascertain their experience of the process. A process has been agreed whereby they will contact the person, invite them to attend their offices or offer a home visit. They will then report back to the Adult Safeguarding Manager with any findings who will act on any suggestions raised.

Learning from Safeguarding Adult Reviews is seen as a priority from many Boards. There are now repositories that show the reviews that have been carried out. In Swindon the role of the SAR Group is changing to look at these and see if there is any learning from reviews that needs applying to practice in Swindon. This will be a role of the new “Learning and Review” sub group.

Much of the Quality Assurance work was to be a role for the Training and Quality Assurance Manager a post funded by One Swindon, the CCG and the Police. Unfortunately, we have been unable to recruit to the post and a new approach is required to attract the appropriate candidate.

### **Communication and engagement**

***We will ensure there is a consistent and co-ordinated approach to how the safeguarding message for adults is disseminated to all groups and communities in Swindon, and we will ensure that we engage adults and communities of all backgrounds and make up in the work of LSAB***

The LSAB does have a webpage within the SBC website. This is separate to the main safeguarding adults page. It provides information on the Board, has links to strategic plans, annual reports and minutes of the LSAB. There is still an intention for this to be a standalone website, which will be a repository for information about the Board, but will also have documents and guidance on available support to stay safe and publicise a range of initiatives linked to safeguarding. It will also be the place to obtain safeguarding policies and procedures.

During the year, all publicity materials have been updated and included on the adult safeguarding web page. Printed copies of a New Staff Guide (previously call “No Secrets in Swindon and Wiltshire”) and leaflet for the public (Safeguarding Adults in Swindon) are available. The public leaflet has been distributed to all GP surgeries. A credit card size information card has also been produced.

As highlighted within the section on activity, the possibility of lower reporting of concerns regarding adults from minority groups and there still being a need to work on engagement with the communities. This has been an area of work in the past but with minimal success. The LSAB needs to seek more support from members on how best to achieve this.

At each LSAB meeting a case is presented following a theme agreed at the previous meeting. The case is discussed and the Board given the opportunity to suggest if correct action was taken by the safeguarding team, whether they felt it was an appropriate referral to submit and whether alternative approaches should or could have been employed.

### **Workforce development**

***We will ensure the workforce of all partner agencies has access to and has undergone robust training relevant to their role, and understand how to apply it to their role***

SBC continues to offer half-day basic awareness training to staff from any agencies working in Swindon. This is free of charge although a fee is applied for non-attendance. During the year covered by this report, 241 people have attended this training. The Adult Safeguarding manager still offers training to GP surgeries, however only one surgery (the Priory Road Medical Centre) has accepted and undertaken the training. Most surgeries who have run such sessions in the past appeared to have enjoyed the opportunity to learn and discuss specific issues they face. There have also been sessions for staff and volunteers from the voluntary sector at the Swindon Advice & Support Centre.

A new course for provider managers took place in 2016 funded by the Wiltshire and Swindon Care Skills Partnership and run by Care Quality Matters. Around 25 managers from services in Swindon attended this. Further training of this type needs to be arranged and there are further plans to develop a multi-agency basic awareness course on self-neglect.

Recording processes within the safeguarding team gives the opportunity to evaluate the quality of concerns raised which can then lead to targeted training to specific services. A questionnaire has also been sent to provider services to check how they deliver safeguarding training. Not all providers responded, but from those that were returned, few concerns were noted.

Much of the developmental work for learning and development was to be undertaken by the joint funded Training and Quality Manager. Unfortunately we were unable to recruit to this post and a new advertising campaign is required.

### **RISK ENABLEMENT / MANAGEMENT PANEL**

The multi-agency Risk Enablement Panel (REP) has been active for twenty months and has been involved in 16 complex cases during this time. The REP process will only be enacted when all other interventions have not produced an improvement in outcomes for the individual(s) of concern. The role of the REP is to facilitate, develop risk management plans and monitor their effectiveness.



The Objective of the panel is to:

1. Share information to identify, clarify and agree on risk
2. Promote safety and wellbeing of high risk adults in Swindon
3. Improve multi-agency communication pathways
4. Utilise the resources in Swindon more efficiently
5. Develop a Risk Management Plan
6. For those who are not engaging, co-ordinate a risk management plan to seize the opportunities that can enable engagement and/or monitor the well-being of the person e.g. outreach opportunities, support from the community and locality input.
7. Ensure any actions are covered by a legal framework or is lawful
8. Improve agency accountability
9. Identification of a lead/key worker
10. Share risk across agencies
11. Consider options that will enhance the range of possibilities available to professionals to improve the outcome for the individual.

The criteria for cases that can be put forward to the Risk Enablement Panel include the person concerned being deemed to have mental capacity (as different processes would need to be put in place if some lacked capacity). The panel is for those:

- Who are at risk due to severe self-neglect/self-harm;
- With risk taking behaviours;
- Who are change resistant;
- Who refuse to engage with services;
- Who have experienced abuse by a third party but are not willing to engage in the safeguarding process or with services;
- Who are not willing to engage with eligible services;
- Who are 'frequent callers' to services; and
- Where the agency is struggling to maintain a high risk situation as a single agency.

The REP process is very involved and requires in depth coordination and discussion. In the main participation is good and gives agencies the opportunity to share concerns and ideas. The REP Steering Group received positive feedback from those who have been involved in the process. The learning that has been achieved has included an increased knowledge and understanding of multi-agency procedures; the agreement of common language terms and definitions; improved understanding of the different roles and responsibilities of partners. Overall the risk enablement process is about concentrating on what can be achieved, rather than what cannot and the bringing together of people from different organisations to develop shared perceptions of risk.

### **Case study**

CD often failed to engage or maintain engagement, in core services, including wider health and social care services but had multiple needs and issues that could be

addressed by a range of agencies. It was the complexity of these health and social care needs that acted as a barrier to engagement, for example the organisation of appointments for someone who has no fixed abode or stable contact information is problematic. AS CD has complex needs on-going engagement was difficult. This resulted in CD becoming socially marginalised, stigmatised and receiving less social support, less integrated in the community and became isolated from services. To enable REP to deliver on its objectives it was clear an initial engagement strategy needed putting into place. It was agreed to use an Appointeeship via SBC to help CD manage their finances as this was identified as a high risk factor but also provided a regular opportunity to engage with CD three times a week in an agreed way. This enabled a relationship to be built over time with front line staff including security staff and social workers and in turn led to regular meetings with CD, social care and mental health so an appropriate support plan could be developed.

## **SECTION 4**

### **Swindon Mental Capacity Act Programme**

#### **Mental Capacity Act and Deprivation of Liberty**

The funding of The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) remains a key issue for local authorities following the Cheshire West judgment where protection was extended to many more vulnerable adults. MCA DoLS relates to people who are placed in care homes or hospitals for their care or treatment and who lack mental capacity. The safeguards protect their rights and make sure that any care that restricts a person's liberty is both appropriate and in their best interests.

MCA DoLS referrals have continued to rise and there has been a 4% increase compared to last year. In 2016/17 Swindon received a total of 1047 referrals (544 from hospitals and 503 from care homes). Capacity issues have impacted on our performance in meeting demand and on 31<sup>st</sup> March 2017, there were 537 DoLS referrals still awaiting assessment. We have re-shaped our delivery model and have put a permanent team in place since February 2017 to increase capacity to meet the rising demand. We have also trained an additional six social workers as Best Interests Assessors (BIAs) who check all referrals and prioritise those where the person (and sometimes their family) is objecting to where they live or the care they receive. Independent scrutiny from the experienced BIA improves the experience of the vulnerable adult.

#### **Court of Protection (CoP).**

#### **Appointeeships and Deputyships held by the Council:**

Swindon Borough Council Appointeeships and Deputyships Team performs an essential role for vulnerable adults who lack capacity to manage either their DWP benefits (Appointeeship) or their property and affairs (Deputyship from Court of Protection under Mental Capacity Act) where there is no one else willing and suitable to do this on their behalf - SBC is the organisation of "last resort" to ensure they are protected. There are five staff who at 31<sup>st</sup> March 2017, managed 92 appointeeships, 85 Deputyships. 42 Deputyships going through Court of Protection and 13 referrals awaiting a decision of whether they meet the criteria for this team.

Working with an individual's resources and ensuring they are applied for their benefit in their best interests can involve a complex range of tasks from holidays to Personal Allowance, large purchases to selling or letting houses and property. Sometimes we take on either an appointeeship or Deputyship following a Safeguarding investigation when an adult who lacks capacity to manage their money is financially abused by a family member or friend.

The Appointeeship and Deputyships team had a positive annual Officer of the Public Guardian Visitor's report. They are working towards full compliance with the OPG's Public Authority Deputy Standards where Deputyships apply, and generally, to develop a person-centred and robust process of best interests decision-making to promote the individual's well-being, choice and opportunities - we work closely with the person's care manager or coordinator.

We also work closely with SBC Legal and Democratic Service to ensure robust compliance with OPG standards in the management of property, pensions and capital and to ensure we do not compromise individual best interests. For example, Standard

1a(5) of the OPG's Public Authority Deputy Standards provides: "Seek independent financial advice, where appropriate, to maximise the return on the client's savings, investments and any other assets."

In 2016/17 we undertook a special project to ensure that Deputyships were in place for those individuals who needed to move from Appointeeship to Deputyship and of 60 identified priority cases. 56 were assessed with Deputyships granted or still underway with the CoP. Numbers are increasing incrementally month by month as shown below: we apply the criteria carefully and these figures should also be seen in the light of 26 people who died in 2016/17 who were under Appointeeships or Deputyships. We have also been liaising with our colleagues in Childrens' Services and we have extended our service to a small number of 16-17 year olds to ensure they are offered the same protection where necessary.

<b>Swindon Borough Council Appointee &amp; Deputyship Team current and new referrals</b>						
<b>Month Ending</b>	<b>Appointee</b>	<b>Deputy</b>	<b>Deputy Pending</b>	<b>Total</b>	<b>Waiting</b>	<b>Total</b>
29/04/2016	136	63	14	213	6	219
31/05/2016	135	64	13	212	8	220
30/06/2016	137	63	13	213	8	221
29/07/2016	139	61	14	214	8	222
31/08/2016	138	65	10	213	5	218
30/09/2016	140	64	13	217	6	223
31/10/2016	127	63	30	220	8	228
30/11/2016	127	65	29	221	7	228
30/12/2016	113	73	34	220	10	230
30/01/2017	115	73	36	224	8	232
28/02/2017	98	80	43	221	11	232
31/03/2017	92	85	42	219	13	232

Our aims in 2017/18 are to further develop "money management" care plans that promote as much involvement and choice for service users as possible as well as producing a comprehensive protocol for our adult care workforce to improve the quality of our service and information in appropriate formats for our service users and their families.

## SECTION 5

### **The Swindon Local Safeguarding Adults Board and its Member Organisations**

#### **1. The Board**

In Swindon the body that oversees the work and implementation of the Policy and Procedures for Safeguarding Adults is the Swindon Local Safeguarding Adults' Board (LSAB), which during 2015/16 consisted of the following Members:

Independent Chair

Avon & Wiltshire Mental Health Partnership NHS Trust

Bristol, Gloucestershire Somerset and Wiltshire Community Rehabilitation Company (BGSW CRC)

Cabinet Member for Health and Adult Social Care

Care Quality Commission (annual attendance)

Dorset and Wiltshire Fire & Rescue Service

Great Western Hospitals NHS Foundation Trust

Healthwatch Swindon

Learning Disability Partnership Board

LSAB Service User Forum

NHS England South (South Central)

SEQOL (up to October 2016)

South West Ambulance Service NHS Foundation Trust

Swindon Advocacy Movement

Swindon Borough Council

- Board Director, Service Delivery
- Director, Public Health
- Adult Safeguarding Manager
- Head of Housing and Community Safety
- Director of Adult Social Services
- Trading Standards

Swindon Care Homes Association

Swindon Clinical Commissioning Group

- Executive Nurse
- GP Lead

Wiltshire Police

The Board met on four occasions during the year where the following agenda items were covered:

- LSAB Strategy and Annual Report, including priorities for 2017/18;
- Safeguarding Impact Assessments: The National Network of LSAB Chairs asked Board partners to undertake a safeguarding impact statement, alongside equality impact assessments which it was felt were not sufficient to address safeguarding;
- Performance activity data and emerging themes;
- Wiltshire LSAB split from Swindon LSAB;
- Update of Swindon Policy & Procedures;
- Reports with a Safeguarding element:

- Domestic Abuse Reduction Strategy;
- National Trading Standards Scam Team.
- Board Resources;
- Strategic discussion on Making Safeguarding Personal around why it is important for us, what is the evidence for this, what are we doing already that we can build on, what can we put in place to further embrace MSP and what areas would benefit from a partnership approach;
- An annual assessment on Agency Safeguarding: each Board member gave a brief summary about what the key issues are/have been for their organisation in the previous twelve months;
- Safeguarding case discussion on current cases of interest or complexity on a theme previously agreed by Board Members;
- Review of the four Strategic Priorities, Effective Governance, Performance and Quality, Communication & Engagement and Workforce Development;
- Board and Sub-group Membership: Structure Review;
- Adult Safeguarding Training Strategy; and
- National and Regional emerging issues.

Each meeting also had an update from the Service User Forum and the Operational Group, Policy & Procedures Sub-group.

## **2. Board Member reports**

The following are submissions from members providing an overview on their priorities regarding safeguarding:

### **2.1 Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)**

Avon and Wiltshire Mental Health Partnership NHS Trust provides mental health services, including talking therapies, to adults of all ages, in the Wiltshire area who have mental illness. These include inpatient services, community services, and a range of services working with primary care and acute hospitals to assess and support the care of people with mental health problems there.

The Trust has corporate and local Directors and senior manager holding responsibility for delivering, developing and assuring safeguarding practice. The Trust has been a member and regular attendee to the Swindon Safeguarding Adult Board through 2016/2017. Additionally  
The Trust has an executive director lead (Director of Nursing and Quality).

The Trust has worked in Swindon to implement the key principles for adult safeguarding set out in the Care Act 2014 of Empowerment, Protection, Prevention, Proportionality, Partnership, and Accountability in both its safeguarding and clinical practice with service users and families.

2016/2017 has seen a significant amount of activity to improve adult safeguarding practice in the Trust. The key achievements included:

- Initiation of a project to ensure effective safeguarding recording and reporting, and management oversight of safeguarding adults
- Development of practice guidance on personalisation of adult safeguarding

- Development of practice guidance and support on sexual exploitation and modern day slavery
- Review and updating of adult safeguarding training, including Domestic abuse training
- Maintaining a high level of monthly supervision for staff including safeguarding via the safeguarding supervision template
- Introduction of an extended Adult Safeguarding and MCA service in the Trust, introducing locally focused Named Professionals
- Completion of the Trust wide action plan delivering the Lampard Report recommendations
- Review of Trust policies to reflect DBS and Care Act 2014 changes in relation to allegations management

2016/2017 has seen the high level of staff trained to safeguard adults further increased, with 95% of staff trained at level 1 and 90 % of staff trained at level 2 (as of the 31/3/2017), with an additional domestic abuse training module included at Level 2.

Key challenges and priorities for improving adult safeguarding in 2017/2018 are:

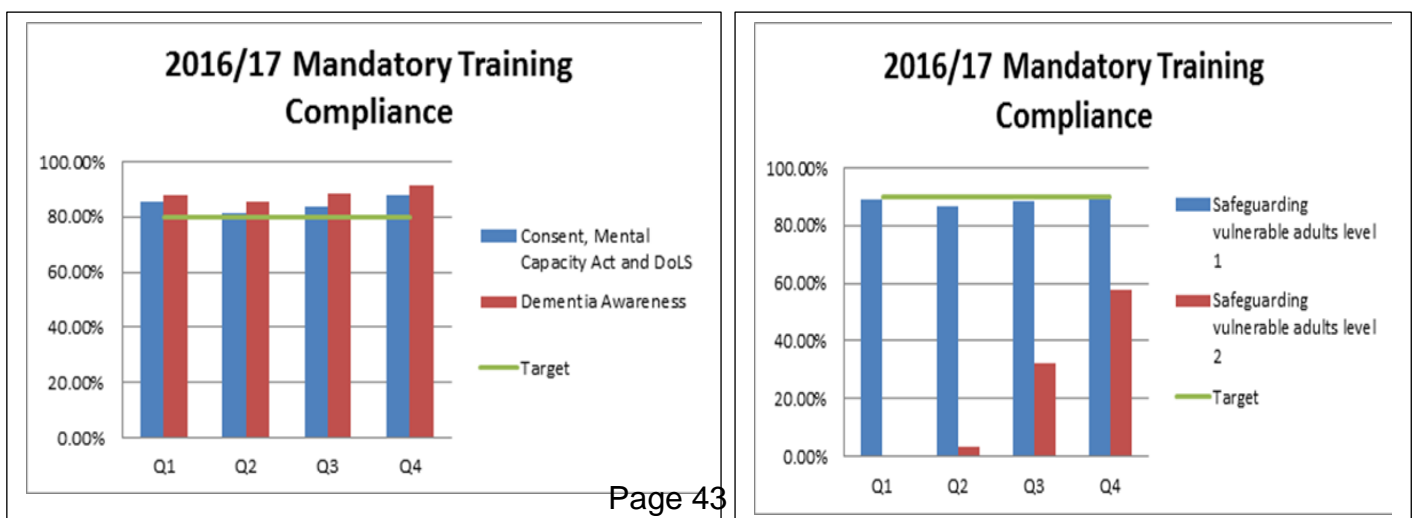
- Completion of the project to ensure effective safeguarding recording and reporting, and management oversight
- Introduction of Level 3 adult safeguarding training for relevant staff
- Improving and demonstrating the quality of safeguarding supervision provided to staff
- Introduction of local delivered practice development through the local Named Professionals for Adult Safeguarding
- Improving the support for the Swindon Safeguarding Adult Board at all levels of the partnership
- Finalise the review of Health Places of Safety

## 2.2 Dorset and Wiltshire Fire and Rescue Service

Report not received

## 2.3 Great Western Hospital Foundation NHS Trust

The charts below identify the Trust wide training targets in 2016/17 and in which areas the Trust is meeting those targets. Level 2 safeguarding training was implemented in November 2016 and has seen an increase in compliance as indicated. It is expected that the upward trend will continue in 2017/18. The generic Trust Mandatory training compliance threshold is 80%. GWH is currently compliant against this threshold. Safeguarding Adults is 90% compliance as per contract with GWH and the Clinical Commissioning Group.



## Identification of achievements of the Safeguarding Adults Lead in 2016/17

Below is an overview of the main achievements of the GWH Safeguarding Adults Lead

- Quality Improvement project in relation to safeguarding adults and the Mental Capacity Act completed across 2 clinical areas. The impact of this project was demonstrated by improved practiced compliance percentages from the annual safeguarding adults at risk consent and capacity audit.
- Safeguarding Operational Group is now well established and well attended. Positive response from all staff in attendance. Attendance continues to grow in numbers on a monthly basis. Safeguarding supervision is encompassed within the group.
- Established annual audit programme in place.
- Annual audit programme completed in September 2016. Findings are based on Q1 and Q2 and demonstrate increased compliance in safeguarding adults at risk, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DOLS). Indication shows an increase in compliance 69% compliance Trust – Wide (39% the previous year 2015).
- The Safeguarding Adults Team piloted Local Safeguarding Adults Board self-assessment tool. This is now an annual requirement and 2017 submission has been completed.
- A Safeguarding alert initial enquiry form has been implemented and a successful pilot on both Linnet Acute Medical Unit and Woodpecker testing a new enquiry form in response to any safeguarding alerts raised against GWH. The rationale behind the form is to obtain the correct information in a timely manner, and to also help guide staff. The Safeguarding initial enquiry form is completed within 7 days to help gather information.
- The following policies and guidelines have been reviewed and ratified:
  - Mental Health Act Policy and Procedures.
  - Search and Ligature Risk staff guidance.
  - Positive Behaviour Management (restraint) Policy.
  - Mental Capacity Act Policy and Procedure.
  - DoLS policy.
- A DoLS easy read patient information leaflet reviewed and implemented.
- GWH have developed safeguarding training at various levels to match staff roles. NHS are due to publish guidance specific to safeguarding training and it is believed the Trust is in good stead to implement a 3<sup>rd</sup> level.
- 1:1 safeguarding training has been in place since January 2017 for all overseas nurses starting in post.
- Bespoke training is provided in specific clinical areas including Intensive Care.
- CQC focus work has been completed across all areas, with concentrated focus on front door teams.
- Bi-monthly Safeguarding Simulation has now been set up with the Anaesthetics and Pain Management Clinical Lead for Simulation and Clinical Teaching Fellow. The simulation-based teaching will be for medical students and / or junior doctors working within the Trust and with potential scope to also extend to nurses, occupational therapists and physiotherapists.
- The Trust is participating in a Safeguarding Adult Review being carried out by SCIE commissioned by the LSAB.

## Plans for 2017-18

- Get better at protecting people from harm to include: early and/or preventive help for those at risk of abuse, including the local priorities given: exploitation, radicalisation, domestic abuse and neglect.



- Continuation of delivery of 'Golden Thread' training strategy
- Delivery of ward accreditation programme
- Complete NICE 50 (Domestic Abuse agenda)
- Embed and implement the Care Act 2014, Making Safeguarding Personal and the Mental Capacity Act
- Improve quality of safeguarding referral by working in partnership. Safeguarding Lead will be meeting both Safeguarding Joint Operations Managers quarterly to review quality and outcome.
- Improve the consistency of application of safeguarding and MCA/MHA policies, procedures and processes across the organisation by developing web-based access to relevant safeguarding and MCA/MHA policies, guidelines, information/forms/checklists
- Continue to support and strengthen system wide safeguarding quality assurance, including monitoring visits; assisting with evidencing best practice and improvements and making a difference to improving the safety and welfare of our most vulnerable residents
- Continue to support greater system-wide learning, review and actions and evaluate outcomes of all serious case review/incident action plans of both single and inter-agency action to receive assurance that plans have been implemented and in turn improves outcomes for adults with care and support needs in Swindon and Wiltshire
- Maintain systems for safeguarding training and competencies, ensuring learning and development positively impacts on practices and in turn improves outcomes for children, adults with care needs and carers
- Production, completion and regular review of robust and timely Care plan/risk management documentation
- Continued reporting barriers with outcomes of investigations/enquiries re Safeguarding and being able to feed this information back to clinical staff

## 2.4 Healthwatch Swindon

Healthwatch Swindon welcomes the opportunity to contribute to this report and recognises the importance of having representation on both this Board and the Children's Safeguarding Board, and being involved in the setting of the Strategic Plan for the next period.

### **Strategic Priority 4: Workforce development**

Safeguarding training forms a key part of our staff and volunteer induction. In 2016/17 we hosted a safeguarding awareness session for new volunteers which was also attended by 20 staff members of local third sector organisations and delivered by the council's adult safeguarding manager.

### **Strategic Priority 2: Performance and quality**

Two Healthwatch Swindon volunteers sit on the safeguarding service user forum. Work is underway to strengthen the work of this group and increase involvement. Towards the end of the reporting year we agreed to act as the independent recipient of views from adults who had experienced the safeguarding process. The objective is to try to gain some first-hand comments in order to improve processes if need be. We recognise that the numbers responding may be small but will report to the Board on the evidence we receive.

Healthwatch Swindon provides an information and signposting service to Swindon people. Our contract with Swindon Borough Council also includes the provision of independent complaints advocacy for NHS complaints. Work with individuals through that and other contacts with local people have and will continue to suggest on occasion

that alerting is required. Our lead officer for safeguarding is the manager of Healthwatch Swindon.

## **2.5 NHS England South (South Central)**

NHS England (NHSE), as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people, and adults in need for care and support. From a safeguarding assurance responsibility perspective, NHSE South Central team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements for safeguarding both adults and children, including effective mechanisms for LSCBs, LSABs and Health and Wellbeing boards to raise concerns about the engagement and leadership of the local NHS if indicated. This work is in line with the duties and approach set out within the NHS England Safeguarding Policy (2015).

### **Achievements during 2016/17:**

- During 2016-17 the safeguarding team restructured, of which all key safeguarding posts have been recruited. This has enabled the team to increase capacity to deliver the required organisational functions.
- NHS England is not a patient facing organisation but has introduced a mandatory training requirement for all staff to complete a basic awareness course in safeguarding both adults and children. Safeguarding staff have trained at the appropriate level according to guidance which includes safeguarding adults, MCA and Prevent training.
- NHSE South Central worked in Partnership with the registered charity NAPAC (National association for people abused in childhood) to provide historical sex abuse disclosure training. This was in response to the recommendations from the Lampard Inquiry
- Several Modern Day Slavery awareness raising training sessions has been delivered by the charity UNSEEN in Partnership with NHS E South Central in support of the National priorities set to raise awareness of the issues of modern day slavery in the UK.
- Advanced safeguarding report writing training has been delivered by Niche Consulting. This was evaluated particularly well by the delegates attending.
- Two Level 4/5 Safeguarding Children training days have been delivered in the South Central Region, in partnership with BASCPAN (British Association for Study and prevention of childhood abuse and neglect). The themes of the seminars were 'learning the lessons from serious case reviews, identifying pathways to harm'.
- Quarterly PREVENT education workshops have been delivered in conjunction with National leads and Special Branch and home office colleagues

### **Objectives for 2017/18:**

National Priorities:

- Female Genital Mutilation
- Embedding the Mental Capacity Act
- PREVENT
- Care Act 2014
- Modern Day Slavery
- Care in Care homes
- Quality and Safety of learning disability services

**Local Priorities:**

- Learning from Serious Case Reviews & Domestic Homicide Reviews
- Safeguarding Boards presence
- Learning from the Primary Care Safeguarding Assurance audit

**2.6 Public Health**

The Director of Public Health has been consistently represented at the Safeguarding Adult Board. Public Health Chairs several meetings and leads on several agendas which contributes to safeguarding of vulnerable individuals and groups. These include the County Lines (Dangerous Drug Network), Dementia, Suicide and Self Harm Prevention and Drug Related Deaths/Harm Reduction. For example any lessons learnt from the Suicide and drug related death reviews are fed back to agencies to inform the quality assurance of their service. We noted a significant proportion of our drug related deaths had not only substance misuse issues but also mental health issues. A joint review process is now in place to review these deaths together with a better links between substance misuse and mental health services.

Our suicide prevention work highlighted the negative impact that irresponsible reporting in the media can have on not only those bereaved by suicide but also those considering taking their own lives. The local press attended our Suicide Prevention Group, chaired by Public Health and with highlighted the issues by reviewing some of the recent local reporting.

Within Public Health we have two teams which provide front line services and deal directly with the public. These include the Community Health and Wellbeing Team and the Public Protection Team.

During 2016-17 the Community Health and Wellbeing Team has been doing some joined up work with their Adult Services to ensure that the clients are at the heart of developing robust ways of identifying and managing areas of safeguarding concern. All volunteers are offered Safeguarding Adults training particularly those working with vulnerable adults. All regular staff are also provided with training. Currently the team is exploring Deprivation of Liberty Safeguarding Training and training around the mental capacity act for front line staff who are working with Adults such as Circles Links workers and Community Navigators.

The Public Protection Team provide front line support to individuals in relation to environmental health and contribute to the safeguarding agenda with regard to information sharing. Their teams have received Hostile Environment Awareness Training (HEAT) this year and work closely with the police and fire service in cases where individuals are identified as vulnerable or at risk. They are regularly involved with and contribute to the Risk Enablement Panel.

Looking forward to 2017/18 public health will continue to champion and enable opportunities for strengthening knowledge, understanding the implementation of safeguarding procedures across the wider Public Health Workforce.

**2.7 Swindon Learning Disability Partnership Board**

The Learning Disability Partnership Board continues to ensure that the voice of adults with a learning disability (LD) is heard, promoting choice and control within their daily lives. It has been another successful year for the Board supporting adults with LD and

their carers to influence developments in Swindon in health, social care and the wider community.

The LDPB has 3 full Board meetings and 3 interactive Forums per year. Stakeholder discussions agreed the themes for the Forums for 2016/17. There were 124 attendees across the 3 forums, 46 adults with LD, 73 professionals who support adults with LD and 5 carers with the following achievements;

- “Get Active, Stay Active” – to have a go at some fun activities, think about what’s good about being active, find out what’s on in Swindon and discuss what we can do to get more people active
- “What does good quality support look like?” – to think about how important it is to plan together and get views listened to, support people in the way they want and enable people to take charge of their life and make decisions
- “Looking after yourself now and in the future” - to talk about the kind of services adults with LD may need as they grow older, think about how we can make Swindon a better place to live for older people and get information about keeping well

The resulting reports and newsletters were shared with all stakeholders, Learning Disability Provider Forum, the Joint Commissioning Managers Team and the Joint Commissioning Group as well as being fed in to the LSAB via the LDPB representative. Progress on key actions were reported back to the full Board each meeting.

Theme	Aim	Key Outcomes/Messages
“Get Active, Stay Active”	To have a go at some fun activities, think about what’s good about being active, find out what’s on in Swindon and discuss what we can do to get more people active	Presented findings at Sports Forum AGM Met GLL re: accessibility issues Connecting Sports Forum and LD Provider Forum
“What does good quality support look like?”	To consider the importance of planning together and getting views listened to, support people in the way they want and enable people to take charge of their life and make decisions	Meaningful support planning and review is essential to improving quality of life Staff should be respectful and include people in their support plans Improve recruitment processes by involving adults with LD on job panels and writing job descriptions with feedback from the forum Produce an easy read FAQ leaflet about support planning

## 2.8 South Western Ambulance Service NHS Foundation Trust (SWAST)

Achievements for 2016/17

(These relate to children and adult safeguarding)

- 14,100 referrals submitted (up 37% on previous year).
- 32 allegations managed.
- 2021 external enquiries answered.
- 102 Serious Case Review requests.

- 74 chronologies completed.
- 322 staff advice calls.
- 74 Safeguarding Board meetings attended.
- 83 training sessions provided.

Themes noted in 2016/17

Most common category for adult safeguarding referrals was self-neglect.  
An increase in teenage suicides noted from child death reviews.

Priorities for 2017/18

The referral process to be fully embedded in the Electronic Patient Care Record (ePCR) function with updates agreed and functioning.

The Administration Team to undertake all of the triaging with support only from the Named Professionals.

The Named Professionals to be fully competent in the management of allegations.

A reduction in the number of unrecognised Non Accidental Injuries.

Staff to be confident in notifying Police when crimes are disclosed to them.

## 2.9 Swindon Borough Council – Housing Services

There is a new post within Housing Services, Lettings Social Care Officer. This is funded by Housing and Adult Services to work with people with learning disabilities, hospital discharge issues and any other complex adult services cases that requires a housing solution. A six month review was undertaken which provided evidence that post is providing good outcomes and details of some case studies as below:-

### **Case study:**

Housing services were contacted by the learning disabilities team as a couple's relationship had broken down with their parents and they were expecting their first child. Discussion was needed with the couple's social workers and also the social work of the unborn child as there was no joined up care package.

The Social Care Lettings Officer arranged a multi-agency meeting, and the social workers supported the couple to complete a Housing Application form, all 3 SW's agreed plans to support the couple and the unborn child. A discretionary housing referral was submitted to the lettings manager and a direct match agreed. The family were successful in bidding and subsequently offered a local authority property.

From a safeguarding point of view this action could prevent abuse or neglect with regards to the adults as well as the child. It also helped to promote their independence and wellbeing, which is a requirement under the Care Act.

In recognition of the importance of safe and timely discharges from Hospital for patients who are not able to return home due to the unsuitable nature of their accommodation, Housing Services has worked with Adult Services to develop a Pathway flat ( with bariatric capacity) . This facility will allow a safe hospital discharge for a temporary period to enable a full assessment of housing and social care needs to take place.

The Council took the difficult decision to close one of its Sheltered Housing schemes due to a combination of poor design issues and the potential for redevelopment of the site to provide new modern social housing. The process involved the decanting of 44 flats and we were acutely aware of the sensitivities and difficulties associated with this process. We committed to a high level of support to the tenants. After the moves 97% of tenants reported back via survey that they felt the council honoured its commitment to support them through the process as well as reporting that their new home met their needs better than their previous home.

Housing Services is mindful of its responsibilities with regards to reducing domestic abuse. There is a Housing Options Domestic Abuse Officer funded through a Department of Communities and Local Government grant who helps secure accommodation for victims of Domestic Abuse and helps throughout at the Swindon Refuge by working with households to identify move on accommodation from the refuge.

A new governance structure was established around Domestic Abuse, including a DA Management and Quality Assurance group which helps deliver improved outcomes to victims by scrutinising cases and leading on the Domestic Homicide Reviews. The lessons learnt and actions are implemented via this multi agency group. This has major links with the LSAB.

## **2.10 NHS Swindon Clinical Commissioning Group**

The CCG is one of the three statutory core partners and funders of the Local LSAB. As such the CCG is in the best position to ensure that NHS providers meet their responsibilities through its commissioning arrangements. Jointly with Wiltshire CCG we have agreed a safeguarding adult schedule for GWH and for other providers. The CCG Designated Nurse safeguarding has reviewed the policies and contracts for all other providers we commission.

As a core partner the CCG has a duty to engage fully with the LSAB and its subgroups. The CCG is represented at the board via its Designated Nurse Safeguarding and following the recent restructuring of the board subgroups it is proposed that the CCG will be chairing the LSAB Quality Assurance subgroup also via the Designated Nurse.

The CCG met independently with the Chair of the board to share with their observations regarding safeguarding processes within SBC, the LSAB and gaps within GWH in relation to Ex-SEQOL health services. The CCG had been unclear about the apparent lack of a framework for raising cases of concern that meet the threshold for a safeguarding review under Section 44 of the Care Act.

### **The progress made within GWH following absorbing SEQOL health services into their organisation**

The CCG continues to monitor closely this progress, and met with the Trust leads to raise concerns regarding the lack of progress and the limited information received following the GWH internal review of community health services. The CCG remains concerned regarding the lack of appointment to a band 7 'Safeguarding Advisor' post to support community services. While the safeguarding adult named lead (Band 8) has returned from secondment, GWH are still left with a gap in leadership and support to community services. Currently GWH are trying to fill this post via existing staff at risk. Consequently this has been placed on the CCG risk register.

### **Recent safeguarding adult cases requiring review**

The CCG have raised the following two cases with LSAB requiring a review under the Care Act:

1. Case of an older man who died as a result of sepsis in a care home. Although it was considered that abuse or neglect was not the cause of death, and therefore did not meet the criteria for a Safeguarding Adults Review, a table top learning event for all the professionals involved in the care took place. This raised issues in relation to:

- Wishes of the resident/ Family/ End of Life care
  - Information sharing / Communication
  - Assessment/ Care Pathway / Delivery
  - Care co-ordination and oversight
  - Knowledge and skills
  - Quality and Performance
2. Case of an older woman where there were concerns related to abuse and neglect of a family carer. In this case the LSAB have commissioned a full SAR review by SCIE, involving two independent reviewers. This review has just started and is expected to be completed by Nov 2017 (see page 19)

## **2.11 Swindon Community Safety Partnership**

The role of the Community Safety function remains broad but with specific priorities over the last 12 months. The Community Safety Team and the Police have increased their activity on identifying and responding to the issues of Modern Day Slavery. In particular this culminated in the Partnership organising a Modern Day Slavery Reception Centre exercise, this identified strengths in current processes and tested operational practices in the event of significant numbers of vulnerable adults coming to light as part of action against a single “employers”. This exercise involved staff from the adult services including the safeguarding team and the Risk Enablement Development Manager.

Prevent duties for Counter Terrorism remain a priority. The local Prevent Board has reviewed its action plan and shared this with the Safeguarding Board. Individual cases (Channel) remain low. The Council continues to be part of the Swindon Hate Crime Partnership and an awareness raising event is organised for October 2017.

Domestic Abuse remains a priority and again plans were shared with the Safeguarding Board. Priorities include extending work with schools and working with perpetrators.

## **2.12 Swindon Advocacy Movement**

As an advocacy organisation we have an ongoing commitment to keeping adults with care and support needs in Swindon safe and have actively participated in all LSAB meetings for 2016/17 and sit on the Quality Assurance sub-group.

The Swindon advocacy service worked with 501 people in 2016/17, we received 40 Safeguarding referrals and made 19 safeguarding alerts. We have developed reporting systems to inform the Safeguarding Team and have attended quarterly Advocacy and Safeguarding Team Liaison meetings to strengthen our joint working practice e.g. it has provided opportunity for us to receive feedback on complex cases and review concerns or any inappropriate referrals.

We have shared advocates and service user experiences with the Safeguarding Team to inform any practice improvements and have also shared data and anecdotal evidence on known safeguarding risks or vulnerability of individuals or groups. We have raised the profile of Safeguarding and the work of the LSAB within our own workforce and Sanford House. Safeguarding and news from the LSAB are standard agenda items at our Advocacy Team meetings and we have worked with Healthwatch Swindon to ensure that Safeguarding is a regular agenda item at Sanford House tenants meetings. This has led to increased participation in Safeguarding training at SAM, with our Advocacy Managers attending Enquiry Officer training and advocates

doing refresher training, and Safeguarding training being requested via Citizen Advice for the voluntary sector at Sanford House. We have also worked with a wide range of partner services and Care Providers to raise the profile of Adult Safeguarding under The Care Act relating to individuals and the personalisation agenda.

In 2017/18 we are keen to contribute to Strategic Priority 3 in the development of a new model to gain the voice of service users and carers and to increase community awareness.

### **Case Study**

Mary was living in a care home, was married and had a son. The care home raised a safeguarding alert around financial abuse, Mary's son was managing her finances and Mary's client contribution had been unpaid for some time. The home had given the son many opportunities and choices to make payments and Mary's placement was at risk. An advocate worked under the Mental Capacity Act and using non-instructed approaches, empowered Mary to contribute to the process by using accessible methods as well as using a rights based approach. The advocate recognised the close relationship Mary had with her son and husband and recommended a proportionate response to a resolution. The advocate worked closely with the care home, the family and the safeguarding team and produced a report which identified Mary's views and preferred outcomes. A decision was made to apply for deputyship to safeguard Mary's finances, Mary now has security in her placement, access to her finances when she wants and has maintained her relationship with her husband and son.

## **2.12 Wiltshire Police**

### **Key achievements in 2016/17**

A partnership approach in relation to safeguarding adults is working well from a police perspective. Police staff are connected into the Local Authority safeguarding adults team ensuring effective multi-agency working to triage and assess cases involving vulnerable adults.

The Wiltshire Police Vulnerability Strategy was developed and published. It sets out what Wiltshire Police will do to improve the service to the most vulnerable in society. The strategy has a focus on reducing the victimisation of the vulnerable, reducing the unnecessary criminalisation of the vulnerable and reducing the exploitation of vulnerable people. A working group chaired by the head of public protection is ensuring that the strategy is being delivered across the force.

Significant improvements have been made by the police in the way that they record crimes against vulnerable adults. This change in process has resulted in an increase in recorded crimes, which has allowed the Police to better understand the volume and nature of abuse that is committed against the most vulnerable.

The process by which the Police identify vulnerable people and allocate resources to investigate crimes against the vulnerable as well as protect the vulnerable from further harm has been revised. This process is known as the 'three strands of vulnerability' and during 2016/17 all control room members of staff have received additional training. The revision of the process ensures that partner agencies are more quickly involved in the support of vulnerable adults



The Police have set up and chair the Swindon and Wiltshire Anti-Slavery Partnership. This partnership group sits quarterly and provides governance in relation to the effective reduction of modern slavery and human trafficking in the Swindon and Wiltshire areas. This includes the approach to adult sexual exploitation and labour exploitation. The Wiltshire Police website has been updated to provide more information on adults at risk and vulnerable adult abuse. There are links to members of the safeguarding adults investigation team to make it easier for people to access support. There are also links to the relevant legislation and national guidance.

Over the last 18 months members of the Safeguarding Adults Investigation Team have continued to provide training to partner agencies to raise awareness of the abuse of adults at risk and how to report concerns. In addition, training has been provided to investigating managers, police and partner agencies in relation to Making Safeguarding Personal.

The first prosecution for wilful neglect/ill treatment of a service user by a carer under the Criminal Justice and Courts Acts 2015, was achieved illustrating the effective use of new legislation (Merryfields, Swindon 2016.)

Wiltshire Police also had a successful prosecution as an outcome from a safeguarding case in 2017.

### **Case Study**

Following concerns about possible financial abuse perpetrated by someone who had “befriended” the victim, a sexual assault was witnessed while viewing footage from a CCTV camera installed by her family. The case came to the safeguarding team and was dealt with as a criminal investigation by Wiltshire Police.

Following the investigation and related information gathering from health and social care professionals the case went to court and Andrew NEWMAN was sentenced to 10 ½ years for multiple offences of causing or inciting a person, with a mental disorder impeding choice, to engage in sexual activity and possession of indecent images. In addition he was given a 10 year sexual harm prevention order and placed indefinitely on the sex offenders register and DBS barring list.

It is believed that this is an excellent example of good multi agency working and application of safeguarding principles.

[Link to newspaper article](#)

### 3 Sub-groups of the LSAB

**The Operational group** met on four occasions during the year, with attendance from the following agencies: The Operational group met on four occasions during the year, with attendance from the following agencies: AWP, GWH, SBC (Adult Safeguarding Manager, Commissioner OP & LD (Adults), Head of Policy, REP Development Manager, and Safeguarding Joint Operational Manager), SEQOL, Swindon CCG and Wiltshire Police

The aim of the group is to carry out the work of the LSAB and to look at tasks and issues in greater detail and report back to the Board as necessary.

Agenda Items during the year included:

- An update on the progress of the QA Sub-group;
- Review of the Chair of the Operational Group;
- Strategic Plan 2016/19, which informed the development/review of an Annual Business Plan;
- Discussions about current cases of interest or complexity;
- A Root Cause Analysis completed by AWP on a specific case;
- LSAB Risk Summary;
- Adult Safeguarding Training Strategy 2016/18;
- SCIE Case Review; and
- Proposed Re-structure of the LSAB.

**Quality Assurance Sub-Group:** The QA Sub-group met on four occasions during the year, with attendance from the following agencies: AWP, GWH, SBC (Adult Safeguarding Manager, Commissioning Manager, Head of Policy, REP Development Manager, Safeguarding Joint Operational Manager, Supported Housing Manager), SEQOL, Swindon Advocacy Service, Swindon CCG and Wiltshire Police.

The aim of the group is to evaluate multi-agency working, to carry out joint audits of cases and consider the participation of relevant agencies. Appraise the quality of practice and lessons to be learned in terms of both multi-agency and multi-disciplinary practice. The person responsible for the enquiry is invited to attend and talk through their rationale of their decisions.

The group audited between four and six cases at each meeting, using the six principles of safeguarding, Empowerment, Proportionality, Protection, Partnership, Prevention and Accountability using the following themes: Great Western Hospital (concerns raised by GWH and about GWH), Physical Abuse, AWP (appropriate and inappropriate concerns), Care Providers (concerns raised by providers and about providers).

**Learning and Development Sub-group:** This is a joint sub group with the Wiltshire Safeguarding Board. It was agreed to work jointly as many of the partners work in both local authority areas. Membership includes: the local authority leads, Wiltshire CCG, AWP, National Probation Service, GWH, Wiltshire and Swindon Care Skills Partnership, and Wiltshire Police. This now chaired by the Learning and Development Lead from Wiltshire Council.

The purpose of the subgroup is to broaden ownership of best practice in safeguarding adults through monitoring the design and delivery of good quality learning and development provided across Wiltshire and Swindon. Agenda items have included the

revision of both boards' training strategies, discussions about the revised Safeguarding Capability Framework and how that will link to the NHS Intercollegial Document (still due for publication), learning from a recent Serious Case Reviews from other safeguarding boards and training audits.

**Policy & Procedures Group:** The Policy & Procedures Group met on four occasions during the year, with attendance from the following agencies: AWP, GWH, SBC (Adult Safeguarding Manager, Commissioner OP & LD (Adults), Head of Policy (part year), REP Development Manager, Safeguarding Joint Operational Manager and Strategic Planning Manager), SEQOL, Swindon CCG and Wiltshire Police.

The aim of the group is to develop and review the Policy and Procedures for Safeguarding Adults in Swindon and develop additional guidance as required by the LSAB.

Agenda items during the year included:

- Safeguarding Adults Staff Guide;
- Review of overall Policy and Procedures;
- Self-neglect Policy;
- Association of Directors of Adult Social Services (ADASS) Guidance: Inter-authority safeguarding arrangement;  
Prioritising and updating the Policy & Procedures Guidance in-line with the Care Act 2014 and the separation from Wiltshire SAB;
- Discussing and completing guidance on early stages of safeguarding process; Inter-authority safeguarding arrangement; report writing; developing safeguarding plans and
- Safeguarding Recording Retention Policy.

**Service User Forum:** This continues to meet and the Chair of the Forum has been working hard to widen the membership. New members have attended showing a great interest and commitment. The format of the Service User Forum is to be reviewed as part of the re-structure of the Board. The Service User Forum met on three occasions during the year and agenda items included:

- Services of Concern (update);
- Making Safeguarding Personal;
- Disability Hate Crime;
- LSAB (update);
- Safe Places (update);
- Review of the TOR;
- Report by Sir Stephen Bubb: Winterbourne View 5 years on;
- Reporting Safeguarding Concerns;
- LSAB Annual Report; and
- Visitors: Developing Health and Independence (DHI)

**Case Review Sub-Group:** The Case Review group met on two occasions this year to consider a request for a Safeguarding Adult Review. One case agreed to progress to a section 44 Safeguarding Adult Review (see page 20 for further details) and another case did not meet the criteria although it was agreed an event be held to consider any learning from the case. The membership of this group includes SBC, the Clinical Commissioning Group, GWH, Wiltshire Police, SEQOL, AWP, and the Probation Service. (Should any cases need to be presented in relation to a particular service, that service would not be invited to participate in the meeting).

## SECTION 6

### Priorities for 2017/18

One of the statutory requirements for the Board as a result of the Care Act is to produce a Strategic Plan. The LSAB have agreed an updated 3-year Strategy linked to the 6 Government priorities:

**Empowerment** - Presumption of person led decisions and informed consent;

**Protection** - Support and representation for those in greatest need;

**Prevention** - It is better to take action before harm occurs;

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

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

**Accountability** - Accountability and transparency in delivering safeguarding.

*These are the Strategic priorities and how they link to the government priorities are in brackets after each action:*

#### **Strategic Priority 1**

##### **Effective Governance**

***We will develop the capacity of Swindon LSAB and its infrastructure to effectively deliver the core functions of the Board to help keep adults with care and support needs in Swindon safe***

##### ***Achieved through:***

- Developing links with other key statutory partnerships (particularly the Health and Well-Being Board, the LSCB, and the Community Safety Partnership), and voluntary sector, identifying areas of commonality and governance arrangements, receiving reports from them focused on specific issues and themes. **(Partnership)**
- Ensuring the Board is sufficiently resourced by partner agencies to undertake its responsibilities **(Partnership)**
- Introduce an induction programme for new Board members **(Partnership, Accountability)**
- Develop a risk register for the Board **(Accountability, Prevention, Protection)**
- Implement the outcome of the Board review including membership of the Board and its sub groups, and monitor attendance at Board meetings **(Partnership, Accountability)**

***Measurable outcomes*** (details on how these will be achieved are contained in the Business Plan for 2017/18)

- To have achieved the Strategic Plan actions
- Risks to have been managed through risk register monitoring
- Survey Board members to assess level of confidence and contribution
- Attendance rate having the right level of attendance and seniority for Board and sub-group meetings
- Number of new members attending induction and fully engaging
- Receipt of reports from other partnerships as requested

## **Strategic Priority 2**

### **Performance and quality**

***We will ensure that there are effective multi agency quality assurance and performance management processes in place which will promote the welfare of adults with care and support needs and will hold partners to account***

#### ***Achieved through:***

- Developing and implementing a multi-agency quality assurance process and schedule, and reporting system to the Board **(ALL priorities)**
- Holding agencies to account for a reduction in inappropriate referrals to ensure key risk cases are not missed **(Proportionality, Protection, Accountability)**
- Identifying from audits and available data trends and research of adults in need of care and support who are or have been experiencing abuse or neglect (increase in physical abuse and abuse in people's own homes) **(Protection, Prevention, Proportionality)**
- In co-operation with relevant key partnership boards, explore the Swindon safeguarding risks relating to known vulnerability particularly learning disabilities, self-neglect, domestic abuse, radicalisation, hate crime, trafficking/modern slavery and financial exploitation **(Empowerment, Protection, Prevention, Proportionality)**
- Learning from Safeguarding Adult Reviews and Domestic Homicide Reviews, sharing lessons learnt with the Community Safety Partnership **(ALL priorities (depending upon the circumstances))**
- Receiving a report from Healthwatch Swindon regarding service user experience, particularly in respect of making safeguarding personal **(Empowerment)**, and using this to drive practice improvements **(Empowerment, Proportionality Protection Prevention)**

#### ***Measurable outcomes***

- No more than 30% inappropriate referrals
- Baseline service user experience of service delivery
- Sharing and implementing actions from SARs and DHRs as appropriate
- Audit outcomes on key performance indicators and quality of referrals

## **Strategic Priority 3**

### **Communication and engagement**

***We will ensure there is a consistent and co-ordinated approach to how the safeguarding message for adults is disseminated to all groups and communities in Swindon, and we will ensure that we engage adults and communities of all backgrounds and make up in the work of LSAB***

#### ***Achieved through:***

- Ensuring the website meets the accessibility information standards and developing it further when the new platform is in place **(Empowerment, Protection, Prevention)**
- Developing easy read versions of external documents (informed by the Service User Forum) **(Empowerment)**
- Increasing community awareness including using available opportunities to increase public involvement, and to engage media interest **(Empowerment, Protection, Prevention, Partnership)**

- Developing a new model to gain the voice of service users and carers, and act on suggestions linked to existing services and groups (**Empowerment**)
- Developing the use of a safeguarding story at the start of Board meetings (**Partnership**)
- Developing more effective use of the media (**Accountability**)

#### **Measurable outcomes**

- Number of actions taken based on service user feedback
- Number of hits, length of time and outcome of like button data on the website
- Outcomes from safeguarding stories leading to actions taken

### **Strategic Priority 4**

#### **Workforce development**

***We will ensure the workforce of all partner agencies has access to and has undergone robust training relevant to their role, and understand how to apply it to their role***

#### **Achieved through:**

- Holding agencies to account for ensuring high staff training levels including GPs, dentists etc (NHS England) and Commissioners in respect of providers (**all**)
- Ensuring all agencies either use the SAB training events or their own training packages that are consistent with this (**Protection, prevention, partnership, proportionality, accountability**)
- Developing a quality assurance process of safeguarding training provided by care providers that may not be in line with the LSAB policies and procedures (**Partnership, proportionality, accountability**)
- Using feedback from referrals data with agencies to inform them of areas for improvement in understanding and safeguarding practice (**Protection, partnership, proportionality, accountability**)
- Exploring the provision of a specific safeguarding career pathway

#### **Measurable outcomes**

- % of surveyed staff confidence and knowledge regarding safeguarding (baseline to be established)
- relevant staff trained in safeguarding at any one time

### **Next Steps**

- The Operational Group, on behalf of the Board, will draw up an annual business plan for 2017/18 that outlines how the strategic priorities will be delivered and the outcomes required to measure progress. This will be monitored by the group and reported to the Board throughout the year and will inform next year's Annual Report
- The Board will also monitor the business risk register to underpin this strategic plan that identifies the key risks that have the potential to prevent its delivery

## Glossary

ADASS	Association of Directors of Adult Social Services
AGM	Annual General Meeting
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BGSW CRC	Bristol, Gloucestershire Somerset and Wiltshire Community Rehabilitation Company
CCG	Clinical Commissioning Group
CoP	Court of Protection
CQC	Care Quality Commission
DA	Domestic Abuse
DBS	The Disclosure and Barring Service
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
FAQ	Frequently Asked Questions
GLL	Greenwich Leisure Limited
GP	General Practitioner
GWH	Great Western Hospital
HEAT	Hostile Environment Awareness Training
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
LAMU	Linnet Acute Medical Unit
LD(PB)	Learning Disability (Partnership Board)
LSAB	Local Safeguarding Adults Board
LSCB	Local Safeguarding Childrens Board
MCA	Mental Capacity Act
MHA	Mental Health Act
NHS	National Health Service
NICE	National Institute For Health and Clinical Excellence
OP	Older People
OPG	Office of the Public Guardian
QA	Quality Assurance
REP	Risk Enablement Panel
SAM	Swindon Advocacy Movement
SAR	Safeguarding Adult Review
SBC	Swindon Borough Council

SCIE	Social Care Institute for Excellence
SEQOL	SEQOL (a Social enterprise providing health and social care and support)
SWAST	South Western Ambulance Service NHS Foundation Trust



The Safeguarding Adults in Swindon Annual Report 2016/17 is available on the Internet on [SBC Adult Safeguarding page](#)  
It may be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.

Tel: 01793 445500

Fax: 01793 463982

E-mail: [customerservices@swindon.gov.uk](mailto:customerservices@swindon.gov.uk)

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## Local Safeguarding Children Board Annual Report

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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Author: Chair, Swindon Local Safeguarding Children Board

Wards: All

Parishes Affected: All

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### 1. Purpose and Reasons

- 1.1 To present the Annual Report for the Local Safeguarding Children Board (LSCB). The Annual Report detail progress against the annual Business Plans.
- 1.2 The Local Safeguarding Children Annual Report 2016/17 can be found in Appendix 1 and on the LSCB website at:  
[www.swindonlscb.org.uk/AnnualReports](http://www.swindonlscb.org.uk/AnnualReports).

### 2. Recommendations

The Board is recommended to:

- 2.1 Note and comment on the Swindon Local Safeguarding Children Board Annual Report for 2016/2017.

### 3. Detail

- 3.1 The Annual Report reviews achievements against the LSCB Strategic Business Plan 2016/17 and provides information regarding 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.

### 4. Alternative Options

- 4.1 There are no alternative options proposed. The Local Safeguarding Children Board is required to produce an Annual Report.

### 5. Implications

Financial and Procurement Implications

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

Legal and Human Rights Implications

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

All other Implications

- 5.3 There are no other direct implications arising from this report.

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Further information on the subject of this report can be obtained from Simon Ratcliff, 01793 466833, [sratcliff@swindon.gov.uk](mailto:sratcliff@swindon.gov.uk).

# Local Safeguarding Children Board Annual Report

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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## 6. Consultees

- 6.1 Members of the Local Safeguarding Children Board have been consulted on the report at their meeting on September 19<sup>th</sup> 2017.
- 6.2 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 - Local Safeguarding Children Board Annual Report 2016/17 (*This appendix, and the appendices to other reports in this agenda, have been circulated to the members of the Health and Wellbeing Board under separate cover. All appendices can be inspected on the Council's website at: <http://ww5.swindon.gov.uk/moderngov/ieListMeetings.aspx?CId=933&Year=0> and copies can be obtained from Committee and Member Services*).



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## INDEPENDENT CHAIR'S INTRODUCTION AND FOREWORD

As the Independent Chair of Swindon Local Safeguarding Children Board (LSCB), I am delighted to present its Annual Report covering the period from April 2016-March 2017.

As a statutory partnership, the LSCB brings together organizations with a collective responsibility to safeguard and promote the welfare of children and young people. This report describes the achievements and challenges of the Board and its partners in their efforts to ensure the safety and wellbeing of children and young people within the Borough. During the period covered by this report, partners continued to make positive progress in strengthening local arrangements, but were not complacent as to the tenacity required to address the enduring issues affecting children and young people and the need for us to respond to emerging challenges.

Below are some key areas of focus, challenge and activity undertaken by the LSCB during 2016/17, which are set out in more detail in the body of the report.

### **Challenge and Scrutiny**

Challenge and scrutiny are the key functions of an LSCB and a number of changes have improved the overall effectiveness and coherence of arrangements to improve the impact of learning on practice. The Case Review Group now oversees all Serious Case Reviews (SCRs) and Local Case Reviews (LCRs) and does not have separate Review Teams which are costly in terms of staff capacity and don't at times allow for a timely and effective process. In 2016/17 the LSCB published two Serious Case Reviews –SCR D and SCR S and provided updates on the progress by all partners to achieve the recommended areas for improvement. The learning was disseminated to all practitioners through the LSCB training programme and was the focus of the LSCB National Conference in October 2016. The action plans continue to be monitored for evidence of progress and the LSCB has ensured it has driven issues such as the escalation policy and has welcomed improvement in issues of workforce capacity and operational child protection arrangements. The CRG also oversaw a further SCR and an LCR, which were both commissioned in Jan 17 and will conclude in September 17. The Quality Assurance (QA) sub group has ensured that its multi-agency audit programme addressed the areas requiring scrutiny informed by the priorities in the LSCB Business Plan, performance data and from SCRs and LCRs. The Performance sub group reviewed and introduced significant improvements in the performance data received from partner agencies, the content of the overall data set and the quality of the narrative provided. Section 11 arrangements have been reviewed and enhanced during 2016/17 for implementation in 17/18 to enable more detailed and robust challenge and the Challenge Log itself continues to record challenges around performance and practice, which are identified by the LSCB and its sub groups and regularly monitored by the LSCB. This is a live document providing evidence of challenge and transparency to enhance the LSCB collective responsibility to provide scrutiny and challenge and is published as part of this Annual Report in 2016/17.

### **Engagement of Children young people, their families and staff.**

The LSCB is working to improve the engagement of children and young people, their families and frontline practitioners and to ensure there are mechanisms to hear their voice. This is undertaken through a number of ways including the presentation to the LSCB of services which engage with children and their messages on the effectiveness of their experiences. In addition both the LSCB audit methodology and the SCR/LCR methodology incorporate direct feedback from children, young people and practitioners and the LSCB also undertakes more generalized survey activity of frontline practitioners i.e. the CSE, E-safety and Escalation survey undertaken with practitioners in 16/17. This is an area of work however that the LSCB recognizes still requires further focus and drive from the LSCB

## **Early Help.**

Early Help arrangements were discussed at the LSCB in 15/16 and recognition that further work was needed to review and ensure that the Thresholds document, Early Help Pathways, Early Help assessments and training and support for partner agencies was appropriate. Agreement at the LSCB was reached to establishing a task and finish group to address these issues. This group met during 16/17 and identified some of the key barriers to effectiveness of the system and identified further work and Stage 2 has now began to finalise the Early Help strategy and the Thresholds document and will present to the LSCB in September 17. However contacts and referrals to Children's Social Care reduced in 16/17 and this is the first time a decrease has occurred for more than 3 years. The development of the MASH arrangements in 16/17 are felt to have contributed and the LSCB will receive a report on the first year of the MASH in 17/18. Early Help and the application of Thresholds continues to be a priority for 17/18.

## **Child Sexual Exploitation**

The LSCB is determined to ensure that the impact of learning from case reviews concluded in 2015/16 is evidenced in improved practice. The work has included the revision of the overarching CSE strategy and undertaking the detailed CSE audit in 16/17 which included a front line survey of over 1000 practitioners and evidenced that there had been considerable progress over the last two years and identified more focus is still required to improve the quality of independent interviews of missing children on their return. Evidence included the positive independent evaluation of the Multi Agency Risk Panel (MARF), which demonstrated progress in operational arrangements to share information, manage risk of individual children and inform cohesive disruption activities. The work around CSE and wider exploitation of children continues within the LSCB but is no longer a targeted priority for improvement.

## **Health**

The Independent Chair met with key health leads to review current safeguarding arrangements and clarify governance and accountabilities in March 16 and December 16. There was concern that there was no Designated Nurse and no Lead Safeguarding GP in 15/16, which impacted on safeguarding capacity. NHS England provided support and the outcome was a revised and enhanced JD for the Designated Nurse, which was successfully recruited to in August 16, and additional funding from NHS E to support succession planning for designated and named health professionals. In addition the CCG has also committed additional resource and capacity into its safeguarding functions and now has a named GP and a clear structured programme of improvement activity. Agreement was reached to create a Health sub group of the LSCB led by the CCG to provide the cohesion and oversight of all partners in the Swindon health economy, which began meeting in 2017.

## **Local Authority Children's Services**

The Board requested and received a report in December 16 to provide an update to the LSCB of the work undertaken since the Ofsted inspection of 2014 in terms of addressing workforce capacity and securing sustainability and improvements to practice particularly in front line social work teams and strengthening the quality assurance arm of CP Chairs/IROs /audit activity etc. Reports are routinely provided to the LSCB on performance and the effectiveness of the single and multi-arrangements to safeguard children and audits showing improved quality of performance and improvements in performance measures. However the report recognizes that the service is at a point in its improvement journey, which needs continued focus to sustain and build on improvements in 17/18.

## **Schools**

The Board has recognized the conduit between the LA and schools around safeguarding issues needed to be strengthened and has been supportive of the LA work to support designated school leads and to ensure a robust system to capture the annual safeguarding audits undertaken in



schools. The Chair met with secondary heads in December 16 and ensured that designated school leads were involved in consultation on the LSCB Business Plan 17/18 and has encouraged their representation on the sub groups of the LSCB to ensure schools' voices are heard and can inform the work and priorities of the LSCB.

### **2016/17**

While reflecting on the work undertaken during this period, I am of course mindful of the important potential changes on the horizon following the government review of LSCBs published in May 2016 and the Children and Social Work Act which received Royal Assent in April 17. The legislation confirmed the need for multi-agency safeguarding arrangements based on local need and overseen by the 3 identified Statutory Partners-the LA, Police and the CCG and changes to SCR and CDOP arrangements. Implementation will be over the next 18 months/two years and will be the subject of future local discussions in 2017/18 following the publication of the Working Together draft guidance for consultation in October 2017.

In recording my thanks to members of the Board and those supporting the work of its sub groups, I would like to specifically state my gratitude to all those staff and volunteers within the local workforce for their commitment to safeguarding children and young people.

**Alex Walters**

Independent Chair, Swindon Safeguarding Children Board.

## Progress on the LSCB Business Plan 2016-2017

The LSCBs Annual Business Plan sets out LSCBs priorities for the year ahead. The priorities are identified by Board members in response to performance data, case reviews, national and local drivers for change and local intelligence about the changing needs of children and young people in Swindon. The LSCB's Business Plan for 2016/17 contained seven core functions and four priorities for development.

### 1. Overall Objectives of the LSCB

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

### 2. Core Functions:

**Policies and Procedures:** Developing policies and procedures for safeguarding and promoting the welfare of children and young people in Swindon, including the publication of thresholds for intervention where a child's safety or welfare is compromised.

**Communication and Safeguarding Awareness:** Communicate the need to safeguard and promote the welfare of children among both the professional and lay community, raising awareness of how this can be done and encouraging them to do so.

**Performance Management:** Monitoring and evaluating the effectiveness of safeguarding and preventive strategies and the actions of partner agencies to the Board (individually and collectively) and setting standards for continuous improvement.

**Serious Case Reviews:** Undertaking and commissioning reviews where abuse or neglect of a child is known or suspected and the child has died or has been seriously harmed and there is a cause for concern as to the way in which partners have worked together to safeguard the child. Consider and undertake local case reviews when the threshold for Serious Case Reviews is not met.

**Child Death Overview Panel:** To review child deaths and learn lessons in order to improve the health, safety and wellbeing of children and to reduce future incidence of preventable child deaths.

**Quality Assurance Audits and Scrutiny (including Section 11 audits):** Evaluating the effectiveness and efficiency of local actions to safeguard and promote the welfare of children, evidencing outcomes and challenging improvement.

**Training and Staff Development:** To devise and deliver and evaluate high quality multi-agency innovative training programmes and initiatives that meets the training requirements of the local workforce and the priority safeguarding issues being progressed.

### 3. Priorities for Development 2016/17

- Early Help
- Child Exploitation.
- Strengthening the Voice of the Child and their families and practitioners
- Supporting the effectiveness of adults and children's services to work together to safeguard children

The following table is a summary of the actions the LSCB and its partner agencies have taken in response to the priority areas for development identified in the Business Plan. Additional detail is included in the reports from the Chairs of the Sub-groups later in this report.

Priority 1 – Early Help
<p>The LSCB recognised the need to understand the effectiveness of the current arrangements and services, which provide Early Help. It therefore established a multi-agency Working Group, which met throughout 2016/17 and was chaired by the CCG.</p> <p>The Working Group’s remit was to review the Thresholds document and the quality of EH Plans and identify barriers to delivery. The Working Group produced a report for the March 2017 meeting of the Board which set out the group’s progress and findings and identified further work required.</p> <p>In summary, the Working Group found that although progress has been made in supporting the Early Help agenda, the evidence indicates there is more to do to further embed the culture of early help amongst the workforce across all agencies. There is more to do to ensure that the multi-agency threshold document is valued and used appropriately across the partnership.</p> <p>The performance data also indicates that not all services and practitioners, that should be, are making use of Early Help Records and Plans (EHRP) to assess and plan services for children and families with additional needs. Greater insight is required to further understand how we can effectively tackle these barriers going forward. An audit of Early Help Records and Plans to provide assurance that Early Help Records are good quality and lead to sustained improvements for children, young people and their families is planned for 2017/18 once the work of Phase 2 is complete.</p> <p>Phase 2 of this work (chaired by SBC Children’s Services) is to produce a revised Threshold Document and a detailed implementation plan and is expected to report on progress to the LSCB in September 2017.</p>
Priority 2 - Child Exploitation
<p>The LSCBs work on child sexual exploitation was led by its CSE &amp; Missing Subgroup. The Subgroup’s objectives under the business plan for the year were to complete a broader partnership profile to better understand key issues for Swindon; review the groups Terms of Reference to reflect all issues related to child exploitation; and, ensure agency awareness of roles in prevention and intervention. The Subgroups activities for the year included the following:</p> <ul style="list-style-type: none"> <li>• A new Partnership Profile was completed. There was an improvement in the way that agencies provided data to inform the profile with reassurance that any operational elements identified within the profile will be addressed by the recently established Opal team</li> <li>• Key partner agencies carried out self-assessments on their response to CSE and Missing. The resulting areas for development were taken into the Sub-groups action plan.</li> <li>• A two part audit of multi-agency awareness and responses to CSE was conducted by the LSCBs Quality Assurance Sub-group with learning from this informing the Sub-groups action plan for 2017/18</li> <li>• The Sub-Group co-ordinated the activity of agencies for the National CSE Day of Awareness. All agencies embraced the day of awareness and increased their prevention/education activities.</li> </ul>

- The Subgroup oversaw the implementation of the integrated and co-located Police/Social Care CSE team (known as Opal). Over the last 12 months the plans for the Opal team have developed at a pace and the foundations are now in place for a more effective and integrated service to support victims and target perpetrators. 2016 has seen the Opal team consolidating its role in supporting victims and those at risk from CSE with a more specialised and dedicated service.
- During 2016 the sub-group started to receive performance reports from the Multi-Agency Risk panel (MARF), to ensure the LSCB had oversight of this critical partnership activity. The panel meets monthly to consider children who are at risk of exploitation and children who, when they go missing, are considered a high risk. In addition to the regular performance reports and following an independent review on the effectiveness of the panel in 2015, the sub-group received a follow up evaluation (carried out by the same reviewer) in March 2017 which considered the panel's response to the original recommendations. In the report, the reviewer made the following observation:

*"MARF 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 MARF was impressive.*

*I did not detect any areas of major weakness or concern. All the areas where I have suggested improvement are already known to MARF and have work in progress. I think the MARF assessment of activity both in the February strategic meeting discussion and in the survey returns are accurate.*

*MARF 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."*

### Priority 3 - Strengthening the Voice of the Child and their families and practitioners

The LSCB looks to strengthen the voice of the child by considering the extent to which services listen to children and reflect their lived experience in service development plans and in individual support plans.

During 2016/17 the LSCB has made specific efforts to reflect the views of children, families and frontline practitioners in the Serious and Local Case Reviews it has carried out and in the multi-agency audits on CSE and Domestic Abuse (both of which engaged with practitioners as part of their methodology). Both these areas of work are referred to later in this report.

In addition to the work the LSCB is doing itself to engage with children, families and practitioners, the Board also encourages partners to develop further their work to ensure that the child's voice is at the heart of service design and delivery. Examples of ways in which the LSCB and its partners have developed their engagement work are as follows:

- A new website which aims to reach out to young people in Swindon was launched at the LSCBs Annual Conference in October 2016. [Thedockswindon.co.uk](http://Thedockswindon.co.uk) was designed with the help of young service users and contains a range of information aimed at helping young people to make better life choices.

Working with Swindon Borough Council's Restorative Youth Services, young people chose the style, layout and most of the new site's content, as well as the website's name. It is promoted across all of Swindon's schools and colleges, and any other groups where young people meet.

The site contains information for young people on physical and emotional health, education, employment and training links. There are sections on sports, recreation, how to stay safe, apprenticeships, volunteering, and securing a placement from school or college.

- A number of services in Swindon have been verified and moderated through the South West process in conjunction with Public Health England and have achieved Young People Friendly accreditation including The Great Western Hospital NHS Foundation Trust – Children's Out Patients, Swindon New Sanctuary (Sexual Assault and Referral Centre) and New College Swindon, College Nursing. These organisations were presented with their certificates of achievement at the LSCB Annual Conference in October 2016.
- The LSCB received a report from the Council on the work its commissioned services have done to enable children to participate in public service decisions, service design and reviews in order to ensure that the voice of the child is heard and used to inform local services and support. An overview of the participation activity in 2016/17 can be found later in this report. The following Youth Participation groups carried out the work:
  - Member of Youth Parliament (MYP)
  - Youth Council
  - Thought Tank
  - Young Inspectors
  - Children in Care Council
  - Young Carers
- Swindon Borough Council coordinates a termly forum for School Designated Safeguarding Leads. The forum provides an opportunity at which organisations including the LSCB can both provide information on a range of safeguarding issues (including CSE, Online Safety, Missing Children, and Learning from Serious Case Reviews) and hear about the issues DSLs are facing in schools.
- Work to further develop the LSCBs engagement with children, their families and practitioners continues into 2017/18

#### Priority 4 - Supporting the effectiveness of adults and children's services to work together to safeguard children

The LSCB seeks assurance that services supporting adults and services supporting children are working together effectively to safeguard children. Learning from case reviews has shown that whilst it is vital that the needs of the adults in a family are recognised and addressed, the impact of those needs on the children must be considered by all the agencies and joint work to reduce risk to children must be of paramount importance. The following are examples of the different ways in which partner organisations within Swindon have developed their joint working:

- The multi-agency practice guidelines for the assessment, support and case management of families - 'See the Adult See the Child' - has been refreshed in light of the Care Act 2014 and social care staff have been briefed. There is a clear focus is on alerting managers that they are dealing with a case that involves children and adults so that they receive appropriate support and Swindon Borough Council has good oversight of these cases. The focus is on face to face meetings for multi agencies, ownership of actions and responsibility to raise concerns with managers.
- The multi-agency Transitions Programme (established September 2016) is focused on providing young people and families with a more joined up experience of the transition into adulthood and the associated involvement in children and adult services. This programme focusses on those young people who are likely to transfer to a service provided by Adult Social Care or Adult Mental Health. The programme supports early engagement with the Adult Services Transitions Team (from Year 9 or age 14) so professionals can focus on understanding how the young person can be as independent as possible in adulthood, and build a realistic but ambitious picture with them on what their adult life could be like.
- Transitions: Preparing for Adulthood Roadshows aimed at providing advice, guidance and information for parents, carers and professionals supporting young people with additional needs have been held at Swindon Support and Advice Centre with more planned for 2017/18.
- The Adult Learning Disability Team has reviewed the Munby Case (which centred on a four year old child whose parents had learning disabilities) and have ensured that staff in Adult Services, Children's Services and Mental Health (AWP and CAMHS) are aware of the implications for ensuring children who are vulnerable and at risk are identified as part of the adult assessment and plan.
- Adult social workers are supported to attend Child Protection Training and there is a requirement for all staff to undertake the online CP training.
- Work is continuing to further develop the contract management framework for commissioned services so that they set out more clearly the requirement for safeguarding and child protection training and provide for a balanced evaluation of performance to include the number of adult service users who have children living with them and how many of those are children in need/in need of protection.
- The Special Educational Needs workforce within Children's Services have been briefed on the adult eligibility thresholds for accessing services.
- Roles and Responsibilities Workshops held with multi agency partners - Adult and Children's Services, schools, colleges, Health and Mental Health services to review and share good practice in relation to a young person's Annual Review.
- A Child Protection Policy for Housing Services has been completed and distributed to all housing staff along with Child Protection Pocket Guide.
- A new post of Domestic Abuse Homelessness Officer (funded by DCLG grant) is preventing a minimum of 10 households per month from becoming homeless. These are households who

are victims of domestic abuse; some of these will be families with children.

- Avon and Wiltshire Mental Health Partnership NHS Trust promote the 'Think Family' principles (as defined by The Social Care Institute for Excellence Think child, think parent, think family: a guide to parental mental health and child welfare December 2014) to help practitioners ensure appropriate communication and joint working between agencies and services to enable joined up working, develop a complete picture of a child's experience, and better understand how to safeguard and manage risk to the child.
- Avon and Wiltshire Mental Health Partnership NHS Trust has recruited two Named Safeguarding Children Nurses to support locality team's partnership working. The Trust's annual safeguarding survey has indicated increased awareness with regards to identifying children at risk of FGM and CSE.
- The National Probation Service in Swindon is making use of a national audit tool to monitor the quality of their referrals to CSC. The ongoing and active involvement of NPS staff at child protection conferences and core groups is reflected in their use of information to support appropriate sentencing in court.
- Public Protection staff within Swindon Borough Council's Public Health team play an important role in providing intelligence on Child Sexual Exploitation matters gained whilst visiting the wide range of premises their work entails (private rented accommodation, takeaway food and other retail outlets) and report concerns in line with 'See Something, Say Something'. They are available to utilise their legally privileged role to target attention on particular premises where called upon by the Police or other involved agencies.
- Work is underway to ensure that all contracted public health services adhere to the safeguarding and child protection requirements within the commissioning agreements.
- The LSCB Quality Assurance Subgroup is to undertake an audit in 2017/18 to test effectiveness in the Child Protection system when parents have substance misuse, mental health issues or are receiving services from adult facing services for issues which are impacting on their capacity to safeguard their children.

## The Local Context

### Swindon Borough

The Borough is 230km<sup>2</sup> (89 square miles) in area and is home to about 217,160 people. It consists of the town of Swindon itself, the market town of Highworth, the large village of Wroughton, and a number of smaller villages and hamlets. Swindon is at the heart of the M4 corridor and has excellent links to the rest of the UK and beyond, together with a superb natural setting.

### The Population

On the whole Swindon is an economically and socially successful town although there are some indicators which compare unfavourably with national trends such as harm from alcohol, self-harm, educational attainment at the ages of 16 and 19 and the number of young people aged 18 not in education, training or employment. The Health and Wellbeing Strategy 2017–2022 (see below) sets out the vision and long term plan for improvements in health and wellbeing of all and, whilst it focuses on health and social care issues, it recognises the wider factors that affect health and wellbeing including education, housing, employment and leisure.

Evidence from the Joint Strategic Needs Assessment (JSNA) suggests that in many ways the health of Swindon's population is similar to England as a whole, and this in itself can present many challenges. While average life expectancy and smoking levels are improving there are still wide inequalities across the population and very little sign that the health gap is being reduced.

Like other places across the country, Swindon people have been damaged by the economic recession and by growing problems of obesity and physical inactivity and the rise in Type 2 diabetes. The JSNA summary highlights some local issues such as the particularly large increase in numbers of older people projected into the future, incidents of domestic abuse, chlamydia screening in the 15-24 age group, and a worrying number of young people being admitted to hospital for reasons connected to alcohol, substance misuse and self-harm.

The increasing prevalence of long term conditions is also highlighted, in particular people having two or more conditions. The financial pressures facing the public sector in the coming years indicate a radically new approach is required, to be adopted by services and the public alike, to tackle this trend.

There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs. People are more than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.



## **Children & Young People**

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

There is fast growing population and the demand for support has increased over the past 3-4 years placing additional pressure on services. Higher numbers of teenagers are in need of additional help to address challenges such as mental health, exploitation, substance misuse and behaviours all of which can and do lead to family breakdown.

- At any time about 10% of children will be in receipt of early help services, and 3.1% (about 1,600 children) receiving specialist social care, or support following permanent exclusion or drug user treatment services. Children under five are supported by health visitors and the Family Nurse Partnership.
- 244 children were subject to a child protection plan at 31st March 2017, and is slightly above 2015/16 when 238 were reported.
- 327 children were looked after by the Council at the end of 2016/17. Swindon now has a higher number of children in care when compared to national and statistical neighbours. 18 children are unaccompanied asylum seeking children.
- The level of child poverty is better than the England average with 14.9% of children under 16 living in poverty in Swindon (2015/16). Beneath this overall statistic lies a more complex local picture. Five of Swindon's 20 wards have poverty levels which exceed the national average (Gorse Hill and Pinehurst; Liden, Eldene and Park South; Penhill and Upper Stratton; Rodbourne Cheney, and; Walcot and Park North) although despite the high concentrations of poverty in these wards, it is important to note that 69% of the children living in poverty do not live in these areas.

## **Joint Strategic Needs Assessment (JSNA)**

The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA is not an end in itself; it draws together key themes from available evidence and describes the current and future health and wellbeing needs of the people of Swindon and is the principal work stream to inform the Joint Health and Wellbeing Strategy (JHWS). The LSCB works closely as a partnership to ensure that its objectives are aligned with those of the HWB and that they are informed in part by the JSNA.

The [Health and Wellbeing Strategy 2017-2022](#) sets out the vision and long term improvements in local people's health and wellbeing that the Health & Wellbeing Board want to achieve in Swindon. It focuses on health and social care issues for everyone living in Swindon, but also recognises the wider factors that affect health and wellbeing including education, housing, employment and leisure.

The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities.

The JSNA:

- Provides a common view of health and care needs for the local community
- Documents current service provision
- Identifies gaps in health and care services, documenting unmet needs
- Provides evidence of effectiveness for different health and care interventions
- Looks at the health of the population, with a focus on behaviours which affect health such as smoking, diet and exercise.
- Identifies health inequalities
- Is concerned with wider social factors that have an impact on people's health and wellbeing such as housing, poverty and employment

The main audience for the JSNA are health and social care commissioners who use it to plan services. This includes partnership bodies such as the HWB and One Swindon, commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group and scrutiny bodies such as the LSCB.

The Joint Strategic Needs Assessment informs strategic planning for children and young people and is an integral part of the commissioning cycle. JSNA Bulletins provide more detailed analysis on specific issues in order to provide a more sophisticated analysis of our population of children which will ensure early and effective local interventions are commissioned to counteract the adverse impact of multiple risks throughout childhood which contribute to poor emotional, educational, economic, health and social outcomes.

In its 2016/17 summary the JSNA highlights the following key challenges it is looking to address under its strategic priority "Good Start in Life":

- The challenges facing children and young people with Special Educational Needs and Disabilities need to be better understood along with why they experience poorer outcomes.
- A key prevention priority around domestic abuse is to tackle the hidden harm of abuse within the home that significantly impacts the health and well-being of children witnessing violent acts; on the mental health of victims; risk of suicide; and substance misuse issues, including smoking.

- The effectiveness of the response to children and young people who are at risk from criminal exploitation including, but not limited to, child sexual exploitation must be continued to be developed.
- Educational attainment in Swindon needs raising at the end of secondary school to the England average and the attainment gap between disadvantaged pupils and their peers addressing.

During 2016/17 The JSNA conducted needs assessments and other work focussing on: Suicide; Inequalities; Child Poverty; Oral Health; Domestic Abuse; and Substance Misuse. The reports on these and more is available at <http://www.swindonjsna.co.uk/>

## Swindon Performance Information – the Child’s Journey

### The Safeguarding Process Explained

The intention of all those who work with children and young people in Swindon is for all children and young people, irrespective of their circumstances, to have the best start in life, to grow up safe, stable and healthy, to fulfill their potential and make a contribution to their community.

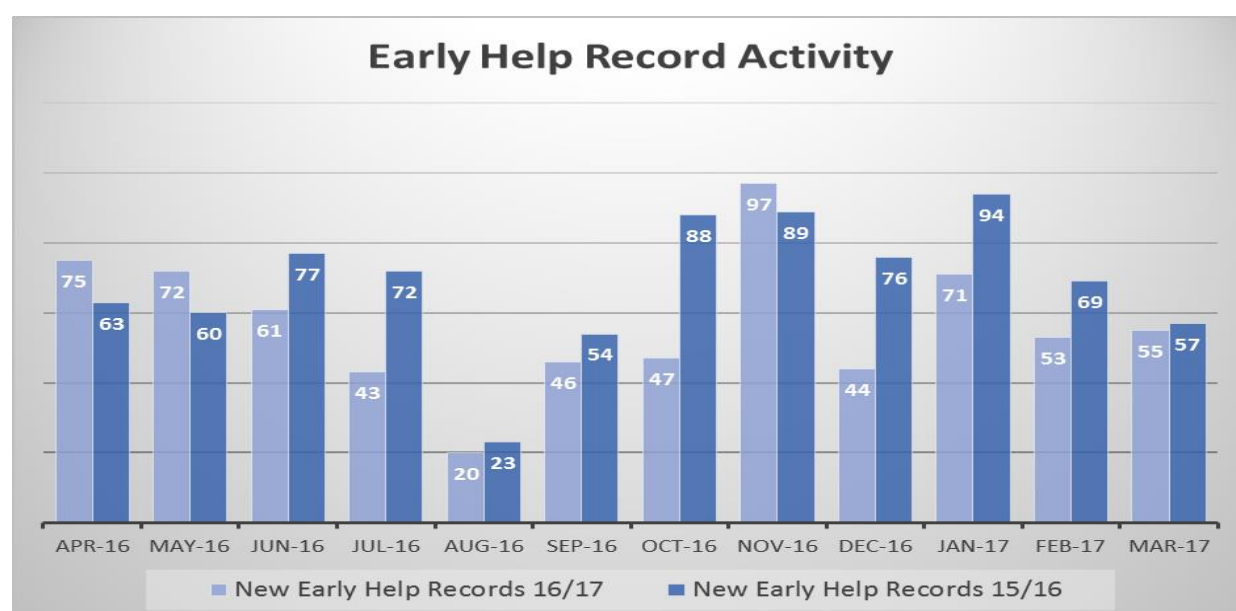
Children, young people and families experience a range of needs at different times in their lives. However, while all children and young people require access to high-quality universal services, some of them also have additional needs that may relate to their health, well-being, development and education. Parents/carers may also experience challenges in providing for their family. Some children will have complex needs and are supported by a number of services as part of a multi-agency response. A small number will be in need of protection because there are concerns that they are suffering or are likely to suffer significant harm.

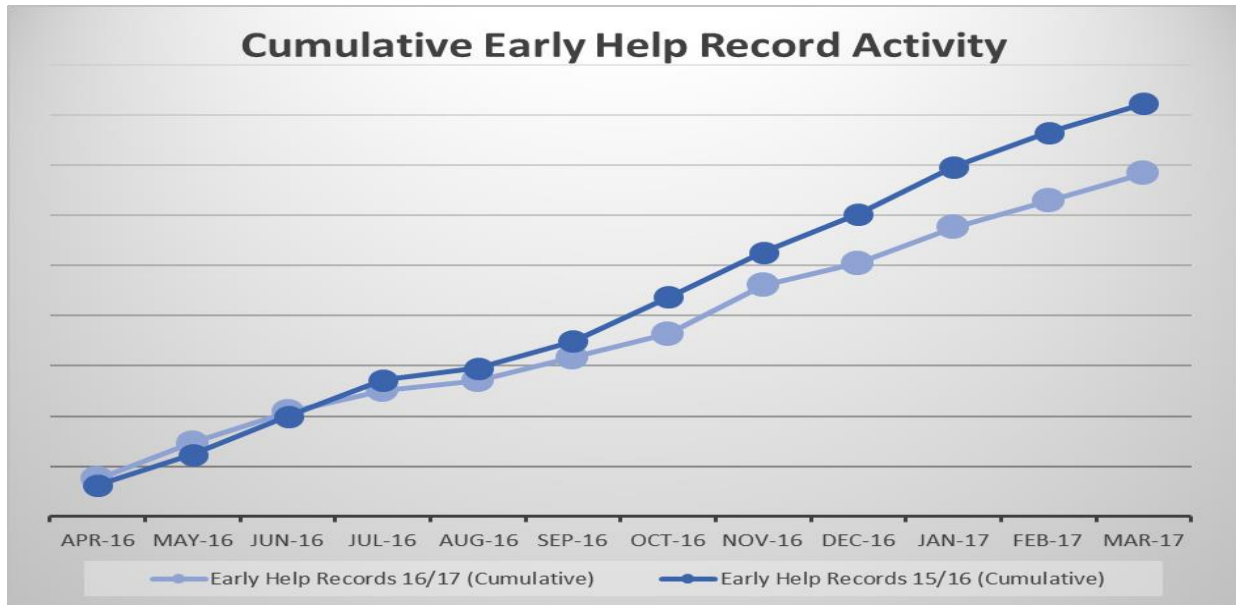
The LSCB’s guidance around a child’s level of need helps workers to identify the appropriate level of response to a child’s assessed needs.

The Early Help Record and Plan (EHR&P) is the common process for assessing, planning and supporting children, young people and families with additional needs. The aim is to consider the needs of the child or young person in four key areas: Health and Well-being; Development needs, educational attainment and achievement; Parenting/caring; and, Family and Community.

The table and graphs below show Early Help Records and Plans activity across agencies for 2016/17 with comparison data for 2015/16.

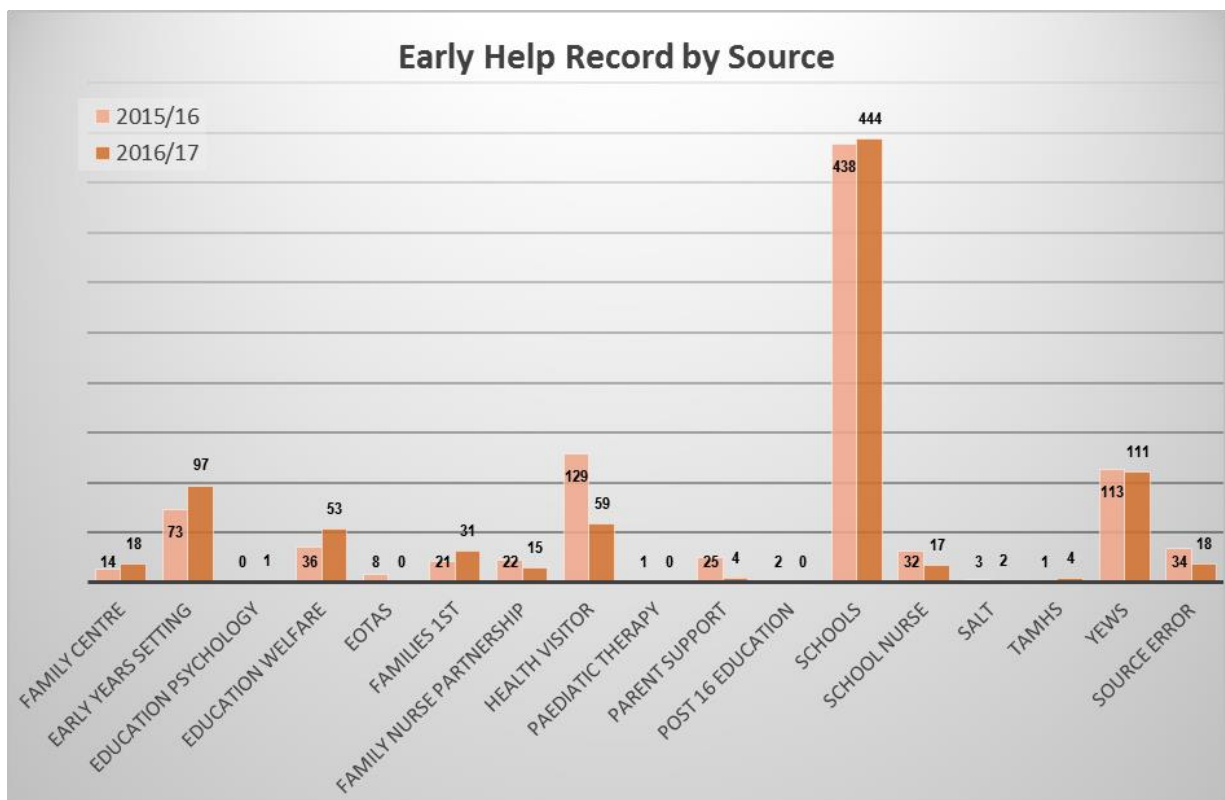
Early Help Record Activity												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>New Early Help Records 16/17</b>	75	72	61	43	20	46	47	97	44	71	53	55
<b>New Early Help Records 15/16</b>	63	60	77	72	23	54	88	89	76	94	69	57
<b>Early Help Records 16/17 (Cumulative)</b>	75	147	208	251	271	317	364	461	505	576	629	684
<b>Early Help Records 15/16 (Cumulative)</b>	63	123	200	272	295	349	437	526	602	696	765	822





Early Help Review Activity												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Early Help Review 16/17	110	102	165	121	18	121	161	187	74	131	120	133
Early Help Review 15/16	86	100	131	104	22	130	87	108	81	133	123	98
Early Help Review 16/17 (Cumulative)	110	212	377	498	516	637	798	985	1059	1190	1310	1443
Early Help Review 15/16 (Cumulative)	86	186	317	421	443	573	660	768	849	982	1105	1203





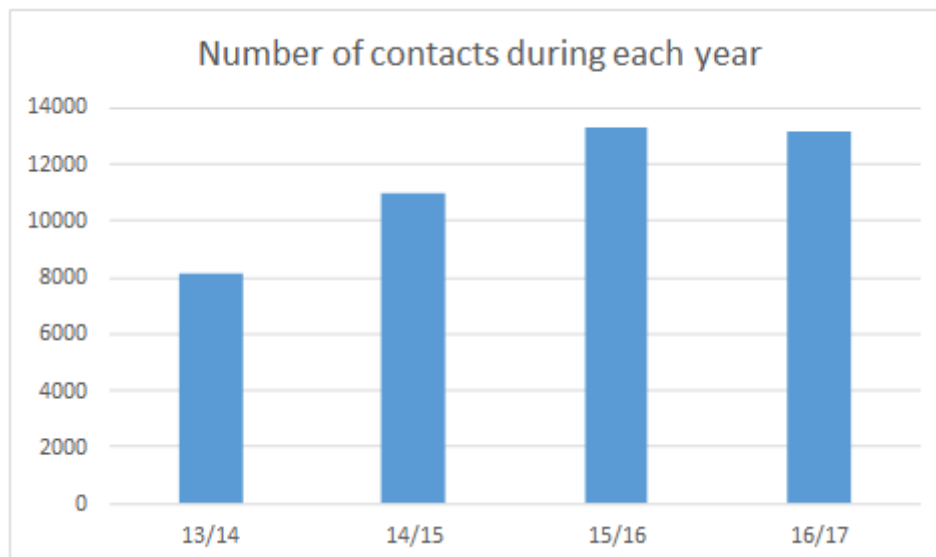
Where the child's needs are such that they are considered to be at risk of suffering significant harm, practitioners will want to contact Swindon Borough Council's Children's Services. The following paragraphs describe what happens when such a contact is made and is followed by some key statistics relating to this process and the different groups of children who are supported by children's social care teams.

1. Each professional, family member and resident who gets in touch with Family Contact Point / MASH (Multi-Agency Safeguarding Hub) and is seeking advice on a potential safeguarding matter is counted as a contact by Family Contact Point (FCP). If the concern is of a child protection nature or further consultancy is needed to explore the degree of concern, then a caller can have direct contact either with social workers or an Assistant Team Manager, within FCP/MASH. When the child's level of need requires social care's involvement, then the contact is passed as a **referral to Social Care** and referred to the Assessment & Child Protection Team.
2. A worker in FCP/MASH takes the details of the contact and if necessary makes further enquiries with other agencies about the child and family. This information is given to the Assistant Team Manager within FCP/MASH who makes the decision within 24 hours on, whether the case should be referred to another agency (Early Help) or universal services or whether the case is a child in need. The referrer is contacted in all instances to feedback what the decision was. If the case is referred, as a child in need, to the Assessment and Child Protection Team (ACP) for an assessment of need, then a social worker will complete a **Statutory Assessment** within 1 – 45 working days.
3. Following a Statutory Assessment a case may be closed, or referred to another agency/service or allocated to a social worker for provision of a service if the child is deemed to be a child in need or in need of protection. If the manager decides that the child may be at risk of harm and this is a child protection referral, then a Strategy discussion takes place with the police and other agencies. The Strategy discussion decides whether an enquiry is required and whether this should be led by the Police or social care, or be undertaken jointly by both agencies. This is called a **Section 47 child protection enquiry**. If following the enquiry the concerns are substantiated, a child protection conference is required which will be held within 15 days of the strategy discussion. The child protection conference decides whether the child should have a child protection plan.

## **Early Help and Safeguarding Performance Analysis 2016/17**

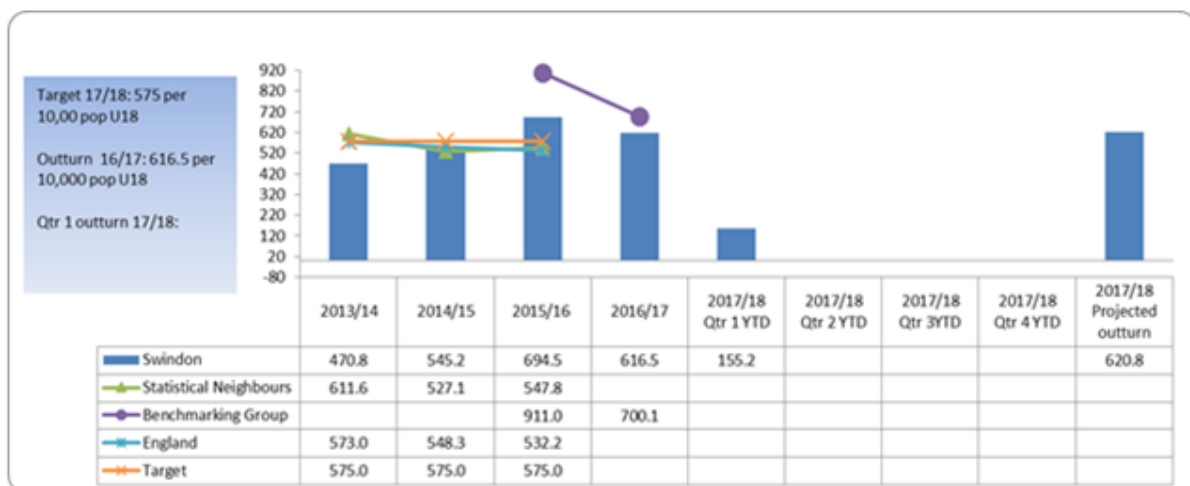
### **Contacts to Children's Services**

Swindon received around 1000 contacts a month during 16/17. This is lower than the 1100 monthly average during the previous year. 21% of contacts progressed to social care referral. This is lower than 25.6% during 15/16. The embedding of the FCP/MASH, within Swindon has led to contacts being dealt with in a more efficient manner, and ensures that early help services are engaged in the process and can accept pieces of work as an alternative to referring to social care where appropriate to do so. The number of contacts during 16/17 was slightly less than in 15/16, and this is the first time a decrease has occurred for more than 3 years:



#### Rate of referrals per 10,000 population aged under 18:

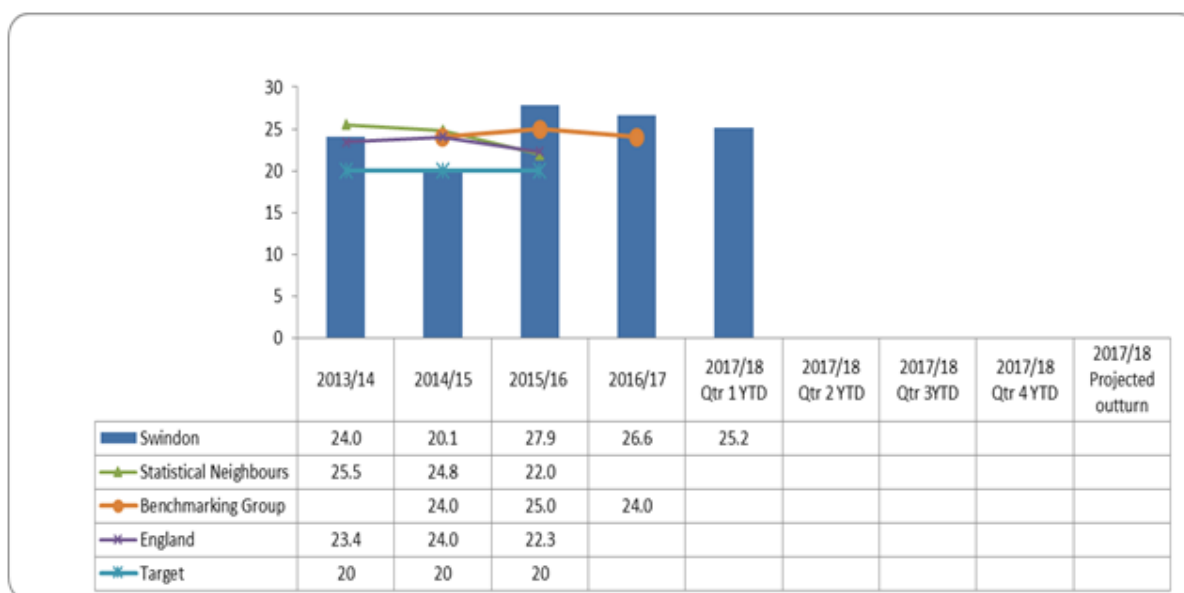
The referral rate in Swindon reduced from 694.5 per 10,000 population in 15/16 to 616.5 in 16/17. This equates to 3022 referrals. This is the first time we have seen a decrease in the last 4 years. Swindon is still above the national and statistical neighbour average, but the gap has decreased. The benchmarking group that we use has also reported a decrease, and this is based on the latest data (16.17), whereas the national and statistical benchmarking data only goes up until 15/16.



#### Re-referrals into Children's Social Care that occurred within 12 months of the previous referral:

The re-referral rate was 26.6% during 16/17. This was a slight reduction from 27.9% in 15/16, but still above national average (22.3%), and statistical neighbour (22%). The main reason for re-referrals links to domestic violence, mainly because this referral reason forms the highest group of referrals overall.

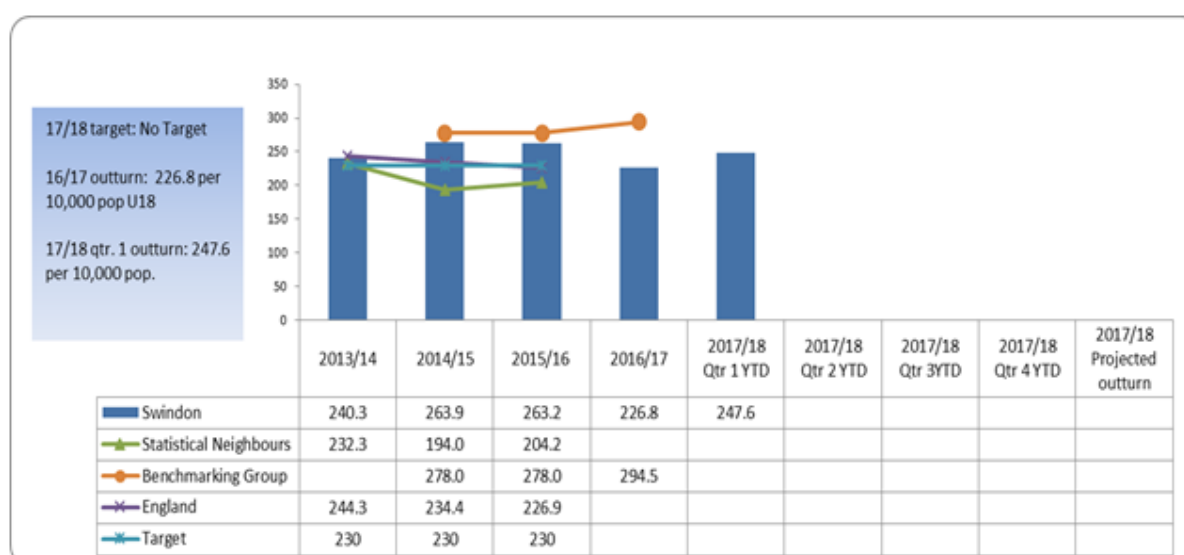




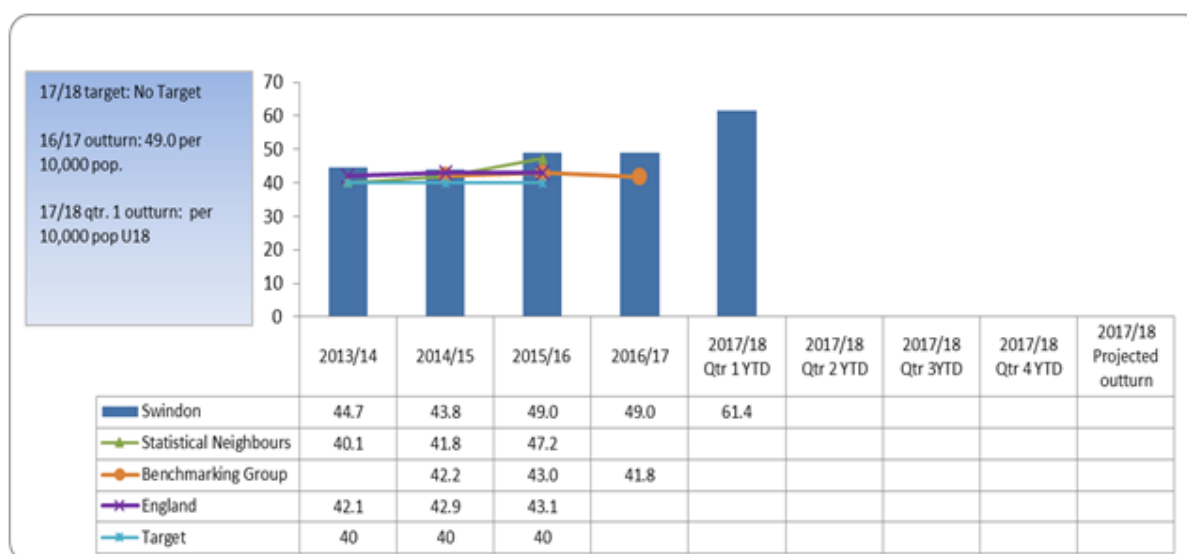
2986 Statutory Assessments were completed in 2016/17. This compares with 3146 in the previous year. Although, a slight reduction, the service volume is still high, particularly as a high percentage of those assessed (80.2%), go onto receive a service. This compares with 69% for statistical neighbours and 75.6% national average.

#### Children in need (section 17 social care)

There were 1111 children in need (this does not include children subject to a child protection plan or children in care) at the end of March 2017. This is a reduction from 1283 at March 2016. In terms of comparison with others, Swindon is in line with the national average, but above the statistical neighbour average (graph shown in per 10,000k under 18 for comparator purposes):



## Children subject to a child protection plan as at 31<sup>st</sup> March annual snapshot



244 children were subject to a child protection plan at 31st March 2017, and is slightly above 2015/16 when 238 were reported. For 2016/17 Swindon had a rate of 49 per 10,000 population under 18 and whilst figures for England and our statistical neighbours is not yet available this is above the rate of the Local Authority's benchmarking group.

Of the 244 children on child protection plans, 93% were reviewed within timescales. This is a decrease in performance from 95% the previous year, but is in line with the national average. Reasons for delays in review vary, and in some instances the delay is in the best interests of the child. Swindon consistently targets 100%.

There is significant performance improvement activity in the Quality Assurance team to enable improvement of performance alongside increased service volumes and limited capacity. Performance for quarter 1 17/18 shows a much improved picture.

### Children subject to a child protection plan by category of abuse:

Category of abuse	2013/14	2014/15	2015/16	2016/17
Neglect	64	77	92	112
Physical abuse	72	33	20	24
Sexual abuse	15	15	14	25
Emotional abuse	63	88	112	83
Total	214	213	238	244

Neglect and emotional abuse continue to be the main reasons for child protection plans. However, there has also been a notable increase in children being on a plan for sexual abuse, and reasons for this need further investigation: It could be that there are one or two large families where sexual abuse was the category for a number of siblings. Think we should know why this is by now...

### **Percentage of children subject to a child protection plan for a second or subsequent time**

For 2016/17, the rate of children starting a child protection plan for the second or subsequent time was 21%. This is up from 19% in 15/16, and is now higher than the national average of 17.9% and above the statistical neighbour average of 18.8%. Performance is being closely monitored via the Children, Families and Community Health performance reporting arrangements, and the percentage has reduced again in the first quarter of 17/18, although this does tend to be an annual trend.

### **Percentage of children ceasing to be subject of a child protection plan, who had been the subject of a child protection plan continuously for two years or more**

Swindon has very small number of children ceasing a plan who, at the point of ceasing, had been on a plan for 2 years or more and this should be considered when reviewing performance. Performance for 16/17 reports a very slight increase from 3.1% in 15/16 to 3.6% in 16/17. This equates to 11 children out of 309 children ceasing plans during the year. This measure should be considered in conjunction with a relatively high number of children having subsequent child protection plans in the reporting period, as a low duration could indicate children are coming off plans prematurely, leading to a subsequent child protection plan in the future for the same reason. Performance has increased to 7.6% in quarter 1 this is due to one family remaining on a plan for slightly over 2 years. There is currently one child currently on a plan who has remained on a plan slightly longer than a year but is yet to cease.

### **Children Looked After**

327 children were in care/looked after by the Council at the end of 2016/17. The rate of children looked after increased from 60.1, (per 10,000 pop U18), in March 16 to 66.6 in March 17. Swindon now has a higher number of children in care when compared to the national (60), and statistical neighbour (61), averages. 18 children are unaccompanied asylum seeking children.

### **Placement Stability**

At the end of March 2017, 12.5% of children in care had 3 or more placements, compared to 10% nationally. This measure is influenced by the need to move children, when they come into care, in an emergency and a good match between child and carer cannot be found. The national lack of foster placement affect this measure.

### **Private Fostering:**

The Local Authority has a responsibility under the Children (Private Arrangements for Fostering) Regulations 2005 and the National Minimum Standards for Private Fostering to provide a proactive approach and commitment to safeguarding and promoting the welfare and needs of privately fostered children by everyone that works with children.

All Private Fostering referrals and records of visits are recorded on the Capita Integrated Children's System; with a clear process in place, from initial notification to allocation of case to the social worker. This has strengthened strategic oversight, and improved the case recording of and outcomes for privately fostered children.

During the 2014 Single Inspection Framework Ofsted inspection, inspectors commented on the low number of notifications and the potential under reporting of privately fostered children. Since then a new system has since been implemented that allows for all notifications to be recorded.

In June 2015 a private fostering social worker, with a borough wide lead on Private Fostering was appointed. The role also supports families of children who are subject to Special Guardianship Orders.

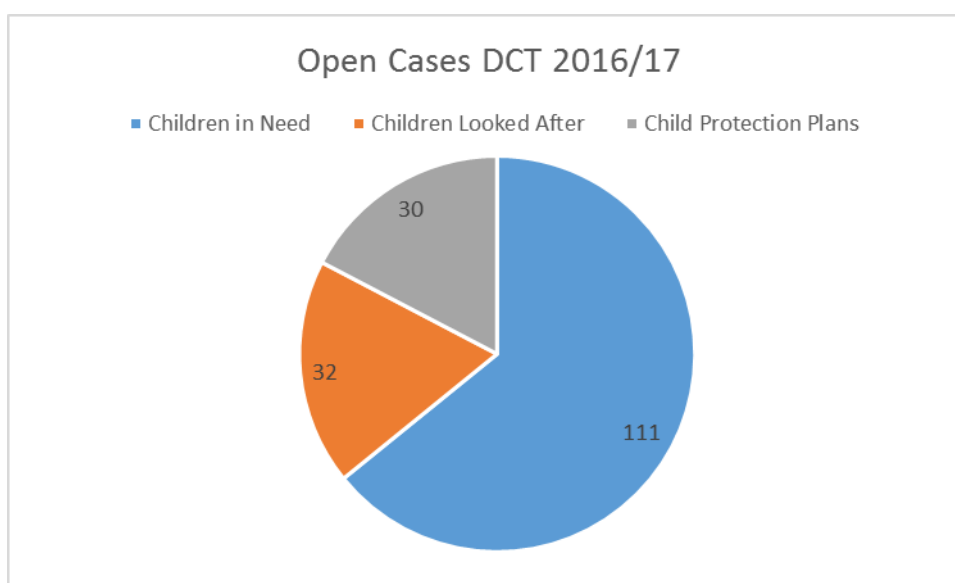
In Swindon during 2016/17 there were 17 children under private fostering arrangements, this is a decrease of 2 from 15/16:

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number of Privately Fostered Children	15	9	20	16	19	17

Challenges for the coming year are to continue to promote awareness of private fostering to the public and to professionals and to develop further the robust management and oversight of cases held by the Fostering & Adoption Team.

### Child Protection and Disabled Children

Child protection assessments of disabled children and young people are undertaken by the Disabled Children Team (DCT). Currently, there are 171 children open to the DCT (plus an additional 30 cases that are case managed (where the care packages is provided by DCT and monitored on a six monthly basis). Of these, 111 are Children in Need (46 of these are only open for overnight respite), 32 are Children Looked After and 30 are the subject of Child Protection Plans. Of these cases 2 are the subject of Public Law Outline (pre care proceedings).



About 80% of all referrals into the DCT have child protection concerns (the concerns are spread fairly evenly across the four categories of abuse, with a slightly higher proportion under neglect).

Disabled Children living in Swindon are provided with packages of support and short breaks to ensure their care needs, at a child in need level, are met. The Short Break Statement and offer is detailed at: [www.swindon.gov.uk/aiminghighshortbreaks](http://www.swindon.gov.uk/aiminghighshortbreaks).

Support packages are either provided by the DCT following a statutory assessment or via self-assessment directly from the Aiming High Short Break Team. There are currently 486 children receiving a service through Aiming High. Should a child protection concern be identified amongst

this group of children, then workers in the Aiming High Team will refer the matter to the Family Contact Point/MASH.

The criteria for the provision of a service from DCT means that the most vulnerable disabled children and young people receive a service. The support provided is more targeted to ensure that the children and young people receive the help they need to remain safe and living with their families in their local communities, for example Social Care Workers in DCT working directly with families to support behaviour plans written by the Learning Difficulties Child & Adolescent Mental Health Service.

During 2016/17 DCT has been able to work closely with the OPAL Team to address issues regarding CSE and the particular challenges facing young people who have an Autistic Spectrum Condition. This joint work has resulted in tailored packages of care for both victims and perpetrators of CSE thereby ensuring that the young people received support at an early stage. The DCT continues to work closely with the OPAL Team in an advisory capacity.

The Disabled Children Team has identified that a number of boys are being referred into the team with an Autistic Spectrum Disorder who are presenting as at risk of criminal exploitation. Currently there appears to be little support for this group and DCT is to explore this further.

## Advocacy in the Child Protection System

Coram Voice has been commissioned by Swindon Borough Council Children's Services to provide a children's rights service in Swindon since 2008/9. The contract has three distinct elements, Participation, Independent Visitors and Advocacy

### Background and Context:

Coram Voice receive invitations to support young people aged 7yrs and over through the Child Protection Process by the Swindon BC Conference and Review Team.

Coram Voice provides support to a high percentage of children and young people with trained advocates, either through enabling young people to attend conferences or through gathering their views and presenting on their behalf.

During this period the service has undergone a small change in that an advocate is no longer offered for children/young people at Initial Child Protection Conferences (ICPC's). It was agreed that the service would be more effective if offered at the first review conference. This ensures that the service is provided at the most appropriate time for the child.

The take up of this service is 95%, with a total of 1806 hours have been spent on the CP cases.

Coram Voice also work with young people who have been through the CPCC and then been placed in care on developing better facilities and venues.

A total of 413 young people received Child Protection advocacy during this period, some of whom were receiving a service in the previous reporting year. The table below gives a comparison for the three years to end of March 2017.

New cases	2014/15	2015/16	2016/17
Q1	10	32	66
Q2	49	43	8
Q3	26	60	37
Q4	21	66	62
Open cases from previous year	174	224	240
Total	280	425	413

## Outcomes

54 completed evaluation forms were received over this reporting period from different pieces of advocacy work and cases.

Question						
How easy was it to get hold of your advocate	27%	Easy	0%	Not easy	0%	Difficult
Did your advocate listen	51%	Always	6%	Mostly		
Did your advocate treat you fairly	100%	Always				
Did your advocate give you enough information	92%	Always	6%	Mostly	2%	Some
Did your advocate respect your privacy	96%	Always	2%	Mostly	2%	Some
Did your advocate treat you fairly	100%	Always				
Did your advocate help in the way you wanted	94%	Yes	6%	Mostly		
Did your advocate help to get your views heard	98%	Always	2%	Mostly		
How do you rate Coram Voice	77%	Excellent	21%	Good	2%	Average
If you were unhappy would you know who to tell	83%	Yes	17%	No		
Would you recommend Coram Voice to others	93%	Yes	7%	No		

### Feedback from Young People

- *If you get a big worry you can't tell anyone else you can tell your advocate and they tell the other people for you, which is better than trying to tell them yourself. I'm more braver and confident to tell Mum and Dad too now*
- *I like X and like having an advocate but sometimes it's hard to talk about the difficult things, but at least they listen*
- *it helps to talk to you because sometimes I don't want to speak at meetings and I know that you will speak for me*

### Feedback from Professionals.

- *He is able to ask the right questions that would assist the child or children he is working with. He is a great advocate in children's rights and balances that with right to safety and protection.*
- *I value X in his role and I know how well the children, young people and families value his role.*
- *"Thank you for your work with the children, it changed the meeting and the plan after hearing their voices"*

## Participation

### Participation for Young People 2016 – 2017

Swindon Borough Council commissions a number of organisations to enable children to participate in public service decisions, service design and reviews in order to ensure that the voice of the child is heard and used to inform local services and support. This report gives a brief overview of the youth participation activity in 2016/17, carried out by the following Youth Participation Groups:

#### Facilitated by STEP;

- Member of Youth Parliament (MYP)
- Youth Council
- Thought Tank
- Young Inspectors

**Facilitated by Coram Voice;**

- Children in Care Council

**Support provided by Swindon Carers Centre;**

- Young Carers

**Member of Youth Parliament (MYP)**

The MYP and two deputies stand for a period of two years, during this reporting period they have been involved in the following pieces of work:

- A survey on 'Emotional Health and Well-being' developed by the MYP and deputies has been completed with a total of 601 responses from 14 schools, special schools and colleges, and children & young people who are home schooled. 3% of respondents stated that if they felt they needed support they did not know of anybody who could help, those that did feel they had support favoured family and friends in the first instance.
- Other than family, school, friends, the internet or a doctor, over half were not aware of any other organisations who they could reach out to for support. 261 children & young people were aware of other avenues of support; however 16% were unsure how to access these services; 53 respondents who were happy to say that they had accessed additional support, including TAMHS, CAMHS, School Counselling, STEP and support from social care were reasonably positive about their experiences with 37% stating that services were 'Slightly Useful', 39% found services 'Useful', and 22% found them 'Very Useful'.
- Following the findings of this survey, with a particular focus around service promotion, information and access; at the request of the Senior Public Health Manager for Mental Health, the MYP has been asked to review and support development of current mental health and emotional well-being provision.

**Phase 1**

The MYP will undertake a mapping exercise to understand the kinds of mental health and support services that are available in Swindon, and will run a children & young person led campaign with the aim of promoting current services and reducing the stigma around mental health.

Provide an up to date list of all mental health and support services – statutory, voluntary and private –available to children & young people within the borough of Swindon (including those accessed through GP surgeries).

**Phase 2**

The MYP will carry out 'targeted' consultation with those dealing with well-being and mental health issues, as well as those who have no experience of services. Developing the original survey to include an additional focus around stigma and self-harm. They will create a 'working group', made up of young people aged 11 to 19, who will use the information gathered to develop a dual campaign – to support the promotional campaign in phase 1 – using mixed media to educate, inform and dispel myths around mental health and self-harm.

## **Swindon Youth Council**

The Swindon Youth Council has met 3 times this year with a core membership of 13 young people, 12 schools ( Primary and Secondary) are currently represented, and membership includes representation from young people in care, young carers, and young people with special educational needs and disabilities (SEND)

Work that has taken place during this reporting period includes:

- The Youth Council has continued to work closely with hospital representatives and have researched and designed a 'Useful website for young people in Swindon' as part of the transitions CQUIN for the Great Western Hospital <http://www.gwh.nhs.uk/wards-and-services/a-to-z/transition-to-adult-care/useful-websites-for-young-people-in-swindon/>
- The Youth Council has also created a questionnaire to be used by Great Western Hospital (GWH) to obtain feedback about treatment experience and how to improve the experience for young people, and ensure they are providing a 'young person friendly' environment. A representative of the Youth Council was selected to participate in the Whitehall Takeover Challenge where they were given the opportunity of shadowing Gavin Barwell who is the Minister of State for Housing and Planning, for the day on 17th November. They attended various meetings, public events and met lots of ministerial staff at their government offices in London.
- The Youth Council has also made links with Healthwatch and have determined a work plan for the remainder of the year

## **Thought Tank (Disabled Children & Young People)**

Thought Tank has a core membership of 13 young people with a mix of learning and physical disabilities.

- The group has supported the local Special Educational Needs and Disabilities (SEND) reforms by creating the 'You tell us' survey, this survey aims to assess the impact of publicity and service improvement following the reforms. 78% of the 132 young people who have taken part have stated that they feel that services have improved for them over the last year.
- The results of this survey will feed in to the CQC and Ofsted Local Area Inspection in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities.
- Thought Tank is also supporting Healthwatch and have reviewed their current promotional material to make it accessible for young people.
- The thought tank group has designed a draft 'Transitions Charter' to be displayed in the Great Western Hospital.

## **Young Inspectors**

- The 'Young Inspector's' programme has been made up of Thought Tank members with the purpose of inspecting services on offer through the 'Aiming High' provision. A total of 19 young people received training regarding inspection processes and helped to redesign the



evaluation and feedback sheets to be used during the inspection process. 6 young people carried out inspections which are now uploaded onto the Borough's My Care My Support 'local offer' website.

- Following the inspections, and submissions of their reports, all young people's recommendations have been actioned by the individual provisions to the satisfaction of the young people.
- Further information on the above can be found in the attached paper from STEP submitted to the Health, Adults & Children Services Overview and Scrutiny Committee.

### **Children in Care Council (CiCC)**

During this period Thirty-five young people from 7-18 year olds have taken part in two monthly group sessions; looking at ways to enable the voices of children in care to be heard. The groups aim to provide young people in Care with regular access to a safe environment to ask questions, challenge systems and express themselves. Young people can gain new experiences and confidence, accreditation for learning as well as the mutual support of being with others who can truly understand how they feel.

The CiCC has continued to work on its three priorities for the year;

- Social worker consistency
- Family contact
- Mental health services.

The group has contributed to:

- the Children in Care Awards planning process
- the design and content of new Health passports for Looked After Children
- the Care Leavers Pack
- Young people also prepared questions and answers for interviewing candidates for Director of Children's Services for Swindon Borough Council.
- Five young people prepared and delivered a presentation highlighting this year's issues for the Corporate Parenting Board in March 2017.
- Young people took part in a consultation for SBC with ISOS, giving young people's perspective as part of the wider information gathering.
- Four young people took part in a peer-learning, training and consultation day with 'Leap', an organisation that support young people to manage conflict in their lives and achieve their goals.

They have also submitted six entries to the National 'Voices' writing competition and began working on a theatre piece with the 'My Place' project.

## Young Carers

- The Salamander project took place during February half term with 16 young carers taking part. This is the 8<sup>th</sup> year that Swindon Carers Centre and the Dorset and Wiltshire Fire Rescue Service have worked together on the project which was a resounding success.
- Consultation took place with young carers aged 14-15 who attend a monthly support group to ascertain what they wanted from the service as there were very low attendance numbers each month. The result of the consultation was that this would change to a monthly drop in at Sanford House with an activity every 12 weeks as the young carers enjoyed an activity but wanted the option of a drop in where they could relax and chat too. There has since been an increase in attendance to the drop in. This change was communicated in the most recent YC newsletter.

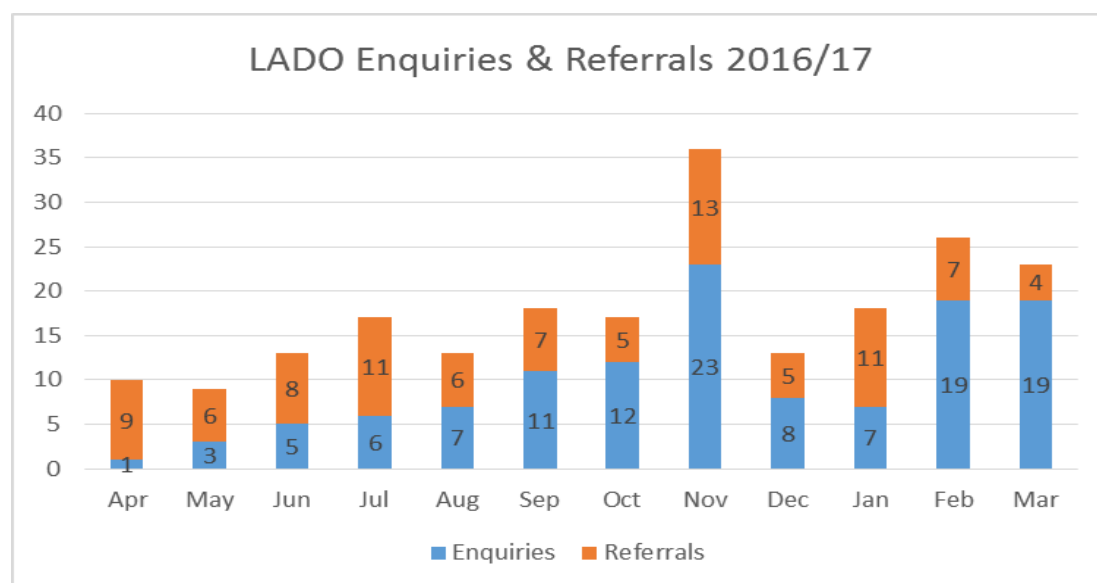
## Allegations Management

Statutory Guidance places a clear responsibility on organisations to report to the Local Authority Designated Officer where it is alleged that a person working with children has:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to a child; or
- Behaved towards a child or children in a way that indicates that he or she would pose a risk of harm to children.

Over the course of 2016/17 there were more than 200 cases which were reviewed by the LADO. Of these 92 are considered to have met the threshold for referral with the remainder consisting of cases where the LADO provided advice and guidance for instance supporting organisations to manage their own internal investigations.

The following chart shows the numbers of enquiries and referrals made to the LADO for each month of 2016/17:

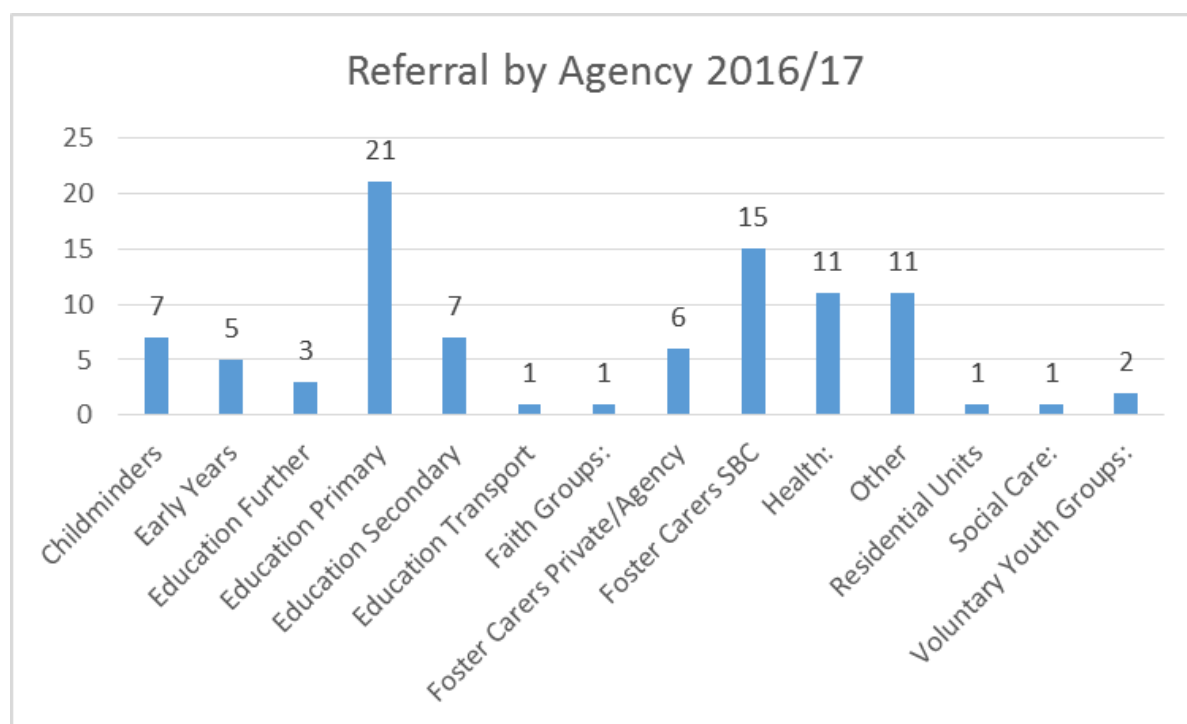


## Referrals by Agency

Referrals from the education sector account for approximately one third of the total and although this is proportionate to the previous year, referrals from secondary schools has halved year on year. This may well be a positive reflection on improving practices in terms of safer recruitment and safer organisations and further work to better understand the nature and pattern of referrals from schools will take place over the next year.

The second largest number of referrals relate to Foster Carers with both in-house and agency foster carers figures increasing from last year. This potentially positive position may be due to the LADO providing a consistent approach and possibly indicating an improvement in self-regulation and safeguarding awareness confidence within the independent sector or an enhanced understanding of the allegations management process by Social Workers for Looked after Children.

A similar for referrals from Health has also been identified. However the term “Health” covers a wide range of partner agencies especially in the way that Public Health Provision is now commissioned and provided. Future data collection and analysis will provide for a better breakdown of figures to show referrals from individual ‘health’ organisations for example the CCG, GWH & CAMHS.



## **LSCB - Scrutiny and Challenge**

Swindon LSCB provides scrutiny and challenge of single and multi-agency safeguarding arrangements as follows:

- Considering reports from partner agencies.
- Requesting reports on specific issue.
- Conducting a 'Section 11' audit.
- Maintaining a Challenge Log.
- Monitoring performance.
- Quality assurance activity.
- Conducting Serious and Local Case Reviews

### **Regular reports from Partner agencies**

In 2016/17 The Board received progress reports on the effectiveness of safeguarding arrangements from the following organisation:

- Clinical Commissioning Group (June 2016)
- Swindon Borough Council – Children Families & Community Health (December 2016)

The LSCB received the following reports on core safeguarding arrangements and activity and provide for scrutiny and analysis of the effectiveness of core components of the safeguarding system and identify key challenges and opportunities for development:

- Child Protection Conferences
- Independent Reviewing Officers and oversight arrangements for Looked after Children.
- The Local Authority Designated Officer and Allegation Management
- The annual report on complaints regarding children's social care
- The Multi-agency Risk Assessment Conference (MARAC) and Multi-agency Public Protection Arrangements (MAPPA) processes

### **Reports on specific issues**

- Disabled Children
- Substance Misuse
- Advocacy in the Child Protection Process
- School Exclusions
- Children Missing Education
- Children Missing from Home & Care
- Private Fostering
- Domestic Abuse
- Licensing & Gambling
- Safeguarding in Dentistry & Pharmacy Services
- Radicalisation and Extremism (Prevent Strategy)

## **'Section 11' Audit**

Following a full Section 11 review of agencies in 2015/16 the assurance activity in 2016/17 asked partners to provide an update against their 2015/16 returns with a specific focus on the effectiveness of agency responses to Child Sexual Exploitation. Partners were also asked to complete a Child Protection and Safeguarding Training Needs Analysis to inform the work of the Training & Development Sub-group.

**Child Sexual Exploitation:** Agencies were asked to report on how well they met the following standards:

1. All appropriate staff have access to an awareness raising programme that includes associated risk factors.
2. All professionals who work directly with those at risk of, or experiencing, sexual exploitation have the skills and knowledge to do so
3. services are fully accessible to all young people who may need them, regardless of gender, ethnicity or any other characteristic
4. There is an agreed protocol/procedure in place specifically relating to CSE
5. There is a risk assessment tool being used to identify vulnerable young people.
6. There is a clear referral/pathway in place and practitioners are fully aware of it
7. Staff are aware of thresholds for referrals and support has been publicised to practitioners
8. Child sexual exploitation is championed at the highest level
9. In all cases of children and young people going missing, the risk of sexual exploitation is specifically considered
10. Preventative work is delivered as early as possible with children and young people identified as at particular risk, and with their parents/carers
11. Feedback from service users is taken into account in the development/review of services
12. All staff in direct contact with children and young people understand how to record information for evidential purposes
13. There are arrangements for supervision and management oversight of staff working with children and young people at risk

Returns were received from thirteen organisations with their responses being considered by the CSE/Missing Sub-group in order that they could inform the development of the subgroups action plan.

**Training Needs Analysis:** Agencies were asked to provide information that would help the LSCBs Training & Development Subgroup to:

- ascertain the safeguarding training needs of different organisations
- understand, in larger organisations, what specific training is to be attended by which roles
- advise and support organisations to meet their training requirements
- identify opportunities for sharing resources
- identify areas of unmet need in order to plan to meet that need

Eleven agencies responded to this request with the returns being considered by the Training & Development Subgroup in their commissioning of the next learning and development programme.

## **Challenge Log**

Whilst the vast majority of 'challenges' that arise during the work of these groups is addressed within those meetings the LSCB also maintains a Challenge Log for issues that prove to be

particularly complex or longstanding and require some level of escalation within the Board. In 2016/17 key areas of challenge have been:

- The commissioning of a review of the process for responding to child deaths following a challenge raised by the Child Death Overview Panel. The CCG is leading on the revision of the multi-agency protocol.
- The Community Paediatric Care Pathway is to be reviewed as part of the CCGs review of its services for children following a challenge from the LSCBs Case Review Group.
- Following a change in the way in which Swindon Borough Council provided support for safeguarding in schools a number of the Board's subgroups identified the challenge this posed in ensuring that schools were appropriately engaged with the work of the LSCB. The Independent Chair has raised this challenge with the Local Authority and in addition has liaised with Headteachers and Designated Safeguarding Leads (DSL) in order to identify opportunities for two-way communication. To date this has involved the LSCB taking part in the termly DSL Forums, attending meetings of the Swindon Secondary, Primary and Special School Headteacher meetings and 'recruiting' a number of volunteer DSLs onto LSCB Sub-groups.

The challenge log is reviewed at every meeting of the sub-groups and considered at the quarterly meetings of the Board.

During 2016/17 the LSCB sought to further develop and embed its Learning and Improvement Framework. This work was overseen by the Board and three of its sub groups - Performance, Quality Assurance (QA) and the Case Review Group (CRG) which discharged their functions as follows:

#### **Performance Monitoring**

The Performance Sub-group supports the performance management function of the Swindon LSCB. It uses both qualitative and quantitative information to provide assurance to the Board that *'We are doing things right?'* and *'We are making a difference'* by providing evidence to demonstrate:

- we have kept children safe;
- we have improved outcomes for children and their families; and,
- we are working in a consistent manner.

The sub-group is responsible for overseeing the gathering of a full range of intelligence from across the partnership to ensure information sharing at both child level and performance data level is robust and acted upon. This year, the group has focussed on reporting against a core dataset relating to safeguarding activity and outcomes for children and young people. It has adopted a theme based approach to analysis. Alongside this information, organisational headlines have also been collated from individual partner organisations which flag both strengths and challenges in service delivery

#### **Activity during 2016/17**

This year we have developed a performance core dataset which adopts a themed approach to analysis and reporting. This dataset, alongside organisational headline reports from across the partnership, relates to the LSCB Business Plan priorities. It measures the impact of the work undertaken by the LSCB sub-groups as well as learning from Serious Case Reviews. The definition and method for calculating the core dataset Key Performance Indicators (KPIs) have been identified and linked to national government returns to reduce the burden as well as ensure transparency and consistency in safeguarding reporting across the partnership. The quarterly

performance updates for the core dataset and the organisational headline reports are scrutinised and discussed by members of the Performance Sub-group with further action identified when appropriate.

## **Impact**

The gathering and reporting of intelligence across the LSCB partnership has provided a means by which a number of improvements in services provided to children and young people can be evidenced. For example:

- A performance management approach which is less burdensome and supports the analysis of themes and strands providing a more joined up and holistic approach to tackling emerging and current safeguarding concerns in a timely manner.
- Foster Carer Recruitment has improved, hence more children able to be placed locally and going forward the skill set of the carers will improve to increase stability
- 30% improvement in the timeliness of Pre-proceedings and Care proceedings (court work) and Swindon is now amongst the three best performing LA's in respect to timeframes in court work

## **Evidence**

Quarterly updates against the core dataset and the organisational performance headline reports provide ongoing evidence of impact and improvement. This is scrutinised by the Performance sub group and presented to the full LSCB to enable further debate and assurance.

### **Challenges raised through analysis of performance data:**

- The inability for ICT systems operating within and across organisations to support joint case management working across agencies to protect and safeguard children, young people and their families.
- To address the shortfall in the use of Early Help Records and Plans across the partnership
- Increase in demand for Children's Social Care services.
- Staffing pressures and capacity issues for all partners.
- To further embed the core dataset and performance reporting arrangements to provide relevant intelligence and information to assure the LSCB that agencies are working together effectively to deliver the 2017/18 safeguarding priorities and continuing to learn from serious case reviews.

## **Quality assurance activity**

The QA sub group is guided by the LSCB Business Plan, SCR/LCR Action Plans and issues arising from performance data in the focus of its multi-agency QA work.

### **The key audit multi-agency LSCB auditing activity for year 2016/17 included:**

- **Child Sexual Exploitation (CSE) Part 1 - Workforce Survey**

This survey was reported to the QA sub group in July 2016 and was a comprehensive piece of work with over 1000 frontline practitioners responding.

**Key Findings:** It told us that overall, staff were aware of CSE and what to look for: however, some were unsure where to find the correct guidance in a small number of agencies e.g.

primary schools. There were some staff who relied on their manager for advice which led the group to consider how the LSCB could be assured that managers were clear and aware of the good practice required to support staff in identifying CSE. GPs did not participate in the survey at all and this was raised as a challenge with the CCG. Another issue was that for some agencies not all practitioners saw CSE as an issue for the 16-18 age group. The survey report was shared widely so that the learning from it could commence and positives celebrated. It was agreed that actions arising from the survey would be carried forward to a combined action plan following completion of part 2 of the audit.

- **CSE Part 2 – Multi Agency Case File Audit**

Key findings were:

- Return Interviews for Children/Young People (C/YP) who go missing – acknowledged that where Coram Voice carried out the return interviews there was good recording and sharing of information. However, when the interviews were done by other professionals this was less effective.
- Ongoing need for improvement about information sharing, especially with services such as Probation and CAMHS who are not routinely invited to Strategy Discussions.
- Input by GPs to Part 2 of the Audit was improved.
- Specific Learning included not just believing what the parents say, but listening also to the C/YP and ensuring that any change of address was shared with all professionals working with the C/YP.
- Overall the recommendations did not highlight anything of significance, but reinforced the continued need to further improve working together and information sharing – a common theme from audits and case reviews.
- A combined action plan for part 1 and 2 of the CSE audit was developed and will be monitored by the QA Group.

- **Domestic Abuse Audit**

This activity was delayed due to capacity issues but the scoping, methodology and lead was agreed at the January 2017 meeting and the work was completed within Q4 and is to be presented to the QA group in June 2017. The learning from the methodology for CSE part 2 has influenced the facilitation of this audit and it has been a more positive experience for partners and the LSCB.

**Key Findings:** The main areas highlighted by this audit, to be included in an action plan overseen by the QA group, were:

- The need to ensure that when supporting children living with domestic abuse, practitioners maintain a sufficient focus on the needs of the child and ensure that support plans reflect their lived experience.
- Information systems within and between agencies need to be able to ‘talk’ better to each other so that information can be shared at the most appropriate time and support earlier more effective interventions.
- Assessments need to better evidence the impact of domestic abuse on the child and subsequent support plans must focus on addressing and reducing this impact recognising that it changes over the time that children are supported and can manifest in different ways as children grow older and experience transitions to secondary school or into adulthood.



- The importance of making sure that the right professionals are involved at the right time. To facilitate this their needs to be an understanding of the different roles and responsibilities of professionals and agencies. For example, 'Health' covers a range of services and organisations often with little crossover with each other.
- Each agency that took part in this audit also identified a number of single agency learning points which will be considered by the QA group alongside the multi-agency recommendations.
- **E-safety Training Audit**

The audit was devised to establish how agencies are ensuring that staff have the relevant knowledge and understanding of e-safety and online communication to safeguard the children and young people they work with. There were 80 responses primarily from education and childcare.

**Key findings were:**

- 100% of respondents have an e safety policy to regulate the use of technology by staff. It was noted that 3 responses highlighted that this is not shared as part of the staff induction process.
- 65 responses confirmed that they have a policy to regulate the use of technology for use by children. Where this is not in place, respondents said this was because children are not provided with access to the internet.
- A number of responses made reference to the positive impact of using the 360 degree safe / online compass self-evaluation tool.
- The majority of agencies (in the main schools) provide single agency e-safety training for staff on an annual basis. Many early years providers are not providing single agency e-safety training.
- Agencies are not consistently measuring the impact of staff training. This is evidenced by less than 30% of responses reflecting that courses are evaluated. However some responses were able to give clear examples of how they have measured the impact of training e.g. visual prompts for children who are working online.
- The majority of audit responses were from early years and education and a wider audit may be needed in the future to capture a greater scope of agencies.
- Recommendations which the On-line Safety Group is taking forward were:
- Agencies need to consider how they will measure the impact of e-safety training on a regular basis.
- All agencies need to check whether their induction procedures include training in relation to e-safety.
- The audit has highlighted a need to raise the profile of multi-agency e-safety training.

**Learning from partner single agency audit and inspection**

During the year the QA sub group worked with partners to ensure their single agency audit activities were objective and sufficiently self-critical. The subgroup worked hard to improve the reporting of audit activities and to establish the routine sharing of findings from service reviews and inspections. As a result, the sub group has gone on to develop a stronger culture of sharing critical information as well as celebrating the good practice identified.

There have been a number of single agency audits which have been completed. These include:

- Health Visitor Response to Domestic Violence Notifications – this audit is a regular dip sample of responses by Health Visitors when domestic abuse had been reported by the police via PPD1 forms and looks to ensure that responses are timely and effective.
- Great Western Hospital (GWH) Referrals Audit – this was an audit of 12 referrals from GWH into Family Contact Point (FCP). This audit reported on the quality of referrals and information sharing between GWH and FCP. The highlighted areas from improvement across the different departments within GWH and agreed some changes. It highlighted good communication between GWH and FCP.
- Swindon Council - Monthly Case File Audit Report– Childrens Social Care throughout the year provided reports regarding their monthly case file audits to share the areas of practice development identified and plans for improvement. These audits take place each month with managers and social workers for the child which is the subject of the audit. This audit work is being embedded within teams and is showing key areas where work to improve is required, Learning included evidencing reflective supervision and timely assessments.
- Swindon Council – Child Protection Core Group Audit - this was presented in November 2016 following the learning identified within the Serious Case Reviews to review the effectiveness of these arrangements. This audit looked at the timeliness of core groups; the minutes; the agenda and the review of child protection plans undertaken within core groups. It made a number of recommendations which were shared with the LSCB “Child Protection Conference and Core Group” trainer to inform the training provided to partners agencies. The LSCB Escalation Policy was highlighted as not being consistently used and one of the key areas of learning for partner agencies was sharing the minute taking and chairing of Core Groups across partners agencies. This activity will continue to be monitored and re-audited.
- Swindon Council - Spot Survey Satisfaction Report\_– this shared the feedback from parents whose children are an open case to children social care and gathered information from telephone surveys on the service they received.

Key figures from March 2017 when compared with the previous survey were:

- 87% of clients completing the March survey knew the telephone number of their Social Worker, up from 76% in March 2016.
- 69% of clients surveyed said their social worker always or usually turned up on time, up from 57% in March 2016. 18% said they never turned up on time, down from 38% in March 2016
- 75% of clients in March stated that they felt they saw their SW often enough, up from 57% in March 2016
- 75% said they felt respected by their social worker, up from 71% in March 2016
- Supervision Audit within Midwifery section of GWH – this came to the sub group in November 2016. This highlighted the different compliance with the supervision policy within the GWH midwifery and community midwifery departments and actions agreed to address this issue.
- Swindon Council SDQ Audit- The report covered the provision of service and follow up of those children who are Looked After and who have a high Strength & Difficulties Questionnaire score (SDQ).

## Review of Audit Action Plans

- Missing & Absent Evaluation Action Plan- this was from the Audit completed by MARP – CSE and Missing Manager and Police. The action plan was developed and will be reviewed by Children’s Social Care. The review of this action plan enabled GWH to be able to give feedback regarding the missing protocol so that it could meet their needs better.
- Adolescent Neglect Action Plan Review- this review enabled us to consider chronologies and genograms across key agencies including Children’s Social Care, G.Ps and Police and understand how these agencies are improving this key area of practice. We also considered the training and improvement required for all agencies to consider children as troubled rather than troublesome and the impact of neglect. The policy in all agencies when missed appointments happen is managed was also discussed and considered.

## Monitoring Reports

- Revised Health Assessment Process- this was a progress report following the change in 2015 to the school nurse health assessments for children subject to Child Protection plans. It confirmed that the change was working well and that it was still being monitored.

## Serious & Local Case Reviews

The Case Review Group (CRG) is a multi-agency sub group of the LSCB which is chaired by the LSCB Chair. It meets bi-monthly and its role is to oversee the process for the consideration of cases which might meet the criteria for a Serious Case Review (SCR).

If the decision is made to undertake either a Serious Case Review or a Local Case Review (LCR) then this is overseen by the Case Review Group. The group will agree the scope and terms of reference, arrange for the commissioning of an Independent Reviewer and then approve the draft Overview Report. Following ratification of the final report by the full LSCB the sub-group will then oversee the publication of the report and develop and monitor the Action Plans arising from the Report’s recommendations and those identified in contributing agencies Individual Management Reports.

The sub group is always well attended and the level of engagement by all partners continues to be high which reflects an increasingly mature and transparent culture and a sense of collective responsibility to achieve improvements for children.

### Activity undertaken during 2016/17

- The CRG has met every two months throughout 2016/17 and overseen the process of completion and publication of two Serious Case Reviews, Child S and Child D both of which were published in December 2016. These reports are available to read and download on the LSCBs website at: <http://www.swindonlscb.org.uk/wav/Pages/SCReview.aspx>
- The CRG has also overseen the process and completion of Local Case Review N.
- SCRs D and S and LCR N have all been presented to the LSCB who have been involved in developing the Action Plans with CRG.
- All SCR and LCR Action plans have been developed and subsequently monitored at CRG

- Reviews of 4 previous Local Case Reviews have been undertaken and outstanding work identified and integrated into current workplace
- The CRG have had oversight of two other SCR in Oxfordshire and Gloucestershire involving Swindon agencies
- The SCR notification and LSCB response procedure has been revised and adopted by the CRG
- Two additional cases referred into CRG in 16/17, one of which has become LCR A and the other case is awaiting conclusion of current operational process.
- The Chair has presented a report on the progress of SCR/LCR work to the quarterly meetings of the LSCB.

Each of the Local and Serious Case Reviews have included meetings with the families concerned and with a wide range of those front line professionals involved in the cases to ensure that the learning is informed by their voices and that the processes are accurate. As a result the Serious Case Reviews and Local Case Reviews have been a rich source of learning for agencies.

**The learning identified from 2016/17 Serious Case Reviews/ Local Case Reviews included the following issues:**

- Escalation Policy - the need to raise awareness and encourage confidence in its use by partner agencies to ensure issues of concern are raised in a timely manner.
- The engagement of GPs in Child Protection processes needs to be supported and improved.
- The effectiveness of Child Protection conferences and Core Group processes needs to be monitored and audited to ensure it is working to protect children and that all relevant partner agencies are involved.
- Workforce capacity in the acute sector and multi-agency discharge arrangements needed to be improved.
- The quality of social work evidence in care proceedings needed to improve particularly in relation to neglect.
- The Impact of the non-recognition of Learning Disabilities by professionals on families was recognised and needs to improve.
- The recognition of neglect by professionals working with large families needs to be supported and improve.
- Professional curiosity and accountability of all professionals needs to be actively encouraged.
- The need to support professionals to improve working with challenging parents.
- The quality and availability of safeguarding supervision within agencies.
- Disabled children and the need to review the effectiveness of services working together.

Much of the learning identified through these processes has resulted in actions taken to improve safeguarding arrangements. All partner agencies have been robust in recognising and acting on improvements and have provided evidence of assurance to the Case Review Group but inevitably some of these actions are still in the process of implementation in 17/18.

The LSCB Annual Conference in November 2016 attracted over 300 delegates from a wide range of agencies and provided a good opportunity to share the national learning from Serious Case Reviews produced by Brandon et al (see <http://seriouscasereviews.rip.org.uk/> )

In addition, the learning from the two Serious Case Reviews referred to above (Child S and Child D) were shared with all practitioners through workshops undertaken by the Lead Reviewer.

The presentations from the conference are available at:

<http://www.swindonlscb.org.uk/about/Pages/LSCB-Annual-Conference-2016.aspx>

Single agencies continue to implement the learning case reviews and all LSCB multi-agency training courses reflect the learning from case reviews with a specific course which pulls together all the learning from recent reviews both local and national. The LSCB is developing a suite of brief learning newsletters which incorporate all the learning identified and actions undertaken/planned. An example of these on Child Sexual Exploitation can be seen at: [Learning from Case Reviews - CSE](#)

In addition to the work of the Performance, Quality Assurance and Case Review Subgroups, the LSCB maintains five other sub groups. Each of these reports quarterly to a meeting of all subgroup chairs and annually to the Board. Each Chair has provided a summary of their subgroups activity during 2016/17 as follows:

## Child Death Overview Panel (CDOP)

### Overview

Fortunately a child death is a rare event in our society however each death represents a tragedy for the family. The Child Death Overview Process (CDOP) ensures that every child's death is comprehensively reviewed and lessons learnt so that action can be taken to prevent future deaths where possible. The majority of child deaths are expected deaths (through known illness or life-limiting conditions) accounting for 70% of child deaths in the past five years. Deaths from external causes, which includes trauma from external factors or self-inflicted harm and suicide are rare - 3% for Swindon children.

The majority of children under one month of age, in Swindon, die as the result of perinatal or neonatal causes and acquired natural cause remains the most common category of death for all children over 1 year of age. There has been no significant change in the numbers of children dying from each of these causes, or in the numbers of children within different age groups over the past five years.

The joint Wiltshire and Swindon Child Death Overview Panel (CDOP) met six times during 2016/17 and reviewed 42 individual child death cases of which 17 were Swindon children. This number differs slightly from the actual number of deaths notified (see table below) due to the time between the death and the case coming to the panel for review.

	Number of child deaths notified					
	2012-13	2013-14	2014-15	2015-16	2016-17	Totals
Swindon	8	17	12	18	14	69

We continue to raise awareness around the issues identified through the CDOP and have published two CDOP newsletters (predominantly for health and social care professionals) that have highlighted issues and learning from cases reviewed locally.

### **Impact**

Our main aim is to Influence practice through the follow up from the CDOP discussions and case reviews. We do this by communicating with respective agencies or providers regarding policies and protocols so that where possible we can reduce the likelihood of avoidable child deaths. Examples of actions taken as a result of the CDOP include writing to relevant agencies and bodies highlighting issues or concerns found as a result of the CDOP review. A full CDOP Annual Report is published that outlines the detailed activity of the CDOP and the key themes which includes:

- Importance of following safe sleeping advice, particularly when a child is unwell
- Importance of giving compliance information to the child and both parents and checking the understanding of the consequence of non-compliance
- Importance of timely administration of antibiotics when sepsis is suspected
- New sepsis 6 pathway and national early warning system to be embedded within the ambulance service
- Midwifery Service speaking with all families about overwrapping and document that they have spoken to partners and wider family about these issues to ensure the messages are passed on.
- Importance of wearing cycle helmets when riding bicycles
- Pneumococcal sepsis in post splenectomy cases can develop very rapidly; early use of antibiotics is vital
- Good communication by using group email updates to include tertiary units, paediatrics, GP and palliative care agencies with permission of the patient and family.

### **Challenges**

Given that our main aim is to prevent future deaths we continue to explore how best to engage with the public in a way that will influence and change behaviours.

## Child Sexual Exploitation (CSE) and Missing Children

### Overview

The CSE and Missing children sub-group continues to benefit from good multi-agency representation which has been augmented in the last quarter to bring in licensing and the CSE Opal Team manager enabling additional impetus in relation to disruption and enforcement activity.

Due to the recognition that there are a number of new threats which the LSCB needs to understand, all which can be categorised as child exploitation, the group is to expand its remit so as to look at other forms of exploitation against children. There will be a continuing focus on Missing Children because of the overlaps with all areas of child exploitation and the intrinsic links between missing children and the child protection system.

This expanded remit will provide the LSCB with oversight in the following areas:

1. Missing Children
2. Exploited Children
  - Child Sexual Exploitation (as per the nationally agreed definition).
  - Criminally Exploited children – ***When a child is forced, coerced, compelled or exploited to commit a criminal offence by a third party who stands to gain.***
  - Cyber exploited children (Including Youth Produced Sexual Images (Sexting), Sextortion and Hacking)
  - Child victims of Human Trafficking and Modern Slavery
  - Radicalisation of Children - ***the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.***

What characterises all of the exploited children categories is the requirement to coerce/control/exploit, generally over a sustained period of time. In particular the children will be targeted as adolescents (although not exclusively) and in such a way that seeks to exploit the explorative characteristics of their age group.

### Activity during 2016/17:

- The Partnership Profile for 2015 was used to good effect by the group to help understand and develop the gaps in CSE response across agencies. Tactical information contained within the report was immediately used by the Opal Team to target prevention and enforcement activity at several locations around Swindon.
- In March 2016 the Sub-Group co-ordinated the activity of agencies for the National CSE Day of Awareness. All agencies embraced the day of awareness and increased their prevention/education activities. There was good media interest and a number of press interviews were broadcast across the partnership which helped raise the profile of CSE in Swindon. March 18<sup>th</sup> is the date for the 2017 National CSE day of awareness and the CSE sub-group is again co-ordinating activity across the partnership. The theme for the 2017 campaign will relate to seldom heard/hard to reach groups, to ensure that groups who have traditionally under reported get additional targeted awareness regarding the risks of CSE and are encouraged to report to those that can help.

- Key agencies have now self-assessed their response to CSE and Missing by using a diagnostic tool. This took place in late 2015. The self-assessments and the Partnership Profile helped the group to identify gaps in our combined approach to CSE, which helped to inform the 2016/17 plan. Since this date there has been a further self-assessment by all agencies as part of a Section 11 Audit on CSE. This process has been additionally thorough with agencies peer reviewing one another, ensuring consistency.
- CSE Audit work has been completed, with the CSE Sub Group and the QA Sub-Group working closely together to develop the programme and deliver the findings. This includes a CSE survey across the partnership to establish the level of understanding of CSE. The survey has had over 1000 responses from staff who work within a setting where safeguarding is a key part of their role. The Audit programme commenced in July 2016 and has highlighted a number of positive and some developmental practice which the sub-group has included within its priorities. These have helped to formulate a revised CSE strategy and action plan.
- Oversight of the implementation of the co-located/integrated CSE Team (Opal Team), located within the SBC estate has been one of the most important priorities for the sub-group in the last year. Over the last 12 months the plans for the Opal team have developed at a pace and the foundations are now in place for a more effective and integrated service to support victims and target perpetrators. 2016 has seen the Opal team move from developing to consolidating.
- There has been significant engagement with the Case Review sub-group in relation to SCR's and LCR's which have a CSE theme. Lessons learned through review are identified early and built into audit programs and action plans. This has continued throughout 2016, ensuring that local, regional and national lessons are being learned and integrated into practice in the Swindon area.
- During 2016 the sub-group started to receive performance reports from the Multi-Agency Risk panel (MARF), to ensure the LSCB had oversight of this critical partnership activity. The trends identified in MARF and through other analysis (including the Ending Gang and Youth Violence Peer Review) has highlighted an emerging threat in relation to more general criminal exploitation of Children. CSE describes exploitation where the motivation of perpetrators is sexual. The broader exploitation of children includes financial motivations by perpetrators. One of the commonly used methods of criminal exploitation is to use children to either supply or courier drugs on behalf of established drug gangs, often based in London. This emerging threat has resulted in the CSE sub-group expanding its terms of reference to look at the broader exploitation of children (which includes CSE). The governance of this connects to both the LSCB, but also the Community Safety Partnership (CSP) and arrangements are now in place to drive forward a more comprehensive partnership response to this emerging threat.

#### **Impact**

- Increased awareness to children, young people and to the partnership workforce.
- Integrated Police/Social Care CSE team (Opal Team) being implemented giving victims and those at risk from CSE more specialised and dedicated resources to work with and support.
- The Multi-Agency Risk Panel (MARF) has ensured that there is cohesive and co-ordinated partnership activity to support victims, but also to target perpetrators. 2016 has seen a shift



towards identifying more offenders, targeting and disrupting them. This will continue in 2017.

- There are much improved CSE flagging systems within both Police and Social Care, ensuring that both victims and offenders are recognised and recorded at the earliest stages. This is operationally beneficial, but also allows better analysis of the problem, which will help to ensure resources are targeted towards the most appropriate strategic threats. We now feel reassured that we have a stronger understanding of the scale and type of CSE taking place across Swindon.

#### **Evidence**

- Self-assessments (diagnostics) conducted by agencies and scrutinised by the Sub-Group.
- Section 11 Audit
- CSE Audit Programme
- CSE Staff Survey (through Survey Monkey) with over 1000 responses.
- Production of 2015 CSE Partner Profile and 2015 CSE Regional Partner Profile.
- CSE and Missing Action plan, which shows the majority of 2015/2016 actions moving into green on the RAG status and becoming Business As Usual.
- Development and review of the MARP process (reports are consistently submitted to the CSE/Missing sub-group).
- MARP reports are scrutinised by the CSE sub-group to ensure that CSE and Missing Children issues are being targeted effectively through this partnership forum.

#### **Further action**

- The most important work for the sub-group in 2017 is to develop new Terms of Reference to incorporate broader exploitation and from that to develop a new action plan, which fills the gaps in any partnership response to more generic exploitation. The expansion of the remit of the sub-group will require a review of the current membership to ensure that all those partners who can add value have a voice to develop strategies and plans. New strategies and plans will require the development of a refreshed audit process, to capture activity and performance in relation to criminally exploited children in addition to those who are at risk of CSE.
- The development of a more comprehensive framework for reporting on Missing Children will be another significant action for 2017. Understanding the impact that the partnership is having on children who go missing is fundamental to reducing the risk children face from CSE and criminal exploitation. Better understanding the impact of Return Home Interviews (RHI's), Police Safe and Well checks and support services to vulnerable children going missing, will be an important component of the groups work in 2017
- Developing a performance framework that can better demonstrate partnership disruption activity against CSE perpetrators and those that criminally exploit children will be another priority. Understanding what within the disruption toolkit works and what doesn't will enable the partnership to focus resources on the activity which delivers significant benefits.

## Policy and Procedure

### Purpose

The main aim of the Sub-group is to develop, maintain and review inter-agency child protection procedures, protocols and practice guidance and to comment and advise upon whether procedures need to be reviewed as a result of practice developments arising from serious and local case reviews, new legislation, government reports, research findings and other relevant documents.

### Overview/Achievements

During the course of the year The Sub-group ratified or reviewed a number of policy and guidance documents including:

- The Neglect Framework – Revised to provide additional information relating to adolescent neglect
- The Escalation Policy
- Quoracy at Child Protection Conferences

The LSCB works with other Boards across the South West to maintain a shared web based resource - <http://www.proceduresonline.com/swcpp/> - which contains a range of information on child protection and safeguarding issues. The subgroup began the process of evaluating the extent to which this resource supports professionals in Swindon ahead of a re-commissioning exercise in 2018

### Impact

The aim of all policies, procedures and guidance are to improve the wellbeing and outcomes for children and young people and improve safeguarding practice by professionals.

## ONLINE SAFETY

### Overview

The Sub-group meets termly and continues its work to identify and address safeguarding and protection issues arising from childrens online experiences and in particular their increasing use of social media.

Over the course of the last year there have been a number of examples of online ‘crazes’ that may present a risk to young people’s safety. They include:

- Fake News

Online articles about parents being warned about the ‘Blue Whale Challenge’ - an online phenomenon that encourages youngsters to undertake dangerous dares and eventually commit suicide. The craze was reported to have led to 130 suicides in six months in Russia, where it originated.

The Blue Whale Challenge encourages participants, via social networks, to face everyday challenges. These are intended to lead the ‘players’ to their death on the 50th day, thereby ‘winning’ the game. Challenges at the beginning include drawing a whale on a leaf or getting up at night to listen to sad music. As days pass, participants are invited to cut themselves and finally to jump from the roof of a building or to hang themselves.

Although this was fake news, there is a concern that children “copycat” these ideas, for example on YouTube there were videos of children trying to inhale aerosols for the record time before passing out.

Advice is to always to discuss with children their online experiences, concerns and worries.

Advice for having difficult conversations can be found here

<https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/talking-about-difficult-topics/>

- **Sextortion**

Sextortion involves victims being lured to perform sexual acts and/or take intimate images using their web-camera. The victims are often unaware their acts are being recorded by the criminals. The fraudsters then blackmail them by threatening to upload the content to the internet, or send it to the victim's friends or family, if they do not comply with their demands.

There has been a significant increase in the number of 'sextortion' cases reported to agencies during the last 12 months. It is now clear organised crime gangs are targeting adults, children and young people in the UK.

Sextortion have led to suicides by young people and therefore it is key for agencies to help children to have resilience in their ability to seek help.

### **Activity**

- Online safety briefing sessions/lessons have been delivered to just over 1,000 parents and staff, and more than 800 children and young people.
- Targeted work within the Junior Good Citizen programme has reached over 1,600 year 6's
- Updates on online safeguarding issues have been delivered at the termly briefings for Designated Safeguarding Leads in Schools'
- Briefing sessions have been delivered to GP's, child-minders and through the Young Warden's programmes across Swindon.
- With Wiltshire Police, advice and guidance on managing incidences of 'sexting' has been given to all schools. The guidance sets out the criteria for reporting such incidents to the police and is aimed at supporting schools to strike a balance between potential harmful criminal behaviour and young people's exploration of their sexuality.
- 99% of schools in Swindon are registered to use the 360° Online Safety self-assessment tool. Over the course of the year 51 schools used the tool to assess their effectiveness in promoting online safety; at 62% this is approximately double the national rate.

### **Challenges**

- The sub-group is aware of the need to support agencies in their response to both existing and new online risks such as: Drones; Ransomware; Snap Chat glasses; and, the growing use of Virtual Reality.
- Evidence is emerging of the risk of online criminal exploitation with examples of 10 year olds being "groomed to carry out hacking activities. The nature and extent of the grooming process is coming to light as a result of the criminal activities and prosecutions of children in their mid-teens.
- Increasingly, attention is being paid to the longer term impact of lives lived online on childrens health and mental wellbeing.

## Training and Development

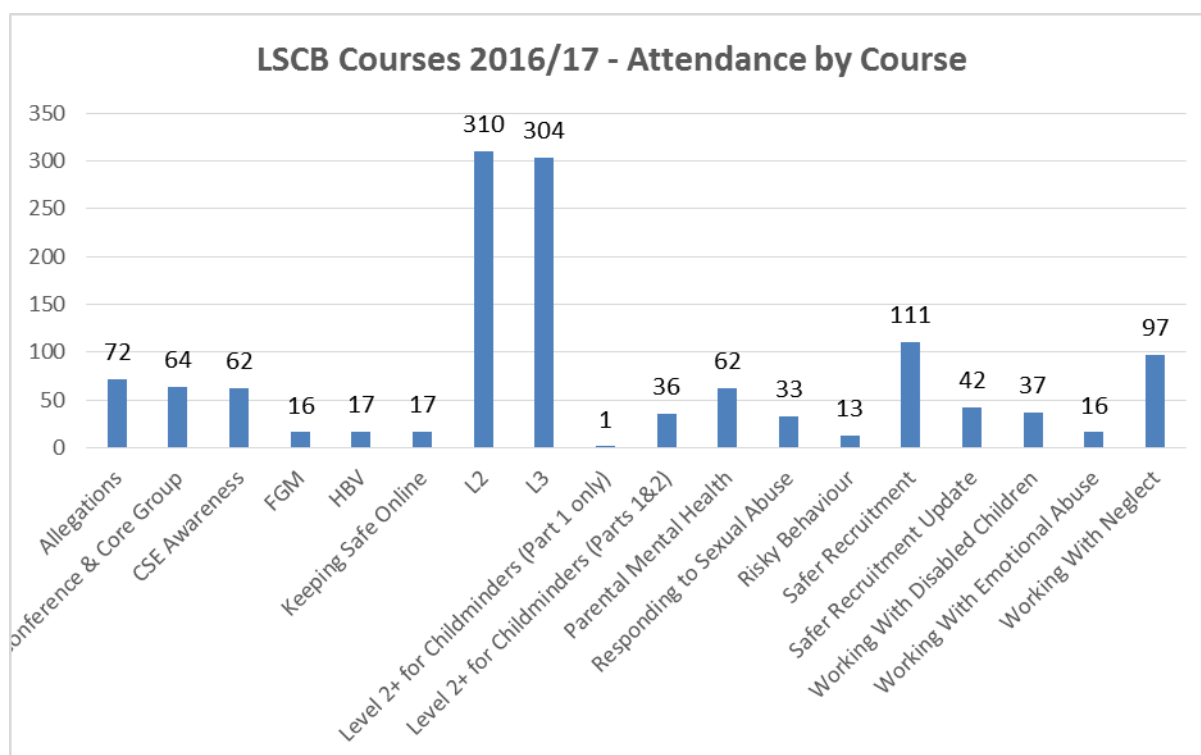
### Overview

This sub group has met on a regular basis and has maintained its primary focus on sourcing, facilitating and providing best value for money, quality and meaningful and relevant training and development opportunities for all partner agencies and wider who work with children and young people in Swindon.

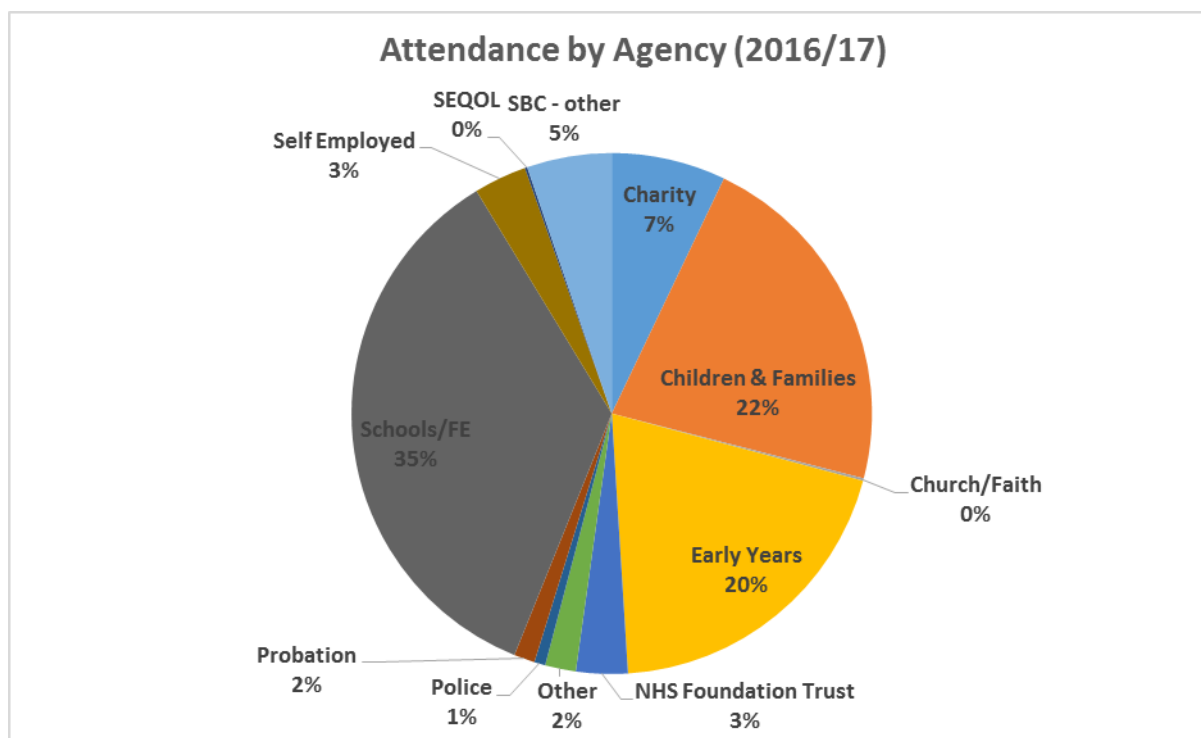
An ongoing focus of activity for this particular group is the planning for and delivery of a high quality and meaningful annual conference. This conference is traditionally very well attended by a diverse and wide-range of participants and aims to be as impactful and relevant as possible taking into account learning from serious and local case reviews as well as national trends and research.

### Activity during 2016/17

- During 2016/17 the LSCB delivered 67 training courses.
- The 67 training courses reflect 15 safeguarding subject areas. These are all multi agency courses and subjects included:
  - Allegations
  - Conference and Core Group
  - Safer Recruitment
  - Responding to Sexual Abuse
  - Working with Neglect
- 11 courses were cancelled due to low numbers. This mainly affected Domestic Abuse Awareness, Conference and Core Group, where courses were cancelled twice and despite increased advertising, numbers continue to be low.
- There was an increase in numbers attending LSCB training in 2016/17. 1310 people attended LSCB training courses in 2016/17 compared to 903 in 2015/16 an increase of 45%.

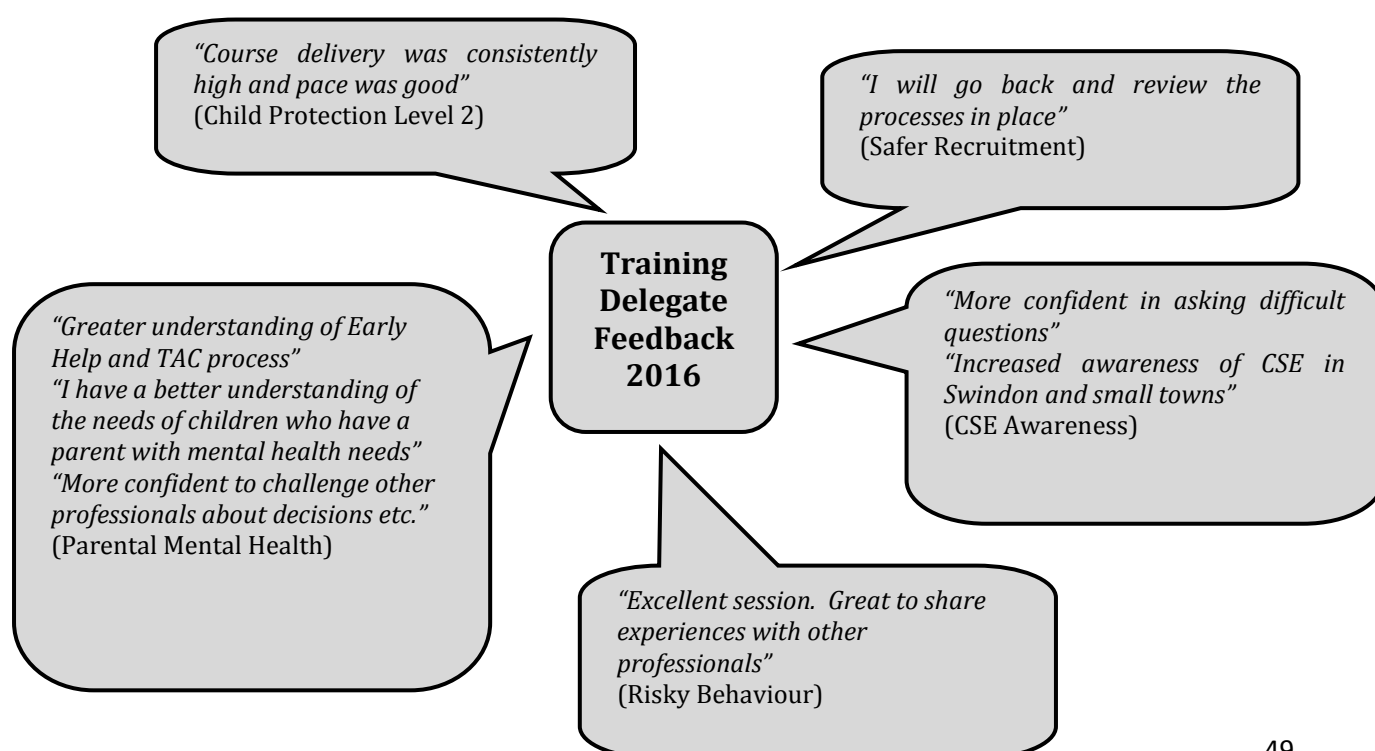


- Following the trend from previous years, the majority of training delegates are from Schools / Further Education, Early Years settings and Children and Families.
- Attendance figures are generally up across agencies, Children and Families saw an increase in attendance by 7%
- Attendance figures for 2016/17 saw a decrease of 7% by Early Years and 1% by Schools and Further Education



#### Impact

- Course evaluation data is collected from delegates at the end of each course; this continues to reflect that training enhances delegate's skills and knowledge.



## LSCB Annual Conference (2016)

- The theme of the annual conference was 'Laying the Foundations' for Effective Safeguarding in Swindon
- Keynote speakers were Dr Susannah Bowyer Research In Practice talking about *Laying the foundations: messages from the triennial analysis 2016*, and Felicia Wood, Kate Cairns Associates who spoke about *Five to Thrive*.
- The conference was attended by over 300 delegates

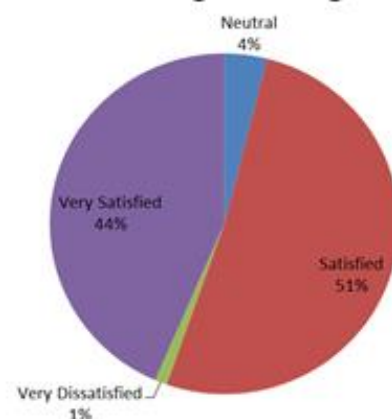
Delegates were asked to complete an evaluation questionnaire at the end of the event and on the whole, evaluations and comments were positive.

**Evidence: Total evaluation forms received: 177**

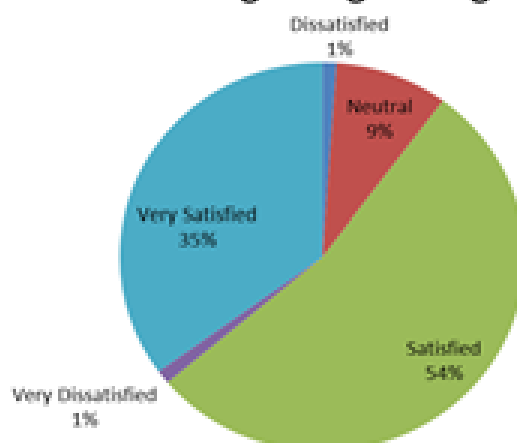
### Overall rating of the conference



### Satisfaction rating: Learning from SCRs



### Satisfaction rating: Safeguarding in Swindon



### Comments / feedback from Conference Delegates:

- *Presentation was excellent*
- *So good to take time out and absorb information during busy term*
- *Great information! Interesting and useful content*
- *Thank you for such a useful and valuable event*
- *Very well organised and relevant speakers thank you!*
- *A very worthwhile day, very thought provoking*
- *Outstandingly thought provoking*
- *presentation was so engaging and extremely useful to my practice*
- *The CP conference session was excellent. Speaker was inspirational*
- *Really enjoyed speakers talk. Excellent*
- *Well planned and well structured, Good thought provoking day thank you*
- *Thank you for an interesting and stimulating day*
- *Interesting to learn about serious case reviews. Good content by keynote speakers.*
- *Found very useful and hopeful that positive changes are being made*
- *Really interesting and engaging, a great speaker*
- *It's always excellent, well organised. I enjoyed it all so difficult to choose from the above*
- *Very good speakers, relevant and well organised*
- *Really useful day thank you. session was particularly helpful re timeframes and processes*
- *A great day. I feel like I have lots to take away, thank you*
- *It was interesting and useful to find out about what is happening in Swindon and the lessons we can learn*
- *Workshop was thought provoking and has made me rethink my approach to working with some individuals. All speakers were very good*
- *Good to be relevant to Swindon's systems and issues*
- *It's fantastic that the message 'safeguarding is everyone's responsibility' is now being more widely embraced by all agencies*
- *Interesting to hear about new services to early help processes but concerned that referrals can only come from health visitors and social workers*
- *Finding out about developments/changes in Swindon was very valuable as was seeing people in the various teams. Despite having attended KCA presentations previously this was still very engaging and so relevant*
- *Clear succinct summary of learning from SCRs - identified areas for learning and stimulated good discussion and opportunity to feedback. Presentation from young people was very powerful and good to focus us on the reason for our work*
- *Very interesting and insightful. Speaker was very knowledgeable and thought provoking*

### Challenges

The group have noticed a trend for some agencies to deliver single-agency training rather than subscribe to the LSCB offer. This may, in part be linked to funding reductions. We remain keen to emphasize the value and importance of multi-agency learning and training and continue to monitor this in order to better understand the reasons behind the falling numbers and to ensure that this is not adversely impacting on multi-agency safeguarding knowledge and practice.

Given the number of local and serious case reviews the LSCB has commissioned, the subgroup remains focussed on ensuring the key learning and messages arising from these are extrapolated, understood and incorporated into the existing training offer.

The ongoing challenge for the subgroup is to ensure that the training 'offer' remains relevant, contemporary and meets the needs of practitioners and other relevant partners.

The subgroup is to ensure that a timetable of observations and quality assurance of training courses is undertaken in order to satisfy the LSCB that the programme is of sufficient quality and relevance and delivered effectively. The subgroup remains vigilant in redressing any issues detected or reported.

### **Key Challenges**

- To ensure that 'the right training is delivered by the right people at the right time and for the right people'.
- To continue to emphasise and market the inherent advantages of multi-disciplinary training and development and to monitor and understand any shortfalls.
- To continue to promote and deliver a high quality Annual Conference which is relevant to all partner and other agencies.
- To continue a quality assurance regime to ensure quality is maintained throughout the training and development agenda.

## **Early Help Working Group**

### **Introduction**

Following the LSCB discussion in September and December 2015 on low level of EHRPs being completed and the increase in contacts/referrals to children's social care the Chair requested an Early Help Working task and finish group to be set up to evaluate the effectiveness of the Threshold documents to ensure that it is fit for purpose, well understood and used appropriately by professionals in partner agencies and identify any barriers to delivery of early help. The Terms of Reference were discussed and agreed by the Chairs Group in Feb 2016 and the Group held its first meeting in May 16.

The aims and objectives of the task group were:

- Evaluate the effectiveness of the LSCB Threshold Document to ensure that it is fit for purpose, well understood and used appropriately by professionals in partner agencies
- Be assured that Early Help Records & Plans for children and young people are consistently of good quality, and lead to sustained improvements in outcomes for children and young people
- Identify the barriers to Early Help Record completion and taking up of the Lead professional role and what could be done to overcome this
- Ensure that the QA Sub Group, Performance Sub Group and Training & Development Sub Group are informed of learning and this is reflected in their work plans for 2016/17

### **Summary of the Working Group's findings:**

The key findings were:

- Social care partners are more confident about the effectiveness of the threshold document compared to other partners. The key concern was being able to evidence Early Help support at level 1 and 2 as this was not being routinely documented through Early Help Records and Plans and the information was not accessible for sharing across the partnership should the referral be escalated to level 3 or 4.



- Although the threshold documentation and guidance had been revised and an additional A3 poster format developed to be used alongside the documentation ('threshold at a glance') to provide a quick point of reference, it became clear task group members had not shared this with their organisations. This leaves more work to do to provide assurance that the revised document is fit for purpose and supports partners in having a better understanding around thresholds, or whether further work is required.
- The task group identified a number of barriers impacting on the use of Early Help Records and Plans across the partnership but it is recognised further qualitative work in this area would provide a more complete picture. Some of the main barriers raised included:
- Partners not having access to the council's information system to directly record or access other Early Help Records and Plans.
- A backlog with Early Help data being entered on the system
- The role and responsibilities of a Lead Professional were perceived to be time consuming
- Lack of evidence to demonstrate that having an Early Help Record or Plan has improved outcomes for children and their families and reduced cases escalating.
- Attendance at Early Help training is voluntary and focusses more on the assessment tools rather than the shared vision and ambition for Swindon children and families to benefit from the best quality help at the earliest opportunity.

### **Next Steps**

Although progress has been made in supporting the Early Help agenda, the evidence from the work of the task group indicates there is more to do to further embed the culture amongst the Early Help workforce across all agencies. There is more investment needed to ensure we have a threshold document that is valued and used appropriately across the partnership. In 2015/16, there were 952 Early Help Record and Plans completed compared to 3146 social care statutory assessments. This clearly indicates a need to shift the balance.

The performance data indicates that not all services and practitioners, that should be, are utilising Early Help Record and Plans(EHRP) to assess and plan services for children and families with additional needs. Greater insight is required to further understand how we can effectively tackle these barriers going forward. The audit of Early Help Records and Plans remains outstanding so at this stage we are unable to provide assurance that Early Help Records are good quality and lead to sustained improvements for children, young people and their families.

The report was presented to the LSCB in March 2017 who agreed that a small cross partnership working group, led by Swindon Borough Council, will take forward the Early Help Task Group findings and recommendations into a Stage 2 and develop a multi-agency Early Help strategy. The LSCB will receive regular updates on progress so Board members can use the information to drive improvements within their own organisations and this will be completed by September 2017.

## LSCB Governance

The Children Act 2004 places a duty on all relevant authorities to make arrangements to safeguard and promote the welfare of children. Swindon Local Safeguarding Children Board has a statutory responsibility to co-ordinate and ensure the effectiveness of what is done by each agency/organisation on the Board for the purposes of safeguarding and promoting the welfare of children in the Borough. The LSCB is not accountable for operational work but holds partner agencies to account on the effectiveness of their safeguarding services for Swindon's children.

Swindon LSCB is composed of senior representatives nominated by each of its member agencies and professional groups.

Statutory & Other Partners, of whom 100% attendance at meetings is expected by the representative or nominated substitute:

- Swindon Borough Council, Director Children Services
- Swindon Borough Council (Service Director/ Head of Children, Families & Community Health; Head of Education; Director of Adult Social Services; Head of Housing & Community Safety)
- Wiltshire Police
- National Probation Service
- Bristol, Gloucestershire, Swindon & Wiltshire Community Rehabilitation Company
- NHS England
- Swindon Clinical Commissioning Group
- Public Health
- Designated Doctor, Child Protection
- Designated Nurse, Child Protection
- Great Western Hospitals NHS Foundation Trust
- Avon & Wiltshire Mental Health Partnership NHS Trust
- Oxford Health NHS Foundation Trust
- South West Ambulance Service NHS Foundation Trust
- CAFCASS
- NSPCC
- Swindon Youth Offending Team
- Wiltshire Fire & Rescue Service
- Swindon Healthwatch

Professional Representatives, who provide insights from and communication with their professional bodies but do not represent a single agency or organisation:

- Swindon Primary Schools
- Swindon Secondary Schools
- Swindon Colleges
- Swindon Special Schools
- GP Services
- Voluntary Sector
- Domestic Violence Representative
- the Chair of any LSCB sub-group not represented above

Partner agency representatives are of sufficient seniority to have control over or access to their agency's resources. They are given delegated authority to make decisions to an agreed level on behalf of their agency and have access to those responsible for making the decisions for which they do not have delegated authority.

Each representative on Swindon LSCB is responsible for disseminating information between the LSCB and their agency/professional body and for identifying any necessary actions.

The local authority's Cabinet Member for Children Services is a 'participating observer' of the LSCB, attending meetings and engaging in discussion but not being part of the decision making process. This enables the Cabinet Member to challenge, when necessary, from a well-informed position.

Swindon LSCB has the benefit of a committed Lay Member who in his voluntary capacity attends the Board meetings and serves on 2 sub-groups. The Board is keen to recruit additional lay members during 2017/18. The remit of the Lay Member is to:

- Support stronger public engagement in local safety issues
- Contribute to an improved understanding of the LSCB's child protection work in the wider community
- Challenge the LSCB on the accessibility by the public and children and young people of its plans and procedures
- Help to make links between the LSCB and community groups

Alex Walters was appointed Independent Chair of the Local Safeguarding Children Board in July 2015. Alex is Vice-chair of the national Association of Independent LSCB Chairs and has used the skills, knowledge and experience she has gained as the chair of other LSCBs and before that from her work within Children's Services and Regional Government Offices to provide a well-informed level of support and challenge to the partnership.

A protocol has been agreed that sets out the relationships between the LSCB, the Local Safeguarding Adults Board (LSAB) and the Swindon Health & Wellbeing Board and these three boards work well together to ensure that their work is joined up and complementary.

Swindon LSCB is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share the same commitment.

Swindon LSCB believes that:

- The welfare and safety of the child is paramount
- We are stronger in safeguarding children if we all work together. This includes statutory and voluntary agencies and the wider communities
- We should support families in bringing up their children safely, engaging with them in the wider agenda for safeguarding
- We should provide an equitable, quality service to all children and their families
- Services should be provided which are appropriate to race, religion, culture, language, gender, sexual orientation and disability
- We need to be accountable for our actions, open to challenge, and to learn from practice in order to achieve continuous improvement
- Procedures and processes should be open and transparent

These principles should underpin everyone's approach to safeguarding children and promoting their welfare, regardless of the extent of their involvement.

Swindon LSCB will further ensure that:

- Personal information is held confidentially and only by those who need to know
- Safeguarding children is viewed in the wider context of their needs and rights

To enable it to fulfil its responsibilities during 2016/17, Swindon LSCB maintained the following sub groups:

- Case Review
- Child Sexual Exploitation & Missing Children
- Early Help
- On-line Safety
- Performance
- Policies & Procedures
- Quality Assurance
- Training & Development

Each of these Sub Groups has defined its membership and terms of reference and works to an annual action plan developed with reference to the LSCB Strategic Business Plan. The Early Help group is a working group to carry out a specific piece of work although this has been extended into 2017/18 in order to develop its work on thresholds and early help records and plans.

There is a joint Swindon and Wiltshire LSCB Child Death Overview Panel.

A Chairs Group, consisting of the Chairs of all LSCB Sub Groups and working groups and the Chair of the Domestic Abuse Steering Group and chaired by the LSCB Chair, continues to facilitate communication between the various Sub Group chairs and to respond to their wish for greater direction from the Board.

LSCB Board meetings continue to include interactive breakout sessions, to allow all Board members to participate in discussions and provide in depth challenge to the local authority and its partners on the effectiveness of the help and protection offered to children, young people and families locally. The LSCB held its annual business planning workshop in January 2017, when members updated the LSCB Strategic Business Plan for 2016/19 and determined the four strategic priorities which are to be the focus of work during 2017/18.

## LAY MEMBERS

The Lay Member role continues to represent the public by challenging, questioning, and offering alternative perspectives to the work undertaken by the sub groups and Board whilst continuing to reduce the amount of unexplained abbreviations and the greater use of plain language in Local Safeguarding Children Board (LSCB) published policies.

Interaction with the community continues to improve steadily, although as always, more engagement work across the spectrum of the Board's activities still needs to be done. Over the last year I have spent eighty hours delivering fifty On-line Safety events to 2,712 children and 698 adults including teachers, support staff, parents and family doctors.

Contact with other LSCB Lay Members is proving to be problematical although still being sought with a view to increase the effectiveness of the lay membership by sharing good practice and developing involvement with both the Board and engagement of local communities.

Robin Stannard (Lay Member)

Swindon LSCB Budget Monitoring 2016/17 and Budget Plan 2017/18				
	2016-17 Budget	2016-17 Out-turn	Variance	2017-18 Budget
<b>Expenditure</b>				
<b>Employment Costs</b>				
LSCB Posts	111,900	107,596	-4,304	119,000
Independent Chair	16,500	19,250	2,750	16,500
Staff Mileage	1,000	97	-903	1,000
<b>Total</b>	<b>129,400</b>	<b>126,943</b>	<b>-2,457</b>	<b>136,500</b>
<b>Multi-Agency Training</b>				
Training Programme	44,000	54,307	10,307	44,400
<b>Total</b>	<b>44,000</b>	<b>54,307</b>	<b>10,307</b>	<b>44,400</b>
<b>LSCB Projects &amp; Statutory Agenda</b>				
CSE & Missing	1,600	0	-1,600	1,600
Serious Case Review / Case Review	22,900	20,098	-2,802	23,200
Procedures & Awareness	2,500	2,550	50	2,500
<b>Total</b>	<b>27,000</b>	<b>22,648</b>	<b>-4,352</b>	<b>27,300</b>
<b>Business Support</b>				
General Supplies	200	1,711	1,511	1,700
Design & Printing	100	361	261	100
Meeting Venues	600	965	365	600
<b>Total</b>	<b>900</b>	<b>3,037</b>	<b>2,137</b>	<b>2,400</b>
<b>Overall Total Expenditure</b>	<b>201,300</b>	<b>206,934</b>	<b>5,634</b>	<b>210,600</b>
<b>Income</b>				
Local Authority	-58,200	-58,200	0	-58,200
<b>Total LA Funding</b>	<b>-58,200</b>	<b>-58,200</b>	<b>0</b>	<b>-58,200</b>
CCG	-44,200	-44,150	50	-44,200
GWH	-17,700	-17,699	1	-17,700
Police	-12,450	-12,448	2	-12,450
Probation - CRC	-2,200	-1,000	1,200	-2,200
Probation - NPS	-2,200	0	2,200	-2,200
CAFCASS	-550	-550	0	-550
<b>Total Partner Funding</b>	<b>-79,300</b>	<b>-75,847</b>	<b>3,453</b>	<b>-79,300</b>
<b>Training Income</b>				
Course Income, Events & Conferences	-36,000	-53,820	-17,820	-37,800
<b>Total Training Income</b>	<b>-36,000</b>	<b>-53,820</b>	<b>-17,820</b>	<b>-37,800</b>
<b>Overall Total Income</b>	<b>-173,500</b>	<b>-187,867</b>	<b>-14,367</b>	<b>-175,300</b>
<b>Balance</b>	<b>27,800</b>	<b>19,067</b>	<b>-8,733</b>	<b>35,300</b>
Opening Reserves	76,534	76,534	0	57,467
Projected Movement in 2016-17		-27,800	-19,067	8,733
Budgeted Movement in 2017-18	0	0	0	-35,300
<b>Projected Remaining Reserves</b>	<b>48,734</b>	<b>57,467</b>	<b>8,733</b>	<b>22,167</b>

## Swindon LSCB Priorities for 2017/18

The work of Swindon LSCB is varied and this report has highlighted areas of challenge, improvement and development over the previous year. Ensuring that safeguarding remains a priority for all those who have contact with children is at the heart of the Board's business and the strength of partnership working is the key to driving this forward to make a difference to the lives of children and young people.

The LSCB continues to strive to improve and develop its role in challenging and supporting the work of agencies involved in safeguarding children and in monitoring and coordinating the response to child abuse and neglect. This report provides evidence of the progress partners have made against the priorities identified in the 2016/17 LSCB Business Plan.

The Business Plan for 2016/19 was agreed by the LSCB in April 2016 and sets out the core functions of the Board. At a business planning workshop in January 2017 and at the Board meeting in March four strategic priorities for improvement in 2017/18 were agreed. The priorities are outlined below and the LSCB are now developing strategic responses that will best improve outcomes for children and young people.

The core functions are:

1. **Policies and Procedures:** Developing policies and procedures for safeguarding and promoting the welfare of children and young people in Swindon, including the publication of thresholds for intervention where a child's safety or welfare is compromised.
2. **Communication and Safeguarding Awareness:** Communicate the need to safeguard and promote the welfare of children among both the professional and lay community, raising awareness of how this can be done and encouraging them to do so.
3. **Performance Management:** Monitoring and evaluating the effectiveness of safeguarding and preventive strategies and the actions of partner agencies to the Board (individually and collectively) and setting standards for continuous improvement.
4. **Serious Case Reviews:** Undertaking and commissioning reviews where abuse or neglect of a child is known or suspected and the child has died or has been seriously harmed and there is a cause for concern as to the way in which partners have worked together to safeguard the child. Consider and undertake local case reviews when the threshold for Serious Case Reviews is not met.
5. **Child Death Overview Panel:** To review child deaths and learn lessons in order to improve the health, safety and wellbeing of children and to reduce future incidence of preventable child deaths.
6. **Quality Assurance Audits and Scrutiny:** Evaluating the effectiveness and efficiency of local actions to safeguard and promote the welfare of children, evidencing outcomes and challenging improvement.

7. **Training and Staff Development:** To devise and deliver and evaluate high quality multi-agency innovative training programmes and initiatives that meets the training requirements of the local workforce and the priority safeguarding issues being progressed.
8. **Online Safety:** To promote the development of effective policies, procedures and strategies relating to on-line safety; To co-ordinate awareness raising training for parents, their children and adults who work with them; and, address specific areas of concern, particularly where children and young people may be at risk of harm.
9. **Child Exploitation & Missing Children:** To ensure that there are effective multi-agency responses to all forms of child exploitation and that missing children are identified and supported at the earliest opportunity.

In addition to discharging its core functions, the LSCB will identify a number of issues, needs and groups as priority areas for improvement. The way in which the priorities will be met will vary over the lifetime of the Plan with some being effectively met and resolved through discrete and time limited pieces of work whilst others will require ongoing and evolving action over a number of years.

For the year April 2017 – March 2018 the LSCB identified the following four targeted areas of work for improvement based on a development workshop held in January 2017:

1. The Journey of the Child through Safeguarding Processes (to focus specifically on thresholds and effectiveness of Early Help):

This is a targeted area for improvement because:

- Learning from Serious and Local Case Reviews
- Learning from the LSCB Early Help Working Group 2015/16
- Low numbers and inconsistent use of Early Help Records and Plans
- Children subject to Multi-agency Risk Panel, Child Protection and Looked After Children processes without having had Early Help Records
- Low levels of escalations.
- Younger children have high support needs indicated by the high numbers of children in need and the small increase seen in children coming into care due to neglect (H&WB Strategy 2017 – 2022)

2. Domestic Abuse:

This is a targeted area for improvement because:

- 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. JSNA Update 2016.
- In 90% of domestic violence incidents a child or young person will be in the house or directly witness the incident. Health & Wellbeing Strategy 2017 - 2022

3. Disabled Children

This is a targeted area for improvement because:

- Disabled children are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children;

- Disabled children at greatest risk of abuse are those with behaviour/conduct disorders. Other high-risk groups include children with learning difficulties/disabilities, children with speech and language difficulties, children with health-related conditions and deaf children;
  - Disabled children are more likely to be abused by someone in their family compared to non-disabled children;
  - Disabled children are more likely to experience the negative aspects of social networking sites than non-disabled children.
  - Almost 4% of pupils have a statement or Education, Health and Care Plan (England average 2.8%)
4. Supporting improved effectiveness of joint safeguarding work between services for children and adults.

This is a targeted area for improvement because:

- Children who are cared for by adults who are in receipt of support provided by a range of services may themselves need additional support; Support plans for these children, at whatever level, are likely to be more effective where there is joined up working between organisations that support children and those that support adults.

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



## Report Authorship & Availability

This report has been written with contributions from many different LSCB members, each writing about the work of their agency or the work of individual LSCB sub-groups. The LSCB Independent Chair and members of the LSCB Business Team have also written some sections of the report and have edited the final report.

This report was approved for publication by the Board of Swindon LSCB in September 2017.

The final report is a public document available on the Swindon LSCB website

[www.swindonlscb.org.uk](http://www.swindonlscb.org.uk)

The LSCB Independent Chair will present the report to the following key strategic partners:

- Swindon Health & Wellbeing Board
- Wiltshire Police & Crime Commissioner
- Leader, Swindon Borough Council
- Chief Executive, Swindon Borough Council
- Cabinet Member for Children Services, Swindon Borough Council

For information in relation to this report, please contact Swindon LSCB on:

[lscb@swindon.gov.uk](mailto:lscb@swindon.gov.uk)

Swindon LSCB

Civic Offices

Euclid Street

Swindon

Wiltshire

SN1 2JH

Tel: 01793 463803

## **What to do if you're worried a child is being abused**

Child abuse can take many forms, not all of which have visible signs. If you think that a child or young person under the age of 18 is being harmed and need to talk to someone about it, please contact:

### **Children Services Family Contact Point**

Tel: 01793 466903

### **Emergency Duty Service (out of hours)**

Tel: 01793 436699

### **Wiltshire Police**

Tel: 101

**In emergency, please call 999**

### **Allegations against staff and volunteers**

If you have concerns that a member of staff or a volunteer may have behaved in a way that has harmed a child or indicates that they may be unsuitable to work with children, you should contact the lead person for allegations within your organisation or seek advice from the Local Authority Designated Officer (LADO) for managing allegations.

Tel: 01793 466849

### **Child abuse on the web**

You can report online sexual abuse and content from the CEOP (Child Exploitation and Online Protection) website.

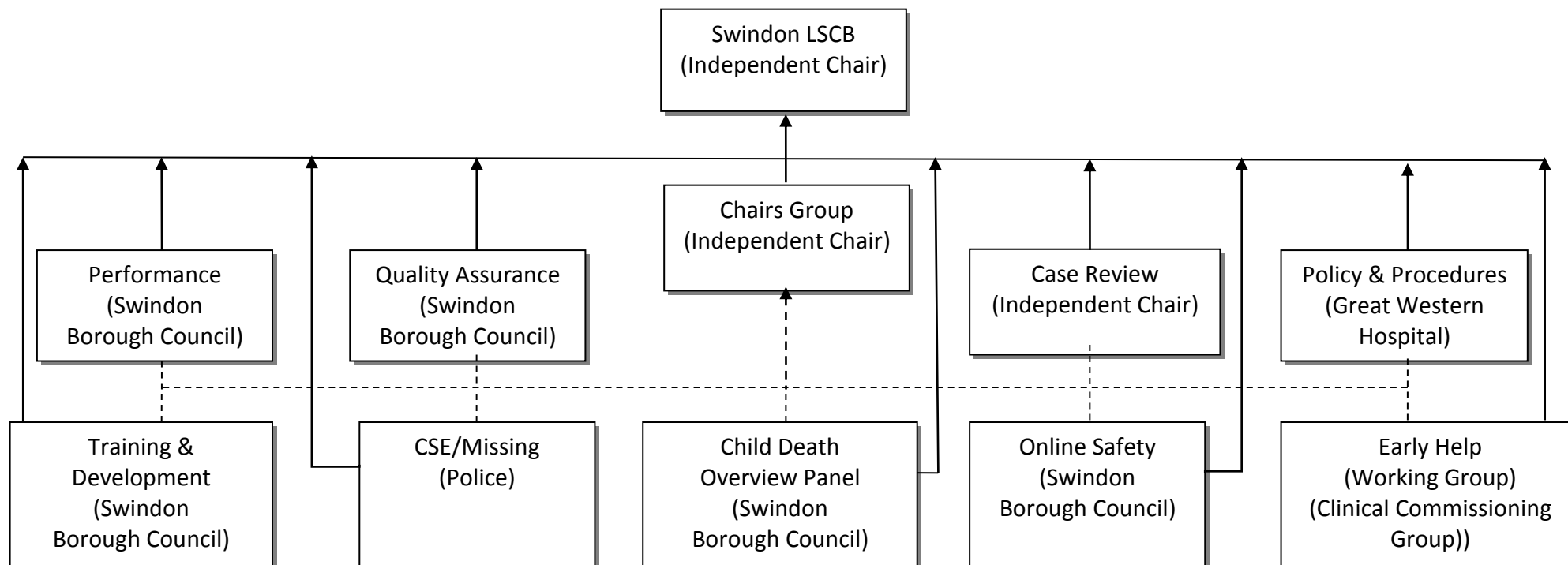
[www.ceop.gov.uk](http://www.ceop.gov.uk)

The site also has links for the reporting of other forms of online abuse including bullying, racism, spam and phishing.

For more detailed information, please refer to the South West Child Protection Procedures on

<http://www.proceduresonline.com/swcpp/>

**LSCB Structure Chart & Board  
Membership & Attendance  
2016/17**



BOARD MEMBER	ROLE & ORGANISATION	BOARD MEMBER	ROLE & ORGANISATION
Alex Walters	LSCB Independent Chair, Chair's Group & Case Review Group Chair	Amanda Murray	Area Manager, Gloucestershire/Wiltshire LDO, National Probation Service (NPS)
Cherry Jones	Director of Public Health, SBC & Chair of Child Death Overview Panel (CDOP)	Craig Holden	Detective Superintendent, Head of Public Protection, Wiltshire Police & CSE sub-group Chair
Deborah Murphy	Senior Service Manager, Children and Family Court Advisory & Support Service (CAFCASS)	Deidre Fitzpatrick	Swindon Association of Secondary Headteachers
Tanya Schottlander	Head of Student Services and Safeguarding, New College	Fiona Francis	Service Manager, Quality Assurance & Review Service, SBC & Quality Assurance sub-group Chair
Fionuala Foley (Participating Observer)	Cabinet Member Children's Services, SBC	Gill May	Executive Nurse, Swindon Clinical Commissioning Group (CCG) & Early Help Working Group Chair
Hilary Walker	Chief Nurse, Great Western Hospital (GWH)	Huw Ford	Children's Services ICT Manager, SBC & Online Safety sub-group Chair
Ingrid Anson	NSPCC Service Manager for Swindon	Janet King	Designated Doctor, Swindon CCG
Joanne Smith	Named Nurse, GWH & Polices & Procedures sub-group Chair	Kathie Bryan	Association of Swindon Special School Headteachers
Karen Reeve	Director of Children's Services SBC	Lin Williams	Domestic Abuse Strategic Lead, SBC
Liz Hickey	Assistant Chief Officer, Community Rehabilitation Company (CRC)	Mark Edwards	Swindon Health Watch
Mark Scully	Head of Local Delivery Unit, Gloucestershire/Wiltshire LDU, (NPS)	Matt Bywater	Service Manager - Restorative Youth Services, SBC & Training sub-group Chair

Michelle Maguire	Head of Service: Oxford Health NHS Foundation Trust	Mike Ash	Head of Service: Housing & Community Safety, SBC
Phillipa Lamb	Strategic Planning Manager, SBC & Performance sub-group Chair	Newlands Anning	Interim Managing Director, Avon & Wiltshire Partnership
Ruth Gumm	Principal Social Worker, SEQOL	Peter Nathan	Head of Education, SBC
Simon Hester	Named Safeguarding Professional, South West Ambulance Service Trust	Robin Stannard	Lay Member
Spencer Allen	Swindon Association of Primary Headteachers	Sarah Merritt	Divisional Director of Nursing, Women & Children's Division, GWH
Sue Wald	Director of Adult Social Care Services, SBC	Sarah Warne	Safeguarding Lead Nurse, NHS England
Stephanie Hathaway	Manager, Koalas Opportunity Group	Simon Ratcliff	LSCB Strategic Manager
Tanya Musty	Student Engagement Officer, Swindon College	Yasmine Ellis	Youth Development Manager, Dorset & Wiltshire Fire & Rescue Authority
<b>LSCB BUSINESS TEAM</b>			
Christine Mister	Administrator	Lesley Boorman	LSCB Business Administrator
Catherine Clark	LSCB Training & Quality Assurance Manager	Simon Ratcliff	LSCB Strategic Manager

<b>Partner Attendance at Quarterly Local Safeguarding Children Board Meetings 2016/17</b>			
<b>Agency</b>	<b>% Attendance</b>	<b>Agency</b>	<b>% Attendance</b>
Chair - Case Review Sub Group	100	Probation CRC	25
Chair - Child Death Overview Panel Sub Group	75	Probation NPS	100
Chair - CSE & Missing Sub Group	75	SBC - DV Strategic Lead	0
Chair - Online Safety Sub-group	50	SBC - Group Director: Childrens Services	75
Chair - Performance Sub Group	75	SBC – Head of Children, Families & Community Health	75
Chair - Policy & Procedures Sub Group	75	SBC - Education Commissioning	75
Chair - Quality Assurance Sub Group	75	SBC - Housing & Community Safety	100
Chair Training & Development Sub Group	100	SBC - Cabinet Member Children Services	100
AWP	0	SBC - Restorative Youth Services	100
CAFCASS	0	Schools - Primary	50
Designated Doctor CCG	100	Schools - Secondary	25
Designated Nurse CCG	50	Schools - Special	75
Early Years	0	SEQOL	25
CCG	100	SW Ambulance Service	0
GWH NHS Foundation Trust	100	Swindon Colleges/FE	75
Lay Members	100	Swindon Health Watch	100
NHS England	50	Voluntary Sector	75
NSPCC	50	Dorset & Wiltshire Fire & Rescue Service	25
Oxford Health NHS	75	Wiltshire Police	100
SBC - Public Health	75	<b>Average Attendance</b>	<b>68%</b>

## Swindon Affordable Warmth Strategy

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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Author: David Miles, Affordable Warmth Coordinator

Wards: All

Parishes Affected: All

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### 1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board about the Swindon Affordable Warmth Strategy which has been refreshed.
- 1.2 Swindon Borough Council and its partners have, for a number of years, been delivering initiatives to reduce the incidence of fuel poverty in the Swindon area. The first Swindon Affordable Warmth Strategy was written in 2007, building on the work of the Wiltshire & Swindon Affordable Warmth Strategy 2002. This latest version brings the strategy up to date, providing a snapshot of the current levels and distribution of fuel poverty and describing the planned focus to help those affected over the next two years. The strategy covers both private sector and social housing.
- 1.3 There are strong links between the prevalence of fuel poverty and cold related illnesses and excess winter deaths. The desire to reduce pressure on health services during the winter months is leading to more engagement of the health sector in affordable warmth issues. Action on fuel poverty is likely to lead to reductions in local health spend, GP referrals and hospital admissions due to improved health.
- 1.4 The Affordable Warmth Strategy links to Swindon Borough Council Priority One: improve infrastructure and housing to support a growing, low-carbon economy and Priority Four: help people to help themselves while always protecting our most vulnerable children and adults. It also links to the Swindon Health and Wellbeing Strategy Outcome 2: adults and older people in Swindon are living healthier and more independent lives. It contributes to wider Council work in areas such as Ageing Well, Long Term Conditions and Falls Prevention, helping to reduce the pressure on Adult Social Care. There are also clear connections to the Council's responsibilities under the Home Energy Conservation Act.

### 2. Recommendations

The Board is recommended to:

- 2.1 Discuss and approve the Swindon Affordable Warmth Strategy 2017-19 attached at Appendix 1 to the report.
- 2.2 To recommend to Cabinet and the Clinical Commissioning Governing Body that they adopt the Swindon Affordable Warmth Strategy for 2017-19.

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Further information on the subject of this report can be obtained from David Miles, 01793 463679, dmiles3@swindon.gov.uk.

# Swindon Affordable Warmth Strategy

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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## 3. Detail

### What is Affordable Warmth and Fuel Poverty?

- 3.1 Affordable warmth in very simple terms is about being able to keep your home adequately warm without incurring excessive cost. Fuel poverty has a more complicated definition.
- 3.2 A household in fuel poverty used to be defined as needing to spend 10% or more of their income to achieve adequate warmth. This definition was accepted by Government and used to measure the extent of fuel poverty nationally and locally until 2013.
- 3.3 In July 2013, Government announced that a new indicator to measure fuel poverty would be used, based on the recommendations from the Hills Fuel Poverty Review 2012. This new indicator finds a household to be fuel poor if it:
  - 3.3.1 Has an income below the poverty line (including if meeting its required energy bill would push it below the poverty line); and
  - 3.3.2 Has higher than typical energy costs.
- 3.4 So fuel poverty is the overlapping problem of households having a low income and facing the highest energy costs. Fuel poverty is measured based on notional energy bills rather than actual spending, to ensure households who have low energy bills simply because they are deliberately limiting their use of energy at home are not overlooked. High energy prices are a significant contributor to fuel poverty nationally, with poorer households having to spend a larger proportion of their income on heating than more affluent households. Poor energy efficiency standards in existing housing mean that money is spent on heating that leaks out of the home too easily. These factors can lead to homes not being heated adequately and poor health resulting from the cold damp conditions.
- 3.5 The Low Income High Costs indicator measures not only the extent of the problem (how many fuel poverty households there are) but also the depth of the problem (how badly affected each fuel poor household is). It achieves this by taking account of the fuel poverty gap, which is a measure of how much more fuel poor households need to spend to keep warm compared to typical households.

### Background

- 3.6 The first Swindon Affordable Warmth Strategy was written in 2007, at a time when the UK Fuel Poverty Strategy had targets in place to eradicate fuel poverty in all households by 2016. With these targets missed, the definition of fuel poverty was changed (see 3.3) and a new Fuel Poverty strategy for England was produced in 2015. This gave greater focus on the most fuel poor and emphasised partnership working particularly with the health sector.

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Further information on the subject of this report can be obtained from David Miles, 01793 463679, dmiles3@swindon.gov.uk.



# Swindon Affordable Warmth Strategy

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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- 3.7 With this change of focus nationally, the Swindon Affordable Warmth Strategy was refreshed accordingly and sets out its ambition for local activity over the next two years.

## Affordable Warmth Strategy

- 3.8 The Affordable Warmth Strategy outlines:
- 3.8.1 The causes of fuel poverty, which are a combination of the energy efficiency of housing, household income, and energy costs.
  - 3.8.2 The evidence as to whether certain groups are more at risk of fuel poverty.
  - 3.8.3 The consequences of fuel poverty: being unable to afford to heat the home adequately can have a significant impact on health and wellbeing. It can contribute to poor health outcomes, both in terms of mortality (including excess winter deaths) and morbidity (including respiratory and cardiovascular conditions).
  - 3.8.4 The national and local context both in terms of the prevalence of fuel poverty and initiatives that are underway to address this.
  - 3.8.5 What we are going to do in Swindon to address fuel poverty.
- 3.9 Sub-regional fuel poverty statistics from the Department for Business, Energy and Industrial Strategy for 2015 (released in 2017) shows:
- 3.9.1 8,335 fuel poor households in Swindon, around 9.0 per cent of households in the borough.
  - 3.9.2 Levels of fuel poverty at Lower Super Output Area (LSOA) across Swindon varies from 2.2 per cent up to 24.0 per cent.
  - 3.9.3 Out of 132 LSOAs in Swindon, 49 had levels of fuel poverty of 10 per cent or more of households.
- 3.10 The strategy sets out a vision and rationale for co-ordinated multi-agency action to ensure all households in the borough live in warm dry homes, free from the fear of fuel debt and poor health.
- 3.11 The aims of the strategy are:
- 3.11.1 To raise awareness of fuel poverty and affordable warmth among all stakeholders.
  - 3.11.2 To encourage and support households to achieve affordable warmth.
  - 3.11.3 To improve access to schemes, financial support and advice related to affordable warmth through improved networks and referral systems.
- 

Further information on the subject of this report can be obtained from David Miles, 01793 463679, dmiles3@swindon.gov.uk.

# Swindon Affordable Warmth Strategy

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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3.12 There are five key objectives:

3.12.1 Maintain and improve relationships with agencies, organisations and other interested parties in order to promote affordable warmth and deliver new partnership initiatives.

3.12.2 Provide information on and access into national funding programmes for affordable warmth measures.

3.12.3 Deliver the Swindon Energy Matters gas and electricity tariff comparison and switching service to Swindon residents.

3.12.4 Facilitate take-up of national Warm Home Discount rebates for eligible residents.

3.12.5 Strengthen the health focus of affordable warmth work in Swindon, including establishing a health and housing referral network for health professionals to refer residents into.

3.13 The strategy will be delivered via multi-agency partnership working and engaging with local communities. Local initiatives will be monitored and evaluated for effectiveness.

3.14 This strategy will be implemented through the affordable warmth action plan. The Swindon Affordable Warmth Partnership Group, made up of Swindon Borough Council and local partner organisations, will update and develop the action plan, monitor the strategic objectives of the strategy and report on progress to the Health and Wellbeing Board.

## 4. Alternative Options

4.1 Not to support the Swindon Affordable Warmth Strategy.

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

### Financial and Procurement Implications

5.1 There are no direct financial or procurement implications arising from development of the strategy. Planned work as outlined in the action plan is covered by existing budgets or will go through appropriate Swindon Borough Council approval processes. In the longer term helping people achieve affordable warmth may reduce health and social care cost through limiting the health impacts of cold damp housing.

### Legal and Human Rights Implications

5.2 No legal or human rights implications have been identified although the strategy vision is that every resident should have the right to live in a warm and dry home.

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# Swindon Affordable Warmth Strategy

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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

- 5.3 The strategy has the potential to reduce health inequalities as there are significant inequalities in fuel poverty with higher prevalence in more deprived areas and within certain groups such as families with children. The strategy also has the potential to improve health, as cold damp housing can exacerbate a range of respiratory and cardiovascular conditions.

## Diversity Impact Assessment

- 5.4 A diversity impact assessment (DIA) has been completed for this strategy.

## Risk Management

- 5.5 No specific risks have been identified at this stage for this report.

## **6. Consultees**

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

## **7. Background Papers**

- 7.1 None.

## **8. Appendices**

- 8.1 Appendix 1 – Swindon Affordable Warmth Strategy 2017-2019.

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# **Swindon Affordable Warmth Strategy**

## **2017 to 2019**

***Helping to eradicate fuel poverty  
in Swindon***

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## 1. Introduction

Swindon Borough Council and its partners have for a number of years been delivering initiatives to reduce the incidence of fuel poverty in the Swindon area. The first Swindon Affordable Warmth Strategy was written in 2007, building on the work of the Wiltshire & Swindon Affordable Warmth Strategy 2002. This latest version brings the strategy up to date, providing a snapshot of the current levels and distribution of fuel poverty and describing the planned focus to help those affected over the next two years.

High energy prices are a significant contributor to fuel poverty nationally, with poorer households having to spend a larger proportion of their income on heating than more affluent households. Poor energy efficiency standards in existing housing mean that money is spent on heating that leaks out of the home too easily. These factors can lead to homes not being heated adequately and poor health resulting from the cold damp conditions.

There are strong links between the prevalence of fuel poverty and cold related illnesses and excess winter deaths. The desire to reduce pressure on health services during the winter months is leading to more engagement of the health sector in affordable warmth issues. Action on fuel poverty is likely to lead to reductions in local health spend, GP referrals and hospital admissions due to improved health.

Swindon Borough Council and its partners will continue to develop co-operative approaches to tackling fuel poverty. Activity will be focussed on the three key aims of this strategy:

- To raise awareness of fuel poverty and affordable warmth among all stakeholders.
- To encourage and support households to achieve affordable warmth.
- To improve access to schemes, financial support and advice related to affordable warmth through improved networks and referral systems.

Coordinated activity to meet these aims will help ensure that all householders in the Swindon area live in warm dry homes, free from the fear of fuel debt and poor health.

## **2. Affordable Warmth and Fuel Poverty**

### **2.1 Definitions**

Affordable warmth in very simple terms is about being able to keep your home adequately warm without incurring excessive cost. Fuel poverty has a more complicated definition.

A household in fuel poverty used to be defined as needing to spend 10% or more of their income to achieve adequate warmth. This definition was accepted by Government and used to measure the extent of fuel poverty nationally and locally until 2013.

In July 2013, Government announced that a new indicator to measure fuel poverty would be used, based on the recommendations from the Hills Fuel Poverty Review 2012. This new indicator finds a household to be fuel poor if it:

- Has an income below the poverty line (including if meeting its required energy bill would push it below the poverty line); and
- Has higher than typical energy costs.

So fuel poverty is the overlapping problem of households having a low income and facing the highest energy costs. Fuel poverty is measured based on notional energy bills rather than actual spending, to ensure households who have low energy bills simply because they are deliberately limiting their use of energy at home are not overlooked.

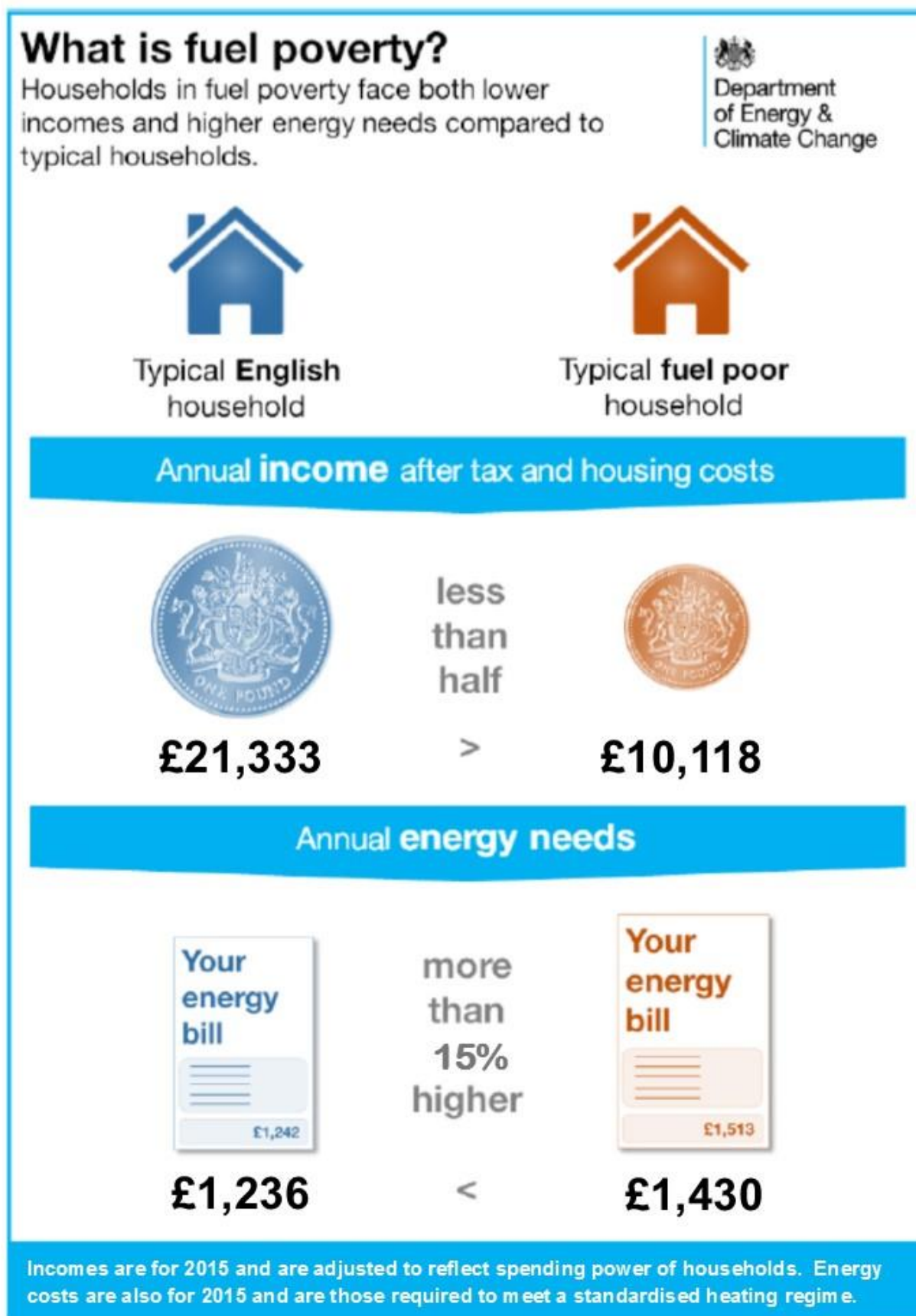
The Low Income High Costs indicator measures not only the extent of the problem (how many fuel poverty households there are) but also the depth of the problem (how badly affected each fuel poor household is). It achieves this by taking account of the fuel poverty gap, which is a measure of how much more fuel poor households need to spend to keep warm compared to typical households.

### **2.2 Who does it affect?**

Figure 1 is adapted from the 2015 Government publication entitled “Cutting the cost of keeping warm – a fuel poverty strategy for England”. It has been updated with data from 2015 (the original figures used 2012 data) to illustrate what the Low Income High Costs indicator tells us about fuel poverty in 2015. While the numbers change over time, the figure reveals the fundamental fuel poverty problem.



Figure 1: The Low Income High Costs indicator – what does it mean?



Figures 2 and 3 summarise some key household characteristics about the fuel poor, taken from the same publication.

Figure 2: What the indicator tells us about who is fuel poor, Part 1

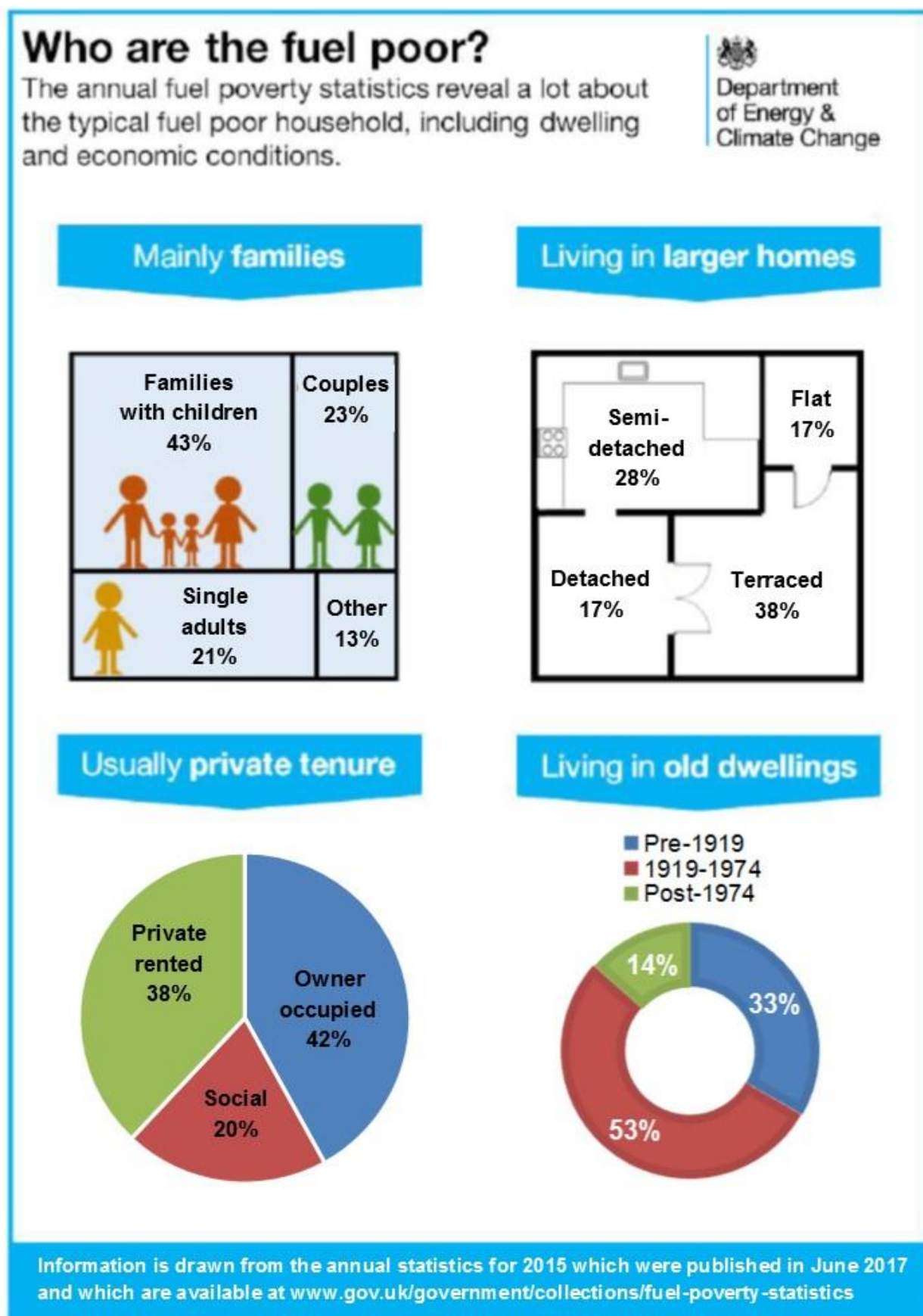
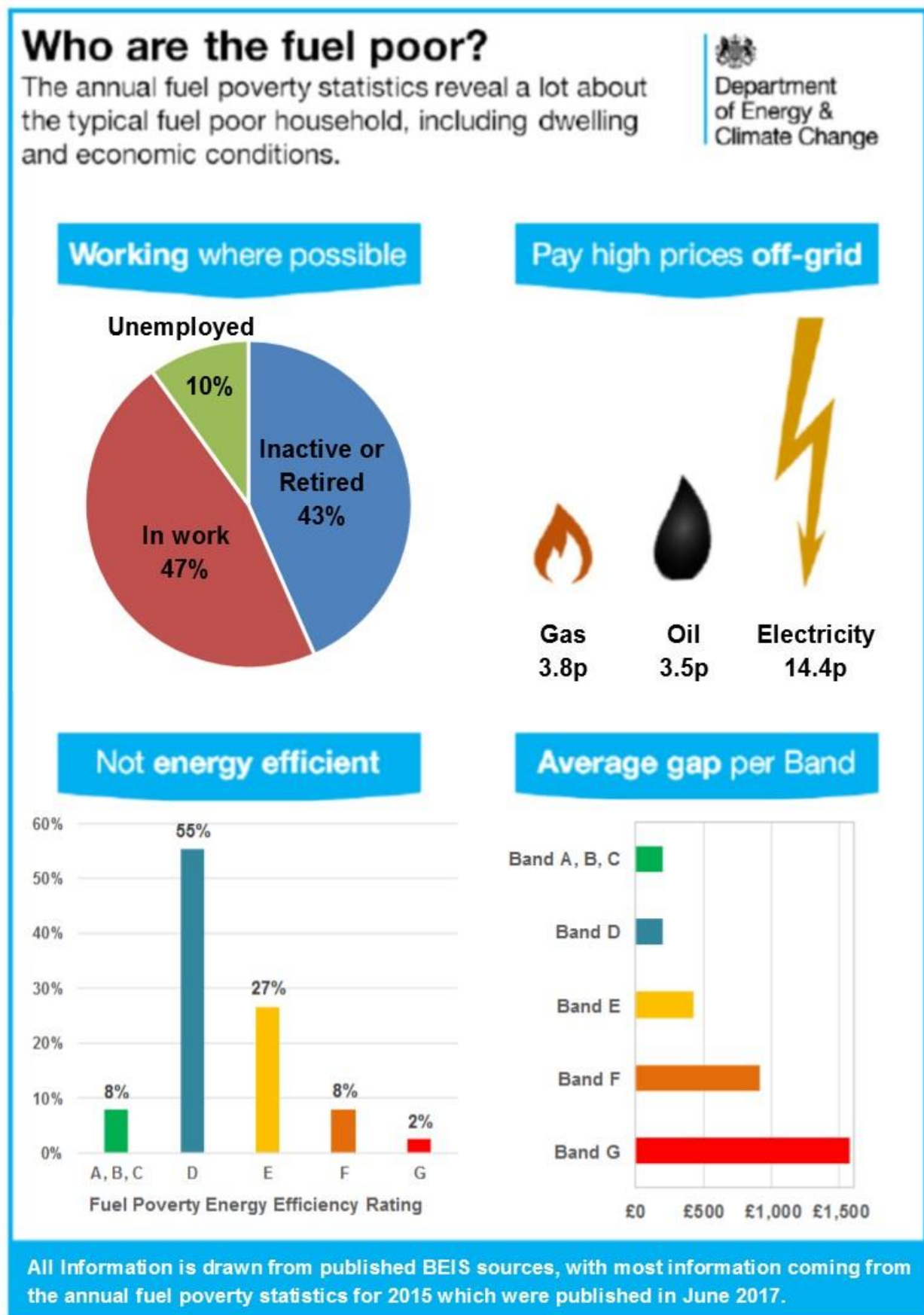


Figure 3: What the indicator tells us about who is fuel poor, Part 2



## **2.3 What are the causes?**

Section 2.2 explained how the Low Income High Costs indicator is now used to measure the extent and the depth of fuel poverty. The energy efficiency of housing, household income, and energy costs are the main causes of fuel poverty.

### **Energy Efficiency**

A house with poor energy efficiency standards will lose heat more easily and therefore will cost more to keep warm. Some houses are easier to improve the energy efficiency of than others, for example houses built after the 1930's can often be improved through the installation of cavity wall and loft insulation which are relatively cheap and easy to install. Houses built before this time may have solid walls which are much more expensive to insulate and the works can be considerably more disruptive. Homes with a non-traditional construction can also be difficult to insulate. The age and type of heating in a property can also affect how energy efficient the home is, with older heating systems costing more to provide the same amount of heat as a new more efficient system.

### **Household Income**

Households with a low income are immediately disadvantaged when it comes to paying energy bills, as they have to allocate more of their total income to cover these costs than a household with a higher income. Difficult choices may have to be made about what to prioritise, for example whether the household should 'heat' or 'eat'?

### **Energy Costs**

Energy prices have risen consistently in recent years and look set to continue this trend. The average household energy bill is now £1,236 (Department for Business, Energy and Industrial Strategy 2017), although depending on how energy is paid for households could be paying more or less than this. Paying monthly by direct debit attracts discounts that are not available for paying quarterly or by using a pre-payment meter. Although the number of tariffs that each gas and electricity company can now offer has been reduced in recent years, it can still be a confusing process for customers to compare prices and switch suppliers. Recent figures from Ofgem (2016) show there are around 20 million energy customers in Britain (mainly with large suppliers) on 'standard variable' rate tariffs, the most basic offer from a supplier. They are potentially missing out on significant savings, which could be a sign that households are becoming less engaged in the tariff switching process.

Any of these three factors can result in people being unable to afford to heat their homes adequately, leading to cold, damp conditions. Living in a cold home is not just unpleasant and uncomfortable; it can have a significant impact on health and wellbeing. It can be a particular problem for the old and very young and for people with a disability.

## 2.4 Effect of cold temperature on health

Under-heating a property can contribute to poor health outcomes, both in terms of mortality (including Excess Winter Deaths) and morbidity (including respiratory and cardiovascular conditions).

### Mortality

During the winter of 2015/16 there were over 24,300 excess winter deaths in England and Wales (Office for National Statistics 2016), where 15% more deaths occurred in winter months than in non-winter months. Excess winter deaths are deaths that occur from December to March, and are compared to the average number of deaths during the rest of the year. Very severe weather can substantially add to this death toll. In cold weather, many more people visit GPs and hospitals with a range of cold weather-related health problems. Help The Aged have previously estimated that there are around 8,000 extra deaths for every one degree drop in average temperature.

Although there has been some improvement in the past decades with improving living conditions, mortality in England still does not compare well with the rest of Europe. Other northern European countries perform better than England. For example, Finland – a much colder country – has around half the winter excess death rate of the UK. Likewise, those countries with the greatest excess mortality, such as Spain and Portugal, are also the ones with the mildest winters. This is largely because people in colder countries are better prepared for cold weather, with well-insulated, well-heated, energy-efficient homes and warm outdoor clothing. As the recent Marmot Review Team report *The Health Impacts of Cold Homes and Fuel Poverty* stated: 'Countries which have more energy efficient housing have lower excess winter deaths.'

Around 40% of excess winter deaths are a result of circulatory diseases (including heart attacks and strokes) and about a third due to respiratory illness. Most excess winter deaths are in older people, many of whom will already have underlying health conditions making them vulnerable to the cold.

Whilst there are many factors that determine the excess winter death figures, fuel poverty measures that improve the energy efficiency of the house will reduce some of those factors.

### Morbidity

Cold living conditions can cause considerable problems for people with:

- **Cardio-vascular disease.** The cold causes thickening of the blood, which increases blood pressure, which can lead to an increased risk of heart attacks and strokes.
- **Respiratory infections.** Cold homes can be damp, which increases mould growth, which can affect asthma and other respiratory infections. The cold can also lower resistance to respiratory infections, can impair lung function, and can trigger broncho-constriction in asthma and COPD.
- **Musculoskeletal diseases** including arthritis and damaged joints.
- **Mobility problems.** The cold can make arthritis worse and can reduce strength and dexterity, which can result in an increased risk of falls.

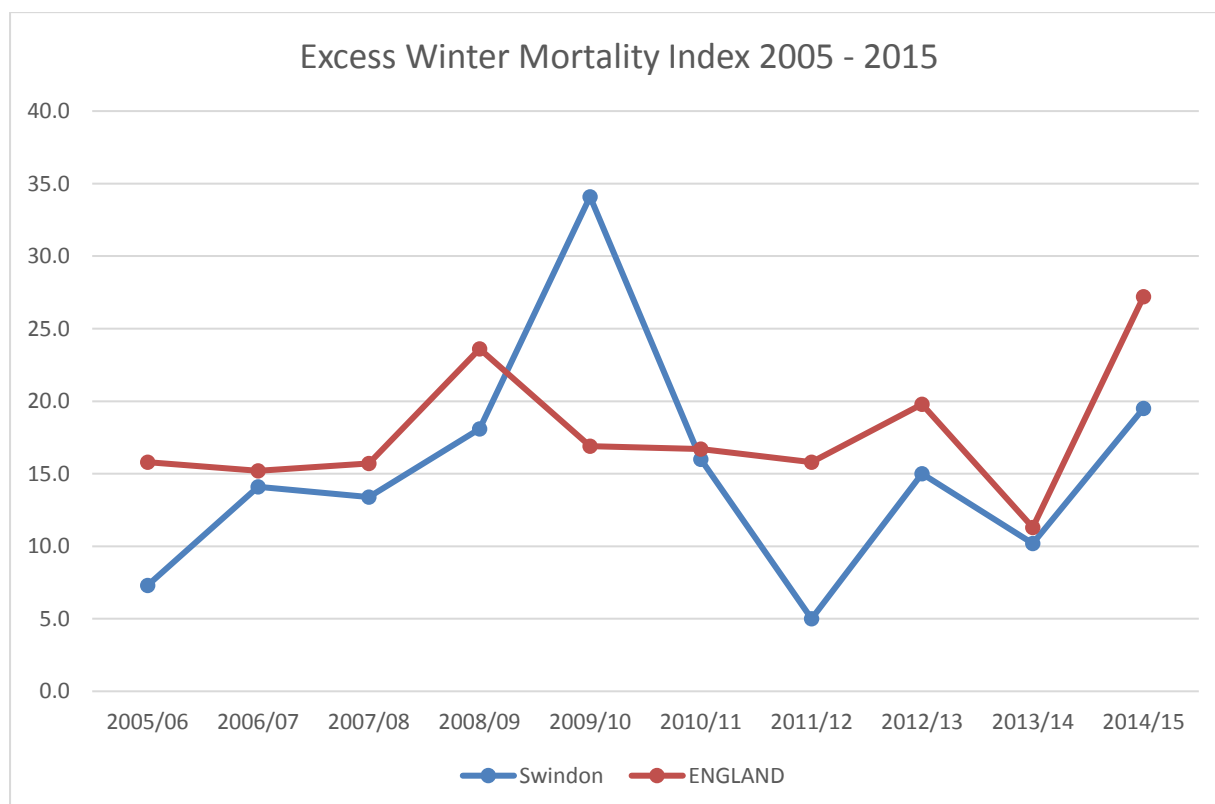
- **Mental health problems** including depression can be made worse by living in a cold damp home.

As well as the mortality and morbidity, households can experience other social issues due to cold homes. People can become isolated by not inviting people round to their cold homes, and children's education can be affected by not being able to concentrate on homework if having to congregate in one heated room.

### Excess winter deaths in Swindon

Figure 4 shows the Excess Winter Mortality Index for Swindon and England over the last 10 years, taken from the Office of National Statistics Excess Winter Deaths for local/unitary authorities in England and Wales, 1991/92 to 2014/15. The Excess Winter Mortality Index shows the percentage of extra deaths that occur in the winter months compared to the non-winter months.

**Figure 4: Excess Winter Mortality Index 2005-2015**



These figures show that apart from one year, the percentage of extra deaths occurring in the winter months in Swindon is lower than the percentage for England.

The Department of Health estimate that indoor cold may account for between 20% and 30% of Excess Winter Deaths. The Hill's Review assumes about 10% of excess winter deaths are due to fuel poverty. The percentage rise in deaths in winter is greater in homes with low energy efficiency ratings.



### 3. Where are we now?

#### 3.1 Nationally

Government produced a new fuel poverty strategy in 2015 entitled “Cutting the cost of keeping warm – a fuel poverty strategy for England”. The key target for fuel poverty is now as follows:

**The fuel poverty target is to ensure that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency rating of Band C, by 2030.**

In 2015 89.7 per cent of fuel poor homes were in Band E or above; 63.1 per cent of fuel poor homes were in Band D or above; and 7.8 per cent of fuel poor households were in Band C or above.

#### **Interim milestones to keep efforts on track:**

- (i) as many fuel poor homes as is reasonably practicable to Band E by 2020 and**
- (ii) as many fuel poor homes as is reasonably practicable to Band D by 2025**

These milestones will ensure support is targeted at those facing the worst fuel poverty. There are also additional indicators of progress that can be obtained from the annual fuel poverty statistics. These key fuel poverty indicators will give a good sense of the effects of fuel poverty schemes and of other factors.

#### **Key fuel poverty indicators:**

- **Energy efficiency:** As well as headline figures on Standard Assessment Procedure (SAP) ratings and the Fuel Poverty Energy Efficiency Rating (FPEER), Government will monitor the installation of specific measures, including:
  - presence of a central heating system in fuel poor households;
  - number of fuel poor households with non-condensing boilers; and
  - number of fuel poor households with loft and cavity wall insulation.
- **Renewables:** Government will monitor the installation of renewable technologies in fuel poor households, so that we can better understand the impact of these technologies on energy requirements. In the short run it may not be possible to measure this accurately, however we will seek to measure installations of renewables in fuel poor homes at the soonest opportunity.
- **Distribution:** It is important to understand the rate of improvement in energy efficiency in fuel poor households in relation to the national average. Government will therefore publish the distribution of households across the different energy efficiency bands for both fuel poor households and all households.
- **Non-gas homes:** Living in a non-gas home is a significant factor in being fuel poor, and these households face some of the highest energy costs. Paying particular attention to the fuel poverty gap for non-gas households, both rural and urban, will help us to understand how their situation is changing.
- **Children in fuel poverty:** There is a link between educational attainment and living in cold homes, so Government will monitor the number of children in fuel poverty and will publish the number of fuel poor households with a child under 16 years.

There is no reliable indicator currently that can be used to measure the link between fuel poverty and health and well-being, but this is being investigated for future use.

## Headline figures

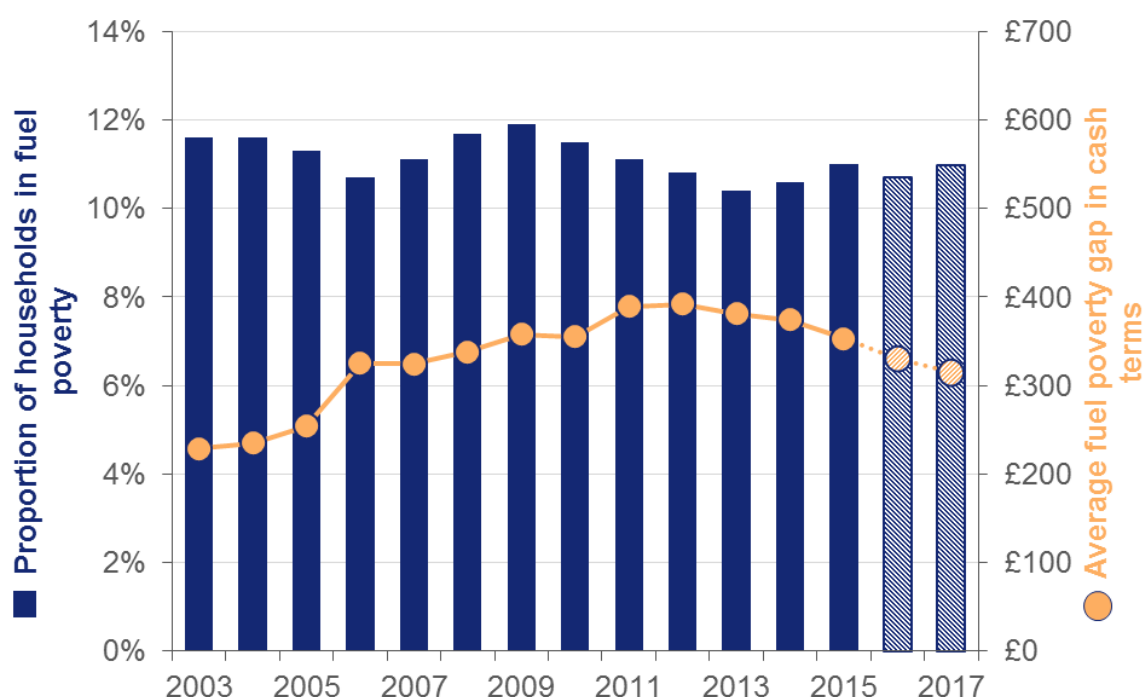
In 2015, the number of households in fuel poverty in England was estimated at around 2.5 million, approximately 11.0 per cent of all English households. This is an increase of 0.4 per cent from 2014.

The **average** fuel poverty gap in 2015 (the amount needed to meet the fuel poverty threshold) fell by 5.6 per cent from 2014 to £353. The **aggregate** fuel poverty gap across all fuel poor households in 2015 also reduced over this period by 0.5 per cent to £884 million.

The figures for 2015 were released in 2017, so it is not possible to have data on the current level of fuel poverty due to the time taken to collate and analyse the data. The average fuel poverty gap is projected to decrease in 2016 and 2017, whereas fuel poverty levels are projected to decrease but then increase in this same period.

Figure 5 shows the level of fuel poverty between 2003 and 2015, taken from the DECC Annual Fuel Poverty Statistics Report, 2017.

**Figure 5: Fuel poverty in England 2003 – 2015, and projected fuel poverty for England 2016 – 2017**





## 3.2 The local picture

Sub-regional fuel poverty statistics are produced by Government to enable fuel poverty to be measured at a local level. Data is made available at local authority level and down to Lower Super Output Area (LSOA) level. LSOAs contain relatively low levels of households (typically between 500 and 1,000). Figures for 2015 (released in 2017) estimate there are 8,335 fuel poor households in Swindon, around 9.0 per cent of the households in the borough. This is one of the lower levels of fuel poverty for local authorities in the South West region, reflecting the affordable warmth programmes undertaken in Swindon. It still equates to just under 1 in 10 households in Swindon suffering the effects of fuel poverty, so it is important that the focus is maintained as fuel poverty is fluid and this figure could well rise again without continued action. This compares to the national average of around 11.0 per cent of households in fuel poverty in England, and the regional average of 11.4 per cent of households in the South West.

Whilst the estimates of fuel poverty at local authority level are robust, they are not robust at lower levels. Therefore, although estimates of fuel poverty at LSOA level are provided they should be treated with caution and only used to look at general trends and identify areas of particularly high or low fuel poverty. They should not be used to identify trends over time within an LSOA, or to compare LSOA's with similar fuel poverty levels due to very small sample sizes and consequent instability in estimates at this level.

The level of fuel poverty across Swindon varies considerably with the lowest LSOA level recorded at 2.2 per cent and the highest level recorded at 24.0 per cent. Out of 132 LSOAs in Swindon, 49 had levels of fuel poverty of 10 per cent or more of households.

This is the most accurate measure of the level of fuel poverty at the moment, although the data does have its limitations as the figures provided are two years old by the time they are released (the 2015 figures were released in 2017).

The following two tables (Figures 6 and 7) are compiled to ward level from the LSOA data so the same caution should be exercised when using these tables.

Figure 6 shows the breakdown of fuel poor households in each ward as a percentage of the total fuel poor households in Swindon. Central ward has the highest number of fuel poor households in Swindon with Priory Vale ward the lowest.

**Figure 6: Proportion of households in borough that are fuel poor, 2015**

<b>Ward</b>	<b>Fuel Poor Households</b>	<b>Total Households</b>	<b>Proportion of households in borough that are fuel poor</b>
Priory Vale	3679	95	1.14%
Ridgeway	1274	104	1.25%
St Andrews	4933	136	1.63%
Shaw	4666	153	1.84%
Lydiard and Freshbrook	4948	199	2.39%
Wroughton and Wichelstowe	2934	255	3.06%
St Margaret and South Marston	4524	280	3.36%
Lawn and Chiseldon	3390	307	3.68%
Old Town	3989	328	3.94%
Liden, Eldene and Park South	3205	338	4.06%
Rodbourne Cheney	3628	386	4.63%
Haydon Wick	7306	428	5.13%
Mannington and Western	5141	436	5.23%
Covingham and Dorcan	6030	454	5.45%
Blunsdon and Highworth	5183	517	6.20%
Gorsehill and Pinehurst	5042	649	7.79%
Penhill and Upper Stratton	6276	683	8.19%
Walcot and Park North	6484	772	9.26%
Eastcott	4571	826	9.91%
Central	5574	989	11.87%

Figure 7 displays the fuel poverty data in a slightly different way, showing fuel poor households as a percentage of the total households in a given ward. In this table Eastcott ward has the highest proportion of fuel poor households per ward, with Priory Vale ward having the lowest.

**Figure 7: Proportion of households in ward that are fuel poor, 2015**

Ward	Fuel Poor Households	Total Households	Proportion of households in ward that are fuel poor
Priory Vale	3679	95	2.58%
St Andrews	4933	136	2.76%
Shaw	4666	153	3.28%
Lydiard and Freshbrook	4948	199	4.02%
Haydon Wick	7306	428	5.86%
St Margaret and South Marston	4524	280	6.19%
Covingham and Dorcan	6030	454	7.53%
Ridgeway	1274	104	8.16%
Old Town	3989	328	8.22%
Mannington and Western	5141	436	8.48%
Wroughton and Wichelstowe	2934	255	8.69%
Lawn and Chiseldon	3390	307	9.06%
Blunsdon and Highworth	5183	517	9.97%
Liden, Eldene and Park South	3205	338	10.55%
Rodbourne Cheney	3628	386	10.64%
Penhill and Upper Stratton	6276	683	10.88%
Walcot and Park North	6484	772	11.91%
Gorsehill and Pinehurst	5042	649	12.87%
Central	5574	989	17.74%
Eastcott	4571	826	18.07%

### 3.3 Affordable warmth schemes in Swindon

Schemes available to tackle fuel poverty may be national or local initiatives. The following is a summary of past and present activity to combat fuel poverty in the Swindon area.

#### Past Initiatives

Previous government schemes have included Warm Front, The Carbon Emissions Reduction Target (CERT), The Energy Company Obligation (ECO), the Green Deal and the Landlords Energy Saving Allowance, all of which have now ended. The schemes had varying levels of success and uptake, and typically focussed on energy saving measures including home insulation and heating improvements.

Notable previous local initiatives include the Safe & Warm programme, a 5 year area-based fuel poverty programme to help residents access schemes for home insulation, heating and income maximisation support along with advice and support for people at risk of falls or fires in the home. Some 17,000 households in total engaged with this scheme generating some 37,000 areas of action. Over £678,000 of insulation measures were installed, over £2.7 million in unclaimed benefit entitlement was identified, and £30,000 in funding for small falls prevention measures and a further 3,500 fire safety measures were provided. Safe & Warm ended in 2014.

### **Current national schemes**

National schemes that are currently available include the following:

#### **Energy Company Obligation 2 Transition Stage (ECO2T)**

This scheme will run from April 2017 for 18 months, and has been amended following consultation to refocus the support available to those in fuel poverty and on lower incomes. Although the proportion of funding for the fuel poor has been increased and the eligibility improved to reach more people, the level of funding is still well short of what is required to meet the targets set in the national fuel poverty strategy detailed in Section 6.

On a more positive note, there is scope for local authorities to set their own eligibility criteria for identifying people in (a) fuel poverty, or (b) on a low income and vulnerable to the health effects if living in a cold home. This should allow more opportunity for referring people with health issues or low incomes for possible assistance through the Energy Company Obligation without fulfilling the strict benefit requirement that currently exists. This “Flexible Eligibility” component offers considerable opportunity to deliver on some of the NICE Guidelines on “excess winter deaths and illness and the health risks associated with cold homes”, and will be a focus for the affordable warmth work in Swindon over the next few years.

#### **Warm Home Discount**

The Warm Home Discount is a rebate of £140 (for 2016/17) on your electricity bill given to eligible customers to reduce their winter fuel bills. To qualify automatically you need to be getting the Guarantee Credit element of Pension Credit by a certain date that year. Participating suppliers also have a “broader group” that they will offer the Warm Homes Discount to, aimed at households on a low income or in receipt of means-tested benefits. Not all suppliers offer the rebate, and those that do only accept a limited number of applicants.

#### **Winter Fuel Payment**

The Winter Fuel Payment is provided to those born before 5<sup>th</sup> May 1953 regardless of income. A payment of between £100 and £300 is provided each winter to help with heating bills.

#### **Cold Weather Payments**

Cold Weather Payments are provided to people in receipt of certain benefits. A payment of £25 is made for each 7 day period of very cold weather between 1<sup>st</sup> November and the 31<sup>st</sup> March. It is intended to help with the cost of heating during these extra cold periods.

## **Housing Health and Safety Rating System**

The Housing Health and Safety Rating System (HHSRS) is a tool that local authorities have to assess potential risks to the wellbeing of residents in their rented accommodation. HHSRS can be used to enforce action in all tenures except local authority owned stock, but is more likely to be used in private rented sector homes, which are typically the least energy efficient and where there are the greatest barriers to encouraging action. Hazards such as damp and mould growth and excess cold are good indicators that the energy efficiency of the dwelling is not sufficient. Excess cold in particular is identified as the most threatening to health and safety.

## **Current local schemes**

Swindon Borough Council provides advice, support and guidance on all matters relating to affordable warmth through its Affordable Warmth Coordinator. This includes help to access schemes for home insulation and heating improvements where they are available. These are likely to be incorporated into a health and housing type of referral network as recommended through the NICE guidelines (see Section 8), that also takes advantage of the Local Authority Flexible Eligibility component of the Energy Company Obligation scheme.

Other local activity includes:

## **Warm Home Discount events**

Regular events are held to assist residents to lodge applications for the Warm Home Discount rebate. In 2016/17 there were 7 events with 353 attendees having applications for the £140 rebate submitted, a potential £49,420 towards people's energy bills.

## **Swindon Energy Matters**

Swindon Energy Matters aims to help all Swindon residents to better manage their fuel bills, providing a comprehensive gas and electricity tariff comparison and switching service backed up by additional support for prepayment customers and those with barriers engagement. This service will be launching in 2017.

## **Swindon Emergency Assistance Fund**

Swindon Borough Council may be able to offer assistance for making direct payments to Energy Companies to apply gas or electricity credit to a customer's account within 24 hours. Help is generally only provided in crisis situations, and there are eligibility criteria and a limit to how many individual applications can be made within a 12 month period. There were 1,028 awards made in 2016/17 for emergency gas or electricity credit.

## **Surviving Winter Appeal**

The scheme, run by the Community Foundation for Wiltshire & Swindon, recycles donated winter fuel payments into hardship grants for eligible people in Wiltshire and Swindon. They are intended for older people on low incomes who are spending more than 10% of their income on fuel during the cold winter months, and who need additional support to heat their homes and eat properly at this time. Applications are only accepted from nominated partner organisations.

**Swindon Citizens Advice - Energy Project**

This project looks to provide support to people experiencing difficulties with their energy costs or who are at risk of fuel poverty. This could include fuel debt issues including negotiation of affordable payment arrangements and grant applications to Charitable Trusts for arrears and essential household items, as well as advice on tariff choice and monitoring energy use.

**Safe and Independent Living (SAIL)**

The SAIL programme is a multi-partner initiative where referrals for a range of information, services and support are shared between partner organisations, including Swindon Borough Council, Wiltshire Police, Dorset & Wiltshire Fire & Rescue Service, Bobby Van Trust and various partners through the Swindon Advice and Support Centre at Sanford House.

**Talking Money – Energy Advice Project**

Based in Bristol but covering Swindon, this project offers tailored energy efficiency advice and support to alleviate fuel debt. This includes supporting people with charitable trust applications for energy arrears and essential household items.

## **4. Where do we want to be?**

### **4.1 Vision, aims and outcomes**

#### **Vision**

The vision of this affordable warmth strategy is to ensure that all households in the Swindon Borough Council area live in warm dry homes, free from the fear of fuel debt and poor health.

#### **Aims**

1. To raise awareness of fuel poverty and affordable warmth among all stakeholders.
2. To encourage and support households to achieve affordable warmth.
3. To improve access to schemes, financial support and advice related to affordable warmth through improved networks and referral systems.

#### **Key Objectives**

1. Maintain and improve relationships with agencies, organisations and other interested parties in order to promote affordable warmth and deliver new partnership initiatives.
2. Provide information on and access into national funding programmes for affordable warmth measures.
3. Deliver the Swindon Energy Matters gas and electricity tariff comparison and switching service to Swindon residents.
4. Facilitate take-up of national Warm Home Discount rebates for eligible residents.
5. Strengthen the health focus of affordable warmth work in Swindon, including establishing a health and housing referral network for health professionals to refer residents into.

An overview of how these objectives will be achieved is set out the next section.

## 5. How are we going to get there?

A combination of general borough-wide support and specific targeted action is necessary to ensure assistance reaches those most in need, as fuel poverty is not confined to specific easy-to-tackle areas or groups. Planned activity will utilise and build on existing schemes to provide a range of options to meet the aim of achieving affordable warmth.

This strategy has drawn upon recommendations and guidance from HM Government (“Cutting the cost of keeping warm – a fuel poverty strategy for England”), NICE evidence based guidance (NICE NG6 “Excess winter deaths and illness and the health risks associated with cold homes”, and NICE QS117 “Preventing excess winter deaths and illness associated with cold homes”) in order to produce a strategy which aims to enable Swindon households to achieve affordable warmth.

The Affordable Warmth Strategy links to Swindon Borough Council Priority One: improve infrastructure and housing to support a growing, low-carbon economy and Priority Four: help people to help themselves while always protecting our most vulnerable children and adults. It also links to the Swindon Health and Wellbeing Strategy Outcome 2: adults and older people in Swindon are living healthier and more independent lives. It contributes to wider Council work in areas such as Ageing Well, Long Term Conditions and Falls Prevention, helping to reduce the pressure on Adult Social Care. There are also clear connections to the Council’s responsibilities under the Home Energy Conservation Act.

### **Objective 1: Maintain and improve relationships with agencies, organisations and other interested parties in order to promote affordable warmth and deliver new partnership initiatives.**

- 1.1 Re-establish Affordable Warmth Partnership Group to monitor and review the strategy and action plan.
- 1.2 Work with existing and new partners to develop affordable warmth initiatives.

### **Objective 2: Provide information on and access into national funding programmes for affordable warmth measures.**

- 2.1 Establish an Energy Company Obligation partnership to access affordable warmth measures.
- 2.2 Develop a referral mechanism for the Local Authority Flexible Eligibility route to the Energy Company Obligation.
- 2.3 Provide advice on affordable warmth measures and a direct referral route into appropriate funded schemes.

### **Objective 3: Deliver the Swindon Energy Matters gas and electricity tariff comparison and switching service to Swindon residents.**

- 3.1 Develop marketing campaign to promote Swindon Energy Matters borough-wide.
- 3.2 Work with Swindon Borough Council Housing Team to target support to Council tenants.



**Objective 4: Facilitate take-up of national Warm Home Discount rebates for eligible residents.**

4.1 Deliver annual programme of awareness raising and sign-up events for both Swindon Borough Council tenants and private sector residents.

4.2 Explore opportunities to extend promotional activity with other social housing landlords.

**Objective 5: Strengthen the health focus of affordable warmth work in Swindon, including establishing a health and housing referral network for health professionals to refer residents into.**

5.1 Raise the profile of affordable warmth work as an intervention for reducing pressure on the health sector from cold related illness.

5.2 Establish a health and housing referral network as recommended by NICE NG6 for referring vulnerable residents for affordable warmth assistance.

5.3 Provide training and awareness sessions for health professionals and other key workers on the links between cold housing and health, and how to refer affected people for assistance.

The key steps to achieve these objectives will be set out in more detail in the action plan. The Swindon Affordable Warmth Partnership Group, made up of Swindon Borough Council and local partner organisations, will update and develop the action plan, monitor the strategic objectives of the strategy and report on progress to the Health and Wellbeing Board.

## **Annex: NICE Guidance**

### **NICE guideline NG6**

The National Institute for Health and Care Excellence (NICE) released guideline NG6 on “Excess winter deaths and illness and the health risks associated with cold homes” in 2015 covering reducing the health risks (including preventable deaths) associated with living in a cold home, with the key aim being to improve the health and wellbeing of people vulnerable to the cold. It is for commissioners, managers and health, social care and voluntary sector practitioners who deal with vulnerable people who may have health problems caused, or exacerbated, by living in a cold home. It is also of interest to clinicians and others involved with at-risk groups, housing and energy suppliers.

The guidance aims to meet a range of public health and other goals, including:

- Reducing preventable excess winter death rates.
- Improving health and wellbeing among vulnerable groups.
- Reducing pressure on health and social care services.
- Reducing 'fuel poverty' and the risk of fuel debt or being disconnected from gas and electricity supplies (including self-disconnection).
- Improving the energy efficiency of homes.

There were 12 recommendations made through NG6:

**Recommendation 1** - Develop a strategy.

**Recommendation 2** - Ensure there is a single point of contact health and housing referral service for people living in cold homes.

**Recommendation 3** - Provide tailored solutions via the single point of contact health and housing referral service for people living in cold homes.

**Recommendation 4** - Identify people at risk of ill health from living in a cold home.

**Recommendation 5** - Make every contact count by assessing the heating needs of people who use primary health and home care services.

**Recommendation 6** - Non-health and social care workers who visit people at home should assess their heating needs.

**Recommendation 7** - Discharge vulnerable people from health or social care settings to a warm home.

**Recommendation 8** - Train health and social care practitioners to help people whose homes may be too cold.

**Recommendation 9** - Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing.

**Recommendation 10** - Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home.

**Recommendation 11** - Raise awareness among practitioners and the public about how to keep warm at home.

**Recommendation 12** - Ensure buildings meet ventilation and other building and trading standards.

This guidance was well received and will help to link the activities of health and housing stakeholders.

### **NICE quality standard (QS117)**

NG6 was followed up in 2016 by quality standard (QS117) “Preventing excess winter deaths and illness associated with cold homes”. NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

There are 6 quality statements detailed in QS117:

**Statement 1** - Local populations who are vulnerable to the health problems associated with a cold home are identified through year-round planning by local health and social care commissioners and providers.

**Statement 2** - Local health and social care commissioners and providers share data to identify people who are vulnerable to the health problems associated with a cold home.

**Statement 3** - People who are vulnerable to the health problems associated with a cold home receive tailored support with help from a local single point of contact health and housing referral service.

**Statement 4** - People who are vulnerable to the health problems associated with a cold home are asked at least once a year whether they have difficulty keeping warm at home by their primary or community healthcare or home care practitioners.

**Statement 5** - Hospitals, mental health services and social care services identify people who are vulnerable to health problems associated with a cold home as part of the admission process.

**Statement 6** - People who are vulnerable to the health problems associated with a cold home who will be discharged to their own home from hospital, or a mental health or social care setting have a discharge plan that includes ensuring that their home is warm enough.

This guidance and quality standard will help guide strategy and work on the ground in Swindon over the next few years. In particular, the recommendations linked to health and housing referral networks will be a key focus in Swindon to meet the aims and objectives of this affordable warmth strategy.

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## SEND Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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Author:	Carey Tulloch, SEND Commissioning Manager, Swindon Borough Council
Wards:	All
Parishes Affected:	All

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### 1. Purpose and Reasons

- 1.1 This report provides a briefing on the Special Educational Needs and Disability (SEND) Joint Strategic Needs Assessment (JSNA). The JSNA process involves many different partners to understand Swindon's changing population, the factors that affect education, health and wellbeing and the implications for future services are vital in setting priorities and planning future services to improve the outcomes for children and young people with SEND.
- 1.2 Swindon Borough Council (SBC) and NHS Swindon Clinical Commissioning Group (CCG) are required by the Children and Families Act 2014 to have a coordinated and joint analysis of the data available for SEND need, services and provision available across education, health and social care for ages 0-25. In this JSNA for Swindon, we have drawn upon existing data sources (such as the SEND2 Survey, School Census LAIT tool and LA management information) to identify gaps in knowledge and data, to determine a clear picture of need across Swindon, to identify areas of concern, and current services and provision which will be used to inform the development of SEND Commissioning priorities and strategy.
- 1.3 The draft SEND JSNA 2017 Bulletin is attached at Appendix 1 to the report and highlights the findings. The full JSNA report will be made available at <http://www.swindonjsna.co.uk>.

### 2. Recommendations

The Board is recommended to:

- 2.1 Note and approve the recommendations set out in the JSNA briefing (attached at Appendix 1 to the report and as set out in section 4 below) and to monitor progress towards implementing the SEND commissioning strategy to deliver better outcomes for children and young people in Swindon with SEND.

### 3. Detail

- 3.1 The objective of the SEND JSNA is to identify the needs of the Swindon population in relation to education, health and social care for children and young people with SEND aged 0-25. This helps us to understand what children and young people with SEND need and plan education, health and social care services and provision in the future to improve outcomes. Working with our local

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Further information on the subject of this report can be obtained from Carey Tulloch, 01793 465759, [ctulloch@swindon.gov.uk](mailto:ctulloch@swindon.gov.uk).

# SEND Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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partners to formulate recommendations that will help inform future cost-effective and impactful commissioning priorities.

## Key Messages

- 3.2 Children and young people with SEND face multiple barriers which make it more difficult for them to achieve their potential, to achieve the outcome their peers expect and to succeed in school. The outcomes for children and young people with SEND are not as good as their non-SEND peers.
- 3.3 The number of children and young people with a Statement or Education Health and Care (EHC) plan is 1,595. The number of children and young people with an EHC Plan is increasing but as a percentage of school population is stabilising.
- 3.4 The number of children and young people with SEND Support (with SEND needs but not requiring a statutory plan) is 4,542. The number of children and young people with SEND Support is increasing, but as a percentage of the school population has been reducing since 2012.
- 3.5 The number of children and young people in Swindon with SEND is forecast to increase as the population grows significantly by 2026 and beyond.
- 3.6 The number of children in care in Swindon has increased to 290 which equates to 59 per 10,000 population. 68.7% of children in care have SEND. 32.2% of children in care have a statement of SEN or and EHC plan and 36.5% have SEND Support. More research needs to be done to understand why the number of children in care is increasing and why there is a disproportionate number of children in care with SEND.
- 3.7 In 2017 school census 29.8% of those at school with an EHC plan have a primary need related to Autistic Spectrum Disorder. This is the most common reason for an EHC plan.
- 3.8 In 2017 school census 15.9% of those at school with an EHC plan have a primary need of social, emotional and mental health difficulty.
- 3.9 In 2017 school census 10.9% of those at school with an EHC plan have a primary need of speech, language and communication needs.
- 3.10 In Swindon there is a good range of services and provision for children and young people with SEND across education, health and social care. The increase in demand across SEND has resulted in pressure for education settings and place planning. There is a reported pressure on commissioned services such as speech and language therapy, due to the increasing demand in the context of a static High Needs Block of the Designated School Grant.

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# SEND Joint Strategic Needs Assessment

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## 4. Recommendations

### Joint Commissioning Priorities identified as:

- 4.1 **Autistic Spectrum Disorder** – the school census data shows that the incidence students with a primary need of ASD is 29.8% of the school population which 5.7% increase in this primary need in Swindon since January 2016. The evidence indicates that early identification, support and provision to meet the needs and improve the outcomes of children and young people with ASD should be a joint commissioning priority for the LA and CCG.
- 4.2 **Speech, Language and Communication (SLC) Difficulties** – 10.9% of the Swindon school population have Speech, Language and Communication identified as their primary need. This represents a 9% reduction from 2016. However, demand for the Speech and Language Therapy Service has consistently increased year on year with the service receiving very high numbers of referrals and increased number of students with a range of primary needs, particularly those with ASD requiring therapeutic input. Early identification, support and provision to meet the needs and improve outcomes for children and young people with SLC difficulties should be a joint commissioning priority for the LA and CCG.
- 4.3 **Social, Emotional and Mental Health (SEMH) Difficulties** – Students with a primary need of Social, Emotional and Mental Health is 15.9% of the school population. The rate of hospital admissions for self-harm in young people aged 10 to 24 years is significantly higher than in England as a whole. Early identification, support and provision to meet the needs and improve the outcomes of children and young people with SEMH should be a joint commissioning priority for the LA and the CCG.
- 4.4 **Specialist provision and services** - work alongside colleagues across SBC and the CCG when commissioning and/or decommissioning specialist provision and services in Swindon to meet the needs of children and young people with SEND and improve their outcomes.
- 4.5 **Employment for SEND** – Alongside colleagues through employment and training workstream review current provision and options and outcome measures for young people to increase the percentage of young people with SEND in sustainable paid employment. Identify support and provision options and pathways for future commissioning priorities for the LA and the CCG.

### Data Monitoring Priorities identified as:

- 4.6 **SEND Population and demographic** – The percentage of the school population with a Statement or EHC plan is 3.7% and has reduced since 2016 by 0.1%. Swindon is 0.9% above the national average where the picture has remained stable at 2.8%. The LA should continue to closely monitor the overall SEND

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Further information on the subject of this report can be obtained from Carey Tulloch, 01793 465759, ctulloch@swindon.gov.uk.

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population to ensure that the percentage of children and young people with a Statement or EHC Plan continues to reduce in line with national average as the population in Swindon increases. In addition to ensure that the proportion with EHC plans at each age group remains stable. This will be achieved through implementation of the SEND strategy and SEND commissioning strategy which is under development and being informed by this JSNA. Actions include supporting early identification of need, review of resource allocation mechanisms and ensuring robust decision making processes and monitoring.

- 4.7 **Requests for Statutory Assessment and EHCP issued** – Since 2012 the number of EHC Plans/Statements issued annually has been on an upward trajectory. The LA should continue to closely monitor by age range the proportion of requests per 10,000 of the population and against national and regional benchmarks to ensure that this remains stable and begins to reduce over time.

Further Research and Analysis priorities are:

- 4.8 **Children in Care with SEND** – Children in Care in Swindon are more likely to have SEND, further research and analysis is required of the SEND cohort of children in care to identify why there is a disproportionate number of children in care with SEND and their outcomes. Once this is better understood this should inform the a joint commissioning priority for the LA and CCG to ensure there is early identification, support and provision in place to meet the needs and improve the outcomes of children in care with SEND.
- 4.9 **Employment outcomes for young people with SEND** – develop baseline data on outcomes and employment for young people with SEND in order to develop strategies and commissioning priorities to improve employment outcomes for young all people with SEND.

## 5. Alternative Options

- 5.1 Continue with the current joint commissioning arrangements in place for SEND children and young people. A coordinated approach to analysis and joint commissioning strategy is better able to improve the outcomes for children and young people with SEND. There would be a risk to Swindon Borough Council and the CCG as they would not be compliant with the Children and Families Act 2014 which requires them to have a coordinated and joint analysis of the data available for SEND need, services and provision available across education, health and social care for ages 0-25. This would be a significant area of concern for the imminent SEND Area Ofsted inspection.



# SEND Joint Strategic Needs Assessment

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Date: 25<sup>th</sup> October 2017

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## **6. Implications, Diversity Impact Assessment and Risk Management**

### Financial and Procurement Implications

- 6.1 There are no direct financial implications from the recommendations in this report. However they could have a financial impact which will need to be assessed as part of the implementation process.

### Legal and Human Rights Implications

- 6.2 There are no legal or human rights implication arising as a result of this report.

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

- 6.3 There are no other implications arising as a result of this report.

### Diversity Impact Assessment

- 6.4 Based on the information contained in this report we do not believe that there is any adverse impact for any protected equality characteristic group as set out in the Equality Act 2010.

### Risk Management

- 6.5 No risk management issues have been identified at this time.

## **7. Consultees**

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

## **8. Appendices**

- 8.1 Appendix 1 - SEND Joint Strategic Needs Assessment Bulletin.

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# Swindon Joint Strategic Needs Assessment Bulletin

## Special Educational Needs and Disability 2017 DRAFT



Appendix 1

### Key Points:

- This JSNA gives facts about children and young people with special educational needs and disabilities (SEND) in Swindon. This helps us to understand what children and young people with SEND need and plan education, health and social care services and provision in the future to improve outcomes.
- The outcomes for children and young people with SEND are not as good as their non-SEND peers
- The number of children and young people with a Statement or Education Health and Care (EHC) plan is 1,595. The number of children and young people with an EHC Plan is increasing but as a percentage of school population is stabilising.
- The number of children and young people with SEND Support (with SEND needs but not requiring a statutory plan) is 4,542. The number of children and young people with SEND Support is increasing, but as a percentage of the school population has been reducing since 2012.
- The number of children and young people in Swindon with SEND is forecast to increase as the population grows significantly by 2020.
- The number of children in care in Swindon has increased to 290 which equates to 59 per 10,000 population. 68.7% of children in care have SEND. 32.2% of children in care have a statement of SEN or and EHC plan and 36.5% have SEND Support.
- 29.8% of those at school with an EHC plan have a primary need related to Autistic Spectrum Disorder. This is the most common reason for an EHC. 15.9% have a primary need of social, emotional and mental health difficulty and 10.9% have a primary need of speech, language and communication needs.
- In Swindon there is a good range of services and provision for children and young people with SEND across education, health and social care is also room for improvement.
- The JSNA makes 9 recommendations – these are on pages 7 and 8.

### What is a Joint Strategic Needs Assessment (JSNA)?

JSNA helps us to understand:

- the current education, health and wellbeing needs of local people;
- how their needs are being met;
- what we think their future needs are likely to be; and
- how their needs can be best met.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, the factors that affect education, health and wellbeing and the implications for future services are vital in setting priorities and planning future services to improve the outcomes for children and young people with SEND.

## Introduction and Background

Nationally children and young people with SEND have poorer outcomes than their non-SEND peers. In Swindon we want to better understand the needs of our SEND population so that we can commission appropriate services and provision to meet their needs and improve outcomes.

Swindon Council and NHS Swindon Clinical Commissioning Group (CCG) are required to have a coordinated and joint analysis of the data available for SEND need, services and provision available across education, health and social care for ages 0-25. This enables us to identify gaps in knowledge and data, to determine a clear picture of need across Swindon, to identify areas of concern, and services which will be used to inform the development of SEND Commissioning priorities and strategy.

### What is SEND?

The SEND Code of Practice states that a child or young person has special education needs (SEN) 'if they have a learning difficulty or disability which calls for special educational provision to be made for him or her'. There is consequently a significant overlap between those with disabilities and those with SEN; although not all children with disabilities will have SEN and vice versa.

Children and young people with SEN all have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age. These children and young people may need extra or different help to others.

**SEN Support** – Extra or different help is given from that provided as part of the schools usual curriculum. The class teacher and SEN coordinator (SENCO) may receive advice or support from outside specialists.

**Statement/Education Health and Care Plan** – A pupil has a Statement of SEN or an EHC plan when a formal assessment has been made. A legal document is in place that sets out the child's needs and the extra help they should receive. Following the SEN reforms in 2014 Statements are being transferred to EHC plans by March 2018.

## SEND Population in Swindon

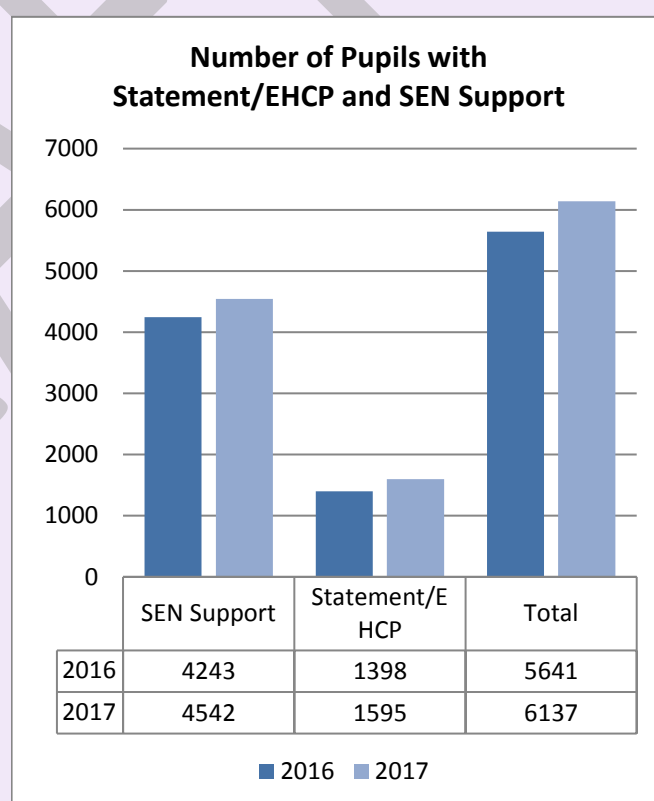
The population in Swindon was 209,000 at the last census in 2011 and is set to grow to over 250,000 by 2026.

In 2016, the number of those aged 25 or under in Swindon was 67,798 and made up 31.1% of the total population.

### How many children and young people with SEND in Swindon?

Figure 1 shows that the number of pupils being identified at both SEN Support and with a Statement or EHC Plan has increased by 7.05% and 14.09% respectively between January 2016 and January 2017. Although the total number of pupils with SEND has increased, the proportion of the school population with a statutory EHC Plan has stabilised.

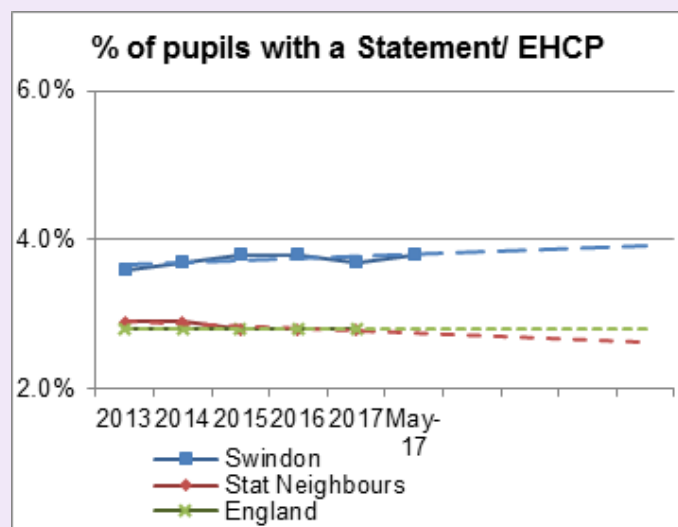
**Figure 1: Swindon SEND population**



Source: SEND MI data January 2017

The percentage of the school population with a Statement or EHC plan is 3.7% and has reduced since 2016 by 0.1%. Swindon is 0.9% above the national and regional average where the picture has remained stable in 2017 at 2.8%. (Source: SEND2 Survey 2017)

**Figure 2: Pupils with a Statement or EHC Plan**



In Swindon the percentage of the school population identified as requiring SEN Support is 13.3% which is 1.7% above the national average of 11.6%. The national average has fallen by 5.4% over the last five years from 17% in 2012. This trend has also been seen locally where it has reduced by 3.9% since 2012.

Swindon LA had 40.4 requests for statutory assessment per 10,000 population in 2016 which is a slight increase on 2015, however this is 3.4 per 10,000 lower than statistical neighbours and 4.65 per 10,000 below the England figure. This is a good indication that the percentage of the school population with a Statement or EHC Plan, currently 3.7%, will continue to decrease over time.

## What are the needs of children and young people with SEND?

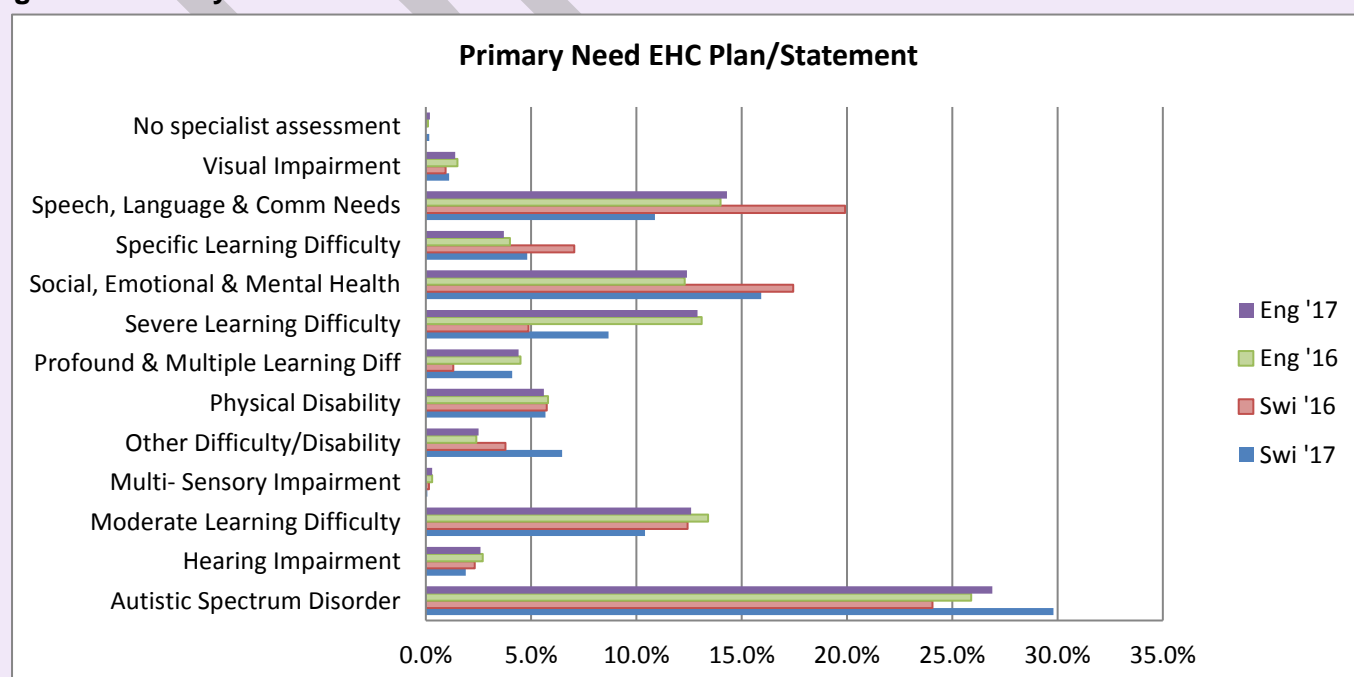
The January 2017 School Census data for students with EHC plan or a Statement shows that there has been a significant increase of pupils with a primary need of Autistic Spectrum Disorder (ASD) from 24.1% of the school population in 2016 to 29.8% in 2017. Nationally the proportion of ASD pupils has increased by 1% from 25.9% in 2016 to 26.9% in 2017. Swindon is 2.9% above the national average in 2017. In 2016, Swindon was below the national average.

In 2017, 15.9% of Swindon students had a primary need of Social, Emotional and Mental Health which represents a reduction from 2016 of 1.5%. Nationally the proportion of pupils with social, emotional and mental health needs was 12.4% in 2017, which is only a slight increase from the 2016 position. The gap between Swindon and national proportion is closing.

In 2016, 19.9% of Swindon students had a primary need Speech, Language and Communication needs compared to a national average of 14%. In 2017 this figure has reduced significantly to 10.9% and this is 3.4% below the national average of 14.3%.

In 2017, Swindon broadly reflects the England picture in other areas of need.

**Figure 3: Primary need for a Statement/EHC Plan**



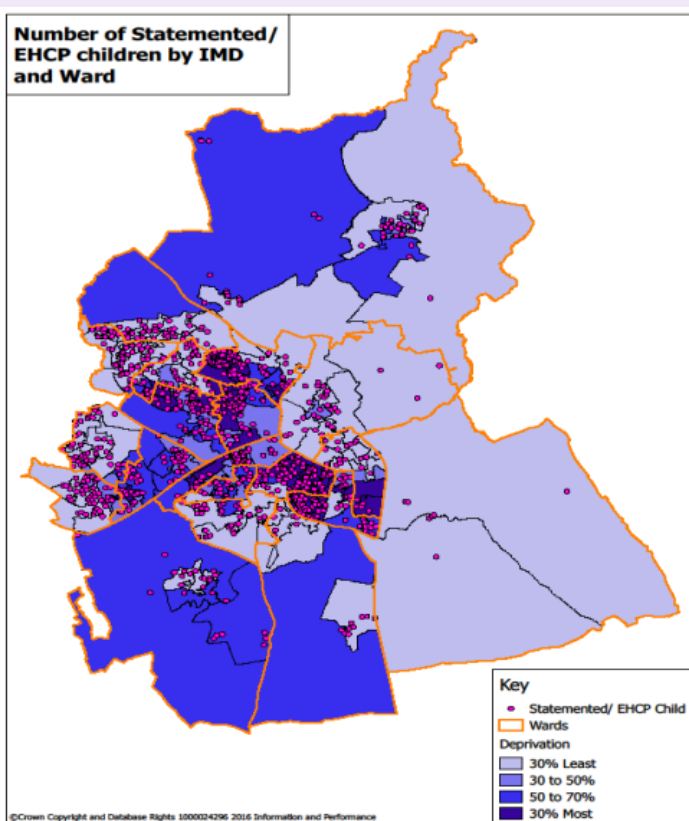


## Where do children and young people with SEND live?

The proportion of EHC plans and statements is evenly distributed across the Children's Services localities in Swindon. Of the localities, Central North has the lowest percentage share of EHCP/ Statemented children with 21%, North and South have 24% and 27% respectively and Central South has the largest at 28%.

There are more EHCP/ Statemented children in areas of higher population density, showing that the need is proportionally distributed throughout the borough. 35.2% of EHCP/ Statemented children in Swindon, live in England's 30% most deprived areas and 32% live in England's 30% least deprived areas. This would suggest that deprivation has little or no impact on whether a child is EHCP or Statemented.

**Figure 4: Statemented/EHCP children by location**



## Where are pupils with SEND educated?

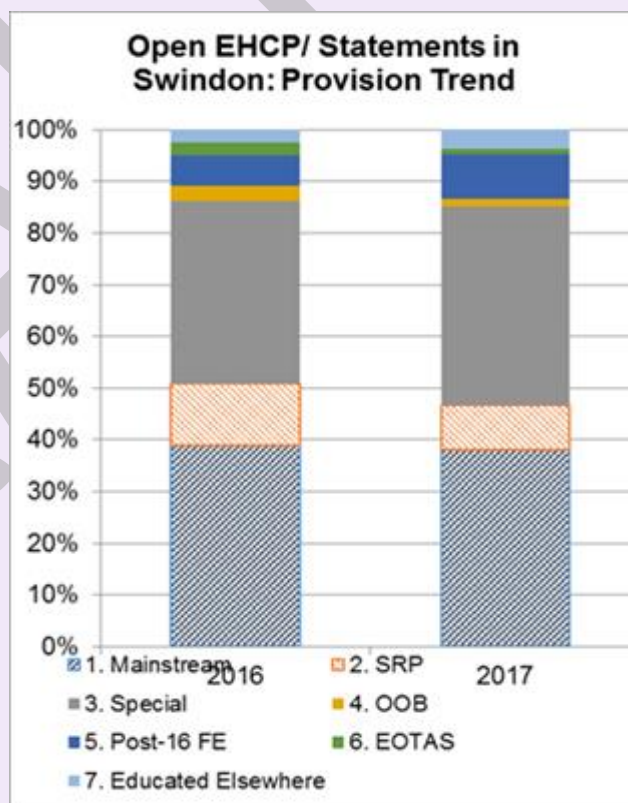
The SEN 2 survey includes data on the educational provision children and young people with an EHC Plan or Statement are currently receiving in Swindon and nationally. In Swindon, 38.2% of the pupils with EHC plans and Statements attend mainstream school provision which is higher than the England figure of 36.5%.

A further 38.3% of the pupils with EHC plans and Statements attend special school and 8.6% attend specialist resourced provision (SRP) inside the borough both higher than the national average.

Compared to other local authorities a relatively high proportion of children and young people attend specialist provision. However, the proportion of pupils with a statutory plan that attend a mainstream school is also higher than in many similar authorities.

The trend is that the number at specialist provision is increasing, although there has been a reduction in SRP in January 2017. Students educated at independent specialist provision outside of the borough has reduced to 1.5% and is significantly below the national average of 6.3%.

**Figure 5: Education provision**

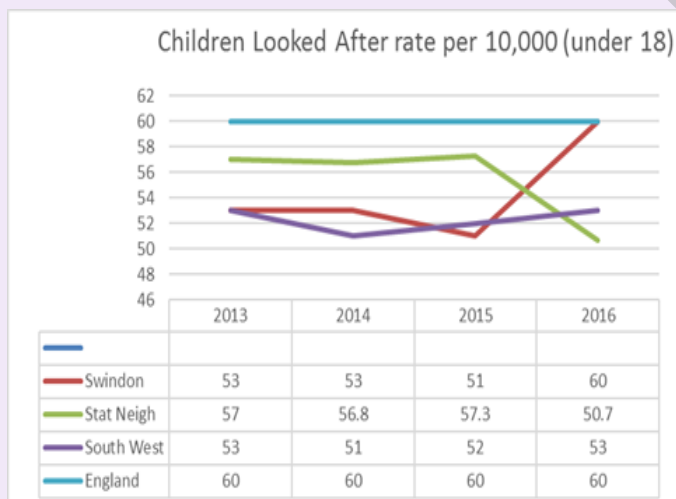


## Children and Young People with SEND who are looked after

290 children were in care in Swindon in 2016, up from 250 in 2015, this equates to 59 per 10,000, which is in line with the national rate. The national average has remained stable and Swindon has been well below in the previous five years so this represents a significant increase.

There is a higher prevalence of SEN amongst looked after children than the child population as a whole. In 2016, 32.2% of children in care have a statement of SEN or and EHC plan and 36.5% have SEND Support. The proportion of looked after children and young people with SEN (68.7%) was higher than England (57.3%), statistical neighbours (56.5%) and the South West (64.3%) in 2016. More analysis and research needs to be undertaken to understand why children in care are more likely to have SEND and why the number of children in care is increasing in Swindon.

The proportion of children and young people in Swindon who are “in need” (CIN) that have SEND is 48.3% which is above the national and statistical neighbour benchmarks. Those with a Statement or EHC Plan is 18.5% and is lower than the national average 20.7% and the regional average 21.8%.



### Social Care for Young People 18-24 with SEND

In June 2017, there were 194 people aged 18 to 25 receiving social care services from Swindon Borough Council. This age group represented 5.8% of the total number receiving services. The primary support reason for the majority of this age group is learning disability support.

### What provision and services are there for children and young people with SEND?

The LA commissions a range of education, health and social care provision for children and young people with SEND.

A range of services for disabled children, young people and their families are based at the Salt Way centre in West Swindon.

These services include Paediatric Therapies, Speech and Language Therapists, Continuing Care team, social workers and early years services such as Koalas Opportunity Group, Special Tots and Portage.

### Complex and continuing health care

The complex care service provides clinical nursing support to children and young people in Swindon who have specific complex health needs. The service also provides training to children and young people, families and carers and to staff in schools and other settings to allow children to engage, enjoy and achieve in family life, social activities and at school.

The Continuing Health Care service works in partnership with children, young people and their families to provide continuing care assessments which are then considered at panel and in cases when care is agreed, care packages are regularly reviewed. The service offers support that varies according to need and includes respite care overnight to provide parents and carers with the ability to rest properly, support at school including on the way to and from school, enabling children and young people to access the curriculum and to fully engage with school activities and their peer groups and for example to provide care that delivers a specific medical procedure in school as part of a child's routine care but that allows the child to be independent for the rest of the school day.

For both services there has been a steady increase in children receiving complex and or continuing health care support over the last 10 years.

### Speech and Language Therapy

The SBC Speech and Language team are seeing a consistent year on year increase in accepted referrals for children requiring speech and language therapy intervention of 11.6% year on year since 2013. In June 2016, the service had 2,449 children who required the speech and language therapy service compared with 1,895 in June 2013, this is an overall increase of 29% in the last three years.

There has been an increase in the number of children and young people on the three ASD speech and language therapy caseloads from March 2013 to March 2015 (from 72 to 210 children and young people).

### **Paediatric Therapy**

The paediatric therapy service provides a jointly managed and planned specialist service delivered by physiotherapists and occupational therapists that provide holistic care to meet the specific physical, cognitive and sensory needs of each child or young person who has complex on-going needs. The service provides a range of therapy and care to enable children and young people to maximise their own functioning independence allowing them to enjoy a full and rewarding life within their families, peer groups and the wider community. As well as working directly with children and young people the service also works with families and professional colleagues to support them to deliver therapeutic interventions for children that support the specialist work of the therapy service.

The focus of pressure in the Paediatric Therapy service is the assessment and management of children and young people with ASD and as the referral rate continues to increase additional resources will be required to provide effective service delivery. Interestingly the pressure around ASD referrals is also reflected within the speech and language therapy service pressures.

### **Learning Difficulties Child and Adolescent Mental Health Services (CAMHS)**

Over the last five years, LD CAMHS have maintained a caseload between 125 and 140 young people with a learning disability.

However, the case-mix is changing and there appears to have been an increase in the number of referrals for children with ASD or LD under the age of 5.

There appears to be an ongoing unmet need for young people who have a diagnosis of ASD but no LD or co-morbid mental health problems. LD CAMHS can struggle to signpost this group of children to an appropriate service when there are ASD associated behavioural difficulties.

### **Commissioned education support services**

The LA commissions a range of advisory services which provide advice and support to improve inclusive opportunities and educational outcomes for children and young people with SEND. This includes, hearing impairment, ASD, visual impairment, physical difficulties, social, emotional and mental health and assistive technology. Support is provided in mainstream schools and colleges as well as specialist provision as well as pre-schools. Demand for these services is increasing year on year.

### **What are the outcomes for children and young people with SEND?**

Children and young people with SEND face multiple barriers which make it more difficult for them to achieve their potential, to achieve the outcomes their peers expect and to succeed in school.

#### **Key stage 2 achievement**

Achievement and progress at the end of KS2 for pupils with SEND has improved consistently in Swindon and was above national benchmarks up to 2014/15. However the % with a statutory plan who achieved Level 4 including Reading, Writing and Maths fell below national and regional benchmarks in 2015 for the first time.

The attainment gap between SEND students and their non-SEND peers has widened in 2014/15 for level 4+ in reading (33%), maths (35%) and grammar, punctuation and spelling (52%). These are broadly in line with national averages. Level 4+ in writing has reduced to 43% and is 1% below the national average.

#### **Key Stage 4 achievement**

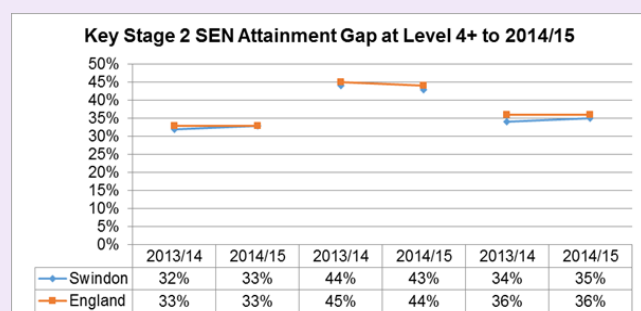
Achievement and progress at the end of KS4 for pupils with SEND is generally below national benchmarks, particularly for those with a statement or EHC plan of SEND. In 2015/16 21% of the SEND population got A\*-C in English and maths, this is a 6% improvement on 2014/15, but still below the average for England which is 24%. The proportion of pupils with SEND making expected progress in English and maths has remained relatively stable and is now slightly above national benchmarks.



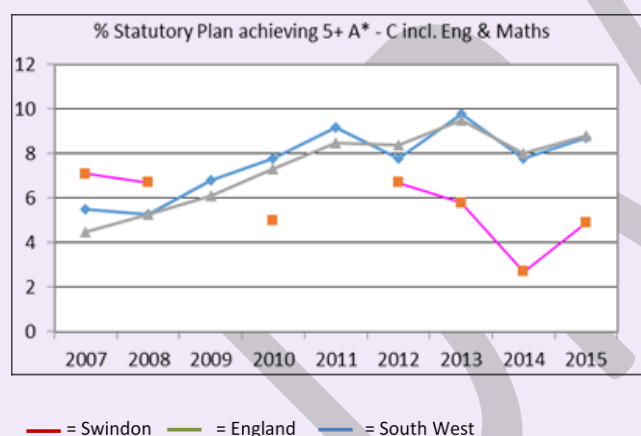
The gap between SEND students and their non-SEND peers for A\*-C English and Maths is 48% in 2014/15 and 2015/16. This is 2% above the national average. The SEN gap in Swindon at Key stage 4 has been stable since 2014/15 although it increased from 41% in 2013/14.

The new attainment and progress measure Average Progress 8 and Average Attainment 8 shows that Swindon students with SEND make slightly better progress compared to England, but have slightly worse attainment.

**Figure 7: KS2 attainment**



**Figure 8: GCSE attainment**



## Post 16 achievement

Attainment for SEND students at post 16 has improved at the end of 2015/16. The percentage now achieving level 2 including English and maths by age 19 is 41%. This is an improvement of 15% on 2014/15 and is 8% above the national average. There was also an improvement in attainment for SEND students achieving level 3 by age 19 (31%). This is an 11% improvement on 2014/15 and is 3% above the national average.

The gap between post 16 SEND pupils and their non-SEND peers has closed for those achieving level 2 including English and maths by age 19 to 35%.

This is an improvement from 2014/15 of 15% and is 10% above the national average. Similarly the SEND gap for those achieving level 3 by age 19 has also closed and is now 27%. This is an improvement from 2014/15 of 14% and is 10% better than the national average.

## Attendance and exclusions

Overall, school attendance in Swindon is better than regional and national benchmarks, including for pupils with SEND. However, the picture is less positive for pupils with a statement or EHCP, who have consistently poorer school attendance than other pupils in Swindon and also in comparison to pupils with a statutory plan nationally and in the South West.

The proportion of pupils that are persistently absent from school has fallen each year since 2012 – including pupils with SEN – and is generally lower than national and regional benchmarks. However, although it continues to fall, the rate of persistent absence among pupils with a statutory plan remains higher than other groups in Swindon and also in comparison to national, regional and statistical benchmarks.

## Education, Employment and Training

Young people with Learning Difficulties (16-18) are less likely to be engaged in positive learning activities or education, employment or training than their peers. The difference in Swindon is broadly in line with national, regional and statistical neighbour benchmarks. The employment rate among people with learning disabilities who are known to services in Swindon is only 3.5% - one of the lowest in the country.

## Recommendations

### Joint Commissioning Priorities

1. Autistic Spectrum Disorder – the school census data shows that the incidence students with a primary need of ASD is 29.8% of the school population which 5.7% increase in this primary need in Swindon since January 2016. The evidence indicates that early identification, support and provision to meet the needs and improve the outcomes of children and young people with ASD should be a joint commissioning priority for the LA and CCG.

2. Speech, Language and Communication (SLC) Difficulties – 10.9% of the Swindon school population have Speech, Language and Communication identified as their primary need. This represents a 9% reduction from 2016. However, demand for the Speech and Language Therapy Service has consistently increased year on year with the service receiving very high numbers of referrals and increased number of students requiring therapeutic input. Early identification, support and provision to meet the needs and improve outcomes for children and young people with SLC difficulties should be a joint commissioning priority for the LA and CCG.
3. Social, Emotional and Mental Health (SEMH) Difficulties – 15.9% of students had a primary need of Social, Emotional and Mental Health. The rate of hospital admissions for self-harm in young people aged 10 to 24 years is significantly higher than in England as a whole. Early identification, support and provision to meet the needs and improve the outcomes of children and young people with SEMH should be a joint commissioning priority for the LA and the CCG.
4. Specialist provision and services - work alongside colleagues across SBC and the CCG when commissioning and/or decommissioning specialist provision and services in Swindon to meet the needs of children and young people with SEND and improve their outcomes.
5. Employment for SEND – Alongside colleagues through employment and training workstream review current provision and options and outcome measures for young people to increase the percentage of young people with SEND in sustainable paid employment. Identify support and provision options and pathways for future commissioning priorities for the LA and the CCG.

### Data Monitoring

6. SEND Population and demographic – The percentage of the school population with a Statement or EHC plan is 3.7% and has reduced since 2016 by 0.1%.

Swindon is 0.9% above the national average where the picture has remained stable at 2.8%. The LA should continue to closely monitor the overall SEND population to ensure that the percentage of children and young people with a Statement or EHC Plan continues to reduce and that the proportion at each age group is stable.

7. Requests for Statutory Assessment and EHCP issued – Since 2012 the number of EHC Plans/Statements issued annually has been on an upward trajectory. The LA should continue to closely monitor by age range the proportion of requests per 10,000 of the population and against national and regional benchmarks to ensure that this remains stable and begins to reduce over time.

### Further Research and Analysis

8. Children in Care with SEND – Children in Care in Swindon are more likely to have SEND. Further research and analysis is required of the SEND cohort of children in care to identify why there is a disproportionate number of children in care with SEND and their outcomes. Once this is better understood this should inform the a joint commissioning priority for the LA and CCG to ensure there is early identification, support and provision in place to meet the needs and improve the outcomes of children in care with SEND.
9. Employment outcomes for young people with SEND – develop baseline data on outcomes and employment for young people with SEND in order to develop strategies and commissioning priorities to improve employment outcomes for young all people with SEND.

### Further information

This Bulletin is an abbreviated version of the SEND JSNA report which can be found on Swindon's JSNA website:

[www.swindonjsna.co.uk](http://www.swindonjsna.co.uk)

This bulletin was published in October 2017.

## Carers Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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Author: Claire Smith – Commissioning Manager, Commissioning  
Voluntary Sector, Swindon Borough Council

Wards: All

Parishes Affected: All

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### 1. Purpose and Reasons

- 1.1 To agree the recommendations of the Carers Joint Strategic Needs Assessment (JSNA) and support these going forward.
- 1.2 The population of Swindon is projected to increase over the next two decades due to the amount of homes that are being built and because people are living longer.
- 1.3 At the 2011 Census, 19,140 people in Swindon (9.4%) reported they were providing some level of unpaid care, an increase of 23.7% compared to the 2001 Census. Carers UK estimate that in 2015 this figure had increased to 21,006, an increase of 33.6% since 2001.
- 1.4 People are wanting to live at home for longer and national and local policy is about helping people to help themselves rather than state intervention, this has a direct impact on Carers.
- 1.5 Understanding the needs of Carers in Swindon via a Carers JSNA gives a local context to the issues faced by carers and also inform a whole range of Swindon Borough Council and partner provision, policies and strategies including the development of a Carers Strategy and the NHS Memorandum of Understanding.

### 2. Recommendations

The Board is recommended to:

- 2.1 Note and approve the recommendations identified in the Carers JSNA Bulletin (attached at Appendix 1 to the report and as set out in section 3 below).

### 3. Detail

- 3.1 The objectives of the JSNA were to:
  - 3.1.1 Understand the current population structure of Carers in Swindon.
  - 3.1.2 Identify those Carers who have a priority need.
  - 3.1.3 Identify where a better service is required.

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

# Carers Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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- 3.2 The profile combines both quantitative and qualitative research. The qualitative information is drawn from a small survey conducted by Healthwatch Swindon and individual interviews.
- 3.3 At Appendix 1 is a bulletin of the findings. Below are the key messages and then recommendations. A copy of the full draft JSNA is available on request. The draft report was presented at the JSNA Steering Group on 16<sup>th</sup> August.

## Key Messages

- 3.4 Carers make a significant contribution to the health and care system, through the provision of unpaid care to relatives and friends. Therefore, supporting carers to maintain their caring responsibilities is key to a successful health and care system in Swindon.
- 3.5 Carers are a socially and demographically diverse group with differing caring roles, needs and support requirements. Their physical and mental health and attitudes to life are often shaped by their caring role. Planning for such a group requires flexibility and variation to capture this diversity.
- 3.6 Swindon Carers Centre is commissioned to provide a service for young carers, young adult carers, parent carers and adult carers. The total number of 'active' carers registered with the service in May 2017 was 3,863.
- 3.7 Overall, the number of cared for people has increased by 9% between 2014/15 and 2016/17. There is no data available on expected growth, however, with an ageing population and the projected growth in population it is anticipated that this figure will continue to increase.
- 3.8 Swindon Carers Centre data reports that most carers care for a relation, 28% of dependants are children of carers, 28% are spouses or partners and 29% are parents.
- 3.9 In Swindon, in 2011, 13.6% of the population aged 65 and over were providing some form of unpaid care, compared to 9.4% in people of all ages. These figures compare to 14.3% of people aged 65 and over in England as a whole. Of the 3,819 people aged 65 and over in Swindon providing unpaid care, 48% were male and 52% female. The health and wellbeing of older carers has been highlighted as an area of specific concern, poor health is more common amongst older carers with 73% of carers aged 80 plus having a disability or health issue compared to 48% of those aged 40 to 59 and only 13% of those aged under 18.

## Recommendations

- 3.10 The recommendations from the JSNA are as follows:

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Further information on the subject of this report can be obtained from Claire Smith, 01793 465815, [cesmith@swindon.gov.uk](mailto:cesmith@swindon.gov.uk).

# Carers Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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- 3.10.1 Further investment in Young Adult Carers (YAC) Services – the transition from children to adult services is challenging, YAC need recognising in their own right.
- 3.10.2 To develop a Swindon Carers Strategy and action plan based on the findings and key messages from this report aligned to the Memorandum of Understanding.
- 3.10.3 Sign up by the Carers Leads group to implement and monitor the Swindon Carers Strategy – including key priorities such as: ill health, social isolation and crisis, retirement, bereavement, changes in caring role, coming home from hospital and first access of formal care and support and ensure interventions are targeted towards these.
- 3.10.4 It is recommended that the default position should be that every carer over 65 has an Emergency Card.
- 3.10.5 That the Pilot employer award standards has a full follow up report on findings and next steps.
- 3.10.6 Promotion of Carers Support Scheme. This is a fund that Carers can access but which is currently not being fully allocated.
- 3.10.7 To raise awareness of the specific needs of carers aged 85 and over and ensure services offered are appropriate and targeted.
- 3.10.8 Develop education, training and information sessions for carers across all age ranges through working with specialists in specific fields (Mental Health, Dementia etc.).
- 3.10.9 Build strong links with the provider of the Reducing Loneliness and Isolation contract in order to support carers who are experiencing this.
- 3.10.10 Ensure Young Carers are engaged in the Member of Youth Parliament and Youth Council work, specifically campaigns that support emotional health and wellbeing.
- 3.10.11 To gain a better understanding of the wider offer for Carers Breaks and how these are accessed, the impact and outcomes.

## 4. Alternative Options

- 4.1 Ensuring support for carers is provided in line with local needs is essential in order to provide good value services. There is therefore no alternative option.

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Further information on the subject of this report can be obtained from Claire Smith, 01793 465815, [cesmith@swindon.gov.uk](mailto:cesmith@swindon.gov.uk).

# Carers Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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

### Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising from this report. The Carers Support provision is currently out to Tender and a new contract will be awarded in November with a start date of 1<sup>st</sup> January 2018. The findings of the needs assessment informed the specification for the contract.

### Legal and Human Rights Implications

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

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

- 5.3 There are no implications arising from this report.

### Diversity Impact Assessment

- 5.4 A Diversity impact assessment has been completed.

### Risk Management

- 5.5 No specific risks have been identified at this stage for this report.

## 6. Consultees

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

## 7. Background Papers

- 7.1 None.

## 8. Appendices

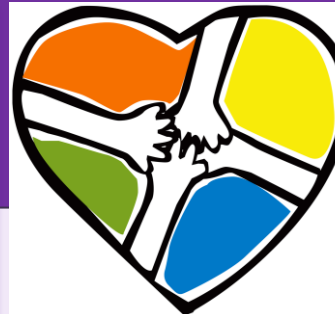
- 8.1 Appendix 1 – Carers Joint Strategic Needs Assessment Bulletin.



# Swindon Joint Strategic Needs Assessment Bulletin

## DRAFT Swindon Carers 2017

Appendix 1



### Key Points:

- A carer is 'anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support'.
- Swindon Borough Council (SBC) and NHS Swindon Clinical Commissioning Group (CCG) are committed to supporting Carers. SBC has a statutory duty to offer everyone who defines themselves as being a carer an assessment. The Swindon Carers Centre (SCC) is commissioned to deliver a range of services to carers in Swindon.
- There were an estimated 21,000 carers in Swindon in 2015. The increase in carers in Swindon of 33.6% since 2001 is the largest percentage increase in the South West, and well above the national average of 17.7%. It is estimated the value of carers in Swindon is just under £400 million per year.
- The total number of carers in Swindon is projected to rise to 23,504 in 2021 and to 26,222 by 2031, a 33% rise overall.
- In Swindon, in 2011, 551 children aged 15 and under and 1,029 aged 16 to 24 reported providing unpaid care. Young carers want to do the same things that other young people do. They want help at school, with finances, and dealing with family crises. They want to be less isolated and involved in planning for their cared for person.
- In Swindon, in 2011, 13.6% of the population aged 65 and over were providing some form of unpaid care. Carers aged 60–69 often juggle caring with the demands of work and financial pressures while those aged over 70 may be more likely to find it difficult to cope with the physical demands of caring.
- An estimated 84% of carers find that caring has a negative impact on health and in particular mental health.
- Caring for someone with mental health needs presents different challenges for their carer compared with a physical illness or disability. This may be because of the stigma of mental health, it's often hidden and fluctuating nature and legal and ethical issues. There are 358 'active' carers who care for an adult with mental health problems in touch with SCC. Forty four of these carers are aged over 65.
- The JSNA makes nine recommendations – these are on page 8.

### What is a Joint Strategic Needs Assessment (JSNA)?

JSNA helps us to understand:

- the current health and wellbeing needs of local people;
- how their needs are being met;
- what we think their future needs are likely to be; and
- how their needs can be best met.

We want to understand Swindon's changing population, what is going on in Swindon and what makes a difference to people's health and wellbeing so that we can plan for the best care in future. Many different people from a range of organisations help to write a JSNA. The Swindon's Health and Wellbeing Board is a group that leads the development of JSNAs.

## Introduction

A carer is 'anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support'.

This JSNA is a needs assessment that:

- Describes the carer population
- Identifies those in priority need
- Highlights where a better service is required

This JSNA will provide insight into the unpaid care provision across Swindon and the extent and nature of local support services. It will inform the targeting of resources and activities in order to drive improvements across carers support infrastructure.

Carers are a socially and demographically diverse group and as the demand for care is projected to grow, people are increasingly likely to become providers of care at some point in their lives. Consideration is given in this report to the personal situations of carers in terms of who they care for, the amount and type of care they provide and the impact that their caring role has on their health, employment situation, finances, quality of life and social relationships.

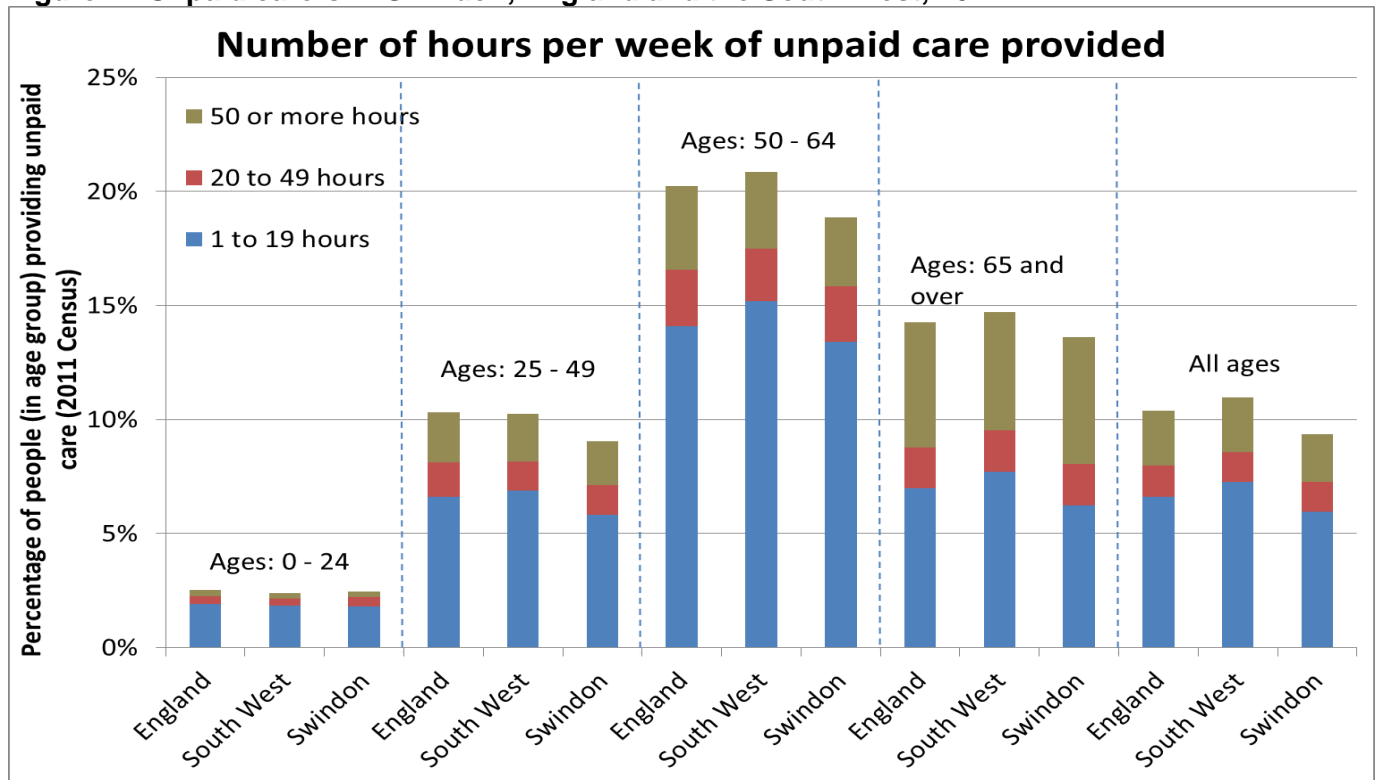
Particular attention is paid to certain groups of carers who face challenging circumstances including young carers, older carers and those caring for people with specific conditions.

## National and local policy

The refreshed Carers Strategy of 2010 set out the Government's priorities for carers and identified the actions to be taken to ensure best outcomes for carers. The Care Act 2014 recognised carers in law in the same way as those they care for. Carers who are over 18 are now entitled to an assessment of their support needs.

Local authorities and clinical commissioning groups are required to have local carers' strategies and plans, and budgets for supporting carers. Swindon Borough Council (SBC) and NHS Swindon Clinical Commissioning Group (CCG) are committed to supporting Carers who provide services looking after people in different circumstances. SBC has a statutory duty to offer everyone who defines themselves as being a carer an assessment. The Swindon Carers Centre is commissioned to deliver a range of services to carers in Swindon.

**Figure 1. Unpaid carers in Swindon, England and the South West, 2011**



Source: 2011 Census, ONS

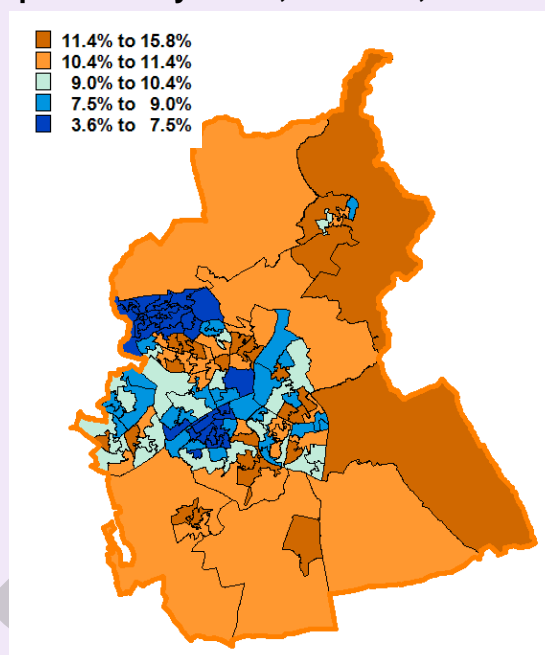


## Profile of Carers and the Services they use

No one data source provides a definitive picture of the number of carers locally or their personal circumstances. Self-reported Census data from 2011 provides the most comprehensive picture. At the 2011 Census, 19,140 people in Swindon (9.4%) reported they were providing some level of unpaid care. This is a similar percentage of the population to the national average of 10.4%. An additional 3,724 people reported that they provide unpaid care in Swindon in 2011 compared with 2001 (an increase of 23.7%); the increase in numbers of carers is greater than the general population growth (16.4%). The figures and map show that people are providing unpaid care in all parts of Swindon. In general, it appears more people are providing unpaid care in the rural areas but this could be linked to a more elderly population in these areas.

Carers UK has produced a series of research reports, which estimates the latest number of carers in the UK. They estimate there were 21,006 carers in Swindon in 2015. The increase in carers in Swindon of 33.6% since 2001 is the largest percentage increase in the number of carers in the South West, and well above the national average of 17.7%. It is estimated that value of carers in Swindon is currently £395 million per year (up £36 million since 2011). Since 2001, the value of care has almost doubled, a 93% increase. 70% of this is attributable to increases in the cost of care and 30% to additional hours of care provided.

**Figure 2: percentage of people providing unpaid care by LSOA, Swindon, 2011**

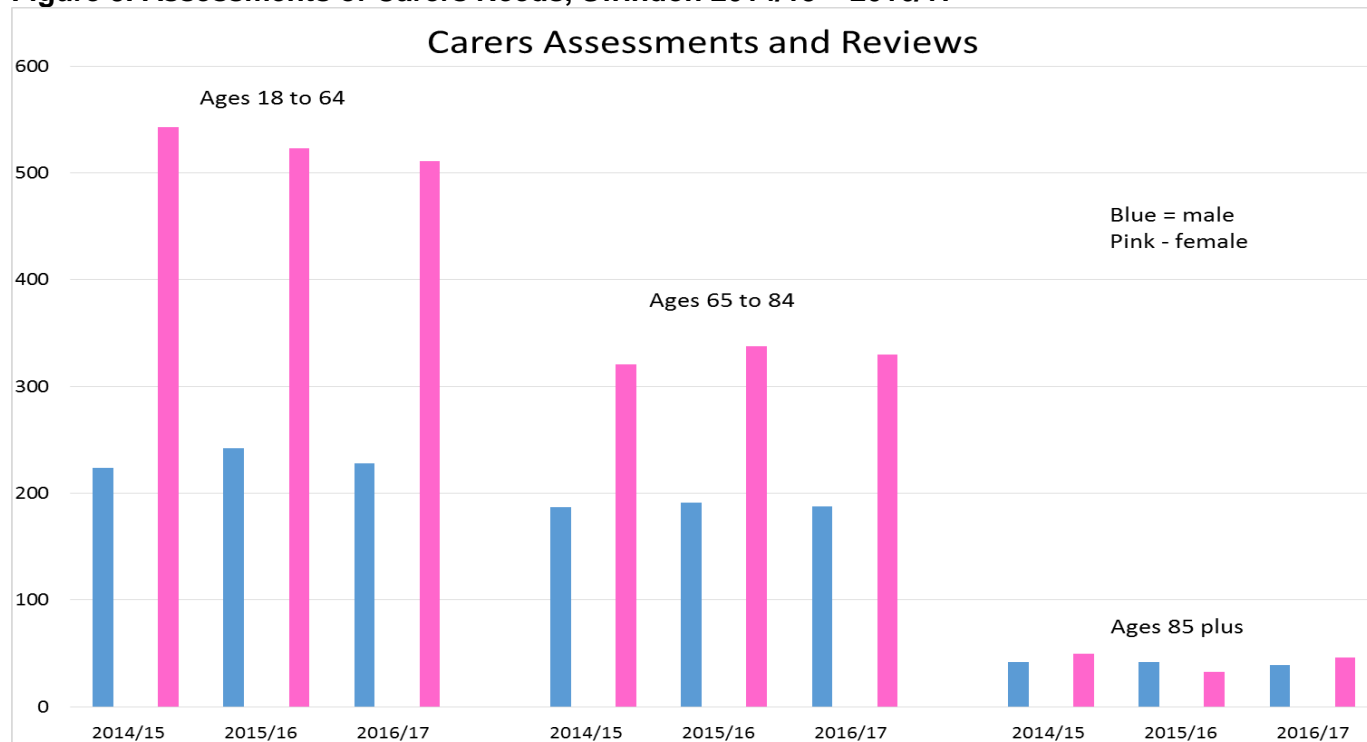


Source: 2011 Census, (ONS)  
(C) Crown copyright and database rights 100024296 2017  
Map created by Tom Frost, Senior Public Health Intelligence Analyst  
Swindon Borough Council, 2017

## Social Care Services

The number of carers assessed has remained stable over the last three years, at around 1,350. Despite this, the number of carer's contacts have fallen year on year in the last three years from 1,349 in 2014/15 to 1,012 in 2016/17. The fall has been across all three broad age groups. Contacts are where a carer has approached Swindon Borough Council through the front door, via adult social care or the duty care team.

**Figure 3. Assessments of Carers Needs, Swindon 2014/15 – 2016/17**



Source: Swindon Borough Council, Adult Social Care

Overall, the number of cared for people has increased by 9% between 2014/15 and 2016/17. There have been large increases in the number being given physical support/personal care (90 or 10%) and support with learning disabilities (52 or 29%) but the largest percentage increase has been in those supported with access and mobility issues (57 or 89%).

Swindon carers report a similar quality of life to those in the South West and England overall, although this has deteriorated slightly in all areas between 2012/13 and 2014/15.

## Swindon Carers Centre

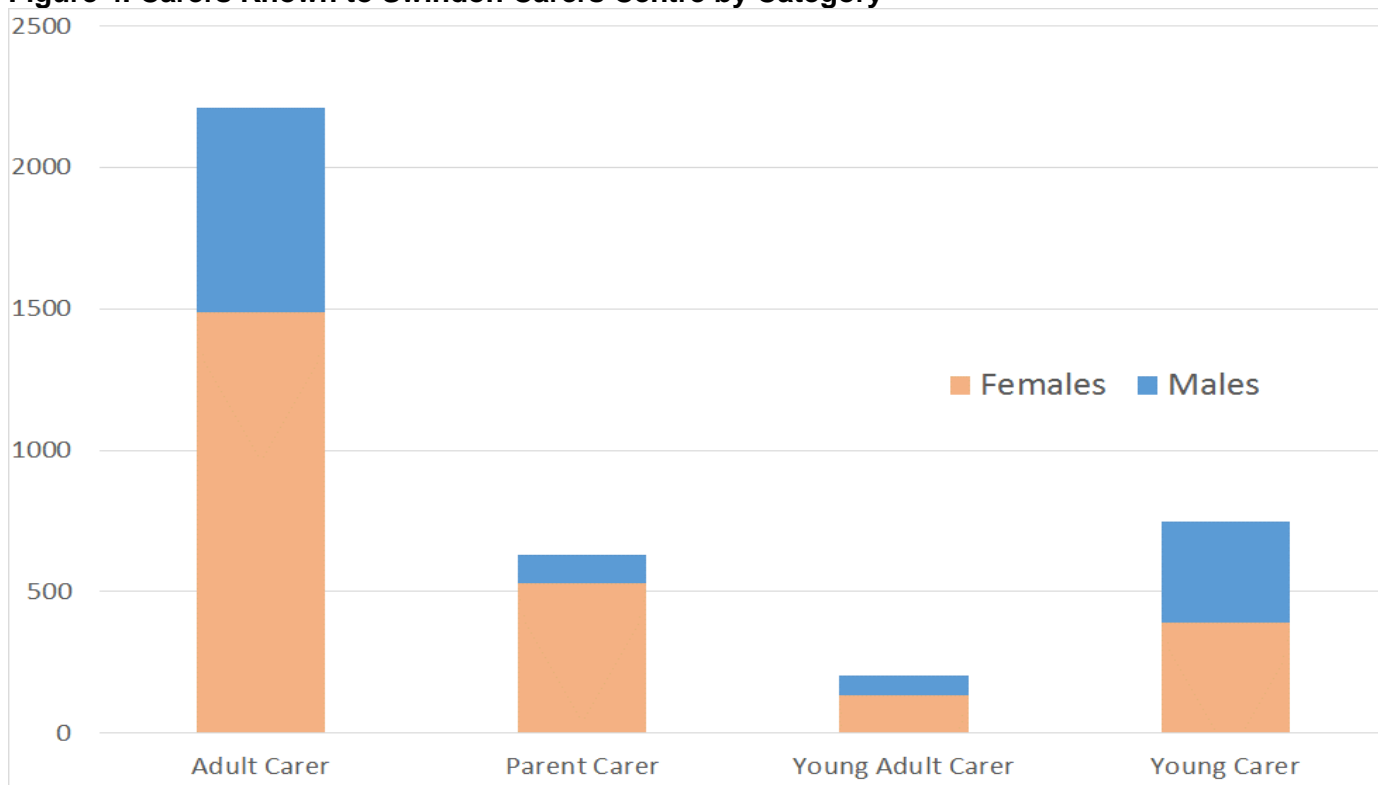
Swindon Carers Centre (SCC) is a charitable organisation, which is part of the Carers Trust Network, and was established to provide help and support to the 21,000 carers in Swindon. They work in partnership with other organisations, including local NHS services, Swindon Borough Council's Adult Social Care and Children's Services and other local voluntary organisations with the aim of identifying as many carers as possible and to provide the most relevant support for an individuals' caring situation. They also work with the people accessing their services to raise the profile of carers so carers themselves can have a collective voice in influencing policy makers and service planners.

SCC has 3,863 'active' carers on its database in May 2017 and saw an increase of around 400 (~10%) in 2016/17. The largest increases have been in young adult carers (up ~50%) and in young carers (up ~18%). There are proportionally more carers in the more deprived areas of Swindon. However, this only includes carers registered with the SCC so it may reflect the support and services carers from different deprivation deciles require.

Most carers care for a relation. 28% of dependants are children of carers. 28% are spouses or partners and 29% are parents. The specific health problems of cared for people are not always known but in around 75% of cases their 'service user group' has been recorded. The main service user group is for those with a physical disability (39%) followed by learning disabilities (18%) and neurological conditions (18%).

Swindon Carers Centre (SCC) run an emergency card scheme for carers which enables plans to be put into place quickly to support cared for adults and child should there be an emergency. There are currently 786 carers with 'live' emergency cards.

**Figure 4. Carers Known to Swindon Carers Centre by Category**



Source: Swindon Carers Centre

## NHS

It is estimated that 10% of patients on a GP practice list are carers, however, not all are identified by their GP practice and offered the right support. The data on those who are identified is not shared as widely as would be useful, due to there being no current requirement for GP practices to do so.

Carers are an eligible group for receiving an annual influenza vaccination. GP practices are key in identifying those eligible for a vaccination and giving the vaccine. Improving uptake of flu and pneumococcal vaccinations amongst identified population groups is a local priority.

## What do people think?

Many carers find their role in supporting loved ones rewarding. For some, calling themselves a 'carer' is vitally important, as they campaigned for this and they feel that it gives value to their role and more clearly defines what they do to health and care professionals.

National research has uncovered the hardships of being a carer, for example financial issues and employment issues. A Carers UK survey found that 54% of carers expect their quality of life to get worse in the coming year, while only 6% think it will get better. Carers' priorities included improving financial support, improving carers' health and strengthening rights for carers who want and need to juggle work with care with more statutory rights to time off from work to care.

A Carers survey was distributed by Healthwatch to obtain the views of local service users. There were 171 responses to the survey and these were from a wide range of carers. 69% percent had used the Swindon Carers Centre and 13% did so a lot.

57% of respondents would go there for information and advice, which was higher than any other information source. More than 50% of people thought that each SCC service named in the survey worked well

The two main factors that carers said helped them in their caring role were personal motivation and respite care. Respondents often mentioned SCC's role as working well in supporting them but 'soft' factors such as having someone to talk to and meeting other carers were also considered valuable. Carers said they wanted more information, advice and support on a range of topics and for processes such as assessments and medical appointments to happen faster.

## Young carers

In Swindon, in 2011, 551 children aged 15 and under and 1,029 aged 16 to 24 reported as providing unpaid care in the Census, representing 1.3% and 4.5% of the age groups.

Young carers want to do the same things that other young people do. They want help at school, with finances, and dealing with family crises. They want to be less isolated and involved in planning for their cared for person. In Swindon, young carers are not identified in routine data on educational performance. This means that the educational performance of young carers cannot be measured.

The SCC has developed a Young Carer Award for Schools, which currently involves 61 Swindon schools or colleges. Most, if not all, schools in Swindon have a person in school to support young carers and can offer counselling sessions, a quiet place after or during school to complete homework, etc. Swindon Carers Centre offer a support group to young people aged 16 – 25 which addresses the specific needs of young carers as they move to adulthood.

**Table 1. Young people providing unpaid care, Swindon, 2011**

Area and age group	Total pop'n	% providing unpaid care	0-19 hours	20-49 hours	50+ hours	Total
Swindon 0-15	41,382	1.3%	428	72	51	551
England 0-15	10,022,836	1.1%	90,171	11,142	10,110	111,423
Swindon 16-24	22,690	4.5%	738	182	109	1,029
England 16-24	6,284,760	4.8%	219,853	47,962	34,541	302,356

Source: ONS 2011 Census

Note: figures in this table are for all residents. Other tables contain data for those living in households only.

## Elderly carers

In Swindon, in 2011, 13.6% of the population aged 65 and over were providing some form of unpaid care, compared to 9.4% in people of all ages. Carers aged 60–69 often juggle caring with the demands of work and financial pressures while those aged over 70 may be more likely to find it difficult to cope with the physical demands of caring. The health and wellbeing of older carers has been highlighted by the Princess Royal Trust for Carers as an area of significant concern.

## Carers of people with mental ill-health

Caring for someone with mental health needs presents different challenges for their carer compared with a physical illness or disability. This may be because of the stigma of mental health, it's often hidden and fluctuating nature and legal and ethical issues. There are 358 'active' carers who care for an adult with mental health problems in touch with SCC. Forty four of these carers are aged over 65.

The impact of caring can lead to the loss of contact with friends and family, challenges with partners, and isolation from others they work with due to pressures of the caring responsibilities. These recommendations should be taken to the established multi-agency Swindon Diabetes Transformation Board for action.

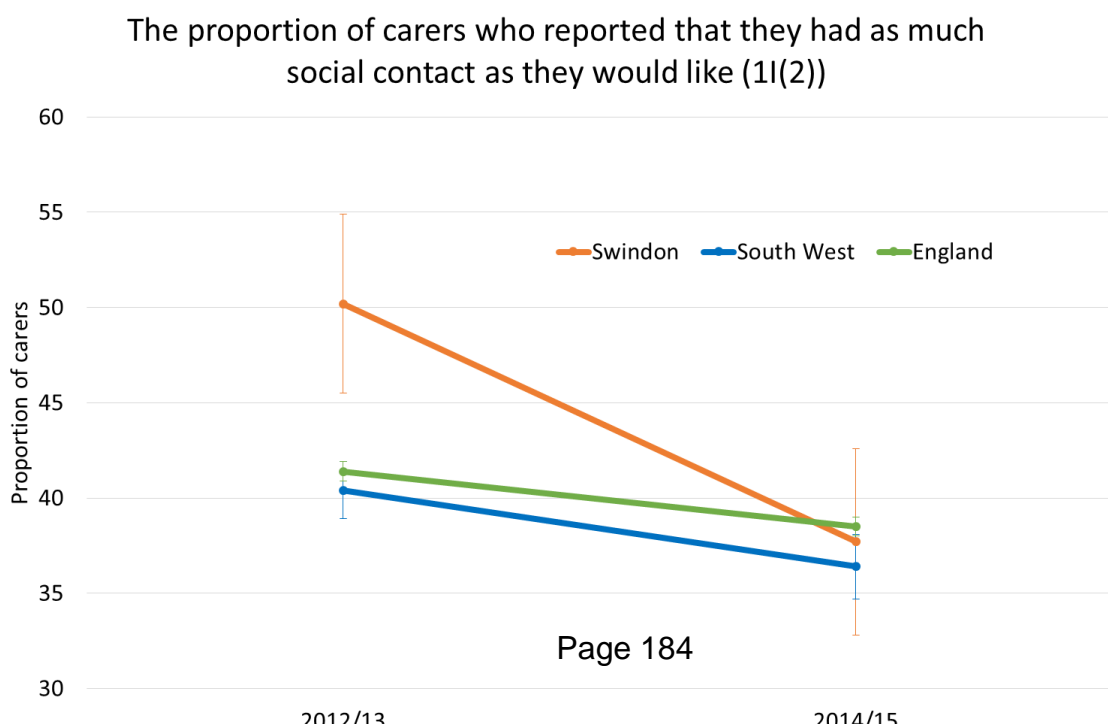
## Carers of people with learning disabilities

Based on SBC data, 118 carers aged over 65 known to SBC Adult Social Care were caring for an adult with LD. At least an additional 63 are known to SCC. Of the 118 carers only 36 (31%) have a current record for assessment or review at SBC. Whilst no-one can predict when carers will be unable/unavailable to care the age of 46 has been identified as a time by when adults with a learning disability are more likely to live in residential or nursing care. 58 of the people cared for by the 118 carers are aged 46 or older. Of these 58, 35 are cared for by carers over 75 years.

## Carers for people at the end of life

It is estimated there are around half a million people in the UK at any one time providing care for someone with a life-limiting illness. Inevitably, carers of people who are dying will have to face bereavement and a change in their role. SCC continue to offer support for up to six months after the cared for person has died, and carers can continue to access groups and activities for up to 18 months.

**Figure 5. Carers social contact**





## Carers with multiple caring roles

The term 'sandwich generation' is often used to refer to those looking after young children at the same time as caring for older parents. The pressure of combined caring responsibilities can take a serious toll on families' health, finances, careers and relationships. Eleven percent of carers at SCC care for 2 or more people and 21 carers are providing care for 4 or more people. Only 38 carers providing care to parents and offspring are known to SCC which possibly indicates we are not aware of many of these carers.

**Table 2: Multiple Caring Roles**

Number of people cared for	Number	%
1	3,471	89%
2	376	10%
3	54	1%
4 or 5	18	<1%
More than 5	3	<1%
Total	3,922	100%

Source: SCC

## The health of carers

Carers UK found that 84% of carers surveyed said that caring has a negative impact on health. Nine in 10 (92%) of carers said that their mental health has been affected by caring.

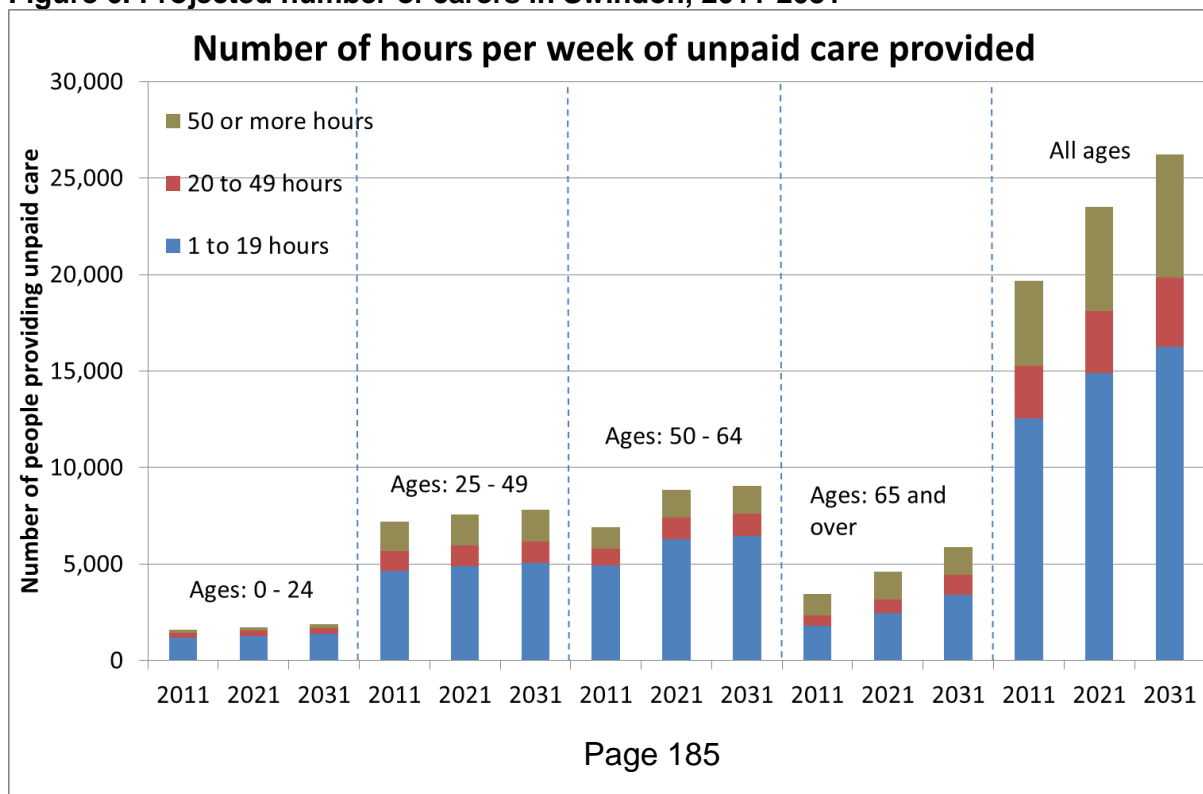
The health of carers deteriorates more quickly than that of non-carers due to the lack of support (often due to a lack of awareness of support available).

In Swindon, a 15 year old female could expect to live a further 68 years (based on 2010-12 data) and spend 8.6 of these providing unpaid care (12.6%). Whereas a 15 year old male could expect to live a further 64.9 years and spend 6.7 of these providing unpaid care (10.3%). Although spending this number of years in a caring role is not ideal the expected number of years of unpaid care from the age of 15 is statistically significantly lower in Swindon than England overall.

## Projections

SBC projections estimate that Swindon's population could increase to 240,000 persons by 2021, and 265,400 by 2031, equivalent to growth of approximately 14% from 2011 to 2021, and a further 10% from 2021 to 2031. The largest increase in persons will be in the 65 to 74 age group, projected to be 12,900 more by 2031. However, the 85+ age group will have the largest growth rate at approximately 136%. By 2031 the population aged over 65 is projected to grow by 25,900 persons to reach a total of 55,000 by 2031, accounting for 46% of total population growth.

**Figure 6. Projected number of carers in Swindon, 2011-2031**



DRAFT

The total number of carers is projected to rise to 23,504 in 2021 and to 26,222 by 2031, a 33% rise overall. Because the over 65 population is projected to increase the most, the number of carers in this age group is also projected to increase the most, up from 3,960 in 2011 to 7,500 in 2031 (up 89%).

## Evidence of effectiveness and cost effectiveness

There is little or no consistent evidence was found that interventions for carers improve carers' wellbeing or quality of life. This is not the same as saying that there is evidence that interventions for carers do not have benefits or are not cost effective. However, many interventions result in increased carer satisfaction. The best evidence is that education, training and information for carers (particularly when targeted at a particular patient group) improve knowledge and caring 'abilities'.

There are gaps in the limited UK-based evidence that supporting carers reduces service use in those they are caring for. This is not the same as saying there is evidence that interventions are not effective. There is some evidence that there are delays in admission to residential care associated with home help care, day care and (for some groups) institutional day care.

There are a number of studies which have quantified the value of the unpaid care provided in England and the UK. Carers are estimated to save the UK economy £119 billion a year in care costs, more than the entire NHS budget and equivalent to £18,473 per year for every carer in the UK. Studies indicate a positive return on investment in supporting carers.



## Recommendations

1. Further investment in Young Adult Carers (YAC) Services - the transition from children to adult services is challenging, YAC need recognising in their own right.
2. To develop a Swindon Carers Strategy and action plan based on the findings and key messages from this report aligned to the Memorandum of Understanding.
3. Sign up by the Carers Leads group to implement and monitor the Swindon Carers Strategy - including key priorities such as: ill health, social isolation and crisis, retirement, bereavement, changes in caring role, coming home from hospital and first access of formal care and support and ensure interventions are targeted towards these.
4. It is recommended that the default position should be that every carer over 65 has an Emergency Card.
5. That the Pilot employer award standards has a full follow up report on findings and next steps.
6. Promotion of the Carers Support Scheme. This is a fund that Carers can access but which is currently not being fully allocated.
7. To raise awareness of the specific needs of carers aged 85 and over and ensure services offered are appropriate and targeted.
8. Build strong links with the provider of the Reducing Loneliness and Isolation contract in order to support carers who are experiencing this.
9. To gain a better understanding of the wider offer for Carers Breaks and how these are accessed, the impact and outcomes.

## Where to find more information

This Bulletin is an abbreviated version of the Carers JSNA which can be found on Swindon's JSNA website: [swindonjsna.co.uk](http://swindonjsna.co.uk)

The website contains a range of other documents about health and well-being in Swindon.

If you have any queries please contact [JSNA@swindon.gov.uk](mailto:JSNA@swindon.gov.uk)

This bulletin was published in October 2017.

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## Better Care Fund 2017-2019

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

Author: Director of Adult Social Services, Swindon Borough Council

Wards: All

Parishes Affected: All

### 1. Purpose and Reasons

- 1.1 Swindon submitted the Better Care Fund Plan (BCF) 2017/19 to NHS England on 11<sup>th</sup> September 2017 for approval. The plan has been assured by our Regional Better Care Fund Manager. The Better Care Fund provides financial support for the closer integration of health and social care.
- 1.2 The BCF Financial Plan is set out in Appendix 1 (funding sources, expenditure, BCF metrics and national conditions). The Swindon BCF Narrative Plan 2017/19 is set out in Appendix 2. The DTOC Plan (includes High Impact Change Self-Assessment) is set out in Appendix 3, and the Adults with Needs Emerging Market Position Statement 2017-2022 is set out within Appendix 4.
- 1.3 The Government requires that the BCF Plan 2017/19 is considered by the Health and Wellbeing Board.

### 2. Recommendations

The Board is recommended to:

- 2.1 Consider and note the Better Care Fund Submission for 2017/19, which is being assured by NHS England.

### 3. Detail

- 3.1 Swindon has a long and well established history of joint commissioning and integrated working for health and social care. The Plan sets out our ambitions for the Better Care Fund for 2017-2019. It provides a joined up vision for all partners working with individuals, carers and local communities to transform the quality of care provided and improve levels of health and wellbeing for people living in Swindon. Local health and social care partners are committed to work together to improve the delivery of integrated community and acute pathways. The BCF Plan for 2017/19 continues to progress our integration journey and endorses a shared responsibility for the current pressures across Swindon's health and social care system.
- 3.2 The BCF Plan describes how we will work together with a common set of values and principles. We recognise we need to find new and better ways of responding by building on the support that people can find amongst their families, friends and communities, by making more use of technology to help people remain

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, [swald@swindon.gov.uk](mailto:swald@swindon.gov.uk).

# Better Care Fund 2017-2019

Health and Wellbeing Board

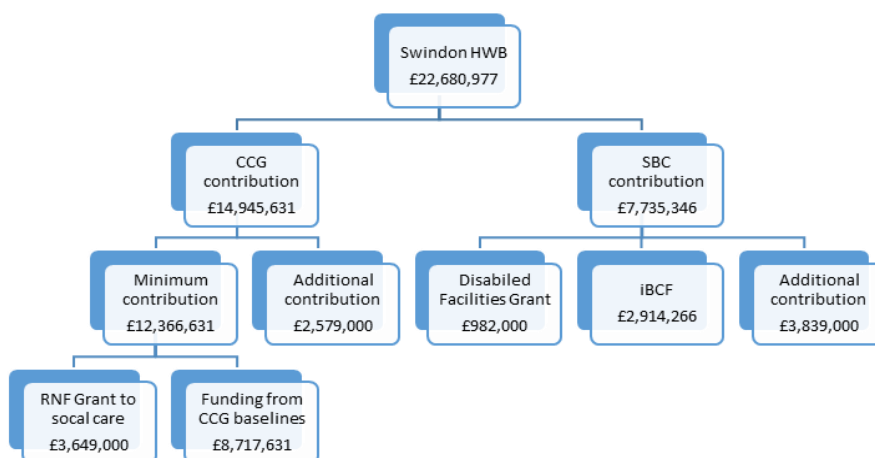
Date: 25<sup>th</sup> October 2017

independent, and by helping earlier and more effectively to stop people's circumstances getting worse. Where people do need additional help, we will ensure it is personalised and offers choice and control. Our BCF Plan focusses on delivering the following outcomes:

- 3.2.1 Avoiding emergency hospital admissions for specific groups of patients, particularly those suffering from diabetes and heart conditions;
- 3.2.2 Enabling more patients to leave hospital without delay;
- 3.2.3 Fewer patients being re-admitted to hospital by embedding reablement into domiciliary care;
- 3.2.4 Fewer older people being admitted to residential care through the provision of timely and effective reablement, making better use of preventative services in the voluntary and third sector, using more flexible housing with care, and reducing isolation amongst older people;
- 3.2.5 Enabling more people with a disability to live as independently as possible and access paid employment through ongoing investment in technology and the voluntary and third sector.

3.3 The plan details the specific schemes and actions the partnership has identified to deliver these outcomes and provides confirmation of the agreed funding contributions. The areas of spend are focussed on implementing the Care Act, the provision of Carers Support and Short Term Breaks, Reablement, Social Care and the Improved Better Care Fund. Clear metrics and targets have been set to monitor progress which will provide oversight and assurance that we are delivering the benefits and managing spend as set out in the plan. Shared risks, information sharing protocols and robust governance arrangements are in place to support whole system ownership for the delivery of the BCF Plan.

3.4 A summary of the 2017/19 Better Care Funding is provided below:



Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, [swald@swindon.gov.uk](mailto:swald@swindon.gov.uk).

# Better Care Fund 2017-2019

## Health and Wellbeing Board

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3.5 The table below provides the summary of expenditure against the BCF Schemes for 2017/19:

Sum of 2017/18 Expenditure (£)		Column Labels		
Scheme	Sub Types	CCG	Local Authority	Grand Total
▢ Care Act	1. Care coordination	270,000.00		270,000.00
<b>Total</b>		<b>270,000.00</b>		<b>270,000.00</b>
▢ Carer Support	1. Carer advice and support		240,000.00	240,000.00
Carer Support	2. Implementation of Care Act	207,000.00		207,000.00
Carer Support	3. Respite services		559,000.00	559,000.00
Carer Support	support, breaks and respite	841,000.00		841,000.00
<b>Total</b>		<b>1,048,000.00</b>	<b>799,000.00</b>	<b>1,847,000.00</b>
▢ Community capacity - voluntary sector	Prevention	540,000.00	1,449,000.00	1,989,000.00
<b>Total</b>		<b>540,000.00</b>	<b>1,449,000.00</b>	<b>1,989,000.00</b>
▢ Disabled facilities Grant capital	Adaptions to premises		982,080.00	982,080.00
<b>Total</b>			<b>982,080.00</b>	<b>982,080.00</b>
▢ Discharge to assess - fessey beds	4. Home First/Discharge to Access	318,000.00		318,000.00
<b>Total</b>		<b>318,000.00</b>		<b>318,000.00</b>
▢ Discharge to assess - nursing beds	4. Home First/Discharge to Access	114,000.00		114,000.00
<b>Total</b>		<b>114,000.00</b>		<b>114,000.00</b>
▢ Effective discharge - community equipment (SBC share)	2. Other - Physical health / wellbeing		478,000.00	478,000.00
<b>Total</b>			<b>478,000.00</b>	<b>478,000.00</b>
▢ Effective discharge from hospital	3. Multi-Disciplinary/Multi-Agency Discharge Teams		684,000.00	684,000.00
Effective discharge from hospital	4. Home First/Discharge to Access	1,382,000.00	135,000.00	1,517,000.00
<b>Total</b>		<b>1,382,000.00</b>	<b>819,000.00</b>	<b>2,201,000.00</b>
▢ Effective discharge from hospital - equipment /wheelchairs	2. Other - Physical health / wellbeing	1,095,000.00		1,095,000.00
<b>Total</b>		<b>1,095,000.00</b>		<b>1,095,000.00</b>
▢ Effective discharge from hospital (CHC)	1. Care coordination	659,000.00		659,000.00
<b>Total</b>		<b>659,000.00</b>		<b>659,000.00</b>
▢ Effective discharge from hospital (winter contingency)	3. Rapid/Crisis Response		329,000.00	329,000.00
<b>Total</b>			<b>329,000.00</b>	<b>329,000.00</b>
▢ Enhanced community capacity - community navigator	1. Care coordination	300,000.00		300,000.00
<b>Total</b>		<b>300,000.00</b>		<b>300,000.00</b>
▢ Managing demand	Domiciliary and residential packages	907,000.00	2,000,266.00	2,907,266.00
<b>Total</b>		<b>907,000.00</b>	<b>2,000,266.00</b>	<b>2,907,266.00</b>
▢ Out of hospital care - care homes support and trusted assessor	8. Enhancing Health in Care Homes	300,000.00		300,000.00
Out of hospital care - care homes support and trusted assessor	SWICC	5,433,000.00		5,433,000.00
<b>Total</b>		<b>5,733,000.00</b>		<b>5,733,000.00</b>
▢ Prevention of hospital admission and crisis support	1. Care coordination	1,015,000.00		1,015,000.00
Prevention of hospital admission and crisis support	2. System IT Interoperability	133,000.00		133,000.00
Prevention of hospital admission and crisis support	3. Rapid/Crisis Response	101,000.00		101,000.00
Prevention of hospital admission and crisis support	5. Seven-Day Services	193,000.00		193,000.00
Prevention of hospital admission and crisis support	Hospice at home	200,000.00		200,000.00
<b>Total</b>		<b>1,642,000.00</b>		<b>1,642,000.00</b>
▢ Reablement and technology	1. Telecare	211,000.00		211,000.00
Reablement and technology	4. Reablement/Rehabilitation services	726,631.00	351,000.00	1,077,631.00
<b>Total</b>		<b>937,631.00</b>	<b>351,000.00</b>	<b>1,288,631.00</b>
▢ Telecare	1. Telecare		208,000.00	208,000.00
<b>Total</b>			<b>208,000.00</b>	<b>208,000.00</b>
▢ Workforce and transformation	1. Care coordination		200,000.00	200,000.00
Workforce and transformation	2. Systems to Monitor Patient Flow		120,000.00	120,000.00
<b>Total</b>			<b>320,000.00</b>	<b>320,000.00</b>
<b>Grand Total</b>		<b>14,945,631.00</b>	<b>7,735,346.00</b>	<b>22,680,977.00</b>

3.6 The following providers of services within the BCF 2017-19 are being paid directly for their services by the Clinical Commissioning Group (CCG):

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

## Better Care Fund 2017-2019

Health and Wellbeing Board

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Provider	Service area	£'000
First City Nursing	D2A pilot	110
CHS Healthcare	CHC nurse assessment function	659
Great Western Foundation Trust	SPA	211
Prospect Hospice	Hospice at home service	200
Great Western Foundation Trust	Telehealth units	211
SWAST	Home visiting service	101
Blackpear	One year's worth of costs associated with ETTF developments	133
Primary Care GP practices	Care Home LES	300
Great Western Foundation Trust	SWICC	5,433
<b>TOTAL</b>		<b>7,358</b>

#### 4. Alternative Options

- 4.1 The option of not having a Better Care Fund is rejected as it would mean that there is no agreed plan and no further allocation of funding for Swindon 2017/19.

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

##### Financial and Procurement Implications

- 5.1 The planned expenditure is built into the budget planning process for the CCG and Swindon Borough Council (SBC) for 2017/18 and 2018/19. Other financial implications are detailed in the report appendices.

##### Legal and Human Rights Implications

- 5.2 There are no specific Legal or Human Rights implications arising from this report. The section 256 and 75 agreements are a legal contract that outlines the responsibilities of both the CCG and SBC through the aligned and pooled budget arrangement.

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

- 5.3 None identified.

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## Better Care Fund 2017-2019

### Health and Wellbeing Board

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#### Diversity Impact Assessment

- 5.4 The BCF Plan 2017/19 will positively impact on vulnerable people living in Swindon's community.

#### Risk Management

- 5.5 Risks have been identified as well as mitigating actions which are part of the Better Care Fund Narrative Plan (Appendix 2).

### **6. Consultees**

- 6.1 Executive Management groups of both the Clinical Commissioning Group and Swindon Borough Council, as well as the Health and Wellbeing Board (May 2017).
- 6.2 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

### **7. Background Papers**

- 7.1 None.

### **8. Appendices**

- 8.1 Appendix 1: BCF Financial Plan 2017/19 (Funding Sources, Expenditure Plan, Metrics and National Conditions) (*This appendix can be inspected on the Council's website at:*  
<http://ww5.swindon.gov.uk/moderngov/ieListMeetings.aspx?CId=933&Year=0> ).
- 8.2 Appendix 2: BCF Narrative Plan 2017/19 (*This appendix, with appendices to other reports in this agenda, have been circulated to the members of the Health and Wellbeing Board under separate cover. All appendices can be inspected on the Council's website at:*  
<http://ww5.swindon.gov.uk/moderngov/ieListMeetings.aspx?CId=933&Year=0> and copies can be obtained from Committee and Member Services).
- 8.3 Appendix 3: DTOC Plan including High Impact Change Self-Assessment. (*This appendix can be inspected on the Council's website at:*  
<http://ww5.swindon.gov.uk/moderngov/ieListMeetings.aspx?CId=933&Year=0> ).
- 8.4 Appendix 4: Adults with Needs Emerging Market Position Statement 2017-2022. (*This appendix can be inspected on the Council's website at:*  
<http://ww5.swindon.gov.uk/moderngov/ieListMeetings.aspx?CId=933&Year=0> ).

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Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, [swald@swindon.gov.uk](mailto:swald@swindon.gov.uk).

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Planning Template for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: Guidance

Overview

This template is to be read and used in conjunction with the BCF Policy Framework document and the BCF Planning Requirements document which provides the background and further details on the planning requirements for 2017-2019.

The purpose of this template is to collect the BCF planning information for each HWB which includes confirmation of National Conditions, specific funding requirements, scheme level financial information and planning metrics for the period 2017-2019.

This template should also be aligned to the BCF narrative plan documents for the BCF schemes being planned for 2017-2019 by the HWB.

Note on entering information into this template

- 1. Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:  
Yellow: Data needs inputting in the cell  
Blue: Pre-populated cell
- 2. All cells in this template requiring a numerical input are restricted to values between 0 and 1,000,000,000
- 3. This template captures data for two years 2017-19

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to tab)

- 1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before submission for plan-assurance.
- 2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
- 3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
- 4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- 5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
- 6. Please ensure that all boxes on the checklist tab are green before submission.

Summary (click to go to tab)

- 1. This sheet summarises the key planning information provided on the template to be used for review and plan-assurance.
- 2. Print guidance: By default this sheet has been set up to print across 4 pages, landscape mode and A4.

1. Cover (click to go to tab)

- 1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
- 2. Please enter the following information on this sheet:
  - Several area assurance contact roles have been pre-populated for you to fill in, please enter the name of that contact and their email address for use in resolving any queries regarding the return;
  - Please add any further area contacts that you would wish to be included in official correspondence. Please include their job title, and their email address.
- 3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all 5 cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)



## 2. HWB Funding Sources (click to go to tab)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund plan and pooled budget for 2017-19. It will be pre-populated with the minimum CCG contributions to the BCF, the DFG allocations and the iBCF allocations. These cannot be changed. The sheet also requests a number of confirmations in regard to the funding that is made available through the BCF for specific purposes.

2. This sheet captures the various funding sources that contribute to the total BCF pool for the Local Area. The DFG, iBCF and CCG minimum funding streams are pre-populated and do not need re-entering.

Please enter the following information on this sheet:

- Additional contributions from Local Authorities or CCGs: as applicable are to be entered on this tab on the appropriate sections highlighted in "yellow".
- Additional Local Authority contributions: Please detail any additional Local Authority funding contributions by selecting the relevant authorities within the HWB and then entering the values of the contributions. Please use the comment boxes alongside to add any specific detail around this additional contribution.
- Additional CCG contributions: Please detail any additional CCG funding contributions by selecting the relevant CCGs. Please note, only contributions assigned to a CCG will be included in the 'Total Additional CCG Contribution' figure.
- Funding contributions narrative: Please enter any comments in the "Funding Contributions Narrative" field to offer any information that could be useful to further clarify or elaborate on the funding sources allocations entered including any assumptions that may have been made.
- Specific funding requirements: This section requests confirmation on the specific funding requirements for 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for further details. These are mandatory conditions and will need to be confirmed through the planning assurance process. Please select "Yes" where the funding requirement can be confirmed as having been met, or "No" to indicate that the requirement is unconfirmed. Where "No" is selected as the status, please provide further detail in the comments box alongside to indicate the actions being taken or considered towards confirming the requirement.

## 3. HWB Expenditure Plan (click to go to tab)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to demonstrate how the national policy framework is being achieved.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme. In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this tab please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple lines.

2. Scheme Name:

- This is a free field. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

4. Area of Spend:

- Please select the area of spend from the drop down list by considering the area of the health and social system which is most supported by investing in the scheme.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

5. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme to the provider. If there is a single commissioner please select the option from the drop down list.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

6. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

7. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list.
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines.

8. Scheme Duration:

- Please select the timeframe for which the scheme is planned for from the drop down list: whether 2017-18, 2018-19 or Both Years.

9. Expenditure (£) 2017-19:

- Please enter the planned spend for the scheme (Based on the duration of the scheme, please enter this information for 2017-18, 2018-19 or both)

**This is the only detailed information on BCF schemes being collected centrally for 2017-19 but it is expected that detailed plans and narrative plans will continue to be developed locally and this information will be consistent across them.**



**4. HWB Metrics (click to go to tab)**

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2017-19. The BCF requires plans to be set for 4 nationally defined metrics.

This should build on planned and actual performance on these metrics in 2016-17.

**1. Non-Elective Admissions (NEA) metric planning:**

- The NEA plan totals are pre-populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2017-19. This is to align with the wider CCG Ops planning for this metric
- If the BCF schemes are aiming for additional NEA reductions which are not already built into the CCG Operating Plan numbers for NEAs, please select "Yes" to the question "Are you planning on additional quarterly reductions". This will make the cells in the table below editable. Please enter the additional quarterly planned NEA reductions for 2017-19 in these cells.
- Where an additional reduction in NEA activity is planned for through the BCF schemes, an option is provided to set out an associated NEA performance related contingency reserve arrangement (this is described in the Planning Requirements document). When opting to include this arrangement, please select "Yes" on the NEA cost question. This will enable any adjustments to be made to the NEA cost assumptions (just below) which are used to calculate the contingency reserve fund. Please add a reason for any adjustments made to the cost of NEA
- Further information on planning further reductions in Non-Elective Activity and associated contingency reserve arrangements is set out within the BCF Planning Requirements document.

**2. Residential Admissions (RES) planning:**

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS 2014 based subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

**3. Reablement (REA) planning:**

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

**4. Delayed Transfers of Care (DToC) planning:**

- Please refer to the BCF Planning Requirements 17/19 when completing this section.
- This section captures the planned Delayed Transfers Of Care (delayed days) metric for 2017/19
- Please input the delayed days figure for each quarter.
- The total delayed days and the quarterly rate is then calculated based on this entered information
- The denominator figure in row 95 is pre-populated (population - aged 18+, 2014 based SNPP). This figure is utilised to calculate the quarterly rate.
- Please add a commentary in the column alongside to provide any supporting or explanatory information in relation to how this metric has been planned.

**5. National Conditions (click to go to tab)**

This sheet requires the Health & Wellbeing Board to confirm whether the national conditions detailed in the Better Care Fund Planning Guidance are on track to be met through the delivery of your plan in 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2017-19 where the BCF national conditions are set out in full. Please answer as at the time of completion.

On this tab please enter the following information:

**1. Confirmation status for 2017/18 and 2018/19:**

For each national condition please use the 2017/18 column to select 'Yes' or 'No' to indicate whether there is a clear plan set out to meet the condition for 2017/18 and again for 2018/19. Selecting 'Yes' confirms meeting the National Condition for the Health and Well Being board as per the BCF Policy Framework and Planning Requirements for 17/19

2. Where the confirmation selected is 'No', please use the comments box alongside to indicate when it is expected that the condition will be met / agreed if it is not being currently. Please detail in the comments box issues and/or actions that are being taken to meet the condition, when it is expected that the condition will be met and any other supporting information.

**CCG - HWB Mapping (click to go to tab)**

The final tab provides details of the CCG to HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity plans.

# Planning Template for BCF: due on 11/09/2017

## Better Care Fund 2017-19 Planning Template

Sheet: Checklist

[<< Link to the Guidance tab](#)

### \*Complete Template\*

#### 1. Cover

	Cell Reference	Checker
Health and Well Being Board	C10	Yes
Completed by:	C13	Yes
E-mail:	C15	Yes
Contact number:	C17	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C19	Yes
Area Assurance Contact Details	C22 : G31	Yes

Sheet Completed:

Yes

## 2. HWB Funding Sources

	Cell Reference	Checker
Are any additional LA Contributions being made on 2017/18? If yes please detail below	C35	Yes
Are any additional LA Contributions being made on 2018/19? If yes please detail below	D35	Yes
Local authority additional contribution:	B38 : B40	Yes
Gross Contribution (2017/18)	C41	Yes
Gross Contribution (2018/19)	D41	Yes
Comments (if required)	F38	N/A
Are any additional CCG Contributions being made on 2017/18? If yes please detail below;	C62	Yes
Are any additional CCG Contributions being made on 2018/19? If yes please detail below;	D62	Yes
Additional CCG Contribution:	B65	Yes
Gross Contribution (2017/18)	C65	Yes
Gross Contribution (2018/19)	D65	Yes
Comments (if required)	F65	N/A
Funding Sources Narrative	B83	N/A
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2017/18)	C91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2017/18)	C93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2017/18)	C94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2017/18)	C95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2017/18)	C96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2017/18)	C97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2017/18)	C98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2018/19)	D91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2018/19)	D93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2018/19)	D94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2018/19)	D95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2018/19)	D96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2018/19)	D97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2018/19)	D98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? Comments	E91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? Comments	E93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? Comments	E94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	E95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	E96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	E97	Yes
6. Is the iBCF grant included in the pooled BCF fund? Comments	E98	Yes

Sheet Completed:

Yes

### 3. HWB Expenditure Plan

	Cell Reference	Checker
Scheme ID	B18 : B267	Yes
Scheme Name	C18 : C267	Yes
Scheme Type (see table below for descriptions)	D18 : D267	Yes
Sub Types	E18 : E267	Yes
Please specify if 'Scheme Type' or 'Sub Type' is 'other'	F18 : F267	Yes
Area of Spend	G18 : G267	Yes
Please specify if 'Area of Spend' is 'other'	H18 : H267	Yes
Commissioner	I18 : I267	Yes
if Joint Commissioner % NHS	J18 : J267	Yes
if Joint Commissioner % LA	K18 : K267	Yes
Provider	L18 : L267	Yes
Source of Funding	M18 : M267	Yes
Scheme Duration	N18 : N267	Yes
2017/18 Expenditure (£000's)	O18 : O267	Yes
2018/19 Expenditure (£000's)	P18 : P267	Yes
New or Existing Scheme	Q18 : Q267	Yes

Sheet Completed:	Yes
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### 4. HWB Metrics

	Cell Reference	Checker
4.1 - Are you planning on any additional quarterly reductions?	E18	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2017/18)	F20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2017/18)	G20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2017/18)	H20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2017/18)	I20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2018/19)	J20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2018/19)	K20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2018/19)	L20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2018/19)	M20	Yes
4.1 - Are you putting in place a local contingency fund agreement on NEA?	E24	Yes
4.1 - Cost of NEA (2017/18)	E30	Yes
4.1 - Cost of NEA (2018/19)	E31	Yes
4.1 - Comments (2017/18) (if required)	F30	N/A
4.1 - Comments (2018/19) (if required)	F31	N/A
4.2 - Residential Admissions : Numerator : Planned 17/18	H48	Yes
4.2 - Residential Admissions : Numerator : Planned 18/19	I48	Yes
4.2 - Comments (if required)	J47	N/A
4.3 - Reablement : Numerator : Planned 17/18	H57	Yes
4.3 - Reablement : Denominator : Planned 17/18	H58	Yes
4.3 - Reablement : Numerator : Planned 18/19	I57	Yes
4.3 - Reablement : Denominator : Planned 18/19	I58	Yes
4.3 - Comments (if required)	J56	N/A
4.4 - Delayed Transfers of Care : Planned Q1 17/18	I65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 17/18	J65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 17/18	K65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 17/18	L65	Yes
4.4 - Delayed Transfers of Care : Planned Q1 18/19	M65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 18/19	N65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 18/19	O65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 18/19	P65	Yes
4.4 - Comments (if required)	Q64	N/A

Sheet Completed:	Yes
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5. National Conditions

	Cell Reference	Checker
1) Plans to be jointly agreed (2017/18)	C14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2017/18)	C15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2017/18)	C16	Yes
4) Managing transfers of care	C17	Yes
1) Plans to be jointly agreed (2018/19)	D14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2018/19)	D15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2018/19)	D16	Yes
4) Managing transfers of care	D17	Yes
1) Plans to be jointly agreed, Comments	E14	Yes
2) NHS contribution to adult social care is maintained in line with inflation, Comments	E15	Yes
3) Agreement to invest in NHS commissioned out of hospital services, Comments	E16	Yes
4) Managing transfers of care	E17	Yes

Sheet Completed:	Yes
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# Planning Template for BCF: due on 11/09/2017

Summary of Health and Well-Being Board 2017-19 Planning Template

Selected Health and Well

Swindon

Data Submission Period:

2017-19

Summary

[<< Link to the Guidance tab](#)

## 2. HWB Funding Sources

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£4,821,080	£4,937,005
Total iBCF Contribution	£2,914,266	£3,778,574
Total Minimum CCG Contribution	£12,366,631	£12,601,597
Total Additional CCG Contribution	£2,579,000	£2,579,000
<b>Total BCF pooled budget</b>	<b>£22,680,977</b>	<b>£23,896,176</b>

### Specific Funding Requirements for 2017-19

	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?		
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes

### 3. HWB Expenditure Plan

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£8,345,000	£8,452,776
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£12,213,977	£13,307,400
Other	£2,122,000	£2,136,000
<b>Total</b>	<b>£22,680,977</b>	<b>£23,896,176</b>

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£5,631,000	£5,738,776
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£6,062,631	£6,177,821
Other	£673,000	£685,000
<b>Total</b>	<b>£12,366,631</b>	<b>£12,601,597</b>



## Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (\*\*)

Hospital Services Spend from MINIMUM BCF Pool (**)	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£0	£0
Community Health	£5,631,000	£5,738,776
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£6,062,631	£6,177,821
Other	£673,000	£685,000
<b>Total</b>	<b>£12,366,631</b>	<b>£12,601,597</b>
NHS Commissioned OOH Ringfence	£3,514,246	£3,581,016

### Additional NEA Reduction linked Contingency Fund

Additional NEA Reduction linked Contingency Fund	2017/18 Fund	2018/19 Fund
NEA metric linked contingency fund held from the ringfenced local allocation for NHS OOH spend	£83,440	£128,140

### BCF Expenditure on Social Care from Minimum CCG Contribution

Minimum CCG Contribution	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum		£5,988,055	£6,101,828
Planned Social Care expenditure from the CCG minimum	£5,882,754	£6,062,631	£6,177,821
Annual % Uplift Planned		3.1%	1.9%
Minimum mandated uplift % (Based on inflation)		1.79%	1.90%

#### 4. HWB Metrics

##### 4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	5,937	6,071	6,357	5,802	6,038	6,175	6,465	5,900	24,167	24,578
HWB Quarterly Additional Reduction Figure	0	19	20	17	24	23	20	19	56	86
HWB NEA Plan (after reduction)	5,937	6,052	6,337	5,785	6,014	6,152	6,445	5,881	24,111	24,492
Additional NEA reduction delivered through the BCF	£0	£28,310	£29,800	£25,330	£35,760	£34,270	£29,800	£28,310	£83,440	£128,140

##### 4.2 Residential Admissions

		Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	577	562

##### 4.3 Reablement

		Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	86.1%	87.5%

##### 4.4 Delayed Transfers of Care

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
		1,577	1,001	896	728	736	744	744	723

5. National Conditions		
National Conditions For The BCF 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?
1) Plans to be jointly agreed	Yes	Yes
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes
4) Managing transfers of care	Yes	Yes

**Footnotes**

\* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

\*\* **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;

Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)

Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)

Source of Funding = CCG Minimum Contribution

\*\*\***Summary of BCF Expenditure from Minimum CCG contribution** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' from the minimum CCG contribution that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

Source of Funding = CCG Minimum Contribution

# Planning Template for BCF: due on 11/09/2017

## Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

[<< Link to the Guidance tab](#)

*You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.*

*Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".*

*Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.*

Health and Well Being Board	Swindon
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Completed by:	Sue Wald/Paul Vater
---------------	---------------------

E-Mail:	swald@swindon.gov.uk
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Contact Number:	07824550407
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Who signed off the report on behalf of the Health and Well Being Board:	Brian Mattock Chair, Councillor Brian Ford Cabinet Member Adults
---	--

	Role:	Title and Name:	E-mail:
Area Assurance Contact Details*	Health and Wellbeing Board Chair	Brian Mattock	brian.mattock@ntlworld.com
	Clinical Commissioning Group Accountable Officer (Lead)	Nicki Millin	nicki.millin@swindonccg.nhs.uk
	Additional Clinical Commissioning Group(s) Accountable Officers	none	none
	Local Authority Chief Executive	John Gilbert	jgilbert@swindon.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Sue Wald	swald@swindon.gov.uk
	Better Care Fund Lead Official	Phillipa Lamb	plamb@swindon.gov.uk
	LA Section 151 officer	Mike Bowden	mbowden@swindon.gov.uk
	CCG Lead	Paul Vater	paul.vater@swindonccg.nhs.uk
	Cabinet Member Adults	Councillor Brian Ford	bjf1@gmail.com
Please add further area contacts that you would wish to be included in official correspondence -->		n/a	n/a

\*Only those identified will be addressed in official correspondence

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

### \*Complete Template\*

	No. of questions answered
1. Cover	6
2. HWB Funding Sources	31
3. HWB Expenditure Plan	16
4. HWB Metrics	31
5. National Conditions	12

**Planning Template for BCF: due on 11/09/2017**

## Sheet: 2. Health and Well-Being Board Funding Sources

**Selected Health and Well Being Board:**

## Swindon

**Data Submission Period:**

	2017-19
1. <b>Overall</b>	1.00
2. <b>Non-Indigenous</b>	1.00
3. <b>Indigenous</b>	1.00
4. <b>Female</b>	1.00
5. <b>Male</b>	1.00
6. <b>Age 15-24</b>	1.00
7. <b>Age 25-34</b>	1.00
8. <b>Age 35-44</b>	1.00
9. <b>Age 45-54</b>	1.00
10. <b>Age 55-64</b>	1.00
11. <b>Age 65+</b>	1.00
12. <b>Low Income</b>	1.00
13. <b>Medium Income</b>	1.00
14. <b>High Income</b>	1.00
15. <b>Low Education</b>	1.00
16. <b>Medium Education</b>	1.00
17. <b>High Education</b>	1.00
18. <b>Low Employment</b>	1.00
19. <b>Medium Employment</b>	1.00
20. <b>High Employment</b>	1.00
21. <b>Low Health</b>	1.00
22. <b>Medium Health</b>	1.00
23. <b>High Health</b>	1.00
24. <b>Low Mobility</b>	1.00
25. <b>Medium Mobility</b>	1.00
26. <b>High Mobility</b>	1.00
27. <b>Low Social</b>	1.00
28. <b>Medium Social</b>	1.00
29. <b>High Social</b>	1.00
30. <b>Low Culture</b>	1.00
31. <b>Medium Culture</b>	1.00
32. <b>High Culture</b>	1.00
33. <b>Low Environment</b>	1.00
34. <b>Medium Environment</b>	1.00
35. <b>High Environment</b>	1.00
36. <b>Low Safety</b>	1.00
37. <b>Medium Safety</b>	1.00
38. <b>High Safety</b>	1.00
39. <b>Low Quality</b>	1.00
40. <b>Medium Quality</b>	1.00
41. <b>High Quality</b>	1.00
42. <b>Low Access</b>	1.00
43. <b>Medium Access</b>	1.00
44. <b>High Access</b>	1.00
45. <b>Low Services</b>	1.00
46. <b>Medium Services</b>	1.00
47. <b>High Services</b>	1.00
48. <b>Low Infrastructure</b>	1.00
49. <b>Medium Infrastructure</b>	1.00
50. <b>High Infrastructure</b>	1.00
51. <b>Low Governance</b>	1.00
52. <b>Medium Governance</b>	1.00
53. <b>High Governance</b>	1.00
54. <b>Low Transparency</b>	1.00
55. <b>Medium Transparency</b>	1.00
56. <b>High Transparency</b>	1.00
57. <b>Low Accountability</b>	1.00
58. <b>Medium Accountability</b>	1.00
59. <b>High Accountability</b>	1.00
60. <b>Low Participation</b>	1.00
61. <b>Medium Participation</b>	1.00
62. <b>High Participation</b>	1.00
63. <b>Low Inequality</b>	1.00
64. <b>Medium Inequality</b>	1.00
65. <b>High Inequality</b>	1.00
66. <b>Low Discrimination</b>	1.00
67. <b>Medium Discrimination</b>	1.00
68. <b>High Discrimination</b>	1.00
69. <b>Low Violence</b>	1.00
70. <b>Medium Violence</b>	1.00
71. <b>High Violence</b>	1.00
72. <b>Low Crime</b>	1.00
73. <b>Medium Crime</b>	1.00
74. <b>High Crime</b>	1.00
75. <b>Low Corruption</b>	1.00
76. <b>Medium Corruption</b>	1.00
77. <b>High Corruption</b>	1.00
78. <b>Low Trust</b>	1.00
79. <b>Medium Trust</b>	1.00
80. <b>High Trust</b>	1.00
81. <b>Low Cohesion</b>	1.00
82. <b>Medium Cohesion</b>	1.00
83. <b>High Cohesion</b>	1.00
84. <b>Low Solidarity</b>	1.00
85. <b>Medium Solidarity</b>	1.00
86. <b>High Solidarity</b>	1.00
87. <b>Low Tolerance</b>	1.00
88. <b>Medium Tolerance</b>	1.00
89. <b>High Tolerance</b>	1.00
90. <b>Low Respect</b>	1.00
91. <b>Medium Respect</b>	1.00
92. <b>High Respect</b>	1.00
93. <b>Low Freedom</b>	1.00
94. <b>Medium Freedom</b>	1.00
95. <b>High Freedom</b>	1.00
96. <b>Low Rights</b>	1.00
97. <b>Medium Rights</b>	1.00
98. <b>High Rights</b>	1.00
99. <b>Low Justice</b>	1.00
100. <b>Medium Justice</b>	1.00
101. <b>High Justice</b>	1.00
102. <b>Low Peace</b>	1.00
103. <b>Medium Peace</b>	1.00
104. <b>High Peace</b>	1.00
105. <b>Low Stability</b>	1.00
106. <b>Medium Stability</b>	1.00
107. <b>High Stability</b>	1.00
108. <b>Low Security</b>	1.00
109. <b>Medium Security</b>	1.00
110. <b>High Security</b>	1.00
111. <b>Low Prosperity</b>	1.00
112. <b>Medium Prosperity</b>	1.00
113. <b>High Prosperity</b>	1.00
114. <b>Low Well-being</b>	1.00
115. <b>Medium Well-being</b>	1.00
116. <b>High Well-being</b>	1.00
117. <b>Low Happiness</b>	1.00
118. <b>Medium Happiness</b>	1.00
119. <b>High Happiness</b>	1.00
120. <b>Low Life Satisfaction</b>	1.00
121. <b>Medium Life Satisfaction</b>	1.00

## 2. HWB Funding Sources

[<< Link to the Guidance tab](#)

Local Authority Contributions exc iBCF		
Disabled Facilities Grant (DFG)	2017/18 Gross Contribution	2018/19 Gross Contribution
Swindon	£982,080	£1,067,005
Lower Tier DFG Breakdown (for applicable two tier authorities)		
<b>Total Minimum LA Contribution exc iBCF</b>	<b>£982,080</b>	<b>£1,067,005</b>

Are any additional LA Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	Yes
--	-----	-----

Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Swindon	£3,839,000	£3,870,000
<b>Total Local Authority Contribution</b>	<b>£4,821,080</b>	<b>£4,937,005</b>

Comments - please use this box clarify any specific uses or sources of funding
Council funds invested in supporting prevention, carers and reablement activities

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Swindon	£2,914,266	£3,778,574
<b>Total iBCF Contribution</b>	<b>£2,914,266</b>	<b>£3,778,574</b>

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Swindon CCG	£12,366,631	£12,601,597
<b>Total Minimum CCG Contribution</b>	<b>£12,366,631</b>	<b>£12,601,597</b>



Are any additional CCG Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	Yes
---	-----	-----

Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Swindon CCG	£2,579,000	£2,579,000
<b>Total Additional CCG Contribution</b>	<b>£2,579,000</b>	<b>£2,579,000</b>

Comments - please use this box clarify any specific uses or sources of funding
Additional CCG investment into reablement and enhanced community health services

	2017/18	2018/19
<b>Total BCF pooled budget</b>	<b>£22,680,977</b>	<b>£23,896,176</b>

Funding Contributions Narrative
Swindon CCG has increased its contribution to BCF to include the Intermediate care beds which are part of out of hospital commissioned services. Swindon Borough Council has added additional contributions for those areas where both agencies now fully pool resources. we are therefore able to show full costs of the relevant services

Specific funding requirements for 2017-19	2017/18	2018/19	If the selected response for either year is 'No', please detail in the comments box
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes	
2. In areas with two tiers of local government:			
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?			
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.			
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes	
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes	
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes	
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes	

Planning Template for BCF: due on 11/09/2017

Sheet: 3. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

Swindon

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc IBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

Expenditure														
Scheme Descriptions Link >>														
Sch eme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)
1	Prevention of hospital admission and crisis support	2. Care navigation / coordination	1. Care coordination		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£211,000	£215,000
1	Prevention of hospital admission and crisis support	7. Enablers for integration	2. System IT Interoperability		Other	IT	CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£133,000	£135,000
1	Prevention of hospital admission and crisis support	9. High impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Social Care		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£193,000	£197,000
1	Prevention of hospital admission and crisis support	2. Care navigation / coordination	1. Care coordination		Social Care		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£804,000	£819,224
1	Prevention of hospital admission and crisis support	12. Personalised healthcare at home	3. Other	hospice at home	Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£200,000	£203,776
1	Prevention of hospital admission and crisis support	11. Intermediate care services	3. Rapid/Crisis Response		Community Health		CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£101,000	£103,000
2	Reablement and technology	11. Intermediate care services	4. Reablement/Reh abilitation services		Social Care		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£726,631	£852,597
2	Reablement and technology	1. Assistive Technologies	1. Telecare		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£211,000	£215,000
2	Reablement and technology	11. Intermediate care services	4. Reablement/Reh abilitation services		Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£221,000	£225,000
2	Reablement and technology	11. Intermediate care services	4. Reablement/Reh abilitation services		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£130,000	£130,000
2	Telecare	1. Assistive Technologies	1. Telecare		Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£208,000	£208,000
3	Enhanced community capacity - community navigator	2. Care navigation / coordination	1. Care coordination		Social Care		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£300,000	£306,000
3	Community capacity - voluntary sector	16. Other		prevention	Other	voluntary sector prevention	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£540,000	£550,000
3	Community capacity - voluntary sector	16. Other		prevention	Other	voluntary sector prevention	Local Authority			Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£1,449,000	£1,451,000
4	Discharge to assess - nursing beds	9. High impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Social Care		CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£114,000	£116,000
4	Discharge to assess - fessey beds	11. Intermediate care services	4. Home First/Discharge to Access		Social Care		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£318,000	£324,000

Selected Health and Well Being Board:

Swindon

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet		
Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

Expenditure													
Scheme Descriptions Link >>				Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types										
5	Effective discharge from hospital	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access			CCG			Private Sector	CCG Minimum Contribution	2017/18 Only	£110,000	
5	Effective discharge from hospital	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access			CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£166,000	£169,000
5	Effective discharge from hospital	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access			CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,106,000	£1,127,000
5	Effective discharge from hospital (winter contingency)	11. Intermediate care services	3. Rapid/Crisis Response			Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£329,000	£329,000
5	Effective discharge from hospital (CHC)	2. Care navigation / coordination	1. Care coordination			CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£659,000	£672,000
5	Effective discharge from hospital - equipment /wheelchairs	12. Personalised healthcare at home	2. Other - Physical health / wellbeing			CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,095,000	£1,116,000
5	Effective discharge from hospital	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams			Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£684,000	£698,000
5	Effective discharge from hospital	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access			Local Authority			NHS Community Provider	Improved Better Care Fund	Both 2017/18 and 2018/19	£135,000	£135,000
5	Effective discharge - community equipment (SBC share)	12. Personalised healthcare at home	2. Other - Physical health / wellbeing			Local Authority			NHS Community Provider	Local Authority Contribution	Both 2017/18 and 2018/19	£478,000	£478,000
6	Carer Support	3. Carers services	4. Other	suppor, breaks and respite		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£841,000	£857,000
6	Carer Support	3. Carers services	2. Implementation of Care Act			CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£207,000	£211,000
6	Carer Support	3. Carers services	1. Carer advice and support			Local Authority			Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£240,000	£240,000
6	Carer Support	3. Carers services	3. Respite services			Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£559,000	£570,000
7	Disabled facilities Grant capital	4. DFG - Adaptations				Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£982,080	£1,067,005
8	Out of hospital care - care homes support and trusted assessor	9. High Impact Change Model for Managing Transfer of Care	8. Enhancing Health in Care Homes			CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£300,000	£306,000
8	Out of hospital care - care homes support and trusted assessor	8. Healthcare services to Care Homes	2. Other - Physical health/wellbeing			CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,854,000	£2,908,000
9	Managing demand	16. Other		domiciliary and residential care		CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£907,000	£924,000
9	managing demand	16. Other		residential and domiciliary care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£2,000,266	£2,864,574
10	Care Act	2. Care navigation / coordination	1. Care coordination			CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£270,000	£275,000
11	Workforce and transformation	9. High Impact Change Model for Managing Transfer of Care	2. Systems to Monitor Patient Flow			Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£120,000	£120,000
11	Workforce and transformation	2. Care navigation / coordination	1. Care coordination			Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£200,000	£200,000
8	Out of hospital care - care homes support and trusted assessor	8. Healthcare services to Care Homes	2. Other - Physical health/wellbeing			CCG			NHS Community Provider	Additional CCG Contribution	Both 2017/18 and 2018/19	£2,579,000	£2,579,000

Swindon

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	2017-19
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<b>Running Balances</b>	<b>2017/18</b>	<b>2018/19</b>
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

[illegible]

Swindon

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	2017-19
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<i>Running Balances</i>	2017/18	2018/19
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BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc IBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
IBCF	£0	£0
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

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Swindon

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	2017-19
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<i>Running Balances</i>	2017/18	2018/19
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BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc IBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
IBCF	£0	£0
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

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Swindon

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	2017-19
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<i>Running Balances</i>	2017/18	2018/19
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BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc IBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
IBCF	£0	£0
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

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Swindon

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	2017-19
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<i>Running Balances</i>	2017/18	2018/19
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Swindon

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	2017-19
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<i>Running Balances</i>	2017/18	2018/19
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BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc IBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
IBCF	£0	£0
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

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Swindon

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	2017-19
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<i>Running Balances</i>	2017/18	2018/19
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BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc IBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
IBCF	£0	£0
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

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Swindon

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	2017-19
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<i>Running Balances</i>	2017/18	2018/19
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BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc IBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
IBCF	£0	£0
<b>Running Totals</b>	<b>2017/18</b>	<b>2018/19</b>
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

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Selected Health and Well Being Board:

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3. HWB Expenditure Plan

<< [Link to Guidance tab](#)

Link to Summary sheet		
Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£6,062,631	£6,177,821
Ringfenced NHS Commissioned OOH spend	£12,366,631	£12,601,597

Expenditure													
Scheme Descriptions Link >>				Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)
Sch eme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types										

[Link back to the top of the sheet >>](#)

Scheme Type	Description	Sub type
1. Assistive Technologies	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	1. Telecare 2. Wellness services 3. Digital participation services 4. Other
2. Care navigation / coordination	A service to help people find their way to appropriate services and support and thus also support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. This is often as part of a multi-agency team which can be on line or use face to face care navigators for frail elderly, or dementia navigators etc. . This includes approaches like Single Point of Access (SPoA) and linking people to community assets.	1. Care coordination 2. Single Point of Access 3. Other
3. Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	1. Carer advice and support 2. Implementation of Care Act 3. Respite services 4. Other
4. DFG - Adaptations	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	
5. DFG - Other Housing	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
6. Domiciliary care at home	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	1. Dom care packages 2. Dom care workforce development 3. Other
7. Enablers for integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning.	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Developme 9. Employment services 10. Joint commissioning infrastructure 11. Other
8. Healthcare services to Care Homes	Improve the availability and quality of primary and community health services delivered to care home residents. Support the Care Home workers to improve the delivery of non-essential healthcare skills. This includes provider led interventions in care homes and commissioning activities eg. joint commissioning/quality assurance for residential and nursing homes.	1. Other - Mental health / wellbeing 2. Other - Physical health / wellbeing 3. Other
9. High Impact Change Model for Managing Transfer of Care	The 8 changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system.	1. Early Discharge Planning 2. Systems to Monitor Patient Flow 3. Multi-Disciplinary/Multi-Agency Dischar Teams 4. Home First/Discharge to Access 5. Seven-Day Services 6. Trusted Assessors 7. Focus on Choice 8. Enhancing Health in Care Homes 9. Other
10. Integrated care planning	A co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	1. Care planning 2. Integrated care packages 3. Review teams (reviewing placements/packages) 4. Other
11. Intermediate care services	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and delivered by a combination of professional groups. Services could include Step up/down, Reablement (restorative of self-care), Rapid response or crisis response including that for falls.	1. Step down 2. Step up 3. Rapid/Crisis Response 4. Reablement/Rehabilitation services 5. Other
12. Personalised healthcare at home	Schemes specifically designed to ensure that a person can continue to live at home through the provision of health related support at home. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term and end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in the Personalised Healthcare at Home scheme type.	1. Other - Mental health /wellbeing 2. Other - Physical health/wellbeing 3. Other
13. Primary prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	1. Social Prescribing 2. Other - Mental health /wellbeing 3. Other - Physical health/wellbeing 4. Other
14. Residential placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	1. Supported living 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Other
15. Wellbeing centres	Wellbeing centres provide a space to offer a range of support and activities that promote holistic wellbeing or to help people to access them elsewhere in the community or local area. They can typically be commissioned jointly and provided by the third sector.	
16. Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

Selected Health and Well Being t

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3. HWB Expenditure Plan

<< Link to Guidance tab

Sch eme ID	Scheme Name	New/ Existing Scheme
1	Prevention of hospital admission and crisis support	Existing
1	Prevention of hospital admission and crisis support	New
1	Prevention of hospital admission and crisis support	Existing
1	Prevention of hospital admission and crisis support	Existing
1	Prevention of hospital admission and crisis support	New
1	Prevention of hospital admission and crisis support	New
2	Reablement and technology	New
2	Reablement and technology	Existing
2	Reablement and technology	New
2	Reablement and technology	New
2	Telecare	new
3	Enhanced community capacity - community navigator	New
3	Community capacity - voluntary sector	Existing
3	Community capacity - voluntary sector	Existing
4	Discharge to assess - nursing beds	Existing
4	Discharge to assess - fessey beds	Existing

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Sch eme ID	Scheme Name	New/ Existing Scheme
5	Effective discharge from hospital	New
5	Effective discharge from hospital	Existing
5	Effective discharge from hospital	Existing
5	Effective discharge from hospital (winter contingency)	New
5	Effective discharge from hospital (CHC)	New
5	Effective discharge from hospital - equipment /wheelchairs	New
5	Effective discharge from hospital	New
5	Effective discharge from hospital	New
5	Effective discharge - community equipment (SBC share)	New
6	Carer Support	Existing
6	Carer Support	Existing
6	Carer Support	new
6	Carer Support	New
7	Disabled facilities Grant capital	Existing
8	Out of hospital care - care homes support and trusted assessor	New
8	Out of hospital care - care homes support and trusted assessor	Existing
9	Managing demand	Existing
9	managing demand	new
10	Care Act	Existing
11	Workforce and transformation	New
11	Workforce and transformation	new
8	Out of hospital care - care homes support and trusted assessor	Existing

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### Discussion

2017-19

### 3. HWB Expenditure Plan

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### 3. HWB Expenditure Plan

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### 3. HWB Expenditure Plan

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3. HWB Expenditure Plan

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Sch eme ID	Scheme Name	New/ Existing Scheme

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Scheme Type
1. Assistive Technologies
2. Care navigation / coordination
3. Carers services
4. DFG - Adaptations
5. DFG - Other Housing
6. Domiciliary care at home
7. Enablers for integration
nt
8. Healthcare services to Care Homes
9. High Impact Change Model for Managing Transfer of Care
ge
10. Integrated care planning
11. Intermediate care services
12. Personalised healthcare at home
13. Primary prevention / Early Intervention
14. Residential placements
15. Wellbeing centres
16. Other



Planning Template for BCF: due on 11/09/2017

Sheet: 4. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:  
Swindon

Data Submission Period:  
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4. HWB Metrics

<< [Link to the Guidance tab](#)

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	5,937	6,071	6,357	5,802	6,038	6,175	6,465	5,900	24,167	24,578

Are you planning on any additional quarterly reductions? Yes

If yes, please complete HWB Quarterly Additional Reduction Figures

HWB Quarterly Additional Reduction	0	19	20	17	24	23	20	19	56	86
HWB NEA Plan (after reduction)	5,937	6,052	6,337	5,785	6,014	6,152	6,445	5,881	24,111	24,492
HWB Quarterly Plan Reduction %	0.00%	0.31%	0.31%	0.29%	0.40%	0.37%	0.31%	0.32%	0.23%	0.35%

Are you putting in place a local contingency fund agreement on NEA? No

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£3,514,246	£3,581,016

Cost of NEA as used during 16/17***	£1,490	Please add the reason, for any adjustments to the cost of NEA for 17/18 or 18/19 in the cells below
Cost of NEA for 17/18 ***		
Cost of NEA for 18/19 ***		

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Total 17/18
Additional NEA reduction delivered through BCF (2017/18)						
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 18/19
Additional NEA reduction delivered through BCF (2018/19)						
HWB Plan Reduction % (2017/18)						
HWB Plan Reduction % (2018/19)						

The CCG Total Non-Elective Admission Plans are taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 10/07/2017

\* This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

\*\* Within the sum subject to the condition on NHS out of hospital commissioned services/contingency fund, for any local area putting in place a contingency fund for 2017/18 or 2018/19 as part of its BCF planning, we

\*\*\* Please use the following document and amend the cost if necessary: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/577083/Reference\\_Costs\\_2015-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf)

4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	665.3	741.3	577.1	561.5	We achieved a rate of 580 per 100,000 in 2016/17 and seek to maintain this reduction in the coming two years. We will be monitoring this target and invetigate the opportunity to achieve further reduction in 2018/19 once our adult transformation programme has been fully implemented
	Numerator	220	251	200	200	
	Denominator	33,066	33,859	34,654	35,617	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>  
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a Residential Admissions rate for these two Health and Well-Being Boards.

4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	85.4%	92.9%	86.1%	87.5%	we have fundamentally reshaped the reablement service and increased investment as well as productivity. This means many mor epatinets will receive a service. In 2016/17 330 people benefitted from reablement and we aim to increase this to 650 patients in a year and have therefore adjusted the denominator
	Numerator	146	65	155	175	
	Denominator	171	70	180	200	

4.4 Delayed Transfers of Care

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		16-17 Actuals				17-18 plans				18-19 plans				Comments
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	705.4	1017.9	1097.2	1079.7	1577.0	1000.7	896.3	728.1	736.2	744.3	744.3	722.7	In line with IBCF submission
	Numerator (total)	1,201	1,733	1,868	1,854	2,708	1,718	1,539	1,260	1,274	1,288	1,288	1,260	
	Denominator	170,254	170,254	170,254	171,714	171,714	171,714	171,714	173,046	173,046	173,046	173,046	174,341	

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>  
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.





# Planning Template for BCF: due on 11/09/2017

Sheet: 5. National Conditions

Selected Health and Well Being Board:

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5. National Conditions

[<< Link to the Guidance tab](#)

National Conditions For The Better Care Fund 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?	If the selected response for either year is 'No', please detail in the comments box issues and/or actions that are being taken to meet the condition.
1) Plans to be jointly agreed	Yes	Yes	
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes	
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes	
4) Managing transfers of care	Yes	Yes	

CCG to Health and Well-Being Board Mapping for 2017-19

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.2%	87.9%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	7.0%	8.5%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.3%	0.5%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.2%	3.0%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.0%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.0%	92.5%
E09000003	Barnet	07P	NHS Brent CCG	1.9%	1.7%
E09000003	Barnet	07R	NHS Camden CCG	0.9%	0.6%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.5%	98.2%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.7%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.5%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.6%	8.8%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	91.9%	53.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.8%	24.3%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.0%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.4%	18.8%
E08000025	Birmingham	05P	NHS Solihull CCG	15.2%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.7%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.5%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.4%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.9%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.6%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.3%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.9%

E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.4%	18.6%
E08000032	Bradford	02W	NHS Bradford City CCG	99.4%	22.2%
E08000032	Bradford	02R	NHS Bradford Districts CCG	97.9%	57.9%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	02V	NHS Leeds North CCG	0.6%	0.2%
E08000032	Bradford	03C	NHS Leeds West CCG	1.7%	1.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.2%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.9%	86.5%
E09000005	Brent	07R	NHS Camden CCG	4.0%	2.9%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.2%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000005	Brent	08E	NHS Harrow CCG	5.8%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.5%	2.8%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	11H	NHS Bristol CCG	94.4%	97.9%
E06000023	Bristol, City of	12A	NHS South Gloucestershire CCG	3.7%	2.1%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.7%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.1%	1.3%
E09000006	Bromley	08A	NHS Greenwich CCG	1.5%	1.2%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.1%
E09000006	Bromley	08L	NHS Lewisham CCG	2.0%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Y	NHS Aylesbury Vale CCG	91.3%	35.3%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	10H	NHS Chiltern CCG	96.0%	59.7%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.8%	0.4%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E10000002	Buckinghamshire	10T	NHS Slough CCG	2.8%	0.8%
E10000002	Buckinghamshire	11C	NHS Windsor, Ascot and Maidenhead CCG	1.3%	0.4%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.1%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	14L	NHS Manchester CCG	0.7%	2.1%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.5%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.0%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E09000007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E09000007	Camden	07R	NHS Camden CCG	84.0%	89.2%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.8%	4.8%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.3%	3.1%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.0%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.2%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.4%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.5%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%

E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.4%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	1.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	72.7%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.0%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.9%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.1%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.2%	52.6%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	46.1%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.4%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.4%	93.3%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.9%	2.8%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.2%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.0%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.0%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.4%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.3%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.0%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.2%	35.9%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.2%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.1%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.0%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.1%	80.6%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.5%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.4%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%



E10000009	Dorset	11J	NHS Dorset CCG	52.5%	95.9%
E10000009	Dorset	11X	NHS Somerset CCG	0.6%	0.7%
E10000009	Dorset	11A	NHS West Hampshire CCG	2.0%	2.5%
E10000009	Dorset	99N	NHS Wiltshire CCG	0.8%	0.9%
E08000027	Dudley	13P	NHS Birmingham Crosscity CCG	0.3%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.8%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.7%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.8%	90.7%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.8%	3.0%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.8%	3.6%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.0%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.5%	8.1%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.5%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.5%
E09000010	Enfield	07X	NHS Enfield CCG	95.4%	90.8%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.6%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.7%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.6%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.6%
E10000012	Essex	08N	NHS Redbridge CCG	3.0%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.9%	97.9%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.7%	89.7%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.2%	4.7%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.4%	94.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.6%
E09000012	Hackney	08H	NHS Islington CCG	4.4%	3.6%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.6%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	1.0%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%

E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.4%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.4%	87.7%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.1%	0.2%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.7%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	16.0%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.5%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.3%	1.1%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.5%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.5%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.8%	91.5%
E09000014	Haringey	08H	NHS Islington CCG	2.4%	2.0%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.2%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.4%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.5%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.5%	99.5%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.3%	2.8%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.4%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.1%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.9%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.4%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.8%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.3%	1.9%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.9%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%

E09000018	Hounslow	07W	NHS Ealing CCG	5.7%	7.8%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	86.8%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.6%	3.9%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.6%	5.2%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.3%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.6%
E09000019	Islington	08H	NHS Islington CCG	89.4%	88.7%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.2%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.0%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.8%	93.1%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.2%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.2%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.2%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.3%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.5%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.6%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.7%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.1%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.8%	0.5%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.9%	92.6%
E09000022	Lambeth	08R	NHS Merton CCG	1.1%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%

E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.0%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.3%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.5%	11.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	99.8%	12.9%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.1%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.2%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.4%	31.7%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	43.0%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.3%	2.0%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.3%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.7%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.4%	39.9%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.7%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.9%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.8%	92.4%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.8%	3.8%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.5%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.2%	4.4%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.6%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.5%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.6%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.1%	1.6%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%

E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.6%
E09000024	Merton	08R	NHS Merton CCG	87.5%	81.1%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.2%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.6%	95.1%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.1%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.7%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.7%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.8%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	25.4%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.1%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.0%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.4%	8.3%
E10000023	North Yorkshire	01H	NHS Cumbria CCG	1.2%	1.0%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.5%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.7%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%

E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.7%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	1.0%	0.7%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.6%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	95.3%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.3%	1.2%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.3%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.6%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.0%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.0%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.5%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.4%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.6%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.1%	1.8%
E10000025	Oxfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.8%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.2%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.6%	36.2%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.8%	60.6%
E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.4%	99.0%

E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.5%	1.4%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.5%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.7%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	11.9%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.9%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	0.9%	2.2%
E08000006	Salford	01G	NHS Salford CCG	94.0%	94.8%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	3.0%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.0%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.8%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.9%	41.8%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.6%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.1%	6.5%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E06000039	Slough	10T	NHS Slough CCG	96.6%	93.1%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	1.9%	6.2%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.4%	0.6%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05P	NHS Solihull CCG	83.6%	92.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.3%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%

E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.5%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	5.0%	8.9%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.1%	88.7%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.7%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.7%	4.6%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.4%
E09000028	Southwark	07R	NHS Camden CCG	0.4%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.2%	1.4%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.0%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.4%	88.7%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.0%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.0%	14.6%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.1%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.7%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	95.0%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.3%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.4%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.6%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.6%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.4%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.4%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.1%



E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	17.0%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.6%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.4%
E10000030	Surrey	08P	NHS Richmond CCG	0.6%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	8.5%	1.1%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.4%	3.3%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.4%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.2%	98.3%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.4%
E08000008	Tameside	14L	NHS Manchester CCG	2.3%	5.9%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.7%	2.2%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.7%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.3%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.2%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.4%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.1%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.5%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	6.9%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.6%	92.8%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.6%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.2%
E08000030	Walsall	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.1%	0.0%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.6%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.3%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.2%	1.6%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.6%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.5%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.0%	3.2%
E09000032	Wandsworth	08R	NHS Merton CCG	2.9%	1.7%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.8%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	93.1%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.6%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.3%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.8%	96.9%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.3%
E10000031	Warwickshire	13P	NHS Birmingham Crosscity CCG	0.2%	0.2%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.8%	0.2%
E10000031	Warwickshire	05P	NHS Solihull CCG	0.6%	0.3%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.2%	45.5%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.9%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	10M	NHS Newbury and District CCG	93.2%	66.4%
E06000037	West Berkshire	10N	NHS North & West Reading CCG	35.3%	23.5%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	10W	NHS South Reading CCG	8.7%	7.5%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E06000037	West Berkshire	11D	NHS Wokingham CCG	0.1%	0.1%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.2%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.7%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	13.9%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.0%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.8%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	1.9%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	80.4%	71.2%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.4%	23.2%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.9%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.3%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.7%	0.9%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.6%

E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.8%	0.3%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	10M	NHS Newbury and District CCG	0.8%	0.2%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12A	NHS South Gloucestershire CCG	0.9%	0.5%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.2%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	10G	NHS Bracknell and Ascot CCG	12.3%	10.8%
E06000040	Windsor and Maidenhead	10H	NHS Chiltern CCG	0.6%	1.2%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.1%
E06000040	Windsor and Maidenhead	10T	NHS Slough CCG	0.6%	0.6%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E06000040	Windsor and Maidenhead	11C	NHS Windsor, Ascot and Maidenhead CCG	88.1%	85.5%
E06000040	Windsor and Maidenhead	11D	NHS Wokingham CCG	1.3%	1.3%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	10G	NHS Bracknell and Ascot CCG	3.2%	2.6%
E06000041	Wokingham	10N	NHS North & West Reading CCG	0.2%	0.1%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	10W	NHS South Reading CCG	11.5%	9.5%
E06000041	Wokingham	11D	NHS Wokingham CCG	93.5%	87.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.4%	1.6%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.7%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.5%	3.6%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.2%
E10000034	Worcestershire	13P	NHS Birmingham Crosscity CCG	0.4%	0.5%
E10000034	Worcestershire	04X	NHS Birmingham South and Central CCG	2.5%	1.3%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.8%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	1.0%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.9%	27.9%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05P	NHS Solihull CCG	0.5%	0.2%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.1%	49.0%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.4%	18.7%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.1%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

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## Integration and Better Care Fund

### Narrative Plan Template 2017/19

*Swindon 2017 v4 8.9.2017*

Area	SWINDON
Constituent Health and Wellbeing Boards  Chair Brian Mattock  Cabinet Member Brian Ford	SWINDON
Constituent CCGs Accountable Officer Nicki Millin	SWINDON

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## **Introduction / Foreword**

Swindon has a long and well established history of joint commissioning and integrated working for health and social care. This plan sets out our ambitions for the Better Care Fund for 2017-2019. It provides a joined up vision for all partners working with individuals, carers and local communities to transform the quality of care provided and improve levels of health and wellbeing for people living in Swindon. Local health and social care partners are committed to work together to improve the delivery of integrated community and acute pathways. This plan continues to progress our integration journey and endorses a shared responsibility for the current pressures across Swindon's health and social care system.

The plan describes how we will work together with a common set of values and principles. We recognise we need to find new and better ways of responding by building on the support that people can find amongst their families, friends and communities, by making more use of technology to help people remain independent, and by helping earlier and more effectively to stop people's circumstances getting worse. Where people do need additional help, we will ensure it is personalised and offers choice and control. Our BCF plan focusses on delivering the following outcomes:

- avoiding emergency hospital admissions for specific groups of patients, particularly those suffering from diabetes and heart conditions
- Enabling more patients to leave hospital without delay.
- Fewer patients being re-admitted to hospital by embedding reablement into domiciliary care
- Fewer older people being admitted to residential care through the provision of timely and effective reablement, making better use of preventative services in the voluntary and third sector and flexible housing with care, and reducing isolation amongst older people
- Enabling more people with a disability to live as independently as possible and to access paid employment through ongoing investment in technology and the voluntary and third sector.

The plan details the specific schemes and actions the partnership has identified to deliver these outcomes and provides confirmation of the agreed funding contributions and areas of spend for implementing the Care Act, provision of Carers Support and Short Term Breaks, Reablement, Social Care and Improved Better Care Fund. Clear metrics and targets have been set to monitor progress which will provide oversight and assurance that we are delivering the benefits and managing spend as set out in the plan. Shared risks, information sharing protocols and robust governance arrangements are in place to support whole system ownership for the delivery of the BCF Plan.

## Local vision for health and social care integration

### 1. Vision

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

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

We have aligned our joint resources to support the health, wellbeing, mental health, education and care of children, families and adults in the community to achieve the mission of both organisations. This Plan is also aligned with the work being progressed the Sustainable Transformation Plan Partnership and Accountable Care. We have been involved in discussions with the public, patients, GP practices, providers, voluntary sector, other stakeholders, children and young people, and the Youth Forum in the development of the documents referred to above and the development of Accountable Care.

The Better Care Fund Plan is a summary of jointly agreed areas of priority and serves as our plan for integrated working and joint commissioning. Specific service redesign workshops were held on mental health, carers and community based support for older people as well as developing plans for an Accountable Care System.

The following priorities identified by service users have been incorporated into this plan:

- Improved advice and information about services for carers and parent carers
- A simplified assessment process for service users and carers
- Community support for people discharged by specialist mental health services and a seamless link between voluntary and third sector providers and specialist services
- Support for older people who are isolated
- Improved patient flow within the hospital discharge process
- Preventing hospital admissions by improving streaming and preventative care

Swindon has a long history of joint commissioning and integrated working for health and social care. Our future plans have now been revised in light of the Five year Forward plan next Steps and the Sustainable Transformation Partnership Plan, Accountable Care and the refreshed Health and Wellbeing Strategy 2017 – 2022.

We are a single unitary local authority (Swindon Borough Council), one CCG (Swindon CCG, representing 26 member practices in Swindon and Shrivenham), a single acute Trust in the Town (Great Western Hospitals NHS Foundation Trust), one mental health provider (Avon and Wiltshire Mental Health Partnership NHS Trust, who have established a clinical directorate that just serves Swindon), one emergency patient transport provider (South Western Ambulance Service NHS Foundation Trust) and one network of voluntary sector organisations (Voluntary Action Swindon or VAS). Swindon Borough Council is the Local Housing Authority.

We have jointly commissioned services through National Health Services Act 2006 Section 75 Agreements since 2008. We have jointly commissioned services through National Health Services Act 2006 Section 75 Agreements since 2008. The Agreement renewed in 2015 comprises total funding in 2017-18 of £17.8m from the CCG and £101m Swindon Borough Council (SBC), a total of £118.8m. Services are commissioned through the Joint Commissioning



Group with representation of the Executive Nurse of the CCG, the Director of Adult Social Care and Director of Children's Services. For 2017–18 services are commissioned against this Better Care Fund Plan and monitored by the Joint Commissioning Group reporting to the Health & Wellbeing Board. The Better Care Fund is a separate pool within the S75 of £22.8m, with the balance of funding being within aligned pools.

We have increased the amount of money pooled in the BCF so that we are able to show the total spent against the schemes we are jointly commissioning through the BCF and IBCF. The excel document sets out the financial arrangements.

Integrated services for children are established, bringing together community health, education and social care services in a single co-located service, managed in an integrated way within Swindon Borough Council.

We recognise that our demographic challenges as an expanding town with an ageing population. Following a detailed diagnostic by Newton Europe in 2015, the community health services and community equipment services were tendered in 2016 with the aim of improving independence, reducing emergency admissions and improving the health and wellbeing of the population. The contract was successfully awarded to Great Western Foundation Trust who we are working with to develop a new model of care in line with the Five Year Forward View.

On 1 October 2016, 400 staff that had previously provided care services in Swindon on behalf of SEQOL (the independent employee-owned social enterprise company) transferred to the Council following financial difficulties experienced by SEQOL. All services were transferred smoothly and there have been no complaints from staff or service users. A new management structure has been established and we have successfully recruited to a Head of Transitions post, Head of Commissioning, Head of Social Work and Regulated Services Manager. At the same time community health services transferred to Great Western Hospital earlier than planned under a 'care taker arrangement'. A new contract for community health services is now in place.

## **2. What will be different in 2020 for services and people?**

### **Adults and Older people**

Swindon will have grown substantially by 2020 with a population of over 250,000 by 2026 (including Shrivenham) from a current population of 220,000. We already have a lot of community based health services that are delivered in the homes of residents, such as fluids, medication and antibiotics through our Virtual Ward and home visiting services. We will be delivering more services in the community, such as delivering health care in people's homes where this is safe to do through for example the community health services working closely with care homes. At present, many older people do not have a health care plan addressing their long term health conditions.

Living in Swindon in 2020 will mean that you can expect to live longer than the English average, with less risk of avoidable death, in better health and with the support of your neighbourhood and community. More of your integrated health and social care provided by community nursing services, home care and social care workers (including social work and occupational therapy) will be planned in advance as part of a new life-long health plan and will be preventative, replacing much that is currently emergency care and avoidable. This will be done in a coordinated way with primary care.

By 2020 everybody in Swindon is working together with a common set of values and principles based on respect, giving people choice, collaboration and innovation, where people are encouraged to think what they can do themselves, what help they have within their family and community and what they still need help with. When people need help it will be personalised, offering choice and control.

**Outcomes for adult service users and patients will improve:**

- Emergency hospital admissions will be avoided for specific groups of patients, particularly those suffering from diabetes and heart conditions
- More patients will be able to leave hospital without delay Fewer older people will be admitted to residential care, through improved reablement service, good use of preventative services in the voluntary and third sector, flexible housing with care and reducing isolation amongst older people
- Reablement will be an integral part of all domiciliary care and will mean that fewer patients will be re-admitted to hospital
- More people with a learning disability will be able to find employment through support commissioned from the voluntary and third sector and in partnership with our Skills for Employment.
- More people with a learning disability will live in well-designed supported living

Children and Families

We want children in Swindon to have the best start in life and to be safe, healthy and to grow up in supportive, confident and resilient families and communities. We want children to grow up in loving and stable families where the relationship between children and parents is good. If you need help we will be offering support to families and children to achieve a best start in life. This includes support where parents have lost confidence in their parenting ability or where relationships come under pressure to adapt to a potentially new situation. We want to achieve a different balance weighted towards practical, direct and targeted support when parents need help the most, and to support parent carers so that disabled children are supported at home or live in supported accommodation where possible.

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

There are 48,604 children and young people aged 0-18 living in Swindon and we want to ensure that they are all able to take advantage of the benefits of living here. Most do, but there are some children and young people who cannot, or who need help to do so. Swindon is a town of geographical inequality and poverty. The place we are born, or the place we live, is likely to dictate our life chances, unless actions are taken to change this.

Ante-natal support, early attachment and parent-child interactions, language development, family support at the earliest stage of difficulties are essential for effective early intervention with children.

In March 2017, 64% of Swindon children living in one parent families are living in poverty. This contrasts sharply with children living in two parent families; where the rate of poverty is just 9%. This means that a child living in a lone parent family is almost seven times more likely to be living in poverty than a child living in a two parent household. If the child also has special educational needs, latest evidence (Selwyn 2016) suggests that a child receiving free school meals, with special needs has a '70% likelihood of been referred to social services in the future'. Early intervention has a big part to play to ensure we proactively work with these families before they hit crisis to avoid having to access statutory and often costly social care interventions later in the child's life.

Early intervention is already established as a core principle in many areas of working and there is substantial commitment and energy to support and work with families. However, there is a sense that early intervention could be more coordinated and that the strategic direction could better channel early intervention and prevention work to make the most of strong partnerships, existing good practice and further targeted investment supporting early intervention.

**Outcomes for children and families will improve:**

- A more coordinated approach to prevention and early intervention which builds on community strengths and resilience
- More guidance, advice and support available digitally to children and families through smart phone apps and better interactive websites
- A whole family approach will be adopted by all stakeholders working with children, young people and families
- Early intervention and prevention will be an integral part of the support available to children and families
- More children will have Early Help Records and Plans
- There will be less statutory intervention with fewer children on a Child protection register or becoming looked after

## **2.1 Prevention and self help**

We already understand the population of Swindon at a locality/ward area and at GP practice level. We have some preventative and self-help services in place such as a third phase of community navigators and befriending support for a small number of older people.

By 2020, preventative and self-help integrated services will be in place locally to engage and support individuals. This will mean:

- Genuine choice of care setting for those whose mobility, functionality or health is impaired or for those with serious and terminal illness who are preparing for death
- Home will mean your own home, with us using new practice and technology that enables you to be at home
- You will be supported to live life to the full within your community despite the long term conditions you may have thus avoiding institutionalised care in a community setting.
- You, your parents and carers know where to access information and support in the community, services online through My Care My Support, and the Swindon Advice and Support Centre.
- Carers for people with support needs will be well supported through joint investment in the Carers Centre and short term breaks.

- If you are older, we will support you in making a positive contribution to your community by encouraging you to help others. This could be helping in a playgroup or being a good neighbour. You may be engaged in self-help groups, local activities or be a volunteer.
- Where possible moving to residential and nursing care will be delayed and housing opportunities such as homes for life, supported housing and extra care housing will be used extensively.
- You will have access to a range of programmes designed to improve your health, from healthy eating and healthy exercise (ranging from cycling to sports activities and recreational swimming to walking and gardening schemes); to smoking cessation programmes; to cultural activities, all of which have been shown to benefit health and wellbeing and extend quality of life. We will encourage you to volunteer to help deliver these services and promote community health champions.

Most studies identify self-care as representing 98% of the total health care needed across a population at any given time. We have invested in self-care and self-management of patients through the Health Improvement Team and community navigators. We need to develop more support through the voluntary and community sector to support patients in managing their health conditions.

Public Health initiatives such as health ambassadors work well in promoting health and wellbeing, specifically healthy eating, exercise, smoking cessation and reduction in drug and alcohol misuse. By 2020 we want Public Health to be working closely with General Practice providing a short consultation that can lead to more people quitting smoking. Brief intervention has been particularly successful in smoking cessation and drug and alcohol misuse. Community navigators have demonstrated that they improve the quality of life of individuals, reduce isolation and avoid some health costs.

## **2.2. Early help**

Swindon's commitment to Early Help to improve outcomes for children, young people and families is reflected in the strategies, plans and commissioned services. By 2020, all services and activities across the partnership will be working together more effectively to prevent problems occurring, promote positive outcomes, and support people to reduce problems escalating. We will have developed community projects to build resilience and help families connect to their communities and reduce social isolation. Our Early Help offer will be addressing inequalities of health and wealth by providing the right kind of help and support at the right time to the local communities who need it. We will be using predictive analytics to identify and plan for future need. By 2020, our Early Help offer will:

- Provide Swindon children with a good start in life, whatever their background and wherever they live by listening to their needs and aspirations.
- Invest early to prevent harm, helping families build lifelong resilience and self-reliance involving friends, communities and professionals.
- Act swiftly when children and young people are at risk of harm and protect them by listening to them and acting on their behalf to restore their rights – stability, permanence, security, education, health and wellbeing.
- Be inclusive and respect difference and recognise that even the most vulnerable children and young people are participating, shaping and enriching the life of the town.
- Make sure that whether at the start of life, or on the way through, children who need help will be able to access early help support services that become predominantly proactive rather than reactive.

- Work with the resources in the system rather than provide support directly using the community, universal services and digital help.
- Test innovative new early help models to bring new solutions more quickly as well as solutions that change children and family outcomes for the better whilst reducing the costs per intervention.

### **How self-care, prevention and early help will be different in 2020**

#### 2017

Andrea is living in Penhill, one of the most deprived areas in Swindon. She has three children and an older mother suffering from diabetes living nearby. She is unemployed and on a low income. Her middle child is overweight and the youngest child's speech development is poor. She has few friends or relatives and feels often low and depressed, caused by stress and anxiety.

#### 2020

Andrea is able to access early help family support services delivered from the Family Service in Penhill where services are designed to enable Andrea to be as healthy as she can be; to start well, stay well and age well. Staff at the centre will work across services and in the wider community to offer support to Andrea so that she can access the job market, housing, environment and education she needs to be healthy, happy and independent.

Andrea can attend weekly parent support groups and parent led stay and play sessions which will help Andrea to meet new friends from her community and feel less isolated. The centre will host adult and community courses such as cooking healthily on a budget as well as sessions to help Andrea to get back into work or access training to boost her self-esteem and confidence. Parenting courses will also be available to give Andrea the tools and strategies to support her young children and her own mental wellbeing.

Andrea can access self-help from the council web pages that will provide links to additional local and national support. Andrea will also be able to sign up for digital apps using her smart phone 24 hours a day for immediate information on a raft of health and wellbeing services as well as early help and education support to help her as her children transition from nursery to school. All early help services will be working together to give Andrea the support she needs whilst only having to tell her story once.

### **2.3 Urgent care – moving from unplanned care to planned care**

We have community navigators linked to GP practices where if you are at high risk of a hospital admission, your GP or community nurse is able to refer you to review your health, social and emotional wellbeing and develop a plan with you. The evaluation in January 2017 indicated the community navigators were demonstrating a small cost reduction on emergency admissions and long term care. The model has now been revised and extended to focus on patients with long term health conditions continuing to link to GP practices and the voluntary and community sector. If you are a patient with a long term health condition and identified as at very high risk of hospital admission, your GP will draw up a health care plan with you rather than refer to a community navigator.

If you have need for rapid access to treatment for a minor illness and cannot treat this yourself through rest or use of medication, then this will be through a combination of your local pharmacy or by appointment through the urgent care centre, contacted through your GP surgery or within two GP led urgent care clinics (SUCCESS programme). These clinics operate 0800-2000 during weekdays but hours are being extended to include weekends

If a patient needs a home visit, this will be available in the future from a dedicated home visiting service able to offer a visit at any time 0800 to 2000. Currently home visits are commonly arranged at the end of a GPs surgery (this is part of our Extended Primary Care Access Service – called SUCCESS). If you need to access emergency care, then you may be seen by an urgent care GP who will assess whether you can be safely treated at home or you need to go to the local hospital.

Depending on urgent care needs the patient will be directed to the appropriate service to meet there needs. This may be within either a GP/Nurse Led urgent care clinic or the Emergency Department at GWH. Wherever the patient presents in community or on the acute hospital site, sign-posting will be used to maximise effective use of all care services so that the best possible care can be delivered. Our care services are configured and developing to provide high quality care closer to home.

There are strong links between the provider of integrated community health and social care services and all partners, particularly the local hospital, care homes, voluntary sector and primary care. We have invested in My Care, My Support website at <http://www.mycaremysupport.co.uk/> giving advice and information about health and social care as well as a community based advice service.

By 2020 advice and information will have been fully available to all for a number of years, so that patients are well informed and know where to find health care urgently. We will have increased capacity in the Virtual Ward and extended the treatment of relevant medical conditions within the community (minor illness) in order to prevent admission to hospital. There is more to do to improve urgent.

Currently we still have challenges with patient flow at the health and social care interface. The Delayed Discharge Programme continues to focus on admission and discharge management processes as well as ensuring staff are trained to deliver community based nursing interventions. Nursing homes and residential homes are working together with health and social care to facilitate speedy hospital discharge. The new contract is in place for domiciliary care.

#### **How urgent care will be different in 2020**

##### 2017

Patrick lives at home. He is 85 years old and his health is poor, suffering from high blood pressure and heart disease. When his health deteriorates due to an infection, he is admitted to hospital and given antibiotics intravenously. He is isolated and visits his GP frequently.

##### 2020

All GPs in Swindon know of community services and the referral process. Patrick is identified at high risk of hospital admission. The community services meet him and discuss his health, his regular drinking and how he can better look after himself. Using My Care My Support, Patrick is allocated a volunteer to befriend him. A plan is made so that if he has another infection he can be given antibiotics intravenously with the help of a

community nurse. This means that when Patrick suffers from an infection, he is cared for at home and not admitted to hospital.

## 2.4 Long term conditions

There will be a number of health improvement programmes designed to support children, young person, adults or older person. These range from healthy eating and healthy exercise (ranging from cycling to sports activities and recreational swimming to walking and gardening schemes); to smoking cessation programmes; to cultural activities, all of which have been shown to benefit health and wellbeing, reduce isolation and loneliness, and extend quality of life. We will encourage people to volunteer to help deliver these services and promote community health champions.

In 2020 if you have one or more long term conditions you will have support from those with the same condition. Informed through primary care, community services and web based information, you will be encouraged to take control of your condition whilst being routinely monitored by your primary care team which will include support from your community and the voluntary sector. You will have rapid access to specialist healthcare (including community based specialists, out of hospital and community care and outpatient clinics at the hospital) to avoid the need for emergency care and hospital admission

Currently we have people living in areas of Swindon such as Penhill, Pinehurst, Parks, Toothill, Gorse Hill and Moredon with high levels of poor health and little access to advice and information. From our data we know that many people in those areas prefer information given to them face to face. We also know that the number of older people with long term conditions will rise substantially from 35,000 now to approximately 40,000 by 2020.

In 2020 those people who live in the most deprived areas will be receiving additional signposting and support through community champions so that they are better able to care for themselves and able to seek the most appropriate support at the right time.

Dementia care is a key priority with an increasing aging population. The CCG has worked with GPs to manage more routine diagnosis and management of those with dementia. Performance against the national 28 day diagnosis target has been reduced to 4-6 weeks. Currently we know that we have 2,000 people diagnosed with dementia and that this is due to double to almost 4,000 by 2030. By 2020 Swindon will be a dementia friendly community with community support groups and more dementia friendly cafés and activities. Community and social care providers who support people suffering from dementia will be skilled and sensitive to their needs.

### **An example of how Living with dementia will be different in 2020**

#### 2017

Doris lost her husband 3 years ago. She lives on her own and her son and his family are a 2 hour drive away. Doris is a member of her local church but has only a few friends. Following a fall when she broke her arm, Doris returns home after 3 weeks in hospital. Over the next few months her son notices that Doris becomes more forgetful, seems more anxious and does not participate as much in activities. After 4 months she is diagnosed with dementia and becomes very isolated. She deteriorates rapidly. Her son increases the

care package. Doris has another fall and is found by a neighbour wandering outside. Her son is becoming increasingly concerned about her safety. In discussing the situation with Doris, Doris moves into residential care near her son's family.

#### 2020

Swindon has an active network of locally based groups and the churches play a very active part with dementia champions. Following the loss of her husband, the local church volunteer visits Doris and encourages her to continue to come to church functions. The volunteer collects Doris for the weekly lunch and women's group. Doris's son is aware of the church volunteer. He notices Doris getting more forgetful. He contacts the local advice and information service about activities in her area. Doris maintains her independence for another two years.

As she seems to be significantly more forgetful Doris is diagnosed with dementia. Her son is able to access information online and discuss help with Doris. Following deterioration in her health, Doris is not able to manage living on her own in her house as she starts wandering. Her son is able to make a referral for extra care housing through the advice and information service. A care team is on site and support is tailored to her needs. The church volunteer continues to collect Doris from her extra care flat and take her to church groups. Doris is able to live with support in extra care housing and admission to residential care is delayed.

End of Life care in the community will be established as currently too many people die in hospital and patients have told us they would prefer to be at home. We currently have a good nursing service which supports children with long term health needs in the community and at home. However, our admissions for children to hospital are high. Children's Services in the Acute, Community and Mental Health services are being transformed following a recent review. A review of urgent care in paediatrics led to changes in operational structure and care delivery. Urgent care for paediatrics was part of an overall review in 2016/17 to support new models of care delivery. The key focus for community services is to maintain sustainable services which support people in the community and prevent hospital admissions.

By 2020 children and young people with long term health needs will be better supported in the community with the hospital children's outreach team working closer with GPs and community health services so children can remain at home. Parents will be able to access enhanced primary care services (Children's and Young Person Clinic commissioned 0800 – 2000 in the SUCCESS centre) so that hospital admissions are prevented.

## **2.5 Learning Disability & Mental Health**

We currently have a diverse sector of voluntary and community groups which have not been as effectively coordinated as we would like. This means that we have a gap in offering individual support for those recovering after specialist mental health support, a gap in services reducing isolation and a gap in offering employment support for those with a learning disability. We support about 680 people with a learning disability through social care. 192 of those live in residential care, a proportion higher than in other areas. The number of people with a learning disability is expected to rise by 30 people each year as life expectancy rises and a larger number of young people become the responsibility of adult social care each year.

In 2020 if you have a learning disability and are supported by social workers, you will have a personalised plan and personal budget in place. You and your carers will have fully participated in developing and influencing the outcomes in your plan. You will be supported to achieve the



skills, education, training and employment opportunities identified through the planning process. Where possible, you will be supported to live in the local community in supported housing. If you do not require specialist social care support, community support will be available through volunteers and wellbeing coordinators. If you have a learning disability or mental illness, you will access and enjoy leisure and culture and have opportunities for paid employment. Carers will be fully involved and feel positive about the quality of support and services they receive.

In 2020 we will have reduced the number of people with mental illness being admitted to an acute ward when presenting with mental health problems and we will have built on the many services in the local community that are amongst the best in the country and need to continue to be supported. Mental health services will be delivered locally with a strong focus on early intervention and recovery. We will have wellbeing coordinators working in voluntary organisations, bringing together specialist and community services for people being discharged and those at risk of mental illness and learning disability

#### **An example of how life living with Mental Health problems will be different in 2020**

##### 2017

Diana has suffered from depression for a number of years. She has been referred and allocated to the specialist mental health services three times in the past. The usual pattern is that she is discharged after a period of months when she has stabilised. Once discharged she only has access to her GP. She is re-admitted to mental health services after 6 months.

##### 2020

As part of the discharge process, mental health workers start discussing with Diana how she copes at home and what causes the deterioration in her mental health. Well before discharge, the mental health worker discusses the wellbeing co-ordinator role with Diana. Diana meets the wellbeing coordinator with her mental health worker. Together they establish a plan around how the three of them will work together before and after Diana's discharge. The wellbeing co-ordinator introduces Diana to a job club and Diana works as a volunteer three mornings a week after discharge. Her mental health improves through the new friendships she makes as a volunteer. Her mental health improves and she is not re admitted to mental health services.

## **2.6 Being a carer**

Carers provide very important unpaid care to a child, relative, parent or friend needing help and support. At the 2011 Census, 19,140 people in Swindon (9.4%) reported they were providing some level of unpaid care. This is a similar percentage to the national average for the population overall (10.4%). As of 31<sup>st</sup> March 2017, there were 3950 carers registered with Swindon Carers Centre caring for a total number of 3875 dependents. Amongst the total carers registered, 58% are Adult Carers (2322), 16% are Parent Carers (655), 21% are Young Carers (827) and 3% are Young Adult Carers (146). We currently commission support for carers from the Swindon Carers Centre but we will be re-procuring the service in December 2017. We have invested additional resources into the Carers' Centre to give advice, complete assessments and offer group and individual support. Carers also have access to an online assessment tool. Carers have support that is flexible, outside of Monday to Friday. A personal budget is also available enabling carers to have choice and control over the best way to meet their support needs. Informal support is available in local areas. We recognise that as carers of people with a learning disability become older, we need to review the support they are offered to support them. We also have a system in place which ensures that carers can give all the care details of their loved one. This is called the Emergency Card. If a carer is ill or unable to care, the social work teams have access to the care

needs of the individual. We are developing a needs assessment of carers and refreshing the Carers Strategy taking account of the views of carers.

#### **An example of how life being a Carer will be different in 2020**

In 2020 as a carer, you will have been made aware by your GP, your health visitor or social worker about the support offered by the Carers' Centre. You will have been offered an assessment to discuss with you what help you may need. You or your family can complete a self-assessment questionnaire on line. You have been offered short term breaks to help you with caring and you feel valued and supported. Your GP has discussed your health with you and you know that you can receive a health check in the community. As a parent carer you know that advice and information is available and you are supported by a multi-agency team. In your local area there are groups that support you. Support through short term breaks and community groups is flexible and based on what you need.

## **2.7 Children in need, child protection and children in care**

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

There is fast growing population and service demand has increased over the past 3-4 years placing additional pressure on children services. A higher number of teenagers are needing additional support to address challenges such as poor mental health, exploitation, substance misuse and family breakdown.

As at December 2016, approximately 22% (11040) of children were in receipt of early help services, and 3.7% (about 1,700 children) receive specialist social care support. Children under five are supported by health visitors and the Family Nurse Partnership. There are 632 families identified as part of the Troubled Families programme. This programme provides targeted intervention for families with multiple problems including crime, anti-social behaviour, mental health problems, domestic abuse, unemployment and mental health. Of these families, just over half of them (329) live in one of the 30% most deprivates areas in England.

Swindon has been historically lower than comparators in terms of the number of children in need, however the increase over the last 2 years now places Swindon above the statistical neighbour and national average. The number of children in need (excluding child protection and children in care) has reduced slightly to 1174 in February 2017 compared to 1250 for the same period last year.

Once a child protection investigation has taken place, a decision is firstly taken whether to hold a child protection conference which then decides whether a child needs a child protection plan. At the end of February 2017, there were 253 children subject to a child protection plan, similar number to the same period last year (258). This is above the national average (211) and statistical neighbour average (233) for 2015/16.

The number of children in care has risen. At the end February 2017, there were 323 children in care, an additional 41 children compared to the same period last year. Nineteen of these are Unaccompanied Asylum Seeking Children. Swindon's rate for children in care is 66 per 10K children which is above the national (60 per 10K) and statistical neighbour average rates (61 per 10K) for 2015/16.

Our aim is for children to have stable and secure long term placements. The percentage of children looked after for more than 2.5 years who have been in the same placement for at least 2 years or placed for adoption was 64.18% as at February 2017. This is an improvement on our year end position in 2015/16 (59.4%) but slightly lower than both the national average (68%) and SW average for 2015/16. 85.8% of care leavers live in suitable accommodation and 45.68% were not in education, training or employment in February 2017.

## **2.8 Children with special educational needs**

During 15/16 academic year, 16.5% of Swindon pupils had a statutory plan of SEN (statement or EHC plan) or received SEN support. This compares to an average of 15% across the SW. 3.8% of Swindon pupils have a statements or education, health and care plans (

The number of requests for statutory assessment remains high, and latest data (December 2016) shows the rate of EHCP/Statements issued per 10,000 under 18 population is 45.5, which is significantly higher than the 2016 national comparator (23.9) and Statistical neighbour (20.5). The total number of children with a statement of special educational needs has risen in the past 12 months to 1597. The main category of need identified for children with SEND is moderate learning difficulties.

Many of our children with special educational needs are placed in one of 6 special schools in Swindon. The proportion of pupils with a statement of SEND that achieved at 5 A\*-C GCSE, including English and maths remains consistently below national benchmarks. To date, locally, we have relied heavily on specialist services and recognise the need to raise the aspirations for disabled children.

We continue to embed the new duties to improve provision and support for children and young people with special educational needs and /or disabilities. Our Local Offer is well established providing advice and information on services. Our children and young people are having their needs identified through Education, Health and Care Assessments and Reviews, and we are focussing our efforts on improving transition planning for young people through the multi-agency Transitions Programme.

## **2.9 Paediatric Speech and Language**

We are seeing a consistent year on year increase in accepted referrals for children requiring speech and language therapy intervention. In April 2013 the service had 1,896 children who required the speech and language therapy service compared with 2,379 in September 2016. This upward trend has put pressure on the service, however, recent funding has been secured to recruit 2.25 FTE additional speech and language therapists to work with children and young people with Autistic Spectrum Disorder in schools and community clinics.

The national trend shows a significant rise in the number of children diagnosed with Autistic Spectrum Disorder (ADS) with diagnosis more than doubled since 2004. In March 2017, the average waiting time for ASD diagnosis in Swindon is 41.8 weeks. 55 children are waiting for OT support and 64 children are waiting for speech and language support. CCG has invested additional £330,610 to increase capacity and reduce waiting times.

In 2020 we will have improved communication and information sharing across the partnership by having better joint systems and processes. We will be better at intervening early through the provision of a range of universal, targeted and specialist services which are focussed on preventing problems from escalating and helping families build resilience. We will continue to be responsive in identifying and supporting children who need protection enabling them to live with their families whenever possible, or seek good quality alternative care in a timely manner if the need arises. The Healthy Child Programme will continue to support every family with a new baby ensuring their child is supported to be school ready. Children and families with additional special needs (e.g. disability, learning, health, behaviour, emotional development, youth offending) will be receiving the right support to enable them to maximise their own functioning independence enabling them to enjoy a full and rewarding life within their families, peer groups and the wider community. Our workforce will be outcomes focused and person-centred and this will be at the heart of their practice.

## **Background and context to the plan**

The previous section describes our vision for health and integration for different groups of service user. It provides illustrative examples of how services will be different in 2020. The vision has been informed by what service users and the public have told us as well as evidence arising from our JSNA. This has shaped the following outcomes which have informed our joint commissioning priorities:

- Ensuring that children are protected from harm and their welfare promoted
- Increasing the social and emotional wellbeing of children and young people
- Increasing the healthy life expectancy of people living in Swindon
- Reducing health inequalities of people in Swindon
- Increasing our resilience and support self care
- Increasing the support we offer to children and adults with long term conditions
- Reducing unnecessary emergency admissions and promote a shift from unplanned to planned care
- Improving the experience and safety of children and adults
- Preventing people from dying early

### **Community health and social care – older people**

Local health and social care partners have committed to work together to improve the delivery of integrated community and acute pathways. We have already made major strides in setting the conditions for success, most notably with the successful procurement and award of a new integrated contract for Community Services. This is fundamental to the successful implementation of our strategic vision, by developing integrated services for our population, and is the first phase of developing Accountable Care in Swindon aimed at:

- A shift of focus towards whole population and prevention particularly for those with a Long Term Condition
- Services wrapped around primary care to improve resilience
- Integration of acute and community pathways
- Strengthening of governance, integrated leadership and collaborative partnerships
- Improved quality and increased patient satisfaction

As our vision is for Accountable Care solutions at CCG/Council level, the development of new models for both primary care and the wider care models for each locality will continue to be led by CCGs. The STP will provide an enabling role in sharing learning and progress across the footprint seeking to accelerate progress towards completion.

Adult social care has reviewed the delivery of social work and occupational therapy services following the transfer to Swindon Borough Council. The diagnostic found that

- More older people could benefit from reablement as part of hospital discharge as well as when first referred to adult social care. The reablement service can be re-designed to increase efficiency and outcomes. This would also reduce high cost care packages and overutilization of residential and nursing care and ensure the residential rehabilitation beds are used to be best effect
- There is a need to improve flow of patients into social care from the hospital and reduce delays in particular due to social work assessment

- There is an opportunity to improve the links between social care and the voluntary sector so that more older people receive advice and support from community based agencies and carer support improves
- There is an opportunity to reduce the paperwork and improve the efficiency in the social work and occupational therapy assessment and review process

Great Western Hospital has reviewed how the flow of patients can be improved through integration of the patient flow team and processes and the Discharge Assessment and Referral Team

### ***Our commissioning intentions***

Our priorities that will help us to align our ways of working for better patient care and increased efficiency include:

- Create locality-based integrated teams supporting primary care and care coordinated around the individual
- Shift the focus of care from treatment to prevention and proactive care
- We will develop an efficient infrastructure to support new care models
- Establish a flexible and collaborative approach to workforce
- Enable better collaboration between acute providers
- Implement a new way of working, assessment and review for adult social care social work and occupational therapy
- Re-design and implementation of Reablement Services including Fessey
- Re-design and implementation of Hospital Social work services alongside hospital discharge services
- Re-design and implementation of front door services for social care seeking closer alignment with voluntary sector
- Implement a new process for patient flow and the Discharge Assessment and Referral Team

Please see Bath and North East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan (STP) A short guide: <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2016/04/STP-short-guide.pdf>

### **Urgent care**

The Urgent Care strategy sets out the vision for the future of Urgent Care services in Swindon. It outlines the operational challenges facing urgent care in Swindon and a response to support, manage and improve urgent care over the next five years from 2016-2021.

### ***Our commissioning intentions***

There are several work streams which are required to achieve this new model including:

- A move towards meeting demand across appropriate seven day services, (including holiday periods), provision in community and inpatient services to support demand management and avoid ebb and flow of discharge
- A reduction of hospital admissions through specialty support for clinical management in the community, working closely together with community services.
- A review of minor presentations across ED and Urgent Care Centre for the last five years, and a clear and concise understanding of likely demand over the next five years. This will

then be skill matched to existing provision within urgent care resources and a plan created for using resources differently to treat all minors outside of the ED.

- Strong links for the front door services to alternatives to admission such as Virtual ward, rapid response, step up beds (short term), tele-health, Community IV services and District Nursing
- A parallel pathway through to the ED for ambulance services and emergency self-presentations
- An incentivised model to support admission avoidance
- A local publicity campaign to help Swindon people understand the changes in urgent care easily and understand local provision; and in collaboration with Public Health, a stay well and know how to access the educational and support infra-structure in their neighbourhoods.

These new service structures will be supported by BCF, governed by clear outcomes, making it simpler and easier for the public to understand where to get support from to we can be assured we are providing the best care, in the right place, from the right person every time.

The A&E Improvement Plan continues to drive the strategic and operational discussion (through the A&E Delivery Board and Urgent Care Working Group) to support the 5 mandated areas to deliver on the 4-hour A&E standard.

The Urgent Care Working Group, established during 2016, comprises key stakeholders including local providers, GWH Trust, Swindon Community services, Swindon Borough Council, Primary Care and Swindon CCG. This group meets monthly to resolve pressures within the urgent care system to ensure the Urgent Care strategy and A&E Improvement Plan are delivered, escalating issues to A&E Delivery Board when required.

The CCG has also developed a stakeholder-owned Delayed Transfer of Care (DToC) action plan incorporating a number of key actions to support a reduction in delayed discharges and delayed transfers of care.

The Urgent Care strategy, A&E Improvement Plan and DToC action plan incorporate the High Impact Changes that will prompt change to the pattern and configuration of services (e.g. 7 days services, front door, Integrated Discharge Services, Care Homes) during the coming years in order to meet strategic ambitions. The BCF will support delivery of this.

### **Long term conditions**

A key strategic objective for Swindon CCG is to increase the support we offer to those with long term conditions. Care pathways for Diabetes, Dementia, cancer, heart failure, stroke, COPD are being reviewed and processes redesigned to assist with better diagnosis and greater awareness for dementia, and improved treatment for cancer, diabetes and COPD. The increasing prevalence of Long Term Conditions is highlighted within the Joint Strategic Needs Assessment (JSNA). The financial pressures facing health and social care requires a new approach to tackle the rising trend.

### ***Our Commissioning Intentions***

**Dementia** - Post-diagnosis care and support community initiatives are in place. A Dementia Specialist Team has been established to offer support in addition to the Memory Clinic services, linking between secondary care, primary care and, community initiatives and care homes.

Initiatives are underway to support the development of a dementia Friendly community for Swindon.

**Respiratory/COPD:** COPD Integrated Model of Care was established in April 2017 which includes:

- ✓ the diagnosis and management pathway across the health system
- ✓ the local COPD Oxygen and Pulmonary Rehabilitation services
- ✓ identifying improvements on how acute care can integrate closer with the COPD community service with patients experiencing frequent exacerbations who need more pro-active management
- ✓ use of overtreatment with inhaled corticosteroid when used above the optimal level

**Diabetes:** Swindon 6 model of care being implemented within GWH Acute Diabetes services since April 2017. This includes an integrated Community Led Diabetes Model to increase support to GP Practices through:

- ✓ The Diabetes Transformation Programme and the 5 work streams, (diabetic foot, structured education, integrated community-led model, patient reference group and medicines optimisation) which has been formally approved by Clinical Leadership Group (CLG)
- ✓ A dedicated public access website for Swindon patients and HCPs to access best practice guidelines and up-to-date information
- ✓ Supporting primary care to improve diabetes service delivery through improved access to the community integrated diabetes team, including consultant outreach. Named GP Diabetes Lead identified
- ✓ CCG working with NHSE to support primary care to offer practice nurses access to continued professional development

### **Self-care and prevention**

Swindon CCG has identified its key intentions to release further time for care alongside what is already in place. This includes increasing aspects of self-care (including web and app-based portals), consultations through the share learning from Physician Assistants, further roll-out of the Clinical Pharmacist pilot, Community Navigators, and the development of Federated Practices in Swindon. The CCG will spread awareness of any innovations that release time for care. The above examples fit with the 'Releasing Time for Care' programme and demonstrate a willingness to collaborate in service redesign ideas, knowledge exchange, using technology, training, and it encourages Practices who may wish to go further in implementing changes.

We have utilised national transformation monies awarded to the CCG and Borough Council to trial a Community Navigator scheme which links patients to their communities to gain support for improving their health and wellbeing, alongside this a service delivered by the voluntary sector – circles of support. We are beginning to see some excellent outcomes from these initiatives.

Reshaping of provision in the voluntary and third sector to improve health and well-being is being undertaken. Advice and information service as well as a website offering information is in place. Voluntary sector organisations supporting those with a learning disability, mental illness, carers and support services are co-located in the centre of Swindon. We will continue to promote the advice and information service so that people can make plan and make choices for themselves.



### ***Our Commissioning Intentions***

- Implementation of a revised operating model for Community Navigator service, building on the success of existing scheme, and incorporating further utilisation of information of risk stratification of tools to identify patients at risk of admission
- Use of technology, on-line appointment booking, the Prescription Ordering Direct scheme
- Implementation of release Time to care Programme

### **Reducing a growing burden of lifestyle related ill health and cancer**

We want to address ill health particularly due to physical inactivity, obesity and smoking through increasing community capacity to tackle the wider determinants in relation to housing and employment. Swindon has higher rates of smoking, alcohol consumption, physical inactivity and obesity in areas of disadvantage, which in turn leads to higher incidence of heart disease and diabetes in those communities.

Swindon CCG are already actively working to develop and implement the cancer services transformation planning requirements both within the CCG and across the wider care system through the Cancer Alliance and the STP cancer group (Bath, Wiltshire & Swindon Cancer Group), which means that our transformation work improves the quality of patient care in the wider system. We will also work with providers to successfully meet the NHS constitution cancer standards. This includes working closely with our main tertiary provider Oxford University Hospitals NHS FT, who are developing a new radiotherapy unit on Great Western site.

### ***Our Commissioning Intentions***

- Commissioning of weight reduction, smoking cessation and alcohol and drug misuse services
- Implementing the national taskforce report on cancer
- Promoting early diagnosis to improve survival rates
- Implementing follow up pathways for breast cancer patients

**Improving the health of children** by reducing child obesity to below 19% in year 6 to prevent long term ill health, improving children's emotional health, reducing paediatric admissions and will ensure targeted support for children and families. A review of Children's Services in the Acute, Community and Mental Health services and Urgent Care for paediatrics will support a new model of care delivery. It is anticipated demand can be better managed through rapid response and integration with community urgent care.

### ***Our Commissioning Intentions***

- Continuation of GP and nurse led children's clinic to support *on the day* demand
- The monitoring of specialist advice line for primary care and community clinicians and its effect on admissions / attendance
- Re-design of the urgent care pathway between Urgent Care Centre, Paediatric ED and PAU
- An overall service review of children's services to inform new models of care.
- Rapid End of Life care pathway response and increased care options for children and their families

### **Improving mental health**

Mental Health service development is a key priority area. We plan to achieve the 50% IAPT recovery targets and are piloting the national model to support patients identified with LTCs. We will increase baseline mental health spend to facilitate delivery of the Mental Health Investment Standard.

We are working closely with our partners in the STP so that our developments are tied into the work streams and project plan being developed through the STP as well as the BCF plan. This will ensure that mental health services operate at scale across the STP to deliver system wide pathways of care.

### ***Our Commissioning Intentions***

- Implementation plan for the Mental Health Five Year Forward View for all age groups alongside access and quality standards so there is genuine parity of esteem within our services.
- A joint service commissioned across the STP footprint, enabling more joined up approaches through joint commissioning arrangements of one provider. The contract starts in April 2018.
- Implementation of a single point of access in place for TAMHS/CAMHS services to ensure a seamless service provision. For Eating Disorders, the CAMHS service accepts direct referrals from any professional or parent/carers

### **Learning Disabilities and Autism**

The Swindon and Wiltshire Transforming Care Plan (TCP) is in its first year of implementation. There is multiagency responsibility for delivery and robust governance and performance structures in place to ensure this is successful. A SMART project plan with milestones is in place which will be monitored over its 4-year period by a multiagency project team and the NHS E LD Assurance Manager. Our Transforming care Plan interprets the local actions required to ensure the national requirements for Transforming Care for people with LD and/or Autism are delivered.

The Plan encompasses actions to ensure processes are in place to support unnecessary hospital admissions and lengthy hospital stays; embed workforce development to ensure staff have the right skills in the right place; ensure people and their families have more choice and more say in their care with options for accessing innovative i.e. through Personal Health Budgets; ensuring more care can be provided in the community (including positive daily activities e.g. employment) and in providing more intensive support for those who need it, so that people can stay close to their home.

Swindon performs exceptionally well in ensuring the avoidance of inpatient admissions. A review of the national CTR Policy and Blue Light Protocol has been locally interpreted and we have developed a local policy which ensures timely, consistent, proactive and high quality co-productive reviews where people are presenting as at risk of admission due to escalating behaviour.

Swindon has a higher number of people with a learning disability living in residential care and high costs supported housing. Our analysis of social work assessments and plans has also found that there is a need to be outcome and progression focused so that people learn new skills. A

pilot has been undertaken with Wiltshire on the implementation of progression planning. A programme is in place across children and adult services so that we continue to ensure a positive move from children to adult services, increasing people's independence and reducing reliance on residential care.

### ***Our Commissioning Intentions***

- Implementation of progression and strength based social work assessments
- Implementation of Transition programme from children to Adult services
- Development of new housing and support for people with a learning disability
- Case reviews and collaboration with other local authorities and CCGs to reduce the number of people in residential care where appropriate
- Understanding the position of people with autism who have received a health check and have a health action plan in place. This will include assessing current rates of health screening and local mortality rates

### **Supporting Carers**

Supporting carers remains a priority for us in Swindon. Additional funding has been made available for short term breaks, advice and information and support to carers as part of hospital discharge. Support to young carers is in place through a dedicated services

### ***Our Commissioning Intentions***

- Develop extended assessment and information sharing to support all carers.
- Review all services to ensure they adequately provide for the needs and rights of carers and ensure carers are aware of the support and short term breaks available
- Re-commissioning of the contract for carers support and young carers so that young carers are protected from inappropriate caring responsibilities

### **Joint Commissioning**

Swindon Clinical Commissioning Group and Swindon Borough Council already have a National Health Services Act 2006 Section 75 Agreement in place. As the Better Care Fund is largely funds from existing budgets, many of the services are already funded. If the Better Care Fund was not in place then the following community based services could be at risk:

- Community health services
- 7 day working in adult social care
- Reablement support
- Accelerated discharge from hospital through access to care packages 7 days a week
- Carer Support

**PROGRESS To Date (MARCH 2017)** - Key milestones associated with the delivery of the Better Care Fund plan and any key interdependencies

Swindon already has integrated joint commissioning and delivery in place. This is supported by Section 75 Agreements for adult social care, community health and mental health services. These agreements were revised in 2014 so that a new Section 75 is in place with a schedule for the Better Care Fund from 1<sup>st</sup> April 2015 for five years. The Better Care Fund is a schedule of the section 75 agreement and this Plan will form part of the schedule for 2017.

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
1	<p><b>Integrated crisis and rapid response</b></p> <p>Crisis support to prevent admission to hospital and enable those who leave hospital. Access to assessment facility for people discharged from hospital linked to reablement so that length of stay in hospital reduces and people are able to regain their skills as quickly as possible.</p>	<p>Review use of Discharge to Assess beds alongside Fessey rehabilitation beds to reduce length of stay in Fessey</p> <p>Commission rapid response as part of re-commissioning of community and</p>	<p>Implement findings from review to assist with rehabilitation and start re-commissioning process for Fessey</p> <p>Commission rapid response as part of re-</p>	<p>Complete re-commissioning process for rehabilitation at Fessey, crisis and rapid response services</p> <p>Complete commission rapid response as part</p>	<p>Implement new service model</p>	<p>Fessey beds length of stay was reviewed and reduction achieved in year to an average of 6 weeks.</p> <p>The Service was insourced 1.10.2016 to the local authority due to the financial difficulties with SEQOL.</p> <p>Service continuity was maintained.</p> <p>The reshaping of the service alongside rapid response and reablement will now take place in 2017/18 supported by an</p>

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
		social care services, publication of process	commissioning of community and social care services	of re-commissioning of community and social care services	Implement new service model	external improvement partner.  A new regulated service manager for the services is in post
2	<b>Reablement Service and Telecare</b>  People will regain skills as quickly as possible without the need for on-going support. This will be provided from an integrated service including OT and therapists with direct referrals from the Hospital Discharge team to enable speedy discharge from hospital.	Maintain reablement capacity at 29 patients and £28 per hours and include principle in domiciliary care tender	Complete domiciliary care tender	Implement mobilisation of new model for domiciliary care including enabling patients to gain new skills	Implement new contract including enabling patients to gain new skills	The reablement Service was insourced to the local authority following financial difficulties with SEQOL on 1.10.2016.  The reablement Service was reviewed by Newton Europe as part of their diagnostic into adult social care services.  In 2017/18 the service will be re-designed alongside Fessey and domiciliary care from hospital to achieve greater efficiency and make reablement available to service users seeking support from adult social care rather than a discharge service from hospital only with

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
						capacity increasing to 900 patients in a full year once re-designed. This will support admission avoidance
3	<p><b>Enhanced voluntary sector capacity</b></p> <p>Commission voluntary and community based support linked to localities and GP practices. Supporting volunteers reduces the need for some targeted and specialist services. Community and voluntary sector groups provide important flexible services either informally or as part of local contracts.</p> <p>Mental health wellbeing co-ordinators have been introduced through the commissioning of mental</p>	<p>Re focus community navigator scheme</p> <p>Shape specification for home from hospital, befriending and reducing isolation contracts</p> <p>Amend specification for mental health in the voluntary sector</p>	<p>Monitor community navigator scheme</p> <p>Tender home from hospital, befriending and reducing isolation services</p> <p>Complete implementation of new specification</p>	<p>Monitor community navigator scheme</p> <p>Complete tender home from hospital, befriending and reducing isolation services and mobilise for new service</p> <p>Monitor implementation of amended mental health specification</p>	<p>Evaluation of community navigator completed and decision made about future service</p> <p>Monitor first quarter performance of new service</p> <p>Monitor performance of amended mental health specification</p>	<p>The community navigator scheme was refocused with a smaller number of navigators and has been evaluated positively showing savings as well as positive outcomes for patients with long term health issues.</p> <p>The mental health services in the voluntary sector now offer one to one support for people with dual diagnosis and autism. 10 people have benefitted from the service following re-design.</p> <p>Funding has been secured for Circles of</p>

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
	health third and voluntary sector contracts.	to include autism and dual diagnosis				Support and community navigator for 2017/18 from health and social care to focus on patients with 3+ long term health conditions. The tender for reducing isolation will take place in 2017
4	<b>Community and residential rehabilitation and Discharge to Assess</b>  Funding nursing assessment beds with enhanced health care so that patients can be discharged from hospital more quickly. This programme is now established.	Review use of Discharge to Assess beds alongside Fessey rehabilitation beds to reduce length of stay in Fessey	Implement findings from review to assist with rehabilitation and start re-commissioning process for Fessey	Complete re-commissioning process for rehabilitation at Fessey, crisis and rapid response services	Implement new model	The Service was insourced 1.10.2016 to the local authority due to the financial difficulties with SEQOL.  Service continuity was maintained. The service will be reviewed in 2017/18 as outlined above.  Additional Home to assess capacity was funded from November 2016 – march 2017 to facilitate speedier discharge of patients to the community. So far the service is showing to

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
						reduce NHS delays at GWH
5	<p><b>Preventing hospital admissions and effective discharge</b></p> <p>Continue to fund seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible.</p> <p>Ensure access to brokerage and verification services so that there is speedy access to social care packages seven day a week.</p>	<p>Continue to fund seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible.</p> <p>Ensure access to bridging and D2A at weekend so that there is speedy access to social care packages seven day a week.</p>	<p>Continue to fund seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible.</p> <p>Ensure access to bridging and D2A at weekend so that there is speedy access to social care packages seven day a week.</p>	<p>Continue to fund seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible.</p> <p>Bridging principle part of mobilisation of domiciliary care tender</p>	<p>Continue to fund seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible.</p> <p>Bridging principle part of new domiciliary care service</p>	<p>The DART team and the Integrated Discharge team (social care) were reviewed and refocused in 2016 to ensure reduction in DTOC numbers. Social work and OT service run 7 days a week with access to domiciliary care services at the weekend. Domiciliary care bridging service has been maintained.</p> <p>The domiciliary care tender will be re-issued in 2017 following review to ensure continuity of service</p> <p>Tender for community health and social care</p>



Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
	<p>Integrated Discharge Team comprising of health and social care is in place. Since November 2013 a Discharge Assessment and Referral Team (DART) has been in place to avoid admission and discharge as early as possible. Both services operate 7 days a week and work closely with hospital clinicians.</p> <p>The Virtual Ward will be working closely with the hospital discharge services and the Single Point of Access to both avoid admissions and enable speedy discharge. Virtual Ward, Intermediate Treatment beds (SWICC), Hospital Discharge services and 7 day working for clinicians.</p>	<p>Implement findings from review of DART/IDT</p> <p>Re-commissioning of community and social care services, publication of process</p>	<p>Start plan of transferring management of social work to SBC and monitor implementation of DART processes</p> <p>Tender evaluation of re-commissioning of community and social care services</p>	<p>Start Transfer social work and social care staff to SBC</p> <p>Complete tender of community health and social care services</p>	<p>Complete Transfer social work and social care staff to SBC</p> <p>Implementation of new models of care following completion of tender</p>	<p>services was completed in July 2016. GWH was identified as the new provider. The local authority insourced all social care services including social work from SEQOL on 1.10.2016. the services have been reviewed and a re-design programme has started in march 2017</p> <p><u>Delayed Transfer of Care (DTC)</u></p> <p>The DTC programme was established in 2016 and has reduced delays across health and social care, albeit not by 50%.</p> <p>The current performance as of end of December 2016 was ranked 71<sup>st</sup> in England for the BCF indicator.</p> <p>A Board and project teams with work streams</p>

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
	<p><u>Additional Scheme for 2016-17</u> - Delayed Transfer of Care Programme</p> <p>Sustainable reduction in number of DTOC and non-DTOC delays across the health and care system by 30.9.16, with planned reduction of current numbers by at least 50%.</p> <p>Agreed programme of work with clear outcomes and timelines for implementing the Newton Europe recommendations as these apply to delayed discharges and prevention of admission</p>	<p>Implement delayed discharge programme with fortnightly project team and Programme Board meetings.</p> <p>Implement work streams from Newton Europe and urgent care Programme</p>	<p>Complete delayed discharge programme with fortnightly project team and Programme Board meetings.</p> <p>Implement work streams from Newton Europe and urgent care Programme with work streams and monitor performance</p>	<p>Monitor completed delayed discharge programme with monthly project team and Programme Board meetings. Add and adjust work streams to maintain performance</p> <p>Implement work streams from Newton Europe and urgent care Programme with work streams and monitor performance. Adjust programme based on</p>	<p>Monitor completed delayed discharge programme with monthly project team and Programme Board meetings. Add and adjust work streams to maintain performance</p> <p>Implement work streams from Newton Europe and urgent care Programme with work streams and monitor performance. Adjust programme based on</p>	<p>are in place and have been refreshed across Swindon and Wiltshire. Implementation of learning from newton Europe was delayed due to community and social care tender and subsequent tupe of staff to GWH and the local authority</p>

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
				evaluation of performance	evaluation of performance	
6	<b>Carers' Support</b>  A joint carers' contract is already in place which was tendered in 2012/13. The Carers' Centre provides advice and information for carers, welfare benefits advice as well as support groups. There is a GP outreach post. Young carers' support is provided by the same voluntary organisation and was part of the same tender. Outcomes for carers continue to improve. Additional investment was made available in April 2012 for short term breaks for carers and further investment has been made to deliver the requirements	Monitoring of carers contract and implementation of new carer post in hospital discharge process  Testing of online carer assessment	Monitoring of carers contract and implementation of new carer post in hospital discharge process  Training and start implementation of online carer assessment	Monitoring of carers contract and implementation of new carer post in hospital discharge process  Training and start implementation of online carer assessment	Monitoring of carers contract and implementation of new carer post in hospital discharge process  Training and start implementation of online carer assessment	The carer's contract has been monitored quarterly and shows good performance. A carer support post is working in GWH supporting carers whose relatives are being discharged from hospital  The online carer assessment is in test

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
	of the Care Act. Development of improved assessment process for carers and improved access to health checks.					
7	<b>Capital Grant adult social care</b>  Capital allocations fund the disabled facilities grant scheme which is operated by Swindon Borough Council. It also funds large items of social care equipment required through the joint Integrated Community Equipment Store for children and adult services as well as investment in telehealth and telecare.	Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.	Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.	Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.	Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.	Swindon Borough Council has continued to invest in technology and used all capital allocations plus a top up from the local authority of £300k
8	<b>Community Health aimed at reducing emergency admissions</b>					Community health services moved to GWH on 1.10.2016 and GWH was awarded the contract following a successful

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
	Continued development and enhancement of a range of community based support such as the Single Point of Access, SUCCESS, nurse home visiting	<p>Evaluation of Rapid response, single point of access and commission as part of community and social care tender</p> <p>Evaluate SUCCESS and rapid response to determine future funding</p>	<p>Complete tender of Rapid response, single point of access and commission as part of community and social care tender</p> <p>Evaluate SUCCESS and rapid response to determine future funding</p>	<p>Complete tender of Rapid response, single point of access and commission as part of community and social care tender</p> <p>Evaluate SUCCESS and rapid response to determine future funding</p>	<p>Mobilisation and implementation of new contract</p> <p>Evaluate SUCCESS and rapid response to determine future funding</p>	<p>tender. The services have been reviewed and a re-design programme will commence for community health services alongside social care services. A joint programme board will ensure that we continue to develop services together whilst staff are managed and employed separately. Confident professional health and social care staff are required so that future integrated working is able to succeed</p>
9	<p><b>Managing increase in demand for adult social care</b></p> <p>Increase in care packages due to demographic pressure leading to</p>					<p>Care packages have continued to increase and the local authority has spent an additional £3m on supporting older people in 2016/17 including significant</p>

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
	reduced length of stay in hospital. Work with residential and nursing providers to increase access to health care within homes so that admissions to hospital reduce	Continue to improve social work decision making on care packages by implementing vulnerable adults programme and demand management. Share demand data with HWB Provider Forum	Continue to improve social work decision making on care packages by implementing vulnerable adults programme and demand management	Continue to improve social work decision making on care packages by implementing vulnerable adults programme and demand management	Continue to improve social work decision making on care packages by implementing vulnerable adults programme and demand management	investment in hospital discharge  A re-design programme across all social care services will ensure an effective and efficient service in 2017
	<b>Implementation of new responsibilities under the Care Act 2014</b>  The funding provided within the Better Care Fund has contributed towards the cost of implementing the requirements of the Care Act. These include carers' support, advocacy and safeguarding. We have implemented the required systems under the Health &	Continue to increase adverts and advice and information on My care My Support, mobilise voluntary sector to give advice and support. Tender advocacy service ,	Continue to increase adverts and advice and information on My care My Support, mobilise voluntary sector to give advice and support. Complete tender advocacy service ,	Continue to increase adverts and advice and information on My care My Support, mobilise voluntary sector to give advice and support. Mobilise for new advocacy service ,	Continue to increase adverts and advice and information on My care My Support, mobilise voluntary sector to give advice and support. Monitor new advocacy	The care Act has been fully implemented with additional support for  <ul style="list-style-type: none"> <li>- Carers</li> <li>- Advocacy</li> <li>- Safeguarding team</li> <li>- Advice and information including co-location of the voluntary sector</li> <li>- Online assessment tested with social workers</li> </ul>

Ref no.	Scheme	Milestones Quarter 1 2016	Milestones Quarter 2 2016	Milestones Quarter 3 2016	Milestones Quarter 4 2016/17	Progress at March 2017
	Social Care Bill. We have invested in new technology to allow on line self-assessment and information and advice through <a href="http://www.mycaremysupport.co.uk">www.mycaremysupport.co.uk</a>	implement online assessment	implement online assessment	implement online assessment	service , implement online assessment	

## **Evidence base and local priorities to support plan for integration**

The Better Care Fund Plan is based on a thorough analysis of need of the population in Swindon. It addresses the key challenges, which are evidenced below:

- Reducing emergency admissions to hospital by strengthening our urgent care plans.
- Reducing delayed transfers of care across health and social care by 50%, in particular due to completion of assessment, admission to residential and nursing care and access to domiciliary care.
- Reducing emergency admissions and improving health of those with long term conditions through community based support, advice & information, community based support, community navigators.
- Strengthening reablement services for those discharged from hospital including 7 day working in social care and health.
- Improving locally based support for people with a learning disability.
- Improving advice, information, assessment and support for carers.
- Addressing the needs of an ageing population and improving health inequalities.

The data below outlines the challenges in detail which we will continue to address in an integrated way through the schemes outlined in this plan.

Swindon faces significant population growth over the next 10 years as the data below shows. We will see a larger rise than nationally amongst children under five (8% compared to 2%) and older people (32% compared to 22%), many of whom will have long term conditions. Both of these population groups are high users of primary and secondary health services. Looking at our demographics, we can see the unique consequences of the growth in our industries in the 1980s and 1990s with a materially larger proportion of our people being in the 30-64 age groups (48% compared to 45% nationally). Forecasts also show that between 2011 and 2031 the over 85 population will grow at a much faster rate than the rest of the population due to increased life expectancy.

Risk stratification has identified those patients most at risk of admission and services are in place to provide enhanced support. In addition, Swindon has a higher prevalence of asthma and diabetes than England and comparable CCGs and a mortality rate for respiratory diseases that is no longer decreasing. Programmes of work are in place to work with patients with diabetes with a focus on self-management, improved foot care and ophthalmology screening. Respiratory patients self-management, increased capacity for tele health services and specialist community support services.

### **Population changes**

The population of Swindon by mid-2011 was estimated to be 209,700, an increase of approximately 29,600 persons from 2001 representing a growth rate of 16%, the highest in the South West. In Swindon, to take account of the planned additional 25,000 new homes

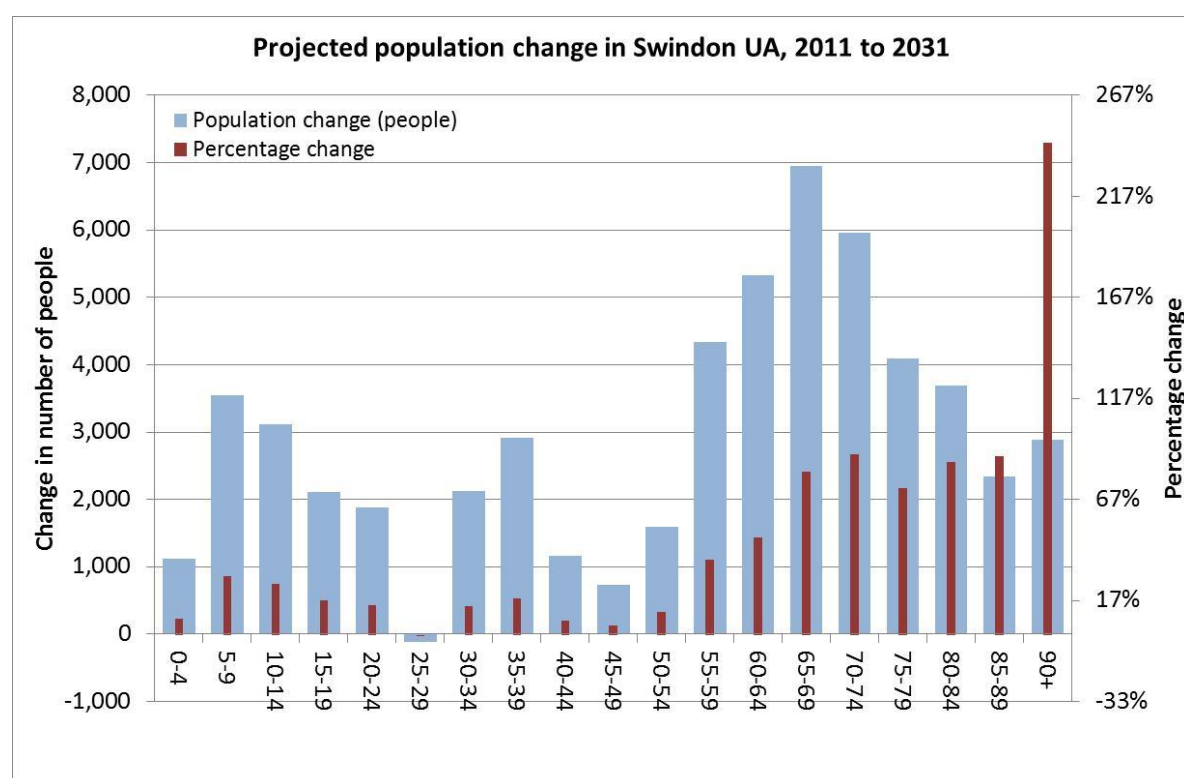


between 2012 and 2026 policy-led projections were produced based on population data from the Office for National Statistics (ONS) and Swindon District's housing targets to 2026 from the Local Plan.

The key facts from these projections are:

- Swindon's population could increase to 240,000 persons by 2021 and 265,400 by 2031, equivalent to growth of approximately 14% from 2011 to 2021, and a further 10% from 2021 to 2031.
- From 2011 to 2031, births are projected to average approximately 2,900 per year, deaths approximately 1,700 per year, and net migration approximately 1,800 per year.
- The largest increase in persons will be in the 65 to 74 age group, projected to be 12,900 more by 2031. However, the 85 plus age group will have the largest growth rate at approximately 136%.
- By 2031 the population aged over 65 is projected to grow by 25,900 persons to reach a total of 55,000 by 2031, accounting for 46% of total population growth.
- The working age population (16 to 64) is also projected to grow by approximately 21,600 persons to reach a total of 160,800 by 2031, accounting for 39% of total growth.
- The 0 to 4 age group is projected to grow by 1,100 to reach a total of 15,300 by 2031.
- The population of school-age children aged 5 to 18 is projected to grow from 34,900 in 2011 to 43,000 in 2031, and overall, the population of children aged 0 to 18 will grow from 49,100 in 2011 to 58,300 in 2031.
- Overall, the age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups. This will result in an increase in the ratio of children and older people to working age people so that by 2031 for every one person under the age of 16 or aged 65 plus there will be 1.5 persons of working age instead of 2 persons of working age in 2011

**Chart 1: Projected change by 5 year age group from 2011 to 2031**



Source: SBC projections, 2011-2036

Based on national population projections, which show less growth in Swindon's elderly population because they don't take new housing into account, the following projections of the number of over 65s projected to have certain conditions or limitations have been calculated. These numbers can be regarded as conservative estimates if the prevalence of these conditions remains unchanged in future years. Many elderly people will have more than one of these conditions or limitations.

**Number of over 65s in Swindon projected to have certain conditions or limitations**

	2015	2020	2025	2030	% increase 2015 to 2030
<b>Dementia</b>	2,280	2,727	3,259	3,979	75%
<b>A long standing health condition caused by stroke</b>	766	890	1,042	1,228	60%
<b>A long-term illness limiting day to day activities a lot</b>	7,745	9,005	10,694	12,653	63%
<b>An admission to hospital because of a fall</b>	677	792	957	1,124	66%
<b>A BMI of 30 or more</b>	8,683	9,927	11,398	13,272	53%
<b>Type 1 or Type 2 diabetes</b>	4,135	4,787	5,525	6,494	57%

Source: Projecting Older People Population Information System (POPPI)

The proportion of Black and Minority Ethnic (BME) people in Swindon UA, in approximate terms, doubled from 8.5% (15,344 people) in 2001 to 15.4% (32,128 people) in 2011. The broad BME proportion reported in Swindon in the 2011 Census varied greatly from 48.2% in Central to 5.6% in Blunsdon and Highworth. Among school children in 2016, the proportion of children from a minority ethnic group in Swindon was 25%, more than the 13% in the South West and but less than the 30% in England. Additionally, births data shows that in 2015, 28.2% of babies born to Swindon residents were to non-UK born mothers, which is very similar to England overall (28.4%).

### **Life expectancy and health outcomes**

In Swindon, in 2013-15, life expectancy is 79.6 years for males and 82.8 years for females, which is similar to England. Males in Swindon will spend 80.5% of their lives in good health, around 64 years, whereas women will only spend 74.4% in good health, around 62 years. At age 65, life expectancy for males in Swindon is an additional 18.5 years compared to 20.9 years for females. However, there is little difference between sexes in the remaining length of time spent in good health (12.2 years compared to 11.2 years). Causes of premature mortality in Swindon are changing. In 2001-03, 36% of deaths under 75 were from cancer and 30% from cardiovascular disease (CVD) but by 2012-14, 41% were from cancer and 23% from CVD.

Meanwhile, the gap in life expectancy between the least and most deprived has reduced significantly amongst the female population but risen slightly amongst the male population. In the most deprived areas of Swindon, men die on average 9.7 years earlier and women 4.0 years earlier than those in the least deprived areas. Reducing gender related health inequalities remains a top priority.

The growth in people from BME Communities to 15% places even greater emphasis on the development of approaches to healthcare design and delivery that reach out to and are guided by our new communities. The greatest growth has been in communities who are also vulnerable to diabetes and cardiovascular disease in the Asian community (both of which are therefore priorities for new interventions in 2014-2019).

In addition, we have undertaken significant analysis of our population and our demand for health and social care. Based on analysis from Public Health we know that:

- At the end of 2016/17, 20,365 people aged between 40 and 74 had taken up the offer of a NHS Health Check in the past 4 years, 31.9% of those eligible (England 36.2%). The NHS Health Checks programme is monitored monthly and improvements identified to improve take up based on regional best practice. A new service specification for GP practices is being developed, including surveys of health check effectiveness by patients, which can then be used to develop the service.
- Cancer screening coverage: cervical cancer 72.4% (England - 72.7%); bowel cancer 54.1% (England – 57.9%). The Public Health team link to Public Health England campaigns to boost uptake as well as working with providers locally to look at ways to improve coverage. A multi-stranded bowel cancer campaign is planned for 2017 targeted at raising uptake in the 60 year old age group.

- Mortality from communicable diseases 14.1 per 100,000 population (England average 10.5). This includes the number of deaths from certain infectious and parasitic diseases as well as from influenza. SBC have initiatives to reduce fuel poverty and provide grants for improvements to heating for those on low incomes. The CCG also sent out a Keeping Well and Staying Safe booklet to every household this winter with advice on reducing winter illness and the risks of respiratory disease.
- Excess weight in adults – 70.8% of Swindon adults are obese or overweight compared to 64.8% in England overall. The 'Get Swindon Active Strategy' 2015-2020 sets out the vision for Swindon to get 'everybody active, every day' by making active lives the norm not the exception.
- HIV late diagnosis – 61.1% of people diagnosed with HIV in Swindon were diagnosed at a late stage. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly and is essential to evaluate the success of expanded HIV testing.
- Improving health, particularly female health, and reducing health inequalities between the least and most disadvantaged amongst our male population remain the top priorities as described in the Joint Health and Wellbeing Strategy 2017-22
- Reducing isolation continues to be a priority for our work with older people. The national indicator that measures social isolation in adults who use social care services has improved from 43.6% in 2014/15 to 48.7% in 2015/16 and this is above the national average of 45.4% in 2015/16.

## Long Term Conditions (LTC)

The Swindon LTC JSNA estimates that 32.2% of Swindon people have one or more LTC, this amounted to 69,820 persons in 2015. In all, 21.0% had only one condition (45,580), 7.2% (15,699) had two conditions, while 3.9% (8,540) had three or more conditions. Thus, approximately one third of people with any recorded condition were in a state of multi-morbidity, having co-morbidities alongside their main condition. With regard to people aged 65 years or over, 69.3% of people were estimated to have at least one LTC (2,917 in all). These estimates triangulate information from the 2011 Census, General Practice disease registers (QOF) and modelled figures. They contain both people with a clinical diagnosis of a LTC, some of whom may feel they are not limited by it and also those who are limited in the day to day activities but do not have a clinical diagnosis of a specific condition.

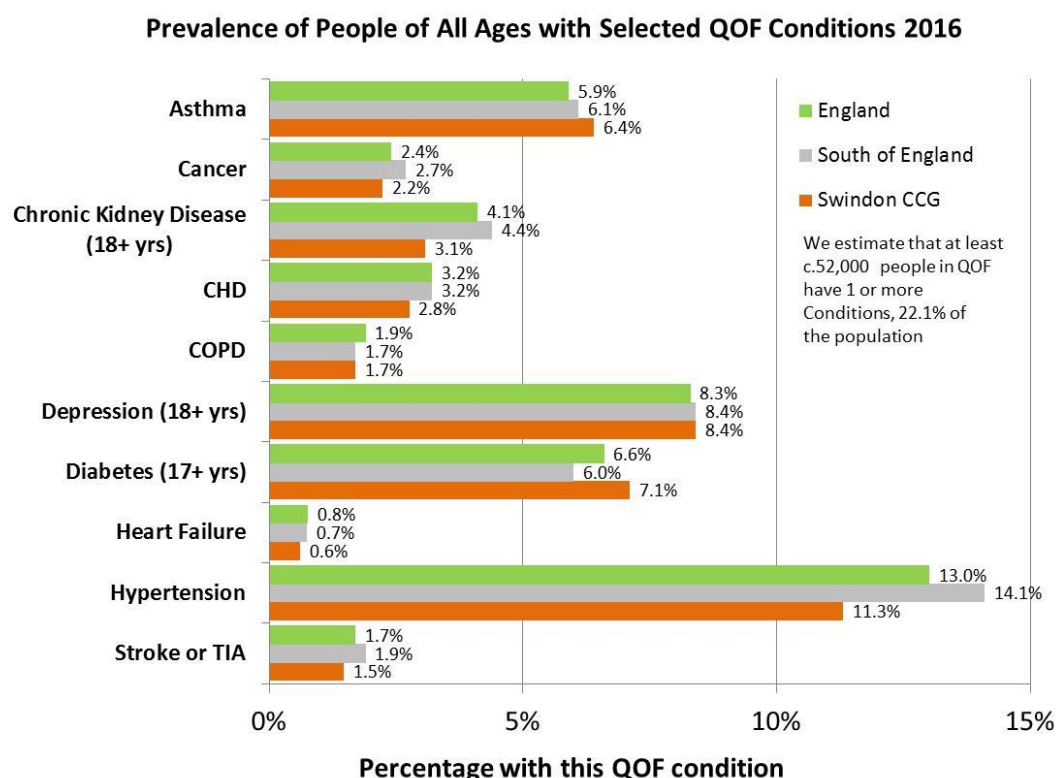
More affluent people might have milder forms of LTCs and/or have better resilience, better coping strategies, better social and family networks and a greater ability to gain benefit from the health and caring services. Thus, more affluent people do not necessarily avoid the LTCs experienced by their less well-off peers, but they are more likely to be in the group of "Ageing Well" people, coping better with their situation (and sometimes without LTCs at all.)

People who live in deprived areas and have three or more LTCs are known to be at greater risk of requiring Social Care services. It is estimated there are around 6,000 people in this

group in Swindon and their most common conditions are hypertension, coronary heart disease, diabetes, cancer and stroke.

A key task of the Health and Care community is to help older people to move into the “Ageing Well” segment (while remaining there as long as possible), and to prepare middle-aged people for a later life which builds on “Ageing Well” principles. This task involves mental health as much as physical health. People in deprived areas have the most to gain from such initiatives.

## Prevalence of selected long-term conditions, 2015/16



Source: Quality and Outcomes Framework (QOF), 2015/16

Whilst the overall number of Swindon residents living with a long term condition has increased in line with our overall population, some conditions such as diabetes and respiratory disease have grown faster. This is partly due to a near doubling of minority groups where the prevalence of these conditions is higher. Other conditions such as dementia and stroke are forecast to increase at a faster rate than our overall population due to the faster rate of growth of our older and minority populations. The above increases will put additional pressure on individuals, households, their families, carers and support networks. Those with a long term limiting condition are two to three times more likely to also develop depression.

Our investment in community nursing, SUCCESS, community navigator and support for older people through voluntary and third sector organisations are part of our plan to address this. More detailed information is included in the CCG 5 Year Strategic Plan.

## **Demands on adult social care**

There were 717 people with a learning disability supported by Adult Social Care during 2016/17 and 4106 older people. The demographic changes outlined above indicate the demand will continue to increase. We are also experiencing more complex health needs for Older People and over the last few years we have seen an increase in the value of packages of care. In response to the financial pressures on adult social services, the Council has already taken a number of steps to transform the adult social care system which should improve outcomes for residents over the coming year. These include: increasing the Adult Social care budget from £60.4m in 2016/17 to £67.3m in 2017/18; improving the delivery of the reablement services to increase capacity so more people benefit from the service; re-designing the way the hospital social work team works to enable timely discharge of patients and reduce delays, particularly due to social work assessment and admission to residential and nursing homes; re-designing the 'front door' of adult social care to provide strong links to the voluntary and third sector; and review the way we work so that Occupational Therapy and social care assessments are timely and promote independence.

## Better Care Fund Plan 2017/19 Action Plan

Integrated services and commissioning underwent significant changes in 2016/17 as the SEQOL contract came to an end, a STP plan was published and we developed our approach to Accountable Care. In order to reflect those changes we have reviewed our schemes and adjusted funding accordingly without impacting on investment in social care, carers support, and the Care Act. Both Swindon CCG and Swindon Borough Council have invested additional resources in reablement as the reshaped service has already provided improved outcomes in 2017/18 Quarter 1. We have also cross referenced the High Impact Changes in our schemes set out below (set out in red)

Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
1	<p><b>Prevention of Hospital admission including rapid response</b></p> <p>Crisis support to prevent admission to hospital and enable those who leave hospital. Implementation of Urgent Care Programme</p> <p><b>Support at the front door social care to prevent hospital admission and</b></p>	<p>Re design rapid response and front door of adult social care to reduce admission to residential and nursing care</p> <p>Development of clinical model for patients with long term conditions to prevent ED</p>	<p>Implement new front door and rapid response as part of re-design of adult social care services</p>	<ul style="list-style-type: none"> <li>Complete implementation and monitor impact</li> <li>Evaluation and contract</li> </ul>	<ul style="list-style-type: none"> <li>Review effectiveness of new model and determine savings achieved</li> <li>Evaluation and contract</li> </ul>	

Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
	<b>admission to residential and nursing care</b>  Therapy services at the front door of ED  <b>IBCF Prevention of hospital admission (therapy, crisis support £135k)</b>	attendances and admission  Implement therapies at the front door with new KPI and specification	Monitor KPIs and implementation of <ul style="list-style-type: none"> <li>clinical model for patients with long term conditions to prevent ED attendances and admission</li> <li>therapies at the front door with new KPI and specification</li> </ul>	management of KPI's for <ul style="list-style-type: none"> <li>clinical model for patients with long term conditions to prevent ED attendances and admission</li> <li>Implement therapies at the front door with new KPI and specification</li> <li>Establish need for step down capacity from therapy at the front door</li> </ul>	management of KPI's for <ul style="list-style-type: none"> <li>clinical model for patients with long term conditions to prevent ED attendances and admission</li> <li>Implement therapies at the front door with new KPI and specification</li> </ul>	
2	<b>Reablement Service and Telecare, telehealth</b>  People will regain skills as quickly as possible without the need for on-going support with access to support from hospital as	Re- design reablement service linked to bridging service to improve	Implement redesign with at least 200 more people benefitting from the service and 60% not requiring ongoing package or reduced package	<ul style="list-style-type: none"> <li>Monitor implementation of new model for reablement and domiciliary care including move to</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate new model of reablement and monitor development of domiciliary care service</li> </ul>	



Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
	well as front door of social care  <b>IBCF Reablement (therapy £130k)</b>	efficiency and effectiveness  Principle of enablement in domiciliary care tender  Telehealth targeted at patients with chronic illness and monitoring of KPIs in new contract	Complete domiciliary care tender and mobilisation  Telehealth targeted at patients with chronic illness and monitoring of KPIs in new contract	support planning by provider  • Telehealth targeted at patients with chronic illness and monitoring of KPIs in new contract	• Telehealth targeted at patients with chronic illness and monitoring of KPIs in new contract	
3	<b>Enhanced voluntary sector capacity</b>  Commission voluntary and community based support linked to localities and GP practices. Supporting volunteers reduces the need for some targeted and specialist services. Community and voluntary sector groups provide important flexible services either informally or as part of local contracts. Ensure voluntary sector links to	Carer support available within hospital setting through carers centre  Re focus community navigator scheme and integrate with Circles of Support to patients with 3+ health conditions  Link voluntary sector and My care My	Evaluate community navigator scheme and circles of support model  Monitor voluntary sector contracts to support adult social care and health priorities  Tender relevant voluntary sector services to meet children, health and social care priorities	• Monitor community navigator scheme • Monitor voluntary sector contracts to support adult social care and health priorities  • Tender relevant voluntary sector services to meet health and social care priorities	• Evaluation of community navigator completed and decision made about future service  • Evaluation and monitoring of voluntary sector contracts	

Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
	front door and My care My support	support closely to adult social care front door  Tender of carer support service	Implement front door services with link to advice and information in the voluntary sector	<ul style="list-style-type: none"> <li>Monitor new front door and link to voluntary sector and MCMS</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of front door and MCMS</li> </ul>	
4	<b>Discharge to Assess – residential rehabilitation</b>	Re design use of Fessey rehabilitation beds to reduce length of stay in Fessey, facilitate discharge but also prevent admission by linking to rapid response team  Evaluation of Home to Assess model which will inform future commission and remit	Implement findings from re-design so that discharge to assess and rehabilitation beds enable older people to regain their skills and return home, reduce delays due to residential care admissions  Home to assess model if implemented will complement reablement/residential discharge to assess/rehabilitation (Fessey)	<ul style="list-style-type: none"> <li>Monitor KPIs and outcomes of</li> <li>discharge to assess and rehabilitation beds enable older people to regain their skills and return home</li> <li>reduce delays due to residential care admissions</li> <li>Home to assess model if implemented</li> <li>Mobilisation of new domiciliary care</li> </ul>	<ul style="list-style-type: none"> <li>Monitor KPIs and outcomes of discharge to assess and rehabilitation beds enable older people to regain their skills and return home</li> <li>Home to assess model if implemented</li> <li>Domiciliary care contracts so that delays due to domiciliary care reduce</li> </ul>	

Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
		Domiciliary care bridging service remodelled to enable older people to regain skills	Include bridging service requirement in domiciliary care tender and award tender	contract including bridging		
5	<p><b>Effective discharge (early discharge, 7 day working, multi-disciplinary teams, Choice Policy)</b></p> <p>Continue to fund seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible.</p> <p>Care package support for hospital discharge</p> <p>Implementation of integrated discharge services across <b>7 day</b></p>	<p>Re-design social work services within GWH and link to new Integrated Discharge services (IDS) to ensure patient flow</p> <p>Continue to fund seven day social work, nursing and OT capacity to enable patients to be.</p> <p>Fund additional care package capacity to facilitate discharge</p> <p>Early engagement with families to</p>	<p>Implement effective re-design of social work services to reduce delays due to assessment and admission to nursing homes</p> <p>Full implementation of IDS leading to improved patient flow and reduction in length of stay</p> <p>Continue to fund seven day social work, nursing and OT capacity to enable patients to be</p>	<ul style="list-style-type: none"> <li>Monitor new ways of working in GWH for health and social care across integrated discharge services</li> </ul> <p>Continue to fund seven day social work, nursing and OT capacity to enable patients to be</p>	<ul style="list-style-type: none"> <li>Monitor and review integrated discharge services</li> </ul>	

Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
	<p>including social care Swindon and Wiltshire</p> <p>Sustainable reduction in number of DTOC and non-DTOC delays across the health and care system by with planned reduction of current number and no more than 13 beds per day by March 18 (17 September 2017)</p> <p>Winter contingency Fund in place</p>	<p>reduce delays due to patient choice and full implementation of choice policy</p> <p>Implement delayed discharge programme with fortnightly project team and monthly Programme Board meetings.</p> <p>Winter contingency Fund in place</p>	<p>Monitor delays due to patient choice and take corrective action</p> <p>Fortnightly team and monthly Programme Board meetings.</p>	<p>Monitor delays due to patient choice and take corrective action</p> <p>Monitor and review completed delayed discharge programme with monthly project team and Programme Board meetings. Add and adjust work streams to maintain performance</p> <p>Evaluate use of winter contingency fund</p>	<p>Monitor delays due to patient choice and take corrective action</p> <p>Monitor and review completed delayed discharge programme with monthly project team and Programme Board meetings. Add and adjust work streams to maintain performance</p>	

Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
	IBCF Winter contingency (£100k)  Contingency (£229k)		Winter contingency Fund in place			
6	<b>Carers' Support</b>  A joint carers' contract is already in place which was tendered in 2012/13. The Carers' Centre provides advice and information for carers, welfare benefits advice as well as support groups. There is a hospital carer support post in GWH. Young carers' support is provided by the same voluntary organisation and was part of the same tender. Development of improved assessment process for carers and improved access to health checks.	Develop engagement with a view to tender carers support service in 2017 Monitoring of carers contract and implementation of new carer post in hospital discharge process  Testing of online carer assessment	Tender carers support service 2017  Monitoring of carers contract and review of new carer post in hospital discharge process  Training and start implementation of online carer assessment  Tender for carers services with new service from April 2018	Implement new contract  Monitoring of carers contract and of new carer post in hospital discharge process  Monitoring and evaluation of online carer assessment	Monitoring of carers contract and implementation of new carer post in hospital discharge process  Monitoring and evaluation of online carer assessment	

Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
7	<b>Capital Grant adult social care</b>  Capital allocations fund the disabled facilities grant scheme which is operated by Swindon Borough Council. It also funds large items of social care equipment required through the joint Integrated Community Equipment Store for children and adult services as well as investment in telehealth and telecare.	Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.	Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.	Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.	Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.	
8	<b>Out of Hospital care aimed at reducing emergency admissions (Community health services and Enhanced Health in Care Home, trusted assessor)</b>  Wrap around community nursing around primary care	Development and early implementation of <ul style="list-style-type: none"> <li>• Wraparound community nursing in primary care</li> <li>• Virtual ward</li> <li>• IV therapy in patients home</li> </ul>	Evaluation of <ul style="list-style-type: none"> <li>• Wraparound community nursing in primary care</li> <li>• Virtual ward</li> <li>• IV therapy in patients home</li> <li>• Enhanced care home model with trusted</li> </ul>	Full implementation based on benefits realisation and evaluation of pilots including role out of <ul style="list-style-type: none"> <li>• Wraparound community nursing in primary care</li> </ul>	Contract monitoring of the established KPI's and delivery of specification of	

Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
	<p>Implementation of virtual ward</p> <p>IV therapy in patients home</p> <p>Enhanced care home model including trusted assessor</p>	<ul style="list-style-type: none"> <li>Enhanced care home model with trusted assessor pilot and GP LES</li> </ul>	<p>assessor pilot and GP LES</p> <p>Developing plans to pilot Red bag model in care homes with admission to hospital</p>	<ul style="list-style-type: none"> <li>Virtual ward</li> <li>IV therapy in patients home</li> <li>Enhanced care home model with trusted assessor pilot</li> </ul>	<ul style="list-style-type: none"> <li>Wraparound community nursing in primary care</li> <li>Virtual ward</li> <li>IV therapy in patients home</li> <li>Enhanced care home model with trusted assessor pilot</li> </ul>	
9	<p><b>Managing increase in demand for adult social care</b></p> <p>Increase in care packages due to demographic pressure leading to reduced length of stay in hospital. Work with residential and nursing providers to increase access to health care within homes so that admissions to hospital reduce, redesign social</p>	<p>Continue to improve social work decision making on care packages by re-designing social work ways of working to improve decision making, assessment</p>	<p>Implement new models of working for social work, assessment and review to improve social work decision making on care packages</p>	<p>Monitor new model of social work ways of working , assessment and review</p>	<p>Monitor and evaluate new model of social work ways of working, assessment and review to determine success in improved social work</p>	

Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
	work services to focus on prevention and improved decision making  IBCF funding of £2m older people care packages	and review. Share demand data with HWB Provider Forum			decision making on care packages	
10	<b>Implementation of new responsibilities under the Care Act 2014</b>  The funding provided within the Better Care Fund has contributed towards the cost of implementing the requirements of the Care Act. These include carers' support, advocacy and safeguarding. We have implemented the required systems under the Health & Social Care Bill. We have invested in new technology to allow on line	Continue to increase adverts and advice and information on My care My Support, mobilise voluntary sector to give advice and support. Implements and develop advocacy service , implement <b>online assessment</b>	Continue to increase adverts and advice and information on My care My Support, mobilise voluntary sector to give advice and support. Monitor advocacy service , implement online assessment	Continue to increase adverts and advice and information on My care My Support, mobilise voluntary sector to give advice and support. Monitor and review advocacy service and online assessment	Continue to increase adverts and advice and information on My care My Support, mobilise voluntary sector to give advice and support. Monitor and review advocacy service , and online assessment	-



Ref no.	Scheme	Milestones Quarter 1/2 2017/18	Milestones Quarter 3/4 2017/18	Milestones Quarter 1/2 2018/19	Milestones Quarter 3/4 2018/19	Progress at March 2018
	self-assessment and information and advice through <a href="http://www.mycaremysupport.co.uk">www.mycaremysupport.co.uk</a>					
11	<b>Workforce development and transformation</b> <b>IBCF Additional change and social care capacity (£320k)</b>	Testing of new ways of working in hospital social work team and reablement, KPIs agreed and reported monthly  Testing and implementing new front door for adult social care	Implementation of new ways of working in hospital social work, reablement, adult community team social care  Implementing new front door for adult social care	Monitor implementation and outcomes of new ways of working in hospital social work, reablement and adult community teams  Monitor new front door for adult social care	Monitor implementation and outcomes of new ways of working in hospital social work, reablement and adult community teams and front door	

## **National Conditions**

### National condition 1: jointly agreed plan

This plan has been jointly agreed by the Health & Wellbeing Board and Swindon Borough Council and Swindon CCG. The draft Plan was circulated to the A & E Delivery Board and IBCF discussed with them. The IBCF use of funding was agreed by the Health & Wellbeing Board including Swindon CCG on 24<sup>th</sup> May 2017. The distribution of the funding was shared with partners. The Disabled Facilities Grant is retained by the Council and will continue to be part of the BCF.

## National Conditions (continued)

### National condition 2: social care maintenance

We are defining the protection of adult social care as maintaining eligibility criteria for adult social care as defined by the Care Act. Funding from the Better Care Fund has been allocated to fund the increase in demand, is used to protect adult social care as well as investment in existing schemes. Eligibility for social care is described in detail on My Care My Support website accessible for carers, patients and service users.

The funding below sets out how the different schemes in the BCF will be funded. The minimum funding for adult social care has been maintained as well as funding for carers, care act and out of hospital care. Due to changes to the community provider, allocations have been changed to reflect the changes. In addition Swindon Borough Council has added funding to the BCF for jointly funded schemes to show the full cost of the schemes. Reablement has benefitted from being reshaped to increase the number of patients benefitting from the service as well as additional investment.

Specific schemes to protect adult social care are support for carers, learning disabilities, crisis support and integrated care, community capacity building and increase in care packages to support hospital discharge. Schemes protecting adult social care account for £4.4m revenue funding in addition to the allocation for the implementation of the Care Act

An advice and information service has been commissioned as well as a service directory on line to give the public and patients access to up to date information. This is aimed at promoting independence and choice. The voluntary and third sector is commissioned to improve self-help and prevention for carers, those at risk of mental ill health and older people. Further services in relation to breaking isolation have been commissioned in 2017.

The Health benefit of reablement has been evidenced with a reduction in re-admission to hospital from 17% to 7% in quarter 1 2017/18. The domiciliary care bridging services and discharge to assess beds reduce delays in hospital.

Support to carers shows benefits through national research and Swindon CCG and the Council have signed the Memorandum for Carers

Investment by the Local Authority in advice and information web based information and an Advice and Support Service at Sanford House commissioned from Swindon CAB. An online information gathering tool is used by social workers as part of the streamlining of assessment. As part of the care Act additional advocacy, safeguarding and carer support is being funded and provided. In 2017 we have reshaped social work services for older people to increase use of community resources, give good advice and information and reduce the length of time service users wait for assessment and services.

We are using the NHS number as primary identifier for correspondence across health and social care services. The NHS number is used and recorded on the Social Care Information system (SWIFT) and Capita One. SWIFT and Capita One are owned by Swindon Borough Council so that commissioners and providers have access to the NHS number for both children and adults. Adult social care is currently procuring a new case management system stating inter-operability to NHS and My care My Support. We are part of the STP Digital work stream to develop a shared care record.

### National condition 3: NHS commissioned out-of-hospital services

By using a risk prediction approach it is possible to identify those people who are the most regular users of health services (both primary and secondary care) and are at risk of re-admissions to hospital), then stratify them according to complexity of need and commission cost effective interventions to meet those needs. NHS Swindon made an investment in implementing a risk stratification tool in all GP surgeries. GP practices will be involved in identifying opportunities for commissioning interventions that could reduce the risk of a hospital admission. Those patients identified at high risk are allocated to a community navigator to develop a self-management plan. The scheme has received additional investment following a positive evaluation where health of the individual improved and health spent reduced.

Bespoke pathways for both Respiratory and cardiology have been developed locally to help with the management of repeat attendances to ED most commonly within winter periods.

These pathways combined with a developed Older Adult pathway will be supported by social care and provide more efficient care delivery within the community.

#### National Condition 4: Managing Transfers of Care

The DTOC Programme Board brings together Swindon CCG, Great Western Hospital, and Wiltshire Council to tackle the blockages leading to patients having their discharge from hospital delayed. Delayed discharge is a challenge nationally and regionally. . From April 2016 to March 2017, the hospital days lost due to DTOC for Swindon are 889 fewer compared to this time last year which places us as one of the top four performers in the South West. As in previous months, the main cause for delay in March 2017 was the availability and arrangement of Nursing Home Placements (29% compared to the national figure of 14%). From April 2016 to the end of March 2017, the delayed transfers of care attributable to social care in Swindon equates to a rate of 5.95 per 100,000 population. Although this is above our year-end target of 3.9, it is an improvement on last year's performance (8.3 per 100K population) and is better than the latest South West average of 8.79 and England average of 6.4 per 100,000 population.

Our DTOC performance deteriorated between April – June 2017. We believe this is due to a change in working in the hospital social work team and in Great Western Hospital. We have analysed our data and reviewed processes to improve patient flow.

Delays have been particularly high due to waiting for assessments, but there have also been delays due to awaiting nursing care in the community beds. Mental health delays have also increased. Across health and social care, we have committed to reducing the number of people delayed in hospital to an average of 17 per day by end of September 2017 (9 attributable to the NHS and 8 attributable to social care), 13 people per day by the end of March 2018 (7 attributable to NHS and 8 attributable to Social Care). The challenge of mental health delays is most likely to impact negatively on our ambitious target. In particular a very small number of patients with her high needs (challenging and potentially violent behaviour requiring safehold care).

The hospital based Integrated Discharge Team works jointly across health and social care staff; with a current focus on development of internal metrics to improve flow of timely assessment from inpatient acute care, assessment lead time and identification of need to improve function within the community.

These actions are intended to support reduced variation in daily discharge fluctuations to support the acute but also maximise opportunity to maintain independence and care within the home. These developed pathways will be developed jointly within local partners and social care and reported to the DTOC programme Board and Urgent Care working Group.

A detailed modelling exercise has already been completed to look at component responsibilities of partners to improve flow of simple and more complex discharge which makes best use of available resources.

Our DTOC data is monitored weekly in social care and monthly through the DTOC Programme. Newton Europe is supporting adult social care to reshape services to improve performance. Our Improved Better Care Fund Plan (IBCF) sets out our plans to use the additional funding from Central Government to reduce delays. We have a review of our DTOC plans with NHS and LGA through the national improvement team on 12th September 2017. Our work in social care focuses on: increasing capacity in reablement; better use of discharge to assess beds; reshaping the hospital social work team and to have full seven day working enshrined in staff contracts; reduction in permanent admission to residential and nursing homes; and to fully embed the health in care homes initiative.

Data for July and August shows improved delays transfers of care for social care.

Work continues to support expeditious and timely hospital discharge so that patients stay until their acute medical episode is finished, receive a high level assessment and then move to a more appropriate location for assessment of future needs. We are actively developing the frailty pathway with health to ensure patient flow is improved and creating a cohesive admission alternative pathway to meet the needs of local population including discharge to assess and step down and step up beds. We are also focussing our efforts on improving the effectiveness and maximising the capacity of reablement and rehabilitation services to up skill clients so they can live quality and independent lives. We are pro-actively engaging with the Care Home Forum to prevent avoidable admission to hospital from care homes, and ensure speedy discharge at the earliest opportunity. There is also a focus on reducing the discharge delays for patients who are medically fit and are the responsibility of other CCGS. The Repatriation policy has supported speedier discharge for out of area patients.

Our progress and actions against the High Impact Changes which forms our DTOC Action Plan is attached as Appendix 1

## Overview of funding contributions

Briefly set out confirmation that the funding contributions for the BCF have been agreed and confirmed – including agreement on identification of funds for Care Act duties, reablement and carers breaks from the CCG minimum. These can be confirmed in the excel Planning Template

- Care Act 2014 – how funding for CA implementation is being used
- Reablement
- Carer's breaks
- Social Care
- if

We have agreed funding contributions for implementation of the Care Act, Carers Support and short term breaks, reablement, social care and IBCF. . The schemes set out below and in the action plan 2017-19 set out how the funding is used. Care Act funding is used specifically to fund further support to carers, advice and information, safeguarding and social work in ensuring care act compliance. Additional advocacy has also been funded. We have pooled all funding supporting carers including carer's breaks and support in the voluntary sector and carer's assessments. IBCF funding is split across managing demand, maintaining the market and funding the increase in the minimum wage as well as supporting hospital discharge. Swindon Borough Council has used its own resources in addition to IBCF to reshape social care, reablement and 7 day working in hospital social work team, reablement and rapid response.

The DFG is allocated within the local authority for capital spent and the Local Authority annually adds additional capital. The Public Health Directorate manages the spent. It is reported annually through the Joint Commissioning Group as part of our governance arrangements. The actual allocations and spent are detailed in the Excel planning template.



## BCF and IBCF schemes 2017/19

Ref no.	Scheme	Governance
1	<p><b>Prevention of Hospital admission including rapid response</b></p> <p>Crisis support to prevent admission to hospital and enable those who leave hospital. Implementation of Urgent Care and therapies at the front door BCF and IBCF funding to enhance service</p>	Implementation DASS and Director of Nursing CCG – monitoring Joint Commissioning Group from April 2017
2	<p><b>Reablement and Telecare</b></p> <p>People will regain skills as quickly as possible without the need for on-going support. The reablement service will be re-designed with external support to increase capacity and efficiency. In future the service will take referrals from the hospital and social work services as well as Social care front door</p> <p>Funding BCF and IBCF transformation, therapy. Additional capacity funded so that 930 patients will benefit per year from a baseline of 330 in 2016/17</p>	Implementation DASS – July 2017, monitoring Do programme Board
3	<p><b>Enhanced voluntary sector capacity</b></p> <p>In particular we will commission voluntary and community based support linked to localities and GP practices. Supporting volunteers reduces the need for some targeted and specialist services. Community and voluntary sector groups provide important flexible services either informally or as part of local contracts.</p> <p>Circles of Support will be expanded to support patients with long term conditions</p> <p>A website is in place  <a href="http://www.mycaremysupport.co.uk/">http://www.mycaremysupport.co.uk/</a> ,</p>	Implementation – DASS April 2017, monitoring through Joint Commissioning Group

	<p>to provide information and advice to the public, staff and voluntary sector partners.</p> <p>Funding BCF and core funding SBC</p>	
4	<p><b>Discharge to Assess including residential rehabilitation</b></p> <p>We are funding residential assessment and rehabilitation beds with occupational therapy so that patients can be discharged from hospital more quickly.</p> <p>An additional Home to Assess service is commissioned by the CCG</p> <p>Social care domiciliary care bridging capacity to ensure return home for complex assessments</p> <p>BCF and IBCF funded</p>	<p>Implementation DASS and Director of Nursing – July 2017</p>
5	<p><b>Effective discharge from hospital and delayed discharge from care</b></p> <p>Early discharge from hospital through ambulatory care, seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible. New multi-disciplinary Integrated Discharge Service in place across Wiltshire, GWH and Swindon Social care operating 7 days a week. Discharge coordinators in post to facilitate weekend discharges discharge. Virtual Ward, Intermediate Treatment beds (SWICC),</p> <p>Sustainable reduction in number of DTOC and non-DTOC delays across the health and care system to 17 beds per day 30.9.17 and 13 days by 31.3.2018</p> <p>Agreed programme of work with clear outcomes and timelines for implementing the Newton Europe recommendations as these apply to delayed discharges.</p> <p>Funding BCF and IBCF for transformation</p>	<p>Implementation DASS, Director of Nursing – from May 2017</p> <p>Monitoring through DTOC Programme Board (Swindon Borough Council, Swindon CCG, Wiltshire Council and Wiltshire CCG, Great Western Hospital NHS Trust, SEQOL)</p> <p>DTOC Programme Board reports to A &amp; E Delivery Board</p>
6	<p><b>Carers' Support</b></p> <p>A joint carers' contract is already in place due to be re-tendered in 2017. The Carers' Centre provides advice</p>	<p>Monitoring -Joint Commissioning Group monthly from April 2017</p>

	and information for carers, welfare benefits advice as well as support groups. There is a carer's support worker operating in GWH. Young carers' support is provided by the same voluntary organisation and was part of the same tender. Outcomes for carers continue to improve with more assessments being completed, support groups in place, short term breaks and improved access to health checks. Funding BCF	
7	<b>Capital Grant Adult Social Care (Disabled Facilities Grant)</b> Capital allocations fund the disabled facilities grant scheme which is operated by Swindon Borough Council. It also funds large items of social care equipment required through the joint Integrated Community Equipment Store for children and adult services as well as investment in telehealth and telecare. We will continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.	Monitoring Joint Commissioning Group monthly from April 2017
8	<b>Out of Hospital Care through Community Health, enhanced Health in care Homes, trusted assessor aimed at reducing emergency admissions</b> Reshaping of community health provision through new provider contract with GWH, pilot of Enhanced health in Care Homes and trusted assessor , continued development of Single Point of Access for GP's and new models of care Funding BCF	Director of Nursing – Urgent Care Board reporting into A & E delivery Board – July 2017
9	<b>Managing increase in demand for adult social care</b> Increase in care packages due to demographic pressure leading to reduced length of stay in hospital. Work with residential and nursing providers to increase access to health care within homes so that admissions to hospital reduce. Additional investment in care packages to	Implementation DASS, April 2017, Monitoring Joint Commissioning Group monthly

	improve availability of care for older people Funding BCF and IBCF	
10	<p><b>Implementation of new responsibilities under the Care Act 2014</b></p> <p>The funding provided within the Better Care Fund has contributed towards the cost of implementing the requirements of the Care Act. These include carers' support, advocacy and safeguarding. We have implemented the required systems under the Health &amp; Social Care Bill. We have invested in new technology to allow on line self-assessment and information and advice through <a href="http://www.mycaremysupport.co.uk">www.mycaremysupport.co.uk</a></p> <p>Funding BCF and IBCF</p>	Monitoring Joint Commissioning Group monthly from April 2017
11	<p><b>Workforce development and transformation</b></p> <p>Transformation and additional social work and staff funding to implement changes in hospital social work, reablement, adult social care community social work</p>	Implementation DASS – April 2017, monitoring Joint Commissioning Group monthly

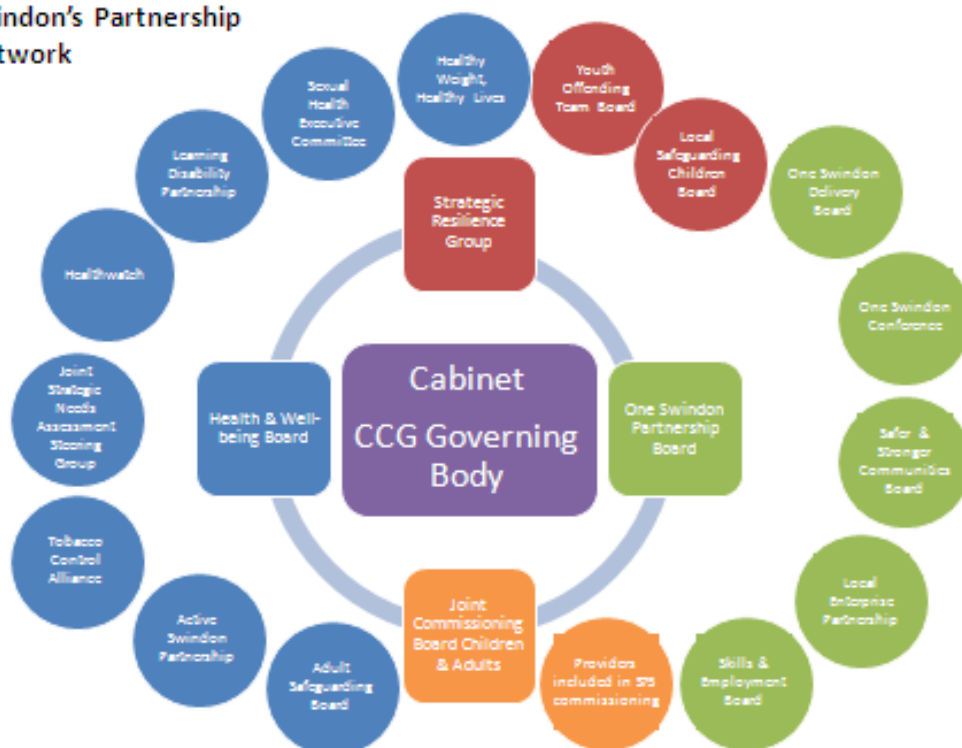
## Programme Governance

Swindon has a National Health Services Act 2006 section 75 Agreements for the commissioning of adult health and social care services including mental health and commissioning of health, education and social care services for children. A joint commissioning plan bringing together all our joint priorities as well as a delivery plan has been in place for 2016/17 which will be replaced by this comprehensive BCF as well as the emerging **Market Position Statement (Appendix 2)**. These are reviewed six monthly and renewed annually by the Joint Commissioning Group referred to below.

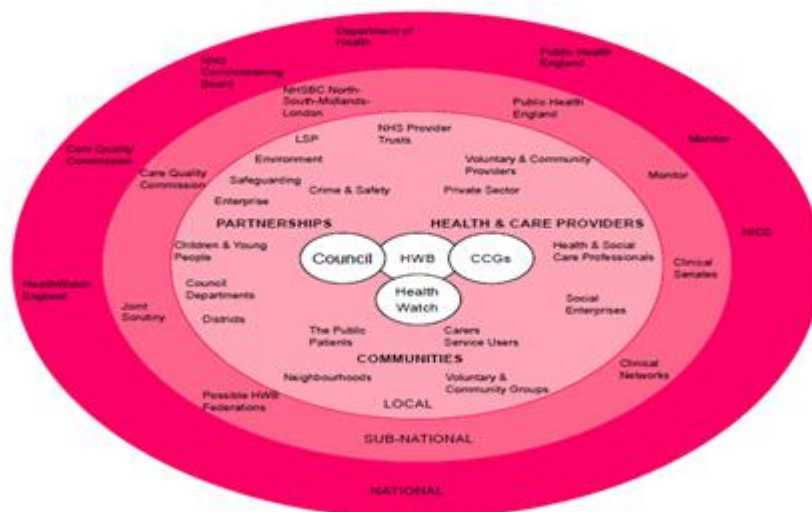
Governance arrangements to monitor the section 75 Agreements are already in place through the Joint Commissioning Group (JCG). The CCG and Swindon Borough Council, including Public Health are members of the JCG. Meetings of the Group take place monthly. The Group reports through to the Health and Wellbeing Board at every meeting. The Better Care Fund sits as a pooled fund within the Section 75 Agreement and is monitored by the JCG. The existing Section 75 Agreements have been refreshed to take account of the new arrangements.

The Joint Commissioning Group Terms of Reference have been amended to provide a link to the Health & Wellbeing Board who agreed the Better Care Fund. There are also links between the Better Care Fund and the A & E Delivery Board which is the new whole system network designed to bring together multiple stakeholders from across Swindon and Wiltshire.

Swindon's Partnership  
Network



## Health & Well-being Board: key relationships



Operationally, the delivery of the Better Care Fund Plan is through the CCG Executive Management Team and the Joint Commissioning Group.

Joint membership of both groups is in place. Joint reports go to the Joint Commissioning Group as well as progress reports against the Joint Commissioning Plan. A progress report has been submitted to the JCG and the Health and Wellbeing Board in December 2016

Each of the Better Care Fund schemes is part of either the CCG Interventions or the Adult Change Programme. Project managers and work stream leads are in place for each scheme. New work streams were established for Carers development in partnership with the Carers' Centre. This has resulted in a revised Care Act compliant Carers Assessment, a streamlined process for carers' breaks, and carers post within the hospital discharge team.

A Transition Programme Board is in place for the new contract with GWH for community health services which is attended by Swindon Borough Council, Swindon CCG and GWH. There are contractual arrangements in place for escalating performance issues.

Delivery of work stream targets is reported to the Joint Commissioning Group and CCG executive team. Delivery issues and risks are reported to the relevant Board where remedial actions will be agreed.

## Assessment of Risk and Risk Management

There is a risk that:	How likely is the risk to materialise? <i>Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely</i>	Potential impact <i>Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact</i>  <i>And if there is some financial impact please specify in £000s, also specify who the impact of the risk falls on)</i>	Overall risk factor <i>(likelihood *potential impact)</i>	Mitigating Actions
<b>Risk 1:</b> Demand at a higher rate than population growth assumption of 2.8 - 3.2%	4	5 Not achieving reduction of 3.5% will result in a CCG pressure of £1m. The schemes within BCF are already part of GWH block contract. Therefore CCG will allocate funding for over performance for acute health care from 2016/17 allocation (CCG risk).	20	Focus on self-care and prevention through My Care, My Support and Voluntary sector commissioning – Director Adult Social Services by 31 3 2018 A range of health led interventions addressing unplanned admission to hospital outlined in CCG 5 year Sustainable Transformation Plan – Lead Accountable Officer CCG by June 2018
<b>Risk 2:</b> Community based self-care does not impact on demand	5	4 No financial impact as community navigator for 2017/18 will be funded by CCG. If there is over performance in adult social care (SBC risk) or acute health care (CCG risk) then these will be funded by core budget from SBC and CCG core budget outside of BCF respectively	20	Link of community navigator, circles of support and healthy Lifestyles all delivered through a co-located dedicated team with a single manager responsible for collaboration and coordination. DPH  SUCCESS scheme and nurse led home visiting services funded by CCG core budget. Lead Accountable Officer CCG June 2018
<b>Risk 3:</b> Demand outstrips capacity in reablement services	4	3 £1.7m allocated for demand in older people by SBC for 2017/18.SBC risk	12	Bridging packages through Better Care Fund allocation from BCF. Re-commissioning of domiciliary care services through prime contractor model Head of Commissioning (start February 2017)

Risk 4 Patients continue to go to A&E rather than community alternatives leading to increased hospital admissions	5	4 Not achieving reduction of 3.5% will result in a CCG pressure of £1m. The schemes within BCF are already part of GWH block contract. Therefore CCG will allocate funding for over performance for acute health care from 2016/17 allocation (CCG risk)	20	Communication strategy, in place including social media  Primary care streaming implemented in urgent care Centre – April 2018 Associate Director of Commissioning (Out of Hospital)
Risk 5 redesign programme for adult health and care services not delivering transformation and change	3	5 Over performance creating financial risk to Swindon Borough Council  Over performance in hospital admission creating financial risk for CCG	15	External support secured to drive re-design programme bringing additional capacity and evidence based change methodology (DASS)  Continuous learning approach (Plan, Do, Study Act) – Quality approach – Executive Nurse April 2018
Risk 6 Cultural and behaviour change required from staff across public sector to develop Accountable Care	4	4	16	Multi-agency workforce development programme across Swindon on managing expectation and managing change through redesign workshops and workforce development. Actions throughout 2017/18 monitored by Accountable care Alliance Board
Risk 7 Capacity to drive pace of change under developed	4	4 No measurable financial impact as all schemes have project management allocated already	16	Programme management in place for urgent Care DTOC and Accountable Care Programmes throughout 2017 – Executive Nurse CCG



There is a formal risk sharing process in place between the CCG and Great Western Hospital linked to the delivery of QIPP schemes and over performance against the contract. Mitigating schemes continue to be developed to ensure that we are able to manage the demand for unscheduled care and the Swindon Strategic Resilience Forum will review this on a monthly basis.

Swindon CCG is developing a health in care homes pilot to reduce hospital admissions further discharge to assess capacity of domiciliary bridging services of over 800 hours per week, 12 discharge to assess beds, and 6 step up beds are funded from BCF (social care to improve patient flow). A winter contingency fund across CCG, Swindon Borough Council and GWH is in place of £300k for 2017/18 to support patient flow

In identifying schemes, we have ensured that High Impact Changes to reduce delayed discharges a structured approach has been followed and a standard methodology used to risk assess the potential financial benefits and risks. Third party evidence has been used wherever possible to support changes proposed and where lacking, financial benefits have been risk adjusted. For example, activity prices and volume shifts are based on local systems experience and historical data. The IBCF has been allocated to complement the existing investments in the High Impact Changes, stabilise the social care market, and invest in transformation and a winter contingency.

Standard tools have been used to ensure that any proposed benefits are probability weighted and projects are treated objectively. Although much of this has been process driven, management judgement has also had to play its part. The expected benefits of schemes are monitored and reported against on a monthly basis so remedial actions can be taken in a timely fashion.

Each partner takes the risk for over performance in the areas as follows:

If targets for admission to residential care are not achieved in 2017/18 for adult social care, then the Council's core budget will cover an increase in demand. This is not likely as data analysis has shown that although more people were admitted, the length of stay reduced and therefore there are no adverse financial impact.

- Additional funding has been allocated from the IBCF for demand into care packages as discharge to assess already funded. Demand over and above this figure will be met by Swindon Borough Council. SBC has committed through the DTOC Programme to reduce delays due to social care by 50% in 2017/18 based on bed days in GWH.
- The CCG has allocated growth funding for GWH from its core budget including additional demand for emergency admissions. Part of the allocation for social care also supports non elective admissions such as community navigator and home to assess care packages. If the target of 3.5% reduction in hospital admission is not met, then the CCG will budget for over performance from its allocation as schemes within the BCF form part of the SEQOL block contract.

## **National Metrics**

### **Non Elective Admissions**

We have established an ambitious target with GWH to reduce non elective admissions. The targets set in the BCF reflect the target set by the CCG in its operational delivery plan 2017/18. We have an overarching A & E Improvement Plan which sets our actions to be undertaken in reducing non elective admissions across the system. Additional CCG funding is resourcing the community navigator programme to further reduce non elective admissions. Risk stratification tools are being used to identify patients across GP surgeries for the service. Annual evaluations have shown that the service is effective in reducing non elective admissions. The Urgent Care Board Swindon reports into the STP wide urgent care work stream as well as the A & E Delivery Board. This ensures that Swindon shares its learning with our STP partners and vice versa.

### **Admission to nursing homes**

Admissions to residential and nursing care have been effectively managed and remained below target for both younger adults (aged 18-64) and older adults (aged 65 and over). During 2016/17, 192 older people were admitted to permanent care: 102 to a nursing home placement and 90 to residential care. Amongst these first time permanent admission to care, 21 people were admitted with mental health needs, one with a learning disability and 170 people with personal care/physical support needs (older people). The target for the year was to admit no more than 228 older people (a rate of 689.52 per 100k population). Current performance is 580.65 per 100k population aged 65 and over which put us ahead of our year-end target. From April – June 2017 admissions to residential and nursing care are being effectively managed and remain below target for both younger adults (aged 18-64) and older adults (aged 65 and over). 21 older people were admitted to permanent care: 11 to a nursing home placement and 10 to residential care. Amongst these first time permanent admission to care, 5 people were admitted with mental health needs and 16 people were admitted with personal care/physical support needs (older people).

Given our strong performance, our target for 2017/18 for older people aged 65+ years is 577.1 per 100,000 population.

### **Effectiveness of re-ablement: How will you increase re-ablement?**

Describe how the metric for re-ablement will be reached, including an analysis of previous performance and a realistic assessment of the impact of BCF schemes on performance in 2017-19?

In 2016/17 we increased our intermediate care provision, step up crisis support and bridging domiciliary care services to reduce hospital admission and facilitate appropriate hospital discharge. Nearly 90% of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation. We continue to perform well in this areas amongst our comparators.

There has been significant improvement in the reablement service with greater throughput, reduced length of stay and better outcomes. From April to June, 84 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 27 to 21 days, and a greater proportion of people (88%) are gaining independence following the service and therefor no longer require ongoing support. We have also improved the number of people. Receiving reablement at any one time from an average of 16 to 27

We are monitoring the improved reablement service with a set of KPI's weekly in terms of admissions, discharges, length of stay and hospital people this has been achieved through changing staff rostering and working more efficiently. This will be reported into the Joint Commissioning group monthly.

We will be aiming to maintain 90% performance of patients at home 91 days after discharge.

## **Delayed transfers of care**

Please provide evidence of agreement on local action plan to reduce DTOC and improve patient flow.

Provide a narrative on the metrics themselves (as laid out in your planning template, including how any amendments to the expectations for reductions in social care related and NHS related delays were agreed and a rationale for the amended split between NHS/social care/jointly attributable delays.

Set out the contribution that the BCF schemes will make to the target including an analysis of previous performance and a realistic assessment of the impact of BCF initiatives in 2017/19 towards meeting the ambitions set out for local areas by Government (for social care and jointly attributable delays) and NHS England (for NHS attributable delays)

Narrative plans should set out how the services commissioned will contribute to the local plan to achieve the ambition in the local system on reduction of delayed transfers of care.

From April 2016 to the end of March 2017, the delayed transfers of care attributable to social care in Swindon equates to a rate of 5.95 per 100,000 population. Although this is above our year-end target of 3.9, it is an improvement on last year's performance (8.3 per 100K population) and is better than the latest South West average of 8.79 and England average of 6.4 per 100,000 population.

Our DTOC performance deteriorated between April – June 2017. We believe this is due to a change in working in the hospital social work team and in Great Western Hospital. We have analysed our data and reviewed processes to improve patient flow and social work

Delays have been particularly high due to waiting for assessments, but there have also been delays due to awaiting nursing care in the community beds. Mental health delays have also increased. Across health and social care, we have committed to reducing the number of people delayed in hospital to an average of 17 per day by end of September 2017 (9 attributable to the NHS and 8 attributable to social care), 13 people per day by the end of March 2018 (7 attributable to NHS and 8 attributable to Social Care).

## Approval and sign off

Provide confirmation of who has signed up to the BCF plan

Brian Mattock Chair Health & Wellbeing Board, Swindon

A handwritten signature in black ink, appearing to read 'B. Mattock', with a stylized flourish at the end.

Cabinet Member Adults: Councillor Brian Ford

A handwritten signature in black ink, appearing to read 'B. Ford', with a stylized flourish at the end.

Accountable officer, Swindon CCG: Nicki Millin

A handwritten signature in black ink, appearing to read 'N. Millin', with a stylized flourish at the end.

Provide the Date of Health and Wellbeing agreement (for the second submission of plan) 25<sup>th</sup> October 2017. BCF submission date was also raised on 24<sup>th</sup> July HWB

Delegated to Chair and Cabinet Member for sign off. Date of next health & Wellbeing Board



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## **8 High Impact Change Model - Managing Transfers of Care Self-Assessment Introduction**

SWINDON					
8 High Impact Change Model - Managing Transfers of Care					
Self-Assessment and action plan September 2017					
Impact Change	Link for definition and criteria	Where are you	What do you need to do and who is accountable	When will it be done by a	How will you know it is successful
Early Discharge Planning	<a href="#">Click here for self-assessment criteria and definition of IMPACT 1.</a>	Plans in Place	Investigate current position of community planning via CCGs. Establish use of report detailing accuracy of EMFFD and discharges on this date (COO-GWH) . <b>An increasing number of social workers involved in WhiteBoard rounds to identify pathway for discharge and plan discharge as soon as patient is admitted to hospital. Ensure effective assessment notifications to social care. Early identification of complex discharges through White Board rounds and daily IDS triage meetings (DASS - SBC).</b> EMFFD and patients needs from partners needs to be transparent from ward level and quickly actionned from IDS team to minimise any delays. <b>GWH to add discharge planning for elective admissions. Need to involve Distric Nurses and Gp's in discharge planning (COO - GWH).</b> CHS - referrals to community services from Pre-op clinic will be improved by redesigned clinical hub. Working to give Community Matrons and Specialist teams access to MEDWAY to flag admissions of known patients so discharge can commence at earliest opportunity with secondary care and commuity teams 31.10.2017 (Director Community Services). Streamlining discharge pathways across Swindon and Wiltshire	30.9.2017	Report detailing accuracy of MFFD and discharges on this date will be regularly produced on a monthly basis (KPIs for IDS) for management within Division and via Integrated Discharge Service (IDS). Reduction in social care delays due to assessment and management of weekly KPIs by social care CHS Clinical Hub will report on source of referral and numbers of same day urgent referrals
Systems to Monitor Patient flow	<a href="#">Click here for self-assessment criteria and definition of IMPACT 2</a>	Plans in Place	IDS from 3rd May has been designed to streamline d/c planning and support for changes in service delivery in community services Wilts and Swindon specifically. Evaluation through KPIs to take place Review of operational meeting to support efficient use of resources to target discharges and allow proactive response to blockages and small discharges numbers are being developed to actively manage patient flow so that an increasing number of simple discharges being managed and expedited should they fall short of expected average numbers by the acute in a proactive management. Early discussions with family and clinicians and reshaping of ward processes relating to discharge planning (COO - GWH). Implementation of findings from Meriden diagnostic CHS - Pilot utilising Liaison Nurse to support proactive identification of patients appropriate tot transfer to Swicc Commence Sept 2017 (Director Community Services)	Oct-17	Increased discharges, LOS reduction for MFFD patients and reduction in unnecessary DART referrals. <b>Complinance against all OPEL actions and fully embedded and repsonded to.</b> Compliance against Community Provider OPEL status (in development) by Oct 17
Multi-Disciplinary Multi-Agency Discharge Teams (including Vol & Commy sector)	<a href="#">Click here for self-assessment criteria and definition of IMPACT 3</a>	Plans in Place	IDS commenced May 17 with single referral process. Joint assessments being discussed with social care in acute hospital. Plan to integrate IDS service with SwiCC and will progress when IT systems are aligned. Team will require boosting in terms of staffing to provide the comprehensive 7 day integrated service the model described. Review of roles and responsibilitis in IDS following work by Meridian (COO - GWH). <b>Social work teams reshaped to increase social care discharges so that social workers attend MDT on main wards and this to be consolidated. Social care involvement in daily triage. Voluntary sector commissioning of carer support within GWH and circles of support to reduce isolation and loneliness to be enanced. Social work role in wards to be evaluated October 2017 (DASS - SBC)</b> Trusted assessor model implementation to support timely transfer to community care (Executive Nurse CCG) CHS- re-design of local processes to improve discharge pathways to SwiCC and onwards to community services includes revised criteria for transfer, Common IT System and documentation, introduction of Board rounds and white boards Oct 2017 (Director Community Services)	Sep-17	Fully staffed integrated model will run over 7 days. KPIs for team met. Partner organisation will report appropriate number and quality of referrals. Wards will report support with discharge planning/reporting. Reduction in assessment notifications sent to social care on day patient is medically fit from 40% of current performance to 0% CHS will monitor community bed capacity in terms of numbers of patiетns waiting to transfer, 48 hour discharge forecast adn DTOCs
Home First Discharge to Assess	<a href="#">Click here for self-assessment criteria and definition of IMPACT 4</a>	not yet estalished	BCF funds 1000 hours per week of discharge to assess domiciliary care capacity and 12 discharge to assess residential beds. Both services are being reviewed to ensure maximisation of reablement instead of bridging services. Further reduction of social care assessments taking place in hospital to be achieved through better use of Fessey beds and D2A nursing beds (DASS - SBC) . <b>Earlier identification of tele care necessaray to reduce delays. Trusted assessor to be implemented will reduce need for care homes to assess patients in hospital and reduce delay (Executive Nurse –CCG)</b> CHS - Dedicated Therapy support having positive impact on reablement and so currently looking at opportunity to redesign therapy provsion to provide rapid and same day response as well as increase flow through reablement services (Director Community Services)	Oct-17	. Increase in number of patients accessing reablement from social work teams and reduction in use of residential care from hospital
Seven-Day Services	<a href="#">Click here for self-assessment criteria and definition of IMPACT 5</a>	Plans in Place	IDS liaison work 7 days. Social care teams from Wiltshire currently provide one worker in the triage role on Saturday. <b>Swindon Borough Council has completed 7 day working consultation for hospital social work, reablement and crisis support. Hospital social work team working 7 days a week as well as crisis support and reablement. Increased presence in hospital social work team to be implemented for winter (DASS - SBC)</b> CHS - Clinical hub will provide 7 day /24 hour access to community health services Oct 2017 (Director Community Services)	Nov-17	Improved timely discharges with less medically fit patients within the Trust and improved Length of stay and improved ED 4hour wait time performance
Trusted Assessors	<a href="#">Click here for self-assessment criteria and definition of IMPACT 6</a>	Plans in Place	A co-ordinated approach is helped with the evolving IDS delivery. Care Home Forums have been re-established to improve on our relationships with the move to more trusted assessments with increasin number of care homes. Trusted Nurse Assessor recruitment in place to avoid care homes assessing in hospital (Executive Nurse - CCG) CHS : Same day and urgent response teams will develop joint working arrangements with Social care colleagues. Training opportunities with community colleagues available for IDS. Reviw of discharge planning in SwiCC to improve interagency assessment and planning (Director Community Services)	Oct-17	Reduction in delays due to awaiting residential and nursing home placement CHS - 48 Hour discharge forecast and increase transfers to Swicc before 12pm
Focus on Choice	<a href="#">Click here for self-assessment criteria and definition of IMPACT 7</a>	Plans in place	Choice policy in place with plans to replace with the Wiltshire version (once been ratified). The IDS teams are promoting earlier intervention regarding the discussions around discharge planning with the patient and families. Information leaflet need to be updated. Use of voluntary services is well established within the GWH and one service is based with the IDS team. Further training and understanding for ward based staff including development of discharge booklet and educational programme' (COO- GWH). CHS: Choice policy re-launched in SwiCC with improved monitoring (Director - Community Services)	Oct-17	A more informed IDS team who have contemporaneous training CHS - Reduction in DtoCs due to choice in SwiCC-
Enhancing Health in Care Homes	<a href="#">Click here for self-assessment criteria and definition of IMPACT 8</a>	Plans in Place	CCG planning to establish care homes support services including community nursing and health service support to care homes. Also working to identify 2 or 3 care homes to pilot Red Bag Scheme; working up proposals for Trusted Assessor and LES for GP weekly ward round in identified care home (Executive Nurse CCG). CHS Reviewing input to care homes to identify any additional interventions to support enanced service including access to telehealth ( myclinic) (Director Community Services)	Oct-17	Reduced attendances and admissions to hospital; reduced LoS for care home patients; reduction in delayed discharges/DToC for care home patients; increased weekend discharges; improved communication and relationships between hospital and care homes

**CRITERIA for self assessment - 1: Early Discharge Planning:**

In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within 48 hours.

MEASURE Not yet established	MEASURE Plans in place	MEASURE Established	MEASURE Mature	MEASURE Exemplary
Early discharge planning in the community for elective admissions is not yet in place.  Discharge planning does not start in A+E	CCG and ASC commissioners are discussing how community and primary care coordinate early discharge planning.  Plans are in place to develop discharge planning in A+E for emergency admissions	Joint pre admission discharge planning is in place in primary care .  Emergency admissions have a provisional discharge date set in within 48hrs.	GPs and DNs lead the discussions about early discharge planning for elective admissions  Emergency admissions have discharge dates set which whole hospital are committed to delivering	Early discharge planning occurs for all planned admissions by an integrated community health and social care team.  Evidence shows X% patients go home on date agreed on admission

## CRITERIA for self-assessment - 2: Systems to Monitor Patient Flow.

Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

MEASURE Not yet established	MEASURE Plans in place	MEASURE Established	MEASURE Mature	MEASURE Exemplary
No relationship between demand and capacity in care pathways	Analysis of demand underway to calculate capacity needed for each care pathway	Policy agreed and plan in place to match capacity to care pathway demand	Capacity usually matches demand along the care pathway	Capacity always matches demand along the whole care pathway
Capacity available not related to current demand	Analysis of demand variations underway to identify current variations	Analysis completed and practice change rolled out across Trust and in community	Capacity usually matches demand 24/7 to match real variation	Capacity always matches demand 24/7 reflecting real variations
Bottlenecks occur regularly in the Trust and in the community	Analysis of causes of bottlenecks underway and practice changes being designed	Analysis completed and practice changes being put in place and evaluated	Bottlenecks rarely occur and are quickly tackled when they do	There are no bottlenecks caused by process or supply failure
There is no ability to increase capacity when admissions increase –tipping point reached quickly	Analysis of admissions variation ongoing with capacity increase plans being developed	Staff understand the need to increase capacity when admissions increase	Capacity is usually automatically increased when admissions increase	Capacity is always automatically increased when admissions increase
Staff do not understand the relationship between poor patient flow and senior clinical decision making and support	Staff training in place to ensure understanding of the need to increase senior clinical capacity	Staff understand the need to increase senior clinical support when necessary	Senior clinical decision making support is usually available and increased when necessary	Senior clinical decision making support available and increased automatically when necessary to carry out assessment and reviews 24/7

**CRITERIA for self-assessment - 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including voluntary & community sector.**

Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

MEASURE Not yet established	MEASURE Plans in place	MEASURE Established	MEASURE Mature	MEASURE Exemplary
Separate discharge planning processes in place	Discussion ongoing to create Integrated health and ASC discharge teams	Joint NHS and ASC discharge team in place	Joint teams trust each others assessments and discharge plans	Integrated teams using single assessment and discharge process
No daily MDT meeting in place	Discussion to introduce MDTs on all wards with Trust and community health and ASC	Daily MDT attended by ASC, voluntary sector and community health	Integrated teams cover all MDTs including community health provision to pull patients out	Integrated service supports MDTs using joint assessment and discharge processes
CHC assessments carried out in hospital and taking “too” long	Discussion between CCG and Trust to establish discharge to assess arrangements	Discharge to assess arrangements in place with care sector and community health providers	CHC and complex assessments done outside hospital in peoples homes/extra care or reablement beds	Fully integrated discharge to assess arrangements in place for all complex discharges

**CRITERIA for self-assessment - 4: Home First/Discharge to Access.**

Providing short-term care and reablement in people’s homes or using ‘step-down’ beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

MEASURE Not yet established	MEASURE Plans in place	MEASURE Established	MEASURE Mature	MEASURE Exemplary
People are still assessed for care on an acute hospital ward	Nursing capacity in community being created to do complex assessments in the community	People usually return home with reablement support for assessment	People return home with reablement support from integrated team	All patients return home for assessment and reablement after being declared fit for discharge
People enter residential/nursing care too early in their care career	Systems analysing which people can go home instead of into care –plans for self funder advice	People usually only enter a care/nursing home when their needs cannot be met through care at home	Most people return home for assessment before making a decision about future care	People always return home whenever possible supported by integrated health and social care support
People wait in hospital to be assessed by care home staff	Work being done to identify homes less responsive to assess people quickly	Care homes assess people usually within 48 hours	Care homes usually assess people in hospital within 24 hours	Care homes accept previous residents trusting trust /ASC staff assessment and always carry out new assessments within 24 hours

## CRITERIA for self-assessment - 5: Seven-Day Service.

Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

MEASURE Not yet established	MEASURE Plans in place	MEASURE Established	MEASURE Mature	MEASURE Exemplary
Discharge and social care teams assess and organise care during office hours 5 days a week	Plan to move to 7 day working being drawn up	Health and social care teams working to new 7 day working patterns	Health and social care teams providing 7 day working	Seamless provision of care regardless of time of day or week
OOHs emergency teams provide non office hours and weekend support	New contracts and rotas for health and social care staff being drawn up and negotiated	New contracts agreed and in place	New staffing rotas and contracts in place across all disciplines	New staffing rotas and contracts in place and working seamlessly
Care services only assess and start new care Monday –Friday	Negotiations with care providers to assess and restart care at weekends	Staff ask and expect care providers to assess at weekends	Most care providers assess and restart care at weekends	All care providers assess and restart care 24/7
Diagnostics, pharmacy and patient transport only available Mon-Fri	Hospital departments have plans in place to open in the evenings and at weekends	Hospital departments open 24/7 whenever possible	Whole system commitment usually enabling care to restart within 24hrs 7 days a week	Whole system commitment enabling care always to restart within 24hrs 7 days a week

**CRITERIA for self-assessment - 6: Trusted Assessors.**

Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

MEASURE Not yet established	MEASURE Plans in place	MEASURE Established	MEASURE Mature	MEASURE Exemplary
Assessments done separately by health and social care	Plan for training of health and social care staff	Assessments done by different organisations accepted and resources committed	Discharge and social care teams assessing on behalf of health and social care	Integrated assessment teams committing joint pooled resources
Multiple assessments requested from different professionals	One assessment form /system being discussed	One assessment format agreed between organisations/professions	Single assessment in place	Resources from pooled budget accessed by single assessment without separate organisational sign off
Care providers insist on assessing for the service or home	Care providers discussing joint approach of assessing on each others behalf	Care providers share responsibility of assessment	Some care providers assess on each others behalf and commit to care provision	Single assessment for care accepted and done by all care providers in system



## CRITERIA for self-assessment - 7: Focus on Choice.

Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

MEASURE Not yet established	MEASURE Plans in place	MEASURE Established	MEASURE Mature	MEASURE Exemplary
No advice or information available at admission	Draft pre admission leaflet and information being prepared	Admission advice and information leaflets in place and being used	Patients and relatives aware that they need to make arrangements for discharge quickly	Patients and relatives planning for discharge from point of admission
No choice protocol in place	Choice protocol being written or updated to reduce < 7 days	New choice protocol implemented and understood by staff	Choice protocol used proactively to challenge people	All staff understand choice and can discuss discharge proactively
No voluntary sector provision in place to support self funders	Health and social care commissioners co designing contracts with voluntary sectors	Voluntary sector provision in place In the Trust proving advice and information	Voluntary sector provision integrated in discharge teams to support people home from hospital	Voluntary sector fully integrated as part of health and social care team both in the trust and the community

### CRITERIA for self-assessment - 8: Enhancing Health in Care Homes.

Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

MEASURE Not yet established	MEASURE Plans in place	MEASURE Established	MEASURE Mature	MEASURE Exemplary
Care homes unsupported by local community and primary care	CCG and ASC commissioners working with care providers to identify need	Community and primary care support provided to care homes on request	Care homes manage the increased acuity in the care home	Care homes integrated into the whole health and social care community and primary care support
High numbers of referrals to A+E from care homes especially in evenings and at weekends	Specific high referring care homes identified and plans in place to address	Dedicated intensive support to high referring homes in place	No unnecessary admissions from care homes at weekends	No variation in the flow of people from care homes into hospital during the week
Evidence of poor health indicators in CQC inspections	Analysis of poor care identifies homes where extra support and training needed	Quality and safeguarding plans in place to support care homes	Community health and social care teams working proactively to improve quality in care homes	Care homes CQC rates reflect high quality care

**Swindon Borough Council**

**Adults with Needs  
Emerging Market Position  
Statement**

**2017 – 2022**

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## 1. Purpose of the document, who it is for and what it will support?

The purpose of this market position statement is to provide the market, both currently commissioned by Swindon Borough Council and that interested in being commissioned, with key market intelligence. It is intended that it will support the market to make business and investment decisions, as well as being the basis for discussions and collaborative working between Swindon Borough Council and the provider market.

It also sets out the direction of travel and approach to commissioning that the Council intends to take between 2017 and 2020. It is recognised that this may change and flex during this period and therefore the intention is that the market position statement will be refreshed annually to reflect any changes. It will also only be available electronically so

The document includes information on the following:

- The current and anticipated future demand of services for Adults with Needs
- The quality, performance monitoring and models of care that the Council prefer
- Opportunities resulting from the use of personal budgets and the take up of direct payments.

As the demand for care being provided by the Council has increased in recent times, so too has that being funded by people themselves. Over the period of this document we would hope to have an increasing understanding of the data and information available to us and this would include information about people who fund care themselves.

We recognise that care and support providers are an important source of intelligence about the size, capacity, capability and characteristics of the local market. We would like service providers to maximise the use of this intelligence and their experience to work collaboratively with commissioners and Adults with Needs to create new and innovative solutions to the challenges and opportunities that are faced by the Council, and the provider market, in providing care and support for Adults with Needs.

## 2. National Policy Context

The dual public policy drive to encourage greater personalisation and the integration of health and social care will continue. This largely began with the new Care Act duties and integration requirements that came into effect from April 2015.

### Care Act 2014

National policy is a significant driver of local authority commissioning intentions. For a number of years public policy has encouraged greater personalisation and the integration of health and social care support for adults and carers in need. This dual policy drive will continue, particularly in light of new Care Act duties and Integration requirements that came into effect from April 2015.

The Care Act 2014 represented the most significant change to adult social care in the last 50 years, and pulls together a number of different pieces of legislation into a single, modern framework for

care and support in England.

From 2015, the Act fundamentally reformed the law on adult social care, placing a stronger emphasis on prevention and wellbeing, information and choice, support for carers, and market oversight. The Act also outlines the 'portability' of care provision for people who move from one area to another and places a new duty on public agencies to co-operate in these circumstances.

However, these changes are happening at a time when all local authorities face significant reductions in funding from central government. These reductions, coupled with a rising demand for services mean that we have to fundamentally consider the way we operate if we are to fulfil our statutory duties as a local authority and our desire to provide high quality care services to borough residents. In response to these challenges Swindon's Health and Wellbeing Board aims to ensure that Council departments and local agencies work closely together to improve the health, care and wellbeing of the local population. As a result Adults' Services are working with colleagues from NHS Swindon Clinical Commissioning Group (CCG), and Great Western Hospital NHS Trust to integrate health and social care to deliver better co-ordinated models of care and support for the people of Swindon.

## Implications arising from the Act

### ➤ Wellbeing

The Act places a duty on every council to have regard for the wellbeing of people in its area. Councils must promote wellbeing when carrying out their care and support functions. Wellbeing cannot simply be achieved through crisis management, it must include a focus on delaying and preventing future care needs and support people to live as independently as possible, for as long as possible. Therefore councils need to look at a person's life holistically, considering their care and support needs in the context of their skills, assets and ambitions.

### ➤ Prevention

Councils must provide or arrange resources that prevent, delay and reduce an individual's need for long-term care and support, and consider the needs and support of carers.

### ➤ Information and advice

Councils need to meet duties that include, but are not limited to:

- housing and housing-related support for those with care and support needs;
- effective treatment and support for health conditions;
- availability and quality of health services;
- availability of services that help people remain independent such as handyman services;
- availability of befriending services and other services to prevent social isolation;
- availability of intermediate care entitlement such as aids and adaptations;
- eligibility and applying for disability benefits and other types of benefits;
- availability of employment support for disabled adults;
- children's social care services and transition;
- availability of carers' services and benefits;
  
- sources of independent information, advice and advocacy;
- raise awareness of the need to plan for future care costs;
- practical help with planning to meet future or current care costs.

➤ **Independent Advocacy**

From April 2015 councils must provide advocates where it is determined that a person has 'substantial difficulty' in understanding, retaining or using information; or in communicating their views, wishes or feelings; where there is nobody else willing or appropriate to do so.

➤ **Services for Carers**

Includes providing or arranging for the provision of services in their area which will prevent or delay the development of, or reduce the need for, support by carers.

➤ **New market management oversight duties**

Have been introduced that underpin market-shaping and commissioning activities by:

- focusing commissioning arrangements on outcomes and wellbeing
- promoting quality services, including workforce development
- ensuring that services are appropriately resourced
- supporting sustainability
- promoting greater choice
- enabling co-production with partners and service users

➤ **Provider business failure**

Councils (and NHS commissioning bodies) are required to develop robust contingency plans to manage the business failure of providers of regulated activities.

➤ **Integration and partnerships**

Local agencies and organisations must work in a joined-up way to eliminate disjointed care which can often result in a negative impact on a person's health and wellbeing. The vision is for integrated care and support that is person-centred, reflects the preferences of those needing care and support, and includes the views and needs of carers and families.

Councils must work to ensure integration of care and support with health and health-related provision (in this context Housing is defined as health-related provision) where this promotes (or contributes) to the prevention or delay in the development of future needs, or where it will improve the quality of care and support to people in need and their carers.

### 3. Local policy context

This market position statement both links to and underpins local strategic plans as listed below with their links:

Document or information title	Synopsis and links
Health and Wellbeing Strategy 2017 - 2011	Statutory Plan to improve the health and well-being of the people in Swindon <a href="http://ww5.swindon.gov.uk/moderngov/documents/s87831/Appendix%201%20-%20Swindons%20Health%20and%20Wellbeing%20Strategy%202017%20-%202022.pdf">http://ww5.swindon.gov.uk/moderngov/documents/s87831/Appendix%201%20-%20Swindons%20Health%20and%20Wellbeing%20Strategy%202017%20-%202022.pdf</a>
JSNA 2013-	Joint Strategic Needs Assessment for Swindon

2022	<a href="http://www.swindonjsna.co.uk/">http://www.swindonjsna.co.uk/</a>
One Swindon	The Community Strategy and Vision for Swindon <a href="http://www.oneswindon.org.uk/cs/Pages/default.aspx">http://www.oneswindon.org.uk/cs/Pages/default.aspx</a>
Adult Care Strategy	Our strategy for managing demand for adult services <a href="http://ww5.swindon.gov.uk/moderngov/mgConvert2PDF.aspx?ID=46045">http://ww5.swindon.gov.uk/moderngov/mgConvert2PDF.aspx?ID=46045</a>
CCG One Year Operational Plan 2017/19	Swindon CCG Operational Plan <a href="http://www.swindonccg.nhs.uk/index.php/about-us/download-our-plans-and-publications/317-swindon-ccg-2-year-operating-plan-2017-19">http://www.swindonccg.nhs.uk/index.php/about-us/download-our-plans-and-publications/317-swindon-ccg-2-year-operating-plan-2017-19</a>
Sustainable Transformation Plan	Bath and North East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan (STP) A short guide: <a href="http://www.wiltshireccg.nhs.uk/wp-content/uploads/2016/04/STP-short-guide.pdf">http://www.wiltshireccg.nhs.uk/wp-content/uploads/2016/04/STP-short-guide.pdf</a>

#### 4. Swindon and its people, the vision for Adults with Needs

The joint vision of Swindon Borough Council and Swindon Clinical Commissioning Group for people in Swindon is enshrined in the Health & Wellbeing Strategy.

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

Swindon is a single unitary local authority (Swindon Borough Council), one CCG (Swindon CCG, representing 26 member practices in Swindon and Shrivenham), a single acute Trust in the Town (Great Western Hospitals NHS Foundation Trust), one mental health provider (Avon and Wiltshire Mental Health Partnership NHS Trust, who have established a clinical directorate that just serves Swindon), one emergency patient transport provider (South Western Ambulance Service NHS Foundation Trust) and one network of voluntary sector organisations (Voluntary Action Swindon or VAS).

Swindon Borough Council is the Local Housing Authority.

Swindon will have grown substantially by 2020 with a population of over 250,000 by 2026 (including Shrivenham) from a current population of 220,000.

Living in Swindon in 2020 will mean that you can expect to live longer than the English average, with less risk of avoidable death, in better health and with the support of your neighbourhood and community.

We recognise the ongoing cost pressures on Older People services, especially in relation to nursing home placements. Despite more people requesting services, and people over 85 years of age suffering from complex and multiple health problems, we aim to deliver £1.2m through more preventative care and finding new ways to meet people's needs.

Local analysis of need has identified:

- The most deprived areas of Swindon have the highest prevalence of chronic conditions (such as heart disease, diabetes and cancer) in the local population, the highest rate of emergency hospital admissions (after allowing for age), and the highest rate of death before 75 years of age



- 12,123 people are living with diabetes in Swindon which is projected to be 13,422 people by 2020, which represents a 10.7% rise (1,299 people). Currently there are 2,000 people in Swindon with dementia and the prevalence is projected to increase with age being the biggest risk factor. In 2014/15, there were 6,301 people with diagnosed Coronary Heart Disease in Swindon CCG (2.75%) and 3,372 people with diagnosed stroke.
- Over 120 languages are spoken in schools in Swindon and an increasing number of children are arriving from minority ethnic communities who will have parents and grandparents with increasing needs for health and social care. This also means that our advice and information needs to be in simple language and staff need to be well trained to provide a service to diverse communities. Given the number of languages spoken, we access services such as language line to offer a wide range of translation services.
- Geographical mapping has shown that more older people who are financially supported by the local authority live in areas of deprivation. Currently there are people living in areas of Swindon such as Penhill, Pinehurst, Parks, Toothill, Gorse Hill and Moredon with high levels of poor health and needs with little access to advice and information. From our data we know that many people in those areas prefer information given to them face to face. We know that the number of older people with long term conditions will rise substantially from 35,000 now to approximately 40,000 by 2020.
- An annual survey of service users gives us data about user satisfaction with local services. In all areas Swindon scores better than the national average.
- Swindon has an increasing number of people from minority ethnic communities and backgrounds. 25% of school age children are from BME backgrounds. Citizens Advice Bureau reports that 24% of its customers and service users are from BME backgrounds.
- Population estimates in Swindon show numbers are increasing and are currently around 220,000 of which 14.9% (32,237 people) are aged 65 or older. Projections indicate that almost half (25,900 people) of the population growth between 2011 and 2031 will be in the 65 plus age group. The increase in population is being driven by people living longer and (net) internal migration.

We understand the population of Swindon at a locality/ward area and at GP practice level. We have some preventative and self-help services in place such as a third phase of community navigators and befriending support for a small number of older people.

The growth in people from BME Communities to 15% places even greater emphasis on the development of approaches to healthcare design and delivery that reach out to and are guided by our new communities. The greatest growth has been in communities who are also vulnerable to diabetes and cardiovascular disease in the Asian community,

By 2020 preventative and self-help integrated services will be in place locally to engage and support individuals. Swindon is in the process of developing an Accountable Care system. Accountable Care sits across several organisations: Swindon Clinical Commissioning Group (CCG), Swindon Borough Council (SBC), Great Western Hospital NHS Foundation Trust (GWH) and Avon and Wiltshire Partnership Trust and Primary Care. The aim is for everyone to work together to provide high-quality care for patients. Accountable Care makes the system less complicated, less fragmented, and reduces hospitals delays. Each organisation providing care to the local community will pool resources to support the joint commissioning and delivery of health and social care for everyone. This is to benefit

both patients and staff, as well as make better use of resources across the health and social care system.

- Our vision is to support Adults with Needs to live life to the full within the community despite long term conditions thus avoiding institutionalised care in a community setting.
- We will offer a genuine choice of care setting for those whose mobility, functionality or health is impaired or for those with serious and terminal illness who are preparing for death.
- Home will mean people's own home, where we will be using new practice and technology that enables people to be and remain at home.

## 5. Social Care and Health Integration

We have a long history of joint commissioning and integrated working for health and social care. Our future plans have now been revised in light of the Five year Forward plan next Steps and the Sustainable Transformation plan as well as the refresh of the Health and Wellbeing Strategy 2017 - 2022

Our track record in providing integrated commissioning and delivery has been recognised in Swindon becoming one of 10 members of the national Public Service Transformation Network Areas.

We have aligned our joint resources through a section 75 agreement to support the health, wellbeing, mental health, education and care of children, families and adults in the community to achieve the mission of both organisations.

We have jointly commissioned services through National Health Services Act 2006 Section 75 Agreements since 2008. The Agreement renewed in 2015 comprises total funding of £47m from the CCG and £89m Swindon Borough Council (SBC), a total of £136m. Services are commissioned through the Joint Commissioning Group with representation of the Executive Nurse of the CCG, the Director of Adult Social Care and Director of Children's Services. For 2017 – 19 services are commissioned against the Better Care Fund Plan and monitored by the Joint Commissioning Group reporting to the Health & Wellbeing Board. The Better Care Fund is a separate pool within the S75 of £17.4m, with the balance of funding being within aligned pools.

The Better Care Fund Plan is a summary of jointly agreed areas of priority and serves as our plan for integrated working and joint commissioning.

Service users stated that their priorities are:

- Improved advice and information about services for carers and parent carers
- A simplified assessment process for service users and carers
- Community support for people discharged by specialist mental health services and a seamless link between voluntary and third sector providers and specialist services
- Support for older people who are isolated
- Improved patient flow within the hospital discharge process

We recognise that our demographic challenges as an expanding town with an ageing population. Following a detailed diagnostic by Newton Europe in 2015, the community health services and community equipment services were tendered in 2016 with the aim of improving independence, reducing emergency admissions and improving the health and wellbeing of the population. The

contract was successfully awarded to Great Western Foundation Trust who we are working with to develop a new model of care in line with the Five Year Forward View.

On 1 October 2016, 400 staff that had previously provided care services in Swindon on behalf of SEQOL (the independent employee-owned social enterprise company) transferred to the Council following financial difficulties experienced by SEQOL. A new management structure has been established and we have successfully recruited to a Head of Transitions post, Head of Commissioning, Head of Social Work and Regulated Services Manager. In light of the strategic direction and the Special Educational Needs Reforms, Swindon Borough Council transferred Learning Disability social work services from SEQOL to the Council in October 2015.

There are strong links between the provider of integrated community health and social care services and all partners, particularly the local hospital, care homes, voluntary sector and primary care. We have invested in My Care, My Support website at <http://www.mycaremysupport.co.uk/> giving advice and information about health and social care as well as a community based advice service. We have also worked to improve urgent care, however there is more to do.

Our vision is that by 2020 everybody in Swindon will work together with a common set of values and principles based on respect, giving people choice, collaboration and innovation, where people are encouraged to think what they can do themselves, what help they have within their family and community and what they still need help with. When people need help it will be personalised, offering choice and control.

Outcomes for Adult with Needs will improve by 2020 in line with the Better Care Fund (BCF) and Swindon's vision for integrated health and social care:

- Emergency hospital admissions will be avoided for specific groups of patients, particularly those suffering from diabetes and heart conditions
- More patients will be able to leave hospital without delay and three or more long term conditions
- Fewer older people will be admitted to residential care, through support provided at home and flexible housing with care, reducing isolation amongst older people
- Reablement will be an integral part of all domiciliary care and will mean that fewer patients will be re-admitted to hospital
- More people with a learning disability will be able to find employment through support commissioned from the voluntary and third sector and in partnership with our Skills for Employment.

### **Our commissioning intentions**

Swindon's commissioning intentions are covered in The Better Care Fund 2017 which includes a detailed action plan. The Better care Fund for Swindon is also seen as Swindon's commissioning strategy.

Also see Bath and North East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan (STP) A short guide: <http://www.wiltshireccg.nhs.uk/wp-content/uploads/2016/04/STP-short-guide.pdf>

## **6. Commissioning principles and standards**

Swindon's Market Position Statement incorporates published commissioning standards developed by the University of Birmingham, Think Local Act Personal (TLAP), and the Department of Health, published by the Local Government Association. The framework consists of twelve standards, grouped into four domains that underpin effective commissioning and set out what good commissioning looks like. There is an emphasis on effective commissioning not being able to be achieved in isolation and without collaboration.

Domain	Description	Standards
<b>Person-centred and outcomes-focused</b>	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level.	1. Person-centred and focuses on outcomes 2. Promotes health and wellbeing 3. Delivers social value
<b>Inclusive</b>	This domain covers the inclusivity of commissioning, both in terms of the process and outcomes.	4. Coproduced with local people, their carers and communities 5. Positive engagement with providers 6. Promotes equality
<b>Well led</b>	This domain covers how well led commissioning is by the Local Authority, including how commissioning of social care is supported by both the wider organisation and partner organisations.	7. Well led 8. A whole system approach 9. Uses evidence about what works
<b>Promotes a sustainable and diverse market place</b>	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	10. A diverse and sustainable market 11. Provides value for money 12. Develops the workforce

These standards underpin Swindon's future social care commissioning and procurement practice:

**1. Person-centred and focuses on outcomes**

Good commissioning is person-centred and focuses on what people say matters most to them. It empowers people to have choice and control in their lives and over their care and support.

**2. Promotes health and wellbeing for all**

Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing.

**3. Delivers social value**

Good commissioning provides value for the community not just the individual, commissioner or the provider.

**4. Co-produced with people and their communities**

Good commissioning starts with an understanding that the people using services, and their communities, are experts in their own lives and what good outcomes look like for them. Good commissioning creates meaningful opportunities for the leadership and engagement of people and communities in decisions that impact on the use of resources and shape of services locally.

**5. Promotes positive engagement with providers**

Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be collective endeavor's, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.

**6. Promotes equality**

Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

**7. Well-led by local authorities**

Good commissioning is well led within Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services, underpinned by principles of co-production, personalisation, integration and the promotion of health and wellbeing.

**8. Demonstrates a whole system approach**

Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors to improve outcomes.

**9. Uses evidence about what works**

Good commissioning uses evidence about what works; using a wide range of information to promote quality outcomes for people and communities, and to support innovation.

**10. Ensures diversity, sustainability and quality of the market**

Good commissioning ensures a vibrant diverse and sustainable market to deliver positive outcomes for citizens and communities.

**11. Provides value for money**

Good commissioning provides value for money through identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.

**12. Develops commissioning and provider workforce**

Good commissioning requires competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers and the coordination of health and care workforce planning

European Union (EU) procurement regulations apply to all public procurement exercises started after 26 February 2015. Under the new rules means Part B services have either been abolished or replaced by a new Light Touch Regime. Procurement for those services above the value £625,050 (over the contract period) must be tendered via OJEU and comply with new EU transparency and equal treatment principles, and publish contract award notices. Whereas the award of any contract over £25,000 up to the OJEU threshold must be published in Contracts Finder (the UK Governments' procurement web portal).

## 7. The voice of Adults with Needs in commissioning services

We are committed to hearing the voice of the adults with needs and their carers throughout the commissioning process. Therefore we will adhere to the following;

- Ensuring that the voice of people using services contribute to our JSNA
- Ensuring that we meet with adults with needs/their families when conducting annual monitoring visits
- Request satisfaction surveys from providers and action plans in response to these
- Ensure that we co – produce the development of new services with adults with needs and their carers
- Ensure that the communication from user forums is fed into provider forums and that actions are monitored and fed back to the user forums on what has changed.

## 8. Market Shaping and Oversight

### Market Development

Swindon Borough Council will support the care market development through:

- Adopting an outcome based approach to commissioning services and working with providers to develop and deliver person centred services
- Working with providers to ensure they offer continuously improving, high-quality and innovative service provision supported by a highly-trained workforce
- Ensuring that local commissioning practices and services delivered comply with the requirements of the Equality Act 2010
- Working with providers and wider stakeholders to develop a sustainable market for care and support
- Encouraging a diversity of providers and different types of services to deliver a range of outcomes
- Having due regard to the sufficiency of provision, in terms of capacity and capability, to meet anticipated needs for people requiring care and support
- Understanding the market through a increased knowledge, understanding and awareness of providers' businesses

### Quality assurance

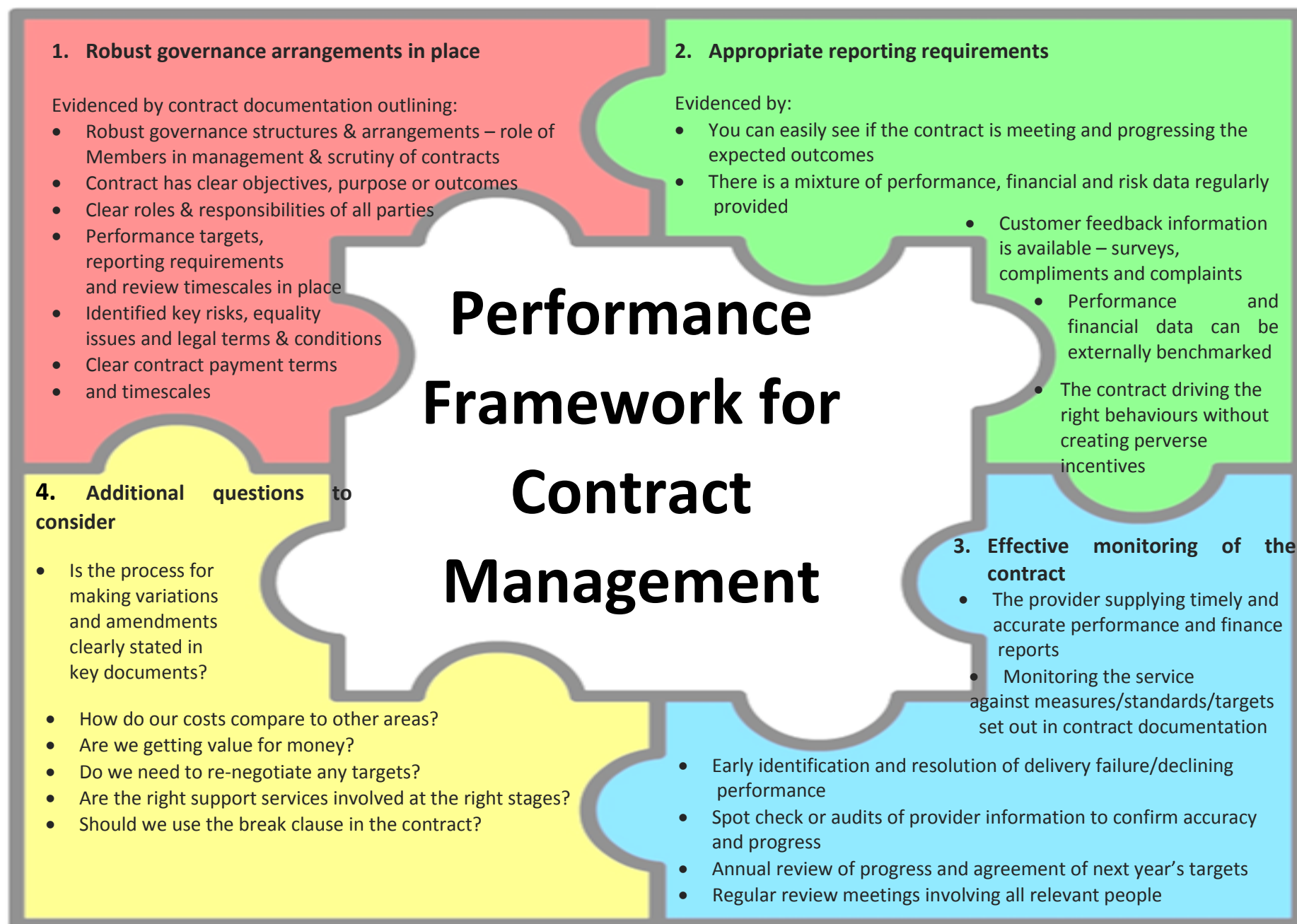
The provision of high quality social care and support is a key outcome for adults in need, carers, service providers and commissioners alike, and it is important, particularly at a time when financial pressures are increasing, that the issue of quality is not overlooked.

We recognise that the financial climate is a challenge too for providers and therefore we are committed to working collaboratively with providers to build relationships and trust in which honest and open support and challenge can take place. We will actively work with providers through our commissioning arrangements to strive for the highest standards of services.

We will build on the existing Provider Forums that are in place for Residential and Nursing Homes, Learning Disability and Domiciliary Care whereby they increasingly promote and

develop quality and standards.

We will continue to build on our existing relationship with CQC locally, with the CCG, to further develop a coordinated response to quality matters as they occur. Our approach to quality monitoring will be to openly challenge and to also offer support. We will develop a virtual quality support team with partners that can be called upon to aid providers requiring support in a variety of aspects.





## 9. Contingency planning for business failure

The Care Act 2014 sets out duties that require Councils to act should a regulated care provider business fail. Under the Act, Councils have a temporary duty to meet people's needs where a care provider is unable to continue to operate due to a business failure. The duty applies to all people receiving care from registered care providers providing regulated care activities who are registered as operating in the borough, whether or not the local authority organises or pays for that care.

The duty aims to ensure people's needs are met where a business has failed and services can no longer be provided. However, in most cases where a business fails administrators will be in place and continue to run the business until it can either close in a planned way or a buyer found – in these planned cases the duty would not be triggered.

In cases where there is an imminent failure then Councils will have a duty to act. The Act outlines that Councils must meet the needs for care and support which were being met immediately before the business failure for 'as long as it considers necessary' and 'as soon as they become aware of the failure'. The temporary duty also extends to where the person is a self-funder. The Council can charge for meeting care and support needs (except for the provision of information or advice) that it arranges in response to a business failure. However, the Council has no powers to intervene for those people placed who in receipt of NHS funded Continuing Healthcare, these cases remain the responsibility of the NHS.

As a consequence of these duties Swindon will develop:

- A 'Business Continuity Plan for Business Failure'
- The establishment of incident response teams consisting of social work, commissioning and finance lead officers to respond to individual provider business failure events – the incident teams will include NHS colleagues where the failure involves NHS funded placements

Swindon will also ensure:

- The maintaining of resident / service user registers by Swindon's care and support providers
- Robust financial checks in all tendering activity
- The proportionate financial 'health-checks' of regulated care and support providers in Swindon
- Maintaining up to date provider information including vacancy and capacity information.

Under the Act the Care Quality Commission has a prescribed duty to assess and monitor the sustainability of those "hard to replace" regulated care providers and as such is required to share business intelligence with the relevant local authorities.

## 10. Partnership working and collaboration

Swindon will promote and develop greater links with other public agencies as part of its duty to co-operate. We partnership working and collaboration as key to successful commissioning and therefore we will:

- Work with NHS Swindon CCG colleagues to promote greater integration with the NHS and other health- related services and to ensure an integrated response to the Council's prevention and wellbeing duties
- Work strategically with local and regional and sub-regional partnerships to learn, share and collaborate across our commissioning and care and support functions
- Work in partnership with other local authorities, in particular those bordering Swindon, on individual care and support need matters as they arise.

## 11. Key messages for the social care market

- Swindon is committed to the principles of promoting wellbeing and prevention, and in helping people to achieve the best outcomes that matter to them in their life.
- Our approach will promote practices and interventions that delay and prevent long-term or future care needs, and which support people to live as independently as possible for as long as possible; and that also support the needs of carers.
- Through the BCF Plan the Swindon Borough Council and Swindon CCG are also similarly committed to delivering integrated community based health and social care services that are:
  - person-centred
  - of the highest quality
  - safe, sustainable and affordable
  - co-designed with professional and voluntary groups, and patient representatives
  - focused on the needs of the individual and local population
  - continuously improving based on the "learning from experience approach"
  - designed to facilitate greater self-care for those for whom it is appropriate
  - innovative in their design and delivery and apply best practice
- The Council will actively embed the prevention and wellbeing principles throughout all adult social care commissioning and procurement processes.
- We will continue the trend toward outcome-based commissioning, working with providers to build trust and relationships to empower them to deliver individual outcomes through a person centred approach.
- People often only need limited assistance at times of crisis or when events cause short-term difficulties as a result we will further invest in preventative and early intervention services in the borough and work with NHS partners to promote access to universal services that support prevention and promote wellbeing and which encourage a culture of self-care.
- We will further develop and maximise the use of local housing support services to maintain and promote independence
- We know that alternate solutions such as equipment and assistive technology can have a significant impact enabling people to live independently. As a result we will continue to invest in this area as we know that these solutions are vital in supporting independence, dignity and

wellbeing.

## 12. Older People

### Population Profile

Population Projection	2011	2016	2021	2026	2031
People aged 65+	29,069	34,009	39,504	46,458	54,976

Source: SBC population projections: <http://swindonjsna.co.uk/Files/Files/Population-Projections-to-2031.pdf>

The largest increase in persons in the population growth will be in the 65 to 74 age group, projected to be 12,900 more by 2031. However, the 85 plus age group will have the largest growth rate at approximately 136%. By 2031 the population aged over 65 is projected to grow by 25,900 persons to reach a total of about 55,000 by 2031, accounting for 46% of total population growth.

In Swindon, in 2013-15, life expectancy is 79.6 years for males and 82.8 years for females, which is similar to England. Males in Swindon will spend 80.5% of their lives in good health, around 64 years, whereas women will only spend 74.4% in good health, around 62 years. At age 65, life expectancy for males in Swindon is an additional 18.5 years compared to 20.9 years for females. However, there is little difference between sexes in the remaining length of time spent in good health (12.2 years compared to 11.2 years). Causes of premature mortality in Swindon are changing. In 2001-03, 36% of deaths under 75 were from cancer and 30% from cardiovascular disease (CVD) but by 2012-14, 41% were from cancer and 23% from CVD.

Meanwhile, the gap in life expectancy between the least and most deprived has reduced significantly amongst the female population but risen slightly amongst the male population. In the most deprived areas of Swindon, men die on average 9.7 years earlier and women 4.0 years earlier than those in the least deprived areas.

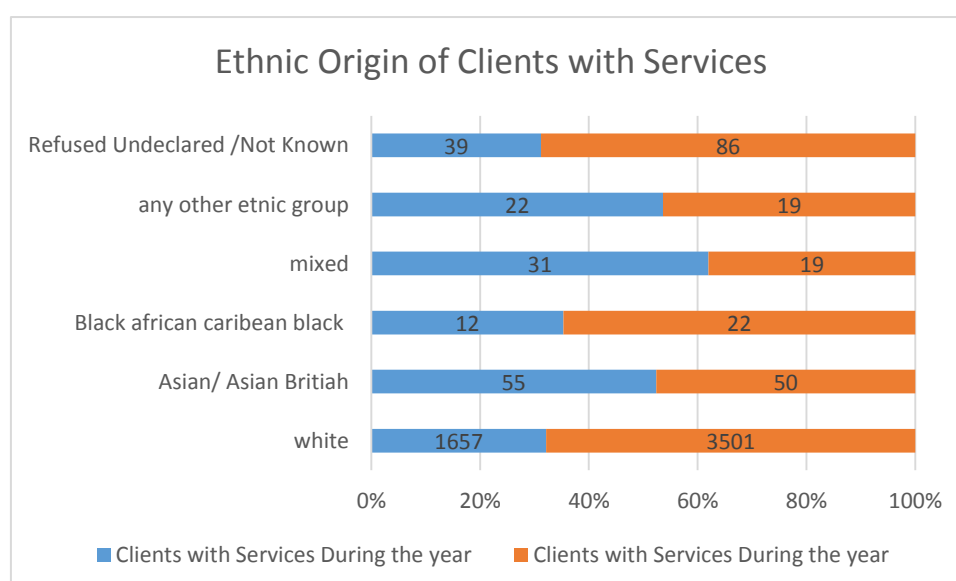
Based on national population projections, which show less growth in Swindon's elderly population because they don't take new housing into account, the following projections of the number of over 65s projected to have certain conditions or limitations have been calculated. These numbers can be regarded as conservative estimates if the prevalence of these conditions remains unchanged in future years. Many elderly people will have more than one of these conditions or limitations.

Number of over 65s in Swindon projected to have certain conditions or limitations

	2015	2020	2025	2030	% increase 2015 to 2030
<b>Dementia</b>	2,280	2,727	3,259	3,979	75%
<b>A long standing health condition caused by stroke</b>	766	890	1,042	1,228	60%
<b>A long-term illness limiting day to day activities a lot</b>	7,745	9,005	10,694	12,653	63%
<b>An admission to hospital because of a fall</b>	677	792	957	1,124	66%
<b>A BMI of 30 or more</b>	8,683	9,927	11,398	13,272	53%
<b>Type 1 or Type 2 diabetes</b>	4,135	4,787	5,525	6,494	57%

Source: Projecting Older People Population Information System (POPPI)

The graph below shows the ethnic origin across the age groups of people who received a funded social care services during 16/17



## Demand and supply profile

During 2016/17 Swindon supported 3697 older people aged 65+ with funded support services. This is a 2% increase on the previous year equating to an additional 69 older people.

**Older People 65+ who received funded support services during 16/17 by primary support reason**

<b>Adults 65+ who received funded Services</b>	<b>16/17</b>
Physical Support	3210
Sensory Support	109
Mental Health Support	118
Memory and Cognition	181
Learning Disability	79

Those services are broken down into 4 key types to support the different care pathways, shown as follows:

- Services to help maintain mobility and independence such as equipment, adaptations, telecare /home alarms and sensors. In 16/17 1904 older people aged 65+ received equipment services which is an increase on the previous year of 4.5%
- Preventative support services to support people out of crisis and help remain at home such as rapid response services to reduce the risk of hospital admission, hospital discharge homecare to support those who are more vulnerable following a hospital episode, reablement services to help people retain and regain skills and independence. In 16/17 1162 older people aged 65+ received preventative services which is an increase of 3.7% on the previous year.
- Community support services to help individuals remain living in the community, these services are aimed at promoting independence, improving quality of life, reducing social isolation and to help people help themselves to continue living fulfilled lives. These will include day opportunities, personal budgets & direct payments, short term breaks and homecare services. In 16/17 1245 older people aged 65+ received community support which is 2.7% increase on the previous year.
- Care Home Placements for when individuals are no longer able to maintain their independence t home. In 16/17 481 older people aged 65+ were in a permanent placement during the period, which is a reduction of 4% on the previous year, reflecting our aim to reduce long term placements for as long as possible by using more appropriate community support

The activity data for last year is indicated below;

**Number of service users receiving Community Services in Swindon between April 16 to March 2017**

Primary Support Reason	Services to help users maintain mobility & independence; Adaptations, Equipment, & Telecare (e.g. home alarms & sensors)		Preventative services to support users during crisis & help remain independent; Crisis support, hospital discharge services & reablement		Community Services to help users remain independent & living in the community; Homecare services, day care support, direct payments, short term breaks	
	April-Mar 16	April-Mar 17	April-Mar 16	April-Mar 17	April-Mar 16	April-Mar 17
Learning Disability Support	53	68	17	12	480	499
Mental Health Support	5	5	4	3	84	87
Physical Support - Access & Mobilty only	416	476	3	5	11	15
Physical Support - Personal Care Support	232	199	78	92	266	293
Sensory Support - Support for Dual Impairment	2	1	0	0	4	8
Sensory Support - Support for Hearing Impairment	14	7	1	0	0	0
Sensory Support - Support for Visual Impairment	24	11	1	2	8	5
Support with Memory & Cognition	3	1	0	0	11	9
<b>18 -64 Year Old Total</b>	<b>749</b>	<b>768</b>	<b>104</b>	<b>114</b>	<b>864</b>	<b>916</b>
	April-Mar 16	April-Mar 17	April-Mar 16	April-Mar 17	April-Mar 16	April-Mar 17
Learning Disability Support	11	13	5	2	42	47
Mental Health Support	14	13	13	4	43	45
Physical Support - Access & Mobilty only	865	1239	61	45	21	24
Physical Support - Personal Care	760	550	978	1071	972	1037

Support						
Sensory Support - Support for Dual Impairment	29	10	11	4	18	12
Sensory Support - Support for Hearing Impairment	46	23	17	9	6	7
Sensory Support - Support for Visual Impairment	56	35	17	14	22	13
Support with Memory and Cognition	40	21	19	13	88	60
<b>65+ Year Old Total</b>	<b>1821</b>	<b>1904</b>	<b>1121</b>	<b>1162</b>	<b>1212</b>	<b>1245</b>

### Care Home Provision

Admissions to residential and nursing care have been effectively managed and remain below target for both younger adults (aged 18-64) and older adults (aged 65 and over). During 2016/17, 192 older people have been admitted to permanent care: 102 to a nursing home placement and 90 to residential care. Amongst these first time permanent admission to care, 21 people were admitted with mental health needs, one with a learning disability and 170 people with personal care/physical support needs (older people). The target for the year was to admit no more than 228 older people (a rate of 689.52 per 100k population). Current performance is 580.65 per 100k population aged 65 and over which puts us ahead of our year-end target. During 2016/17, nine younger adults were admitted to permanent care: two to nursing care placements and seven to residential care. Amongst these new admissions to permanent care, three are people with physical care needs, three people have mental health needs and three people have a learning disability. Our rate for first time permanent admissions for younger adults is 6.66 per 100k against a target of 8.89.

### Number of service users receiving Permanent Nursing & Residential care in Swindon between April 16 to March 2017

Primary Support Reason	18-64 Year Olds				65+ Year Olds			
	Nursing Care		Residential Care		Nursing Care		Residential Care	
	April-Mar 16	April-Mar 17	April-Mar 16	April-Mar 17	April-Mar 16	April-Mar 17	April-Mar 16	April-Mar 17
Physical Support: Access and Mobility Only	0	0	0	0	4	0	3	3
Physical Support:	3	5	13	19	221	298	287	297

Personal Care Support								
Sensory Support: Support for Visual Impairment	0	0	0	0	3	1	5	4
Sensory Support: Support for Hearing Impairment	0	0	0	0	1	1	2	1
Sensory Support: Support for Dual Impairment	0	0	0	0	2	1	5	2
Support with Memory and Cognition	2	2	4	4	63	48	124	88
Learning Disability Support	6	3	165	171	8	9	38	40
Mental Health Support	3	4	38	39	7	17	37	46
<b>Totals</b>	<b>14</b>	<b>14</b>	<b>220</b>	<b>233</b>	<b>309</b>	<b>375</b>	<b>501</b>	<b>481</b>

## Dementia Care

Dementia is a key priority for Swindon in the context of an increasingly older population and likely demand on health and social care services. It is estimated over 2,300 people in Swindon have dementia (based on the Joint Strategic Needs Assessment) and most people wait on average 3 years before reporting symptoms to their GP. People live on average 7-10 years with dementia once diagnosed but this varies by person. Different types of dementia produce different symptoms, depending on which part of the brain is affected and services and support need to reflect an understanding of this. The latest published data (2015/16) records prevalence for dementia in Swindon is 0.62% for all ages and 4.04% for age 65+. This compares to 0.76% and 4.31% for England. March 2017 data for NHS Swindon CCG shows an estimated diagnosis rate of 62.5% compared to a national estimate of 67.6%.

Projected growth in numbers of People aged 65+ in Swindon Borough with dementia:

<b>Swindon Borough</b>	<b>2011</b>	<b>2016</b>	<b>2021</b>	<b>2026</b>	<b>2031</b>	<b>2036</b>
People aged 65-69	107	131	138	166	194	215
People aged 70-74	183	220	273	288	346	386



People aged 75-79	330	351	431	537	568	628
People aged 80-84	517	557	614	760	955	1064
People aged 85-89	532	600	687	775	985	1099
People aged 90+	353	514	718	943	1198	1409
<b>Total population aged 65+</b>	<b>2022</b>	<b>2372</b>	<b>2861</b>	<b>3469</b>	<b>4246</b>	<b>4802</b>

Source: Family Resources Survey 2015/16 available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/600465/family-resources-survey-2015-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600465/family-resources-survey-2015-16.pdf)

Work continues to develop a clear community pathway for dementia led by the Dementia Steering Group. Great Western Hospital launched a dementia strategy in 2017 and held a successful event in Steam on 18<sup>th</sup> May to coincide with National Dementia Awareness Week which SBC were involved with. A Dementia Friendly Swindon Co-ordinator (funded by One Swindon) started on 24<sup>th</sup> April to work with businesses and others in the community to make Swindon dementia friendly. Swindon has guidance for dementia friendly housing provision and is drafting a specialist housing supplementary planning document (SPD) which is relevant for dementia care.

### Extra Care and Day Support

There are currently four Extra Care settings who have commissioned care provided by Swindon Borough Council; there are a number of private Extra Care settings in Swindon run by housing providers. Some of the care packages are privately funded. The four Extra Care settings include one where the building is owned by Swindon Borough Council; the other three are owned and supported by three different housing providers.

There is day support provided on all four Extra Care sites providing a range of support.

	Maple Court	The Ridings	Newburgh	Harry Garrett
<b>No of flats</b>	51 with 21 receiving care/support	30 with 14 receiving care/support	47 with 32 receiving care/support	41 with 25 receiving care/support
% /no of residents with general needs	0%	29%	31%	0%
%/ residents with medium needs	83%	64%	53%	60%
% residents with high needs	17%	7%	16%	40%
% residents with diagnosed dementia	23%	21%	9%	27%
% residents with signs of dementia	29%	36%	31%	36%

without a diagnosis				
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#### Commissioning Activity for Older People:

- During 2017/2018 we will commission a residential and nursing home framework with Swindon CCG. We will work with the market to shape levels of care and an outcome based framework to include in the tender.
- During 2017/2018 we will jointly commission Extra Care and Day Support following a review and reshaping of both services including a change to the referral process into Extra Care
- A key task of the Health and Care community is to help older people to move into the “Ageing Well” segment (while remaining there as long as possible), and to prepare middle-aged people for a later life which builds on “Ageing Well” principles. This task involves mental health as much as physical health. People in deprived areas have the most to gain from such initiatives.
- Work is ongoing to develop community initiatives and awareness of existing activities focused on ageing well including keeping people active, promoting balance and strength, reducing loneliness and social isolation and encouraging social engagement.
- By 2020 Swindon will be a dementia friendly community. Older people suffering from dementia have good diagnosis in place with support groups operated in the community and more use of dementia cafés and activities. Community and social care providers support people suffering from dementia and are skilled and sensitive to their needs.

### 13.Domiciliary Care and Care at Home

#### Population Profile

Domiciliary care plays an important part in the enablement of adults with needs particularly in the discharge from hospital and in the avoidance of delayed discharge. The link of domiciliary care with occupational and physiotherapy is crucial in the delivery of sustained outcomes.

Total Number of New Homecare Clients Split by Age Band, Category and Number of hours per week. Period 2016/17
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Client Category	Less than 5 Hrs per Week	Greater than 5 - 11 Hrs per week	Greater than 11 - 18 Hrs per week	Greater than 18 Hrs per week	Total
Personal Care Clients aged 18-64	10	30	8	4	52
Personal Care Clients aged 65+	116	170	80	63	429
Mental Health Support /Memory & Cognition 18-64	3	1	3	1	8
Mental Health Support /Memory & Cognition 65+	2	6	3	2	13
Total	131	207	94	70	502

65+ Group	Homecare Clients during 16/17
Physical Support /Sensory	1555
Mental Health	30
Memory and Cognition	35
Learning Disability	22
<b>Total</b>	<b>1642</b>

### Demand and supply profile

Population Projection	2010	2015	2020	2025	2030
Total population aged 65 and over unable to manage at least one domestic task on their own	13,011	13,323	15,541	18,269	21,623

Source: [www.poppi.org.uk](http://www.poppi.org.uk) (based on national not local population projections). Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities

There will be a new domiciliary framework in place from 1<sup>st</sup> July 2017 which will develop the journey further with providers to move to outcome focused, person centre delivery. This will be built on in the commissioning of master vendor(s) for the north and south of Swindon in 2017 which will move from time and task to outcome focused delivery.

### Commissioning Activity for Care at Home:

- During 2017 we will commission a domiciliary care framework. These providers will maintain the packages of care they deliver when the master vendor(s) contract is awarded.
- Also during 2017 we will commission one or two master vendor(s) to deliver domiciliary care across Swindon.

## 14. Physical Disabilities and Sensory Impairment

### Population profile

Using the provisional outturn 2014/15 data, Swindon is spending £508.55 per older person on Physical Support and Sensory Support (PS&SS) 65+ social care. This is in line with the South West average of £508.38. The actual proportion of Adult Social Care (ASC) spend on PS&SS in Swindon at 25% is lower than the South West average at 31% but this is due to Swindon having a smaller 65 plus population. The actual amount we spend per person on the 65 plus population is in line with the average.

Population Projection	2015	2020	2025	2030
People 18-64 predicted to have a moderate physical disability	10,592	11,258	11,650	11,751
People 18-64 predicted to have a serious physical disability	3,093	3,347	3,511	3,542

Source: Source: [www.pansi.org.uk](http://www.pansi.org.uk) (based on national not local population projections).

Population Projection	2015	2020	2025	2030
People 18-64 predicted to have a severe visual impairment	89	92	94	95
People aged 65+ predicted to have a moderate or severe visual impairment	2,891	3,341	3,957	4,652
People 18-64 predicted to have a moderate or severe hearing impairment	5,259	5,780	6,059	6,075
People 65+ predicted to have a moderate or severe hearing impairment	13,805	16,084	19,291	22,752

Source: [www.pansi.org.uk](http://www.pansi.org.uk) (based on national not local population projections).

### Demand and supply profile

During 2016/17 Swindon supported 1816 younger adults aged 18-64 split across the following categories of support need.

<b>Adults 18 – 64 who received funded Services</b>	<b>16/17</b>
Physical Support	896
Sensory Support	29
Mental Health Support	238
Memory and Cogition	15
Learning Disability	638

During 2016/17, nine younger adults were admitted to permanent care: two to nursing care placements and seven to residential care. Amongst these new admissions to permanent care, three are people with physical care needs. Our rate for first time permanent admissions for younger adults is 6.66 per 100k against a target of 8.89.

## 15. Mental Health

### Population Profile

Mental health is an essential component of a persons' health and has an impact on every aspect of life, including how people feel, think and communicate. It impacts on physical health, lifestyle choices, and behaviour. It enables people to manage their lives successfully and live to their full potential. Mental ill health is the largest single source of ill-health in the UK. No other health condition matches mental illness in terms of prevalence, persistence and breadth of impact. In Swindon it is estimated that between 22,600 and 29,000 individuals have a common mental health disorder such as anxiety, depression, phobias, panic and Post Traumatic Stress Disorder. The number of people with mental health conditions looks set to rise over the next couple of decades. Much of this is to do with demographic changes rather than a particular expected increase in prevalence.

<b>Population Projection</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
People aged 18-64 predicted to have a common mental disorder	22,084	22,819	23,302	23,584
People aged 18-64 predicted to have two or more psychiatric disorders	9,896	10,220	10,436	10,565

Source: [www.pansi.org.uk](http://www.pansi.org.uk) (based on national not local population projections).

<b>Population Projection</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
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People aged 65+ predicted to have depression	2,853	3,277	3,791	4,446
People aged 65+ predicted to have severe depression	905	1,036	1,229	1,445

Source: [www.poppi.org.uk](http://www.poppi.org.uk) (based on national not local population projections).

Swindon GP registers indicate that Swindon's population has slightly higher rates of depression than the national and regional average. Particularly pertinent is the expected increase in the numbers of those over 65 years expected to develop depression. Planning for later life and initiatives to ensure that older people protect themselves from depression should be developed.

We already achieve the 50% IAPT recovery targets and are piloting the national model to support patients identified with LTCs. We will increase baseline mental health spend to facilitate delivery of the Mental Health Investment Standard.

We are working closely with our partners in the STP so that our developments are tied into the workstreams and project plan being developed through the STP as well as the BCF plan. This will ensure that mental health services operate at scale across the STP to deliver system wide pathways of care.

### **Current demand and supply profile**

During 2016/17 Swindon supported 356 adults with mental health support services split between 238 younger adults aged 18-64 and 118 older adults and 65+. This is a 13% drop on the previous year. We know that some of the reasons for this drop has been that some peoples care needs are changing so their care needs now out weighing their mental health needs and therefore those people have changed from having a primary need of mental health to that of physical support need.

### **Number of service users receiving Community Services in Swindon between April 16 and March 2017**

<b>Primary Support Reason</b>	Services to help users maintain mobility & independence; Adaptations, Equipment,	Preventative services to support users during crisis & help remain independent;	Community Services to help users remain independent & living in the community;
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	& Telecare (e.g. home alarms & sensors)		Crisis support, hospital discharge services & reablement		Homecare services, day care support, direct payments, short term breaks	
	April-Mar 16	April-Mar 17	April-Mar 16	April-Mar 17	April-Mar 16	April-Mar 17
Mental Health Support 18 – 64 year olds	5	5	4	3	84	87
Mental Health Support 65 + year olds	14	13	13	4	43	45

#### Commissioning Activity for People with Mental Health:

- By 2020 we will have reduced the number of people with mental illness being admitted to an acute ward when presenting with mental health problems and we will have built on the many services in the local community that are amongst the best in the country and need to continue to be supported. Mental health services will be delivered locally with a strong focus on early intervention and recovery. We will have wellbeing coordinators working in voluntary organisations, bringing together specialist and community services for people being discharged and those at risk of mental illness and learning disability
- With Swindon CCG we will develop an Implementation plan for the Mental Health Five Year Forward View for all age groups alongside access and quality standards so there is genuine parity of esteem within our services.
- A joint service commissioned across the STP footprint, enabling more joined up approaches through joint commissioning arrangements of one provider. The contract starts in April 2018.
- Implementation of a single point of access in place for TAMHS/CAMHS services to ensure a seamless service provision. For Eating Disorders, the CAMHS service accepts direct referrals from any professional or parent/carers.

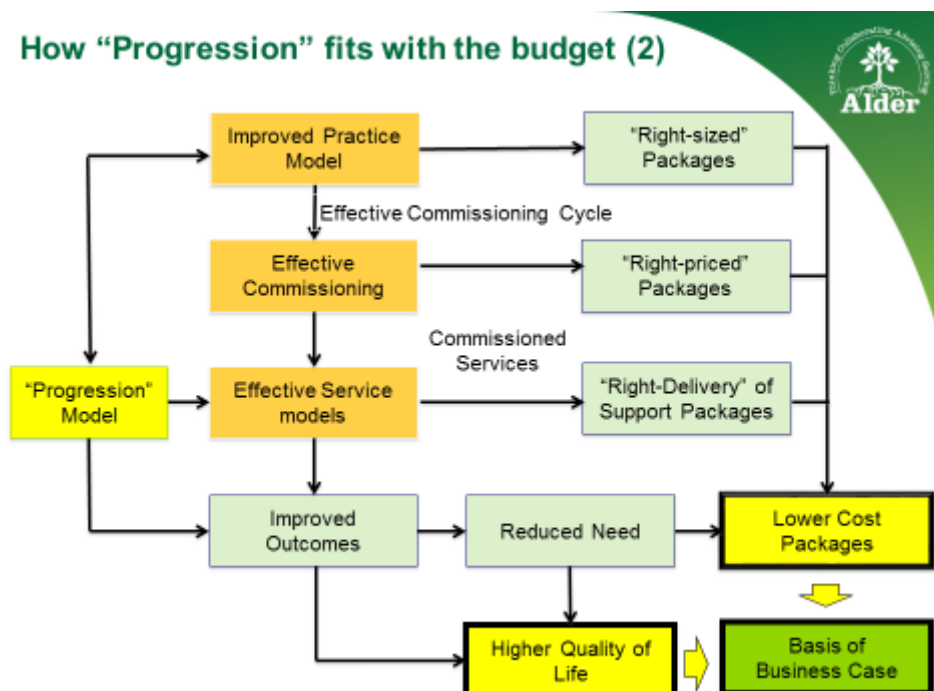
## 16. Learning Disabilities and Autism

### Population Profile

We support in the region of 680 people with a learning disability through social care. 192 of those live in residential care, a proportion higher than in other areas. The number of people with a learning

disability is expected to rise by 30 people each year as life expectancy rises and a larger number of young people become the responsibility of adult social care each year.

Swindon has a higher number of people with a learning disability living in residential care and high costs supported housing. Our analysis of social work assessments and plans has also found that there is a need to be outcome and progression focused so that people learn new skills. A pilot has been undertaken with Wiltshire, with consultant Alder, on the implementation of progression planning.



Key to this work has been the higher quality of life, through delivery of sustainable outcomes, and also lower cost packages. With both of these comes the opportunity to innovate across the market.

Population Projection	2015	2020	2025	2030
People aged 18-64 predicted to have a learning disability	3,344	3,451	3,529	3,585
People aged 65+ predicted to have a learning disability	687	797	923	1087

Source: [www.pansi.org.uk](http://www.pansi.org.uk) and [www.poppi.org.uk](http://www.poppi.org.uk) (based on national not local population projections).

## Demand and Supply Profile

During 2015/16 Swindon supported 717 adults with learning disability support needs split between 638 younger adults aged 18-64 and 79 adults aged 65+. This is an increase of 4.2% on the previous year.



The Swindon and Wiltshire Transforming Care Plan (TCP) is in its first year of implementation. There is multiagency responsibility for delivery and robust governance and performance structures in place to ensure this is successful. A SMART project plan with milestones is in place which will be monitored over its 4-year period by a multiagency project team and the NHS E LD Assurance Manager. Our Transforming care Plan interprets the local actions required to ensure the national requirements for Transforming Care for people with LD and/or Autism are delivered.

The Plan encompasses actions to ensure processes are in place to support unnecessary hospital admissions and lengthy hospital stays; embed workforce development to ensure staff have the right skills in the right place; ensure people and their families have more choice and more say in their care with options for accessing innovative i.e. through Personal Health Budgets; ensuring more care can be provided in the community (including positive daily activities e.g. employment) and in providing more intensive support for those who need it, so that people can stay close to their home.

Work is ongoing to reduce spend on Learning Disability services. Spend per service user in Swindon remains high compared to other authorities. We continue to work with housing colleagues to commission a greater variety of supported living accommodation to reduce the need for care home provision. This year's performance shows more adults with learning disabilities are supported to live in more stable and appropriate settings compared to last year (74.7% vs 71.3%) and take up of paid employment has improved from 3.6% to 5.4% but remains below our target of 6%.

### **Work opportunities**

Access to employment and training is a corporate priority and the multi- agency Transitions Programme will continue to drive improvement over the coming year.

#### **Commissioning Activity for People with a Learning Disability:**

- There will be an innovation pilot working with a small number of providers across neighbouring authorities to embed outcome based working
- During 2017 we will commission a Supported Living Framework working with providers to create a specification that is outcome based and person centred that promotes progressive support planning. We will also make sure that we work with adults, young people and their parents /carers in the shaping of the specification.
- In 2017/2018 we will commission a Learning Disabilities Residential framework, again working with providers and adults with needs and their families to shape the specification.
- Implementation of progression and strength based social work assessments
- Development of new housing and support for people with a learning disability
- Case reviews and collaboration with other local authorities and CCGs to reduce the number of people in residential care where appropriate

- Understanding the position of people with autism who have received a health check and have a health action plan in place. This will include assessing current rates of health screening and local mortality rates
- By 2020 if you have a learning disability and are supported by social workers you will have a personalised plan and personal budget in place. You and your carers have fully participated in the plan and own the outcomes to be achieved. You will be supported to be the best you can be with skill development, education, training and employment opportunities identified and pursued. Where possible you are living within the community in supported housing with local support. Community support through volunteers and wellbeing coordinators will support you if you do not require specialist social work support.

## 17. Transitions – Children’s and Adult Services working together

### Population Profile

A major focus of work is the Transitions Programme on improving the experience and outcomes for young disabled people making the transition from children’s to adult services. We are seeking to identify and achieve savings through changes to the way we work with parents/carers with children with a disability and young people across the 0-25 age range. This includes maximising, where possible, young disabled people’s ability to find paid work on leaving school or college and as well as making plans for independent living.

- 30-35 service users transition from Children to Adult Social Care each year
- 60% are 18 years old, and a further 30% are 19 or 20 when they transition
- Looking at the current proportions of recent transition cohorts, the following **new demand** is likely each year, 16-21 who will continue to live with family or carers and 12-15 who will require supported living

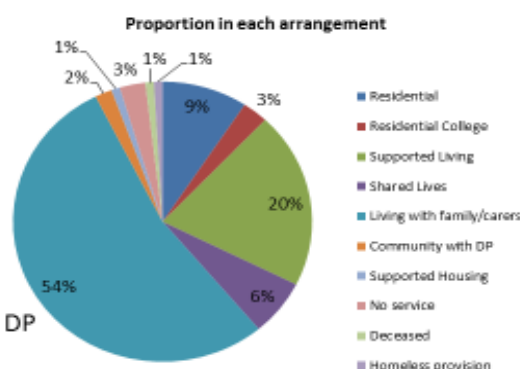
Population Projection	2010	2015	2020	2025	2030
Young people who 18 + will transition to Adult Services					

## 2013-2015 Transitions Cohort

- Between 2013-2015 there were 108 new service users aged 18-25

- Current arrangements are:

- 10 in residential
- 3 in residential college
- 7 in shared lives
- 22 in supported living
- 58 living with family or carers
- 1 in supported housing
- 1 in homeless provision
- 2 living in the community with DP
- 3 with no current service
- 1 deceased



### Demand and Supply Profile

The main aim of the Transitions Programme is to develop a good service user experience that identifies those likely to transfer at an early age and that makes the best use of resources to develop independence wherever possible.

Commissioning for Transitions will be improved through the following actions/outputs:

- Define the market place in the broadest sense, including what is commissioned across the Council and partners
- Learning from other local authorities and work with bordering local authorities
- Understand the whole life costs across a spectrum of need through case investigation
- Co- production with the provider market to shape needs led, outcome focused provision
- A market position statement including transitions
- A Joint Commissioning Transitions Strategy across health, education and social care

### Commissioning Activity for Transitions:

- The Transitions Programme will drive improvement in helping more people with a learning disability into paid employment and live independently. Work is underway to support a number of young people aged 16-25 years with Education Health and Care Plan to participate in supported internships. The aspiration is for the young people to complete these courses and for them to be skilled to enter employment.
- Work will be undertaken in 2017 with providers to agree an outcomes framework for transitions, develop a move from the current residential/supported living model, exploration of other models of support, alignment of outcomes with the voluntary and community sector and to reduce costs for general and complex levels of need.

## 18. Substance Misuse

### Population Profile

Population Projection	2015	2020	2025	2030
Adults aged 18-64 predicted to have alcohol dependence	8290	8552	8732	8846
Adults aged 18-64 predicted to be dependent on drugs	4691	4841	4943	5007

Source: [www.pansi.org.uk](http://www.pansi.org.uk) and [www.poppi.org.uk](http://www.poppi.org.uk) (based on national not local population projections).

In 2015/2016, it is estimated that there are 1,147 Opiate and Crack users in the local area, which is equivalent to eight in 1,000 people. 53% of the estimated number of OCUs in Swindon were engaged in structured treatment, which is 2% lower than the national average of 55%. (Source: Swindon JSNA <http://www.swindonjsna.co.uk/dna/Substance-misuse-needs-assessment>) More men than women engage with treatment services locally compared to the national average. Between September 2015 and August 2016 there were 165 clients presenting with opiate and /or crack use which has increased by 8% from last year.

Between September 2015 and August 2016 CGL had engaged 1,250 clients in drug or alcohol treatment. In line with national profile the age of clients accessing treatment is rising. Over half of those entering treatment with CGL in Swindon were over 35 years of age. 27 clients reported that their problematic drug use had started before the age of 18. Many of these clients have long term health problems as well as their addiction issues. 744 clients were effectively treated.

### Alcohol

According to the North West Public Health Observatory (NWPHO) alcohol profiles and the Department of Health's Alcohol Learning Centre (ALC), Swindon has an estimated 31,000 hazardous drinkers, 7,500 harmful, 4,046 dependent and 25,000 binge drinkers.

The total number of alcohol specific admissions has risen from 996 in 2013/14 to 1,174 in 2014/15. Numbers have increased for males and females by similar amounts. There are approximately twice as many admissions for males than females. The number of admissions peaks for males and females between the ages of 41 and 50. Admissions have risen in most age groups for males and females with the notable exception of the under 21 age group.

For alcohol, Swindon's treatment population age profile is broadly similar to that seen in treatment services nationally, although the profile is narrower with fewer clients from both younger and older age cohorts and a higher proportion of 40-49 year old clients than seen nationally.

## Dual Diagnosis

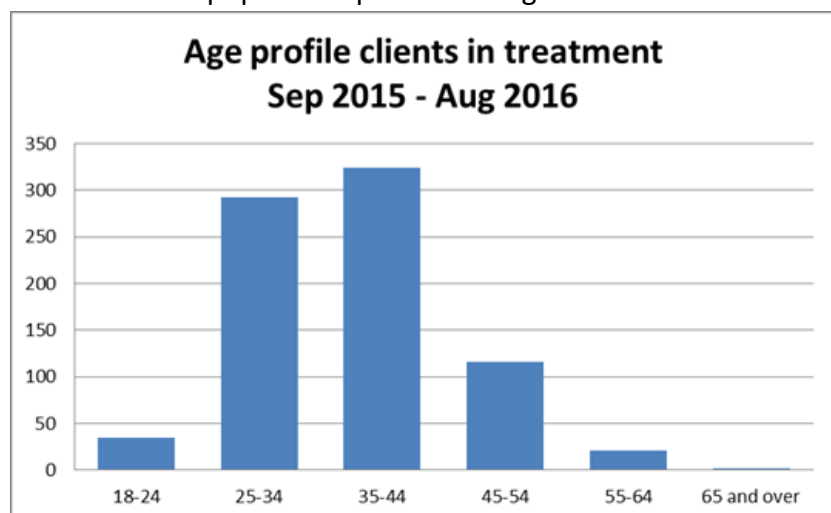
CGL, Swindon's local substance misuse treatment service, report that just over 13% of their current clients have been identified as have a significant mental health problem, while the higher number are within the drug treatment service (113 clients, 13% of drug treatment population) a slightly higher proportion with a dual diagnosis are within the alcohol service (56 clients, 16% of alcohol treatment population). A third of clients across drug and alcohol treatment services with dual diagnosis are female, with a higher proportion of these accessing drug treatment. The age distribution of dual diagnosis also mirrors the general age profile of services with the drug service treating a greater proportion of younger clients compared with the alcohol service.

## BME Communities

There has been a substantial improvement in reporting of ethnicity as previously 98% of clients in drug treatment services identified as White, which now stands at 92%, with the general Swindon population in the 2011 census being 89.8% White.

## Age Profile

The treatment population profiles for age is shown below:



## Demand and Supply Profile

There is one provider for the drug and alcohol service for adults in Swindon Change, Grow, Live (CGL).

The current substance misuse treatment services provided in Swindon includes;

- Alcohol liaison nurses at GWH
- Criminal justice workers

- Street drinkers outreach
- Shared care – GP practices
- Needle Exchange Pharmacies, specialist provision (including image and performance enhancing drugs) available at Temple Street.
- Naloxone widely available
- Tele Health online support
- Hep C positive support group
- U-turn - young people's treatment
- Prevention campaigns
- SUST – Service User representatives
- Non-commissioned services – 9 mutual aid services, viewable on MyCare MySupport
- Families and carer support group – Time4Us and CGL
- Residential Rehabilitation
- Liaison with midwifery, NSPCC (support for parents)
- Dual diagnosis
- Licensing and trading services

Most substance misuse treatment interventions in Swindon are delivered in the community. For those that demonstrate higher levels of risk and need a residential placement may be considered. In order to access such a placement service users need to demonstrate they are ready for active change and a higher intensity of treatment. Inpatient/residential placements are considered for people who are seeking abstinence and who have significant comorbid physical, mental health or social (for example, housing) problems.

Swindon has a well-established targeted residential treatment pathway which has been recently reviewed, to now include review of community detox and support options. 58 referrals were received for consideration by the panel in 2016/17, compared with 41 in 2015/16. In 2016/17 12 rehab placements have been made with 9 admissions for inpatient detox.

<b>Commissioning Activity for Substance Misuse:</b>
<ul style="list-style-type: none"> <li>During 2017 we will commission a new substance misuse service to be in place by 2018. This will be undertaken with Wiltshire and be a combined tender for combined services across both Swindon and Wiltshire.</li> </ul>



## 19. Supported Housing

### Population Profile

Supported Housing provides accommodation based services with housing related support. These schemes enable individuals to develop the skills needed to live independently. We also have services

which support people who are living in their own accommodation who need to develop skills to maintain this going forward.

These services often accommodate individuals who do not meet the Adult Social Care threshold however need support to live independently. In doing so, this may prevent individuals requiring services from Adult Social Care in the future. These services can also be used as a step down option when people no longer need involvement from Adult Social Care, but are not yet ready to live independently.

#### **Number of People accessing Supported Housing in 2015/16 and 2016/17**

<b>Client Group</b>	<b>2015/16</b>	<b>2016/17</b>
Domestic Abuse	84	92
Homelessness	538	582
Learning Disabilities	42	40
Mental Health	63	64
Young People and Young Families	362	344
<b>Total</b>	<b>1089</b>	<b>1122</b>

#### **Demand and Supply Profile**

Across Swindon, there are 403 units of Supported Housing and two Floating Support teams providing support to 167 people in their own home. 1122 people accessed supported housing services in 2016/17. This was an increase on the number of people accommodated in 2015/16 (1089).

There were 991 new referrals made to the supported housing services in 2016/17. Of the 1030 people supported, 94% were from the Swindon area. The average stay in supported housing is 15 months, however this does vary depending on the client group. There were 88 people in 2016/17 who had been in a supported housing scheme for longer than two years. The journey towards independence will be different from person to person and this will be part of the discussion from the point an individual moves into supported housing. These services are temporary accommodation services and we have been working with providers to ensure that there are no barriers to stop individuals moving onto more independent living when they are ready.

In 2016/17, 533 people left the supported housing schemes or ceased their involvement with the floating support teams. Of these, 65% of people made a positive onwards step on their journey to independence. This is a small decrease on the positive move on rate for individuals that left the schemes in 2016/17 (74%).

One of the key outcomes in helping individuals on their journey towards more independent living is assisting people into work or education. The aim is for 60% of people to be supported into education, employment or training (EET) within six months. 36% of individuals who left the schemes in 2016/17 were recorded as being in education, employment or training. This will continue to be a key focus within the schemes going forward and we are working with providers, colleagues and stakeholders to develop opportunities and training for the benefit of service users. In particular we work closely with the Routes to Employment Team to look at ways of supporting service users in this area.

Recently we have facilitated GOALS training (Gaining Opportunities and Living Skills) to assist individuals in setting and reaching achievable goals.

#### **Commissioning Activity for Supported Housing:**

- The learning disabilities and domestic abuse supported housing services were re commissioned in 2016/17.
- The young persons and mental health supported housing services are being re commissioned in 2017/18.
- The homelessness supported housing services are due to be re commissioned in 2018/19.
- The re commissioning across all supported housing services is outcome focused.
- In all re commissioning projects, we have been, and will continue to work with service users, stakeholders, current providers and the wider market when defining the specification.

## **20. Direct Payments**

Our aim is to support independence, and promote choice and control, for people facing difficulties due to disability, mental health issues, effects of age and other circumstances. Through personalisation, people have the opportunity to manage their own resources and determine how their needs will be met by organising their support and services themselves. The national target is for 100% of clients receiving community based long term support to have a personal budget. This year, 1312 of long term community service users have been allocated a personal budget equating to 88%. 362 of these clients (24.3%) are receiving their personal budget through a direct payment. Although performance is below the targets we set ourselves at the beginning of the year, we have increased the percentage of users with personal budgets from 83% (1184) in 2015/16, although direct payments has remained static. The 2015/16 national average for personal budgets was 86.9%. It is pleasing to see that 92.2% (413) of clients with a learning disability have a personal budget and 34.2% (153) are accessing it through a direct payment. Commissioners continue to work closely with providers, especially Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) who have only 45% of clients with a personal budget, to improve access to self-directed support.

<b>18 – 64 group</b>	
Physical Support / Sensory	112



Mental Health / Memory & Cognition	6
Learning Disabilities	152
<b>65+ group</b>	
65-74	27
75-84	29
85+	36
<b>Total</b>	<b>362</b>
Carers one-off	170

## 21. Support for Carers

### Population profile

National evidence shows that carers providing regular and substantial care are at greater risk of poverty, poor health and loss or inability to secure or maintain work. Carers UK report that people caring for more than 20 hours per week are twice as likely to have poor mental health. In Swindon the Carers Centre membership data indicates that the most common relationships to the cared for person were as follows:

- Parent 31%
- Partner 34%
- Son/daughter 11%
- Sibling/other family member 21%
- Friend/neighbour 1%

	<b>18-64</b>	<b>65-84</b>	<b>85+</b>
<b>No of Carers</b>	871	649	108

### Current demand and supply

We recognise carers provide regular and substantial support for service users and it is encouraging that we have exceeded our annual target of 70% with over 82% of carers (1342) having an assessment or review of their needs. It is particularly pleasing to see improved access for learning disability carers to annual reviews which suggest long term planning and carer needs around ageing well are becoming embedding in support planning. 130 carers of clients with a learning disability have received a review of need compared with 103 at the same point last year. We have not met our annual targets for the proportion of carers with self-directed support and the proportion of carers receiving support through direct payments. 32% of carers have personal budgets (177 carers) against the annual target of 36%, and 30.9% (170) have a direct payment against the annual target of

34%. Swindon continues to be an outlier compared to the 15/16 England average (77.7%) and South West average (55.4%). We will continue to work with the Swindon Carers Centre to address the shortfall in personal budgets and progress will be monitored regularly.

Although the recent survey we have undertaken has shown more carers are reporting satisfaction with their quality of life and social contact, it has also identified a number of areas for improvement. Compared to the previous survey in 2015/16, recent findings have highlighted a slight reduction in the overall satisfaction of carers with social services, there were fewer carers reporting that they have been included or consulted in discussion about the person they care for, and there was a reduction in the proportion of carers who reported they find it easy to find information about services.

<b>Commissioning Activity for Carers:</b>
<ul style="list-style-type: none"> <li>• A JSNA for Swindon carers has been completed in 2017</li> <li>• During 2017 we will commission a new carers contract to commence in January 2018. Work will be done with carers to coproduce the shape of the specification.</li> </ul>



## 22. Prevention and the Voluntary and Community Sector

### Population Profile

We currently have a diverse sector of voluntary and community groups meeting a variety of needs across Swindon. A small number of these organisations are directly commissioned by SBC to provide support to people focussed on maintaining independence and increasing wellbeing in order to try to prevent or delay the need for more intensive support.

In 2020 we will have reduced the number of people with mental illness being admitted to an acute ward when presenting with mental health problems and we will have built on the many services in the local community that are amongst the best in the country and need to continue to be supported. Mental health services will be delivered locally with a strong focus on early intervention and recovery. We will have wellbeing coordinators working in voluntary organisations, bringing together specialist and community services for people being discharged and those at risk of mental illness and learning disability.

### Demand and Supply

#### Number of service users/clients worked with 2016/17

<b>Name of Provider</b>	<b>Service Users/Clients worked with or supported in 2016-17</b>
Age UK	173
Alzheimer's Society	112
Cruse – Bereavement Care	71
DHI (Developing Health &	573

Independence)	
Harbour	337 current registered clients
Headway	65 in Swindon 23 from surrounding areas
Open Door	93 in last workbook
Red Cross	31
SAM ( Swindon Advocacy Movement)	222
Swindon MIND	423
Stroke Association	27
Swindon Carers Centre	2322 adult carers registered
TWIGS (Therapeutic Work in Gardening in Swindon)	230 in workbook

### Information/Signposting services

<b>Name of Provider</b>	<b>Service Users/Clients worked with or supported in 2016-17</b>
CAS (Citizens Advice Swindon)	9,116 clients presented 16,437 advice issues
Healthwatch	1,167 contacts received
VAS (Voluntary Action Swindon)	n/a – provide support to organisations, not individuals

There are currently 15 voluntary and community sector organisations commissioned to deliver services, on behalf of Swindon Borough Council, to support adults in the community, in addition to the Carers Support contract. The contracts have an emphasis on engagement with local communities, developing community based activities and a focus on encouraging adults into employment.

Sanford House occupies a central location in Swindon and houses several key charitable organisations. This colocation is convenient for people accessing the services and has encouraged joint working across organisations. Citizen's Advice Swindon (CAS) provide a reception service to greet people and answer general queries, including the provision of information from computer stations (including MCMS) and leaflets. Voluntary Action Swindon manages the building.

Citizen's Advice Swindon (CAS, formerly Citizen's Advice Bureaux) provides a range of specialist welfare advice covering: Debt, Benefits, Housing, Immigration, Employment, Family & Relationships, Consumer, Legal rights & processes, Health etc. Provision is a statutory legal requirement for the council to provide for advice and information under the Care Act.

Healthwatch Swindon, provided by The Care Forum, is an independent consumer champion for patients, carers and all those using health and social care services, as well as the wider public. Provision is a statutory legal requirement for the council to provide. We are providing the minimum required. Healthwatch Swindon undertakes the following core functions: Gathering views; and understanding the experiences of patients, carers and the public

The Harbour project has dealt with an increasing number of asylum seekers and refugees over the past year and has, at the same time, engaged more women and children in their support plans.

Swindon Advocacy Movement (SAM), deliver an Advocacy Service that encompassed Independent Mental Capacity Advocacy (IMCA)/Independent Mental Health Advocacy (IMHA) and Care Act statutory requirements. SAM has supported 501 clients during 2016/17

Swindon MIND offers a service for adults aged 18 (16 for the Self-Harmony Counselling service) and above who are experiencing poor mental health, including those who may also have a learning disability diagnosis. Providing early support to prevent escalation of poor mental health services, and support to those stepping down from statutory mental health services, bridging the gap between primary and secondary services. In addition, TWIGS delivers a therapeutic gardening project for adults with poor mental health and CRUSE provides bereavement counselling.

The Home from Hospital provision provided by Red Cross and Age UK has supported service users who are discharged from hospital. This work is designed to give a much more holistic and responsive service to individuals needing support to return home. The service is designed to engage early with patients during their stay in hospital, and provide support to avoid hospital re-admission and ensure reintegration into their community.

Open Door provides community support to adults with a Learning Disability through a day centre and activities in the community.

DHI provides Support Planning and Direct Payment advice and support to adults with either a Personal Budget through social care or a Personal Health Budget for adults eligible for Continuing Health Care.

The Alzheimer's Society Dementia Advisers help people take control of their lives and make sense of what is happening. From understanding the benefits system to how dementia progresses and the importance of getting your financial affairs in order – Alzheimer's Society's Dementia Advisers can explain about the condition but also refer people to other support services available. The Advice and Information Service is for people with dementia and their carers.

Headway Swindon is a rehabilitation day centre for people with brain injuries, providing a tailored Cognitive Rehabilitation Therapy programme of exercises, tasks and activities for each attendee to help them reach their full potential. Headway also offers help, information and ongoing support to their families and their carers.

Stroke Association provide a communication support service for people who have had a stroke and have been left with aphasia. Carers also can be helped to learn improved communication skills/techniques. The service runs two groups – one which is run by service user volunteers with the support of the coordinator and one run solely by the coordinator. Service users are encouraged to become volunteers and take on roles/responsibilities for the group.

<b>Commissioning Activity for Voluntary and Community Sector:</b>
<ul style="list-style-type: none"> <li>During 2017 we have re-commissioned a Reducing Loneliness and Isolation Service. This work will replace the existing Home from Hospital service</li> </ul>

- LD Community Support – LD Forum planned for July to consult with people with a LD. This will inform the new contract that needs to be in place by April 2018.
- Support Planning, DP Administration and Managed Accounts – consideration of alternative options (pre-paid cards, virtual accounts) to inform re-commissioning
- Voluntary sector infrastructure support – joint survey of sector needs completed to inform re-commissioning in 2017 for a start date of April 201
- Support for people with a brain injury or stroke – review of current contract with Headway and the Stroke Association to inform re-commissioning

## 23. Glossary of terms

Term	Definition
ADASS	Association of Directors of Adult Social Services
Advocacy	Supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need. Requirements of organisations and Independent Advocates are prescribed by the Care Act.
Assessment	The process of working out what your needs are. An assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about and is used to inform determinations of eligibility for social care services.
Authorised person	Someone who agrees to manage a direct payment for a person who lacks
Capital limits	Determines the extent to which a person with eligible needs could be charged for care and support in relation to their savings and other forms of assets. See upper and lower capital limits. Between the upper and lower capital limits means tested support is available.
Care account	From April 2016 everyone with assessed eligible needs will be entitled to a care account. This will keep track of what a person has accrued towards the cap on care costs.
Care and support plan	Sets out how a person's eligible needs are going to be met and provides information and advice about wellbeing.
Care cap	A cap on the eligible care costs which a person pays over their lifetime. How a person progresses towards the cap will be based on what the cost of meeting their assessed eligible needs would be to the local authority
Clinical Commissioning Groups (CCGs)	Groups of GP Practices that are responsible for commissioning most health and care services for patients. They are responsible for implementing the commissioning roles as set out in the Health and Social
Child or young person in transition	Anyone who is likely to have needs for adult care and support after turning 18. The transition period can start earlier however.

Commissioning	Commissioning is the local authority's cyclical activity to assess the needs of its local population for care and support services, determining what element of this needs to be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate
Cooperation	Public organisations working together in partnership to ensure a focus on the care and support and health and health-related needs of their local
Co-production	When an individual/ groups are involved as an equal partner(s) in designing the support and services they receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care
Deferred payment agreement (DPA)	People entering residential care can defer paying for their care costs, meaning that they should not have to sell their home during their lifetime. A deferred payment agreement enables a local authority to reclaim care costs through the sale of the person's property (or other security) at a later date
Deprivation of liberty	Restriction of a person's liberty to the extent that they may be deprived of their liberty – provisions of the Mental Capacity Act 2005 must be applied
DH	Department of Health
Deafblind	The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (Think Dual
Direct payment	Payments made directly to someone in need of care and support by their local authority to allow the person greater choice and flexibility about how their care is delivered
Disposable income allowance	In a deferred payment agreement, the amount of income a local authority must leave the deferred payment holder with (unless the deferred payment holder decides to retain less than the allowance)

<b>Term</b>	<b>Definition</b>
Disregard	In a financial assessment, income and capital must be disregarded (ignored) in certain circumstances
Duty	This is something that the law says that someone (in this case, usually a local authority) must do, and that if they do not follow may result in legal
Eligible needs	Needs for care and support which result in an adult being unable to achieve specified outcomes and as a consequence there is or is likely to be a significant impact on the person's well-being
Equity limit	The maximum equity available in a deferred payment agreement from a person's chosen form of security
Financial assessment	An assessment of a person's resources that will calculate how much they will contribute towards the cost of their care and how much the local authority will. This covers both a person's income and capital.
Financial information and advice	A broad spectrum of services whose purpose is to help people plan, prepare and pay for their care costs.
Financial Threshold	Levels of assets set to determine if financial support can be provided by the Council to meet assessed eligibility needs. Until April 2016, if you have savings, investments or property worth over £23,250, you will be asked to pay for all your care.
Floating Support	Service that meets the housing related support needs of people living in their own accommodation within the boundaries of the borough – this is commissioned as a preventative service. It does not provide personal care.
Independent advocate	Someone appointed by the local authority to support and represent a person who has substantial difficulty in being involved with the key care and support planning (or safeguarding) processes, where no appropriate
Independent financial advice	Refers to regulated financial advice services.
Information and advice	Providing knowledge and facts regarding care and support, services available, and helping a person to identify suitable resources or a course of action in relation to their care and support needs.
Lower capital limit	A person with assets below this amount will not need to contribute to the cost of their care and support from their capital, they will only be charged from their income.
Market shaping	Local Authorities with their partners are expected to have an understanding of demand and supply for well-being, health and social care services. They are expected to intervene accordingly to ensure the right services are in situ for the specified population
Minimum income guarantee	When an adult contributes towards their care and support they must still be left with a certain amount of money for themselves after the local authority has charged them. The minimum income guarantee is the minimum amount of income a person must be left with after charging in all settings except a care home. The amounts are set out in regulations and are based on income support, plus any relevant premiums plus 25%.

Term	Definition
National eligibility threshold	This is the level at which a person's needs for care and support, or for support in the case of a carer, reach the point where the local authority must ensure they are met. The local authority has powers (but not duty) to meet ineligible needs, so the link between eligibility and 'council-funded
Needs assessment	The process of working out what your needs are. An assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about and is used to inform determinations of eligibility for social care services.
Outcomes	In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen – for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them. Outcomes are prescribed within the Care Act for determinations of eligibility.
Personal budget	This is a statement that sets out the cost to the local authority of meeting an adult's assessed unmet eligible care needs. It includes the amount that the adult must pay towards that cost themselves (on the basis of their financial assessment), as well as any amount that the local authority must
Person-centred approach	An approach that seeks to involve the person and ensure they can engage as fully as possible. The local authority must take a person-centred approach throughout the assessment and care planning processes, and in all other contact with the person (such as a review of their care and support
Preventative	Applies to the provision of services, facilities or resources that prevent a need from occurring, minimise the effect of a disability or help slow down any further deterioration for people with established health conditions, complex care and support needs or caring responsibilities.
Preventative services	An early intervention or activity that supports a person to retain or regain their skills or confidence. A service that prevents a need for care and support occurring, reduces an existing need or delays further deterioration
Prevention	A local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers
Resource Allocation System (RAS)	System used by Adult Services teams to calculate an estimated budget required to meet the customers care and support needs. Is used to guide the support planning process. The final costs of the care and support deployed are referred to as the Personal Budget.



<b>Term</b>	<b>Definition</b>
Reablement	A structured programme of care provided for a limited period of time, focusing on helping the person to regain skills and capabilities to reduce their needs
Regulated financial advice	Advice from an organisation regulated by the Financial Conduct Authority (FCA)
Review	A review of a person's care and support plans ensures that outcomes continue to be met. Can be planned, unplanned or requested by the person receiving care and support
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed unsuitable' do not work with them.
Self-funder	Someone who arranges and pays for their own care and support services and does not receive financial help from the local authority.
Signposting	Pointing people in the direction of information that they should find useful.
Substantial difficulty	The Care Act defines four areas in any one of which a person might have substantial difficulty in being involved in the care and support planning, or safeguarding, processes. This includes substantial difficulty in understanding relevant information, retaining that information, using or weighing that information, and communicating the individual's views, wishes or feelings (whether by talking, using sign language or any other means)
Support plan	A plan developed following assessment that says how customers will spend their personal budget to meet assessed needs/outcomes and stay as well as possible. The local council must agree the plan before it makes the money available.
Supported self-assessment	An assessment carried out jointly by the adult with care and support needs or carer and the local authority, where the adult or carer is willing, able, and has capacity or (in the case of a young carer) is competent.

Term	Definition
Top Up Fee	This is only relevant where a person has exercised their right to choice of accommodation. It means that where a person has chosen a more expensive setting than the amount identified in their personal budget, the top-up fee is the additional amount needed to meet the cost of that setting. This can be paid by a third party, or in limited circumstance, the person
Transition assessment	An assessment of a child or young person, young carer or child's carer that will inform a transition plan to receive care and support from Adults Services.
Transition plan	A statutory requirement for young people and carers if they are likely to need care and support when they turn 18
Wellbeing	Wellbeing is a broad concept, and it is described as relating to the following areas in particular: personal dignity (including treatment of the individual with respect); physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over day-to-day life (including over care and support provided and the way it is provided); participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal relationships; suitability of living accommodation; the individual's contribution to society



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## Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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Author: Sue Wald – Director of Adult Services, Swindon Borough Council

Wards: All

Parishes Affected: All

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### 1. Purpose and Reasons

- 1.1 To allow the Health and Wellbeing Board to consider the issues arising from the meetings of the Joint Commissioning Group held on 29<sup>th</sup> June, 25<sup>th</sup> July, 31<sup>st</sup> August and 18<sup>th</sup> September 2017, the minutes of which are attached at Appendix 1 – 4 to the report.

### 2. Recommendations

The Committee is recommended to:

- 2.1 To review the discussions held and issues arising from the meetings of the Joint Commissioning Group held on 29<sup>th</sup> June, 25<sup>th</sup> July, 31<sup>st</sup> August and 18<sup>th</sup> September 2017, and where appropriate request additional information or reports in relation to issues raised.

### 3. Detail

- 3.1 The Health and Wellbeing Board is invited to consider issues arising from the minutes of the Joint Commissioning Group held on 29<sup>th</sup> June, 25<sup>th</sup> July, 31<sup>st</sup> August and 18<sup>th</sup> September 2017 and to request additional information and/or reports on issues raised.

### 4. Alternative Options

- 4.1 None.

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

Financial and Procurement Implications

- 5.1 This report has no financial or procurement implications.

Legal and Human Rights Implications

- 5.2 This report has no legal or Human Rights considerations.

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

- 5.3 None.
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Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, [swald@swindon.gov.uk](mailto:swald@swindon.gov.uk).

# Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 25<sup>th</sup> October 2017

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## Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment is required at this stage.

## Risk Management

- 5.5 No risk management issues have been identified at this stage.

## **6. Consultees**

- 6.1 This covering report presents the minutes of the Joint Commissioning Group at its meetings on 29<sup>th</sup> June, 25<sup>th</sup> July, 31<sup>st</sup> August and 18<sup>th</sup> September 2017. The items discussed at that meeting were / will be consulted upon as appropriate, so no further consultation is required for this report.

## **7. Background Papers**

- 7.1 None.

## **8. Appendices**

- 8.1 Appendix 1 – Minutes of the Joint Commissioning Group held on 29<sup>th</sup> June 2017.
- 8.2 Appendix 2 – Minutes of the Joint Commissioning Group held on 25<sup>th</sup> July 2017.
- 8.3 Appendix 3 – Minutes of the Joint Commissioning Group held on 31<sup>st</sup> August 2017.
- 8.4 Appendix 4 – Minutes of the Joint Commissioning Group held on 18<sup>th</sup> September 2017.

# JCG Meeting

29<sup>th</sup> June 2017

## Minutes

### Present:

Cherry Jones	SBC – Director Public Health
Angela Plummer	SBC – Head of Adult Services
Phillipa Lamb	SBC – Strategy & Development Manager
Joy Kennard	SBC – Head of Commissioning
Caroline Gaulton	SBC - Strategic Commissioner
Esther Schmidt	CCG – Joint Children's Commissioner
Matthew Hawkins	CCG – Deputy Financial Officer
Thomas Kearney	CCG – Associate Director of Urgent Care
Sheila Baxter	CCG - Mental Health Joint Commissioner

Apologies from Gill May, Paul Vater, Sharon Pells. Sue Wald, Peter Nathan, Graham O'Malley

### NEXT JCG MEETING 25<sup>th</sup> July 17

1.	Welcome & Apologies  Action Tracker update	
2.	<p><b><u>Budget updates</u></b></p> <ul style="list-style-type: none"> <li>Outturn at the end of May shows slight pressure re base line Young adults and Psychical Disabilities (18-64 year olds). £150,000 mitigation team extra £7-9 m added to budget. We have seen an increase in numbers with an additional 5 people per week, with an extra 140 domiciliary care hours per week. The report is to be run weekly to see where demand is coming from and a further piece of work is needed to understand where this demand is coming from.</li> </ul> <p><b>Action:</b> MH to share CCG financial plan 2017-18</p>	MH
3.	<p><b><u>Service chart – 'Muriel'</u></b></p> <ul style="list-style-type: none"> <li><i>Why can't we meet Muriel's Needs</i> is a Person Centred chart. Visual bulls eye presentation to help explain that the 'person' should be at the centre of the care circle and what care support pathway professionals can use. The graph shows the various circles and levels of support that surround 'Muriel'. This diagrammatic approach will enable professionals to understand where the 'My care My Support' services also align to 'Muriel'..</li> </ul> <p><b>ACTION:</b> AP to share 'Muriel' layout to group to help understand services needed.</p>	AP

4.	<p><b><u>High Needs Provision Funding Review</u></b></p> <p><b>SEND</b></p> <ul style="list-style-type: none"> <li>CCG attended Specialist Children's Health Commissioning Performance Monitoring Meetings. It was recommended that SEND to be represented (LF or her equivalent), it was also felt that it would be useful for an Education representative to attend CHC panel to ensure no cross funding</li> </ul> <p><b>Action:</b> PN to update group on High Needs Provision Funding review</p>	PN
5.	<p><b><u>Funding Panel and Governance</u></b></p> <p>Amanda Du Cros from the CCG has commenced work to review the current funding processes and has established a series of management meetings.</p> <p><b>Action:</b> Gill May to provide update on Funding Panel and Governance</p>	GM
6.	<p><b><u>Voluntary sector</u></b></p> <p>Performance Dashboard was under development alongside a review of reporting and KPIs.</p> <ul style="list-style-type: none"> <li>Previous areas for concern included VAS and MIND, however both organisations have performed very well over the last year and addressed all challenges. VAS who deliver infrastructure support has undergone a staffing changes and has now brought in nearly £900K of extra funding for the Swindon Voluntary Sector. We will be re-tendering the work this year to recommission this service.</li> </ul> <p>MIND who had issues with staffing and closure of the respite house, have put in place alternative provision that has received good feedback. Staffing challenges are now also resolved.</p> <p>The team was successful in procuring advocacy around new care act obligations from Swindon Advocacy Movement (SAM). This is being delivered well and the service is receiving increasing referrals.</p> <ul style="list-style-type: none"> <li>Universal Credit roll out is proving a big challenge for Citizen Advice Swindon.</li> <li>Financial challenges for smaller organisations is an ongoing problem, with threats of closure and potential repercussions for vulnerable residents. The team has worked to support such organisations where possible whilst also contingency planning for service users in the event of closure. My care my support awareness continues to be a challenge. The team had visited the GWH discharge team who were unaware of the site.</li> </ul> <p><b>ACTION:</b> All to raise awareness of the MCMS site with providers.</p> <p><b>Loneliness and Isolation</b></p> <ul style="list-style-type: none"> <li>Mid procurement for the Loneliness and Isolation service which is due to start 1<sup>st</sup> September this and will bring together 'Home from Hospital' and Age UK service</li> </ul> <p><b>Direct Payment Advice and Support</b></p> <ul style="list-style-type: none"> <li>DP Support and managed accounts of the DHI service will be going</li> </ul>	All



	<p>out to tender awaiting information from CCG for requirements on Personal Health Budgets.</p> <ul style="list-style-type: none"> <li>An option of pre-paid cards is being explored (for users to manage their Direct Payment account). Once CCG requirements are made clear, CG to invite someone in to share information around Pre-paid cards.</li> </ul> <p><b>Support planning</b></p> <ul style="list-style-type: none"> <li>This will not be included in the DP tender but delivered in house for social care. CCG requirements for Support Planning were yet to be determined.</li> </ul> <p><b>Children Support plans</b></p> <ul style="list-style-type: none"> <li>Children Support Planning is not commissioned, however this could be considered. Children's Personal Health Budget would be straight forward, Personal Budgets across health, social care and education would need more background work.</li> </ul> <p><b>ACTION:</b> CG to provide regular updates to the JCG around the voluntary sector</p> <p><b>ACTION:</b> Personal Health Budgets - Amanda Du Cros to confirm CCG requirements for Support Planning and DP advice and support.</p> <p><b><u>Children</u></b></p> <p>Children's participation contracts (STEP, Coram Voice and Health watch) will be reviewed for Recommissioning in the autumn.</p> <p>Children's Advocacy for Children in Care and Therapeutic Support also need to be recommissioned this year.</p> <p><b>ACTION:</b> CG to provide a timeline of all voluntary sector commissioning for the year.</p>	<p>CG</p> <p>AD</p> <p>CG</p>
7.	<p><b><u>Personal Health Budget</u></b></p> <ul style="list-style-type: none"> <li>Work to be done with providers to understand Personal Health Budgets</li> <li>User's need to understand how they can use their Personal Budget - further work needed to change the culture around the Personal Health Budgets.</li> <li>We need to determine and agree how we will monitor and record uptake.</li> <li>Pre-paid cards would help scrutinise the spends</li> <li>Consider a service users event in Swindon to promote Personal Health Budget and Direct Payment</li> </ul> <p><b>ACTION:</b> AD and GO'M update the Personal Health Budget and Direct Payment at July forum</p>	<p>AD/GO'M</p>

8.	<p><b><u>Place of Safety</u></b></p> <p>SB explained that the AWP Place of Safety consultation had now closed and that she would provide an update on the outcome of the consultation to JCG when available.</p> <p><b>ACTION:</b> SB to update Place of Safety decision to forum for July</p>	SB
9.	<p><b><u>Better care Fund (BCF) Update</u></b></p> <p>The Improved BCF template guidance has not been published as yet.</p> <p>The draft BCF plan has been updated by SW and has been circulated to the CCG. Comments to be fed back to PL.</p> <p>First quarter performance report is required by NHSE for 21<sup>st</sup> July to track spend of the IBCF.</p> <p><b>ACTION:</b> Send comments for draft BCF to PL</p> <p><b>ACTION:</b> BCF Schemes need to be updated by SW/GO'M</p>	<p>All/PL</p> <p>All</p> <p>SW/GO'M</p>
10.	<p><b><u>AOB</u></b></p> <p>NHSE are re procuring Sexual Assault Referral Centres (SARC). See attached letter.</p> <p><b>ACTION</b> add to July AGENDA the ASC Market Position Statement</p> <p><b>ACTION:</b> Agreed to set up a shared Financial drive - CCG and SBC to raise a request</p> <p><b>ACTION:</b> LD Partnership board update to next meeting AGENDA</p> <p><b>Action:</b> - LD annual Health checks return data sits in the GP data set. CG to liaise with CCG to find out the current status of LD Health Checks in Swindon.</p>	<p>JK</p> <p>AP</p> <p>LD</p> <p>LD/CG</p>

**JCG Meeting 25<sup>th</sup> July 2017****Minutes****Present:**

Sue Wald  
 Phillipa Lamb  
 Joy Kennard  
 Esther Schmidt  
 Thomas Kearney  
 Sharren Pells  
 Sharon Gerry  
 Gill May  
 Shelia Baxter  
 Paul Vater  
 Louise Campion

SBC – Director Adult Social Care  
 SBC – Strategy & Development Manager  
 SBC – Head of Commissioning  
 SBC/CCG – Joint Children’s Commissioner  
 CCG – Associate Director of Urgent Care  
 CCG – Lead for Patient Safety  
 CCG - Urgent Care  
 CCG - Executive Nurse  
 CCG – Mental Health Commissioning Lead  
 CCG – Chief Operating Officer  
 SBC - Principal Officer - Health & Wellbeing, Children,  
 Families and Community Health

1.	<b>Welcome &amp; Apologies</b>  <b>Apologies</b> – Angela Plummer, Cherry Jones, Peter Nathan, Shelia Baxter, Caroline Gaulton, Mathew Hawkins	
2.	<b>Minutes of meeting from 29<sup>th</sup> June 17</b>  <ul style="list-style-type: none"> <li>Matters arising (no changes to minutes)</li> <li>Action tracker: Updated</li> </ul>	
3	<b>Budget Updates</b>  <b>SBC Financial update (Adult, Public Health and Children’s)</b> <ul style="list-style-type: none"> <li>Overspend forecasted in Children’s Services due to cost pressures linked to more children being looked after, legal fees and adoption allowances.</li> <li>A small under-spend forecasted for the public health budget - savings have mainly been delivered through efficiencies from re-procurement and some from staff vacancies. It is important staff are fully engaged in the making every contact count initiative</li> <li>There is a small over-spend forecasted for Adult Social Care but service is benefitting from the additional funding provided from the Improved Better Care Fund (IBCF). The reablement service has been reshaped leading to a 30% increase in capacity through remodelling of staffing and effective discharge from reablement. The aim is to increase service throughput from 330 to 600 people over the next twelve months and reduce average length of reablement service to 15 days. The ambition is to maintain the good performance (95%) of people remaining at home 91 days after being discharged from hospital.</li> </ul> <b>ACTION:</b> Add Reablement KPI performance dashboard to JCG agenda for the next meeting  <b>CCG Financial update (CCG budget report)</b> <ul style="list-style-type: none"> <li>£29m primary care commissioning spend is now part of CCG budget. Investment areas are acute, primary care and Mental Health. QIPP savings £8.6m. It was recognised a shared procurement strategy between CCG and SBC with the</li> </ul>	MN/SW

	<p>market would be beneficial. There are plans to robustly track investments to ensure they are having the desired impact.</p> <p><b>ACTION:</b> Track impact of QIPP savings on SBC</p> <p><b>ACTION:</b> include agenda item for September/October JCG around developing business cases for commissioning/de-commissioning services for 18/19</p>	<p>MH/JW</p> <p>MN</p>
4	<p><b>Learning Disability Partnership Board</b></p> <p>A presentation was circulated from the last Learning Disability Board and Learning Disability Forum. In addition there is the Autism Board and the Transforming care Board.</p> <ul style="list-style-type: none"> <li>• Learning Disability Partnership Board – mainly attended by professionals with a small number of service users and representatives from agencies with a focus on service development</li> <li>• Learning Disability Partnership Forum – meets every 4 months with service user representation</li> <li>• Autism partnership board – the purpose and function of this Board will be reviewed</li> <li>• Transforming Care Board (linked to Winterborne) – the purpose and function of this Board will be reviewed to ensure it is fulfilling the required overview and management functions e.g. health checks, Learning Disability register, easy read material (noted SAMs have already produced some material in easy read formats).</li> <li>• It was recognised AWP needs to be integrated into the LD Partnership Group</li> <li>• It was noted that the Care Programme Approach (CPA) for assessing, planning and reviewing the needs of someone with mental health problems needs to be Care Act compliant</li> </ul> <p><b>ACTION:</b> To review the role and purposes of the various Boards and forums to reduce duplication, drive efficiencies and develop synergies</p> <p><b>ACTION:</b> Clare Deards to speak with Newlands Anning to get assurance that CPA is Care Act compliant.</p>	<p>PV/GM/ CG</p> <p>SW/AP</p>
5	<p><b>Market Position Statement (MPS)</b></p> <ul style="list-style-type: none"> <li>• SBC shared a draft MPS developed for Adults with Needs. The aim of the MPS is to help the market understand where we are currently and where we want to go in relation to provision for adults with need. The purpose is to re-shape provision as well as encourage new providers.</li> <li>• The MPS will remain an electronic document which will be refreshed on at least an annual basis or in year if there is a significant change</li> <li>• It was recognised the 'health' perspective needs to be included to support joint commissioning between CCG and SBC</li> <li>• It was noted that spend on Learning Disability services and residential/nursing services is above the published rate</li> </ul> <p><b>ACTION:</b> Send comments on the draft MPS for Adult with Needs to JK</p> <p><b>ACTION:</b> Circulate updated version of MPS with JCG minutes</p>	<p>ALL</p> <p>MN</p> <p>PV</p>

	<b>ACTION:</b> CCG to add 'health' perspective to MPS	
6	<b>High Needs Provision and Funding Review</b> <ul style="list-style-type: none"> <li>Report still draft</li> </ul> <b>ACTION:</b> Add High Needs Provision and Funding Review to agenda for next JCG meeting for a briefing by PN	MN/PN
7	<b>Children Quality Account 2016-2017-</b> Louise Campion attended for this item <ul style="list-style-type: none"> <li>This covers a range of Community Health Services: Health Visitors, Family Nurse Partnership, School nurses, Mental health nurses, care staff and support workers, speech &amp; language therapists, OT, Physio, Health nurse etc.</li> <li>These services benefit from an ethos of multi-disciplinary working and are co-located. These arrangements were originally established in 2007 journey and were made permanent in 2010/11.</li> <li>The account reviews 5 key lines on enquiry to reflect progress of improvement work. Both staff and service users have input to the account. The Account is aimed at service users. It was published end of June 2017.</li> <li>As a health commissioner, CCG would like to have had the opportunity to input to the Children's Quality Account. It was agreed that CCG would be consulted on the draft next year prior to publication.</li> </ul> <b>ACTION:</b> Add Children's Quality Account to JCG agenda for March 2018. <b>CQC Inspection</b> The recent CQC inspection report for Community Health Services was discussed. It was noted: <ul style="list-style-type: none"> <li>No inspection rating had been provided which was disappointing as feedback had been positive with 'good' and 'outstanding areas' quoted in the report</li> <li>There were no serious concerns</li> <li>The report included lots of positive descriptive information</li> <li>CQC considers SBC to be an independent healthcare provider</li> <li>There is a need to sustain the improvement journey</li> <li>The key challenging areas flagged by CQC correlated with the recent CCG Children's Review e.g. TAHMS waiting list</li> <li>Demonstrate improvement and review data</li> </ul>	MN
8	<b>Funding Panels and Governance.</b> <ul style="list-style-type: none"> <li>It was noted that decisions arising from the CHC process, Creative Solutions and Transitions Board will potentially lead to cost pressures for Adult Services</li> <li>There is a commitment across CCG and SBC to work towards having a joint budget to support those people with both health and social care needs. Work is underway to create a baseline for risk sharing by working through some scenarios. It was also noted there are some sample joint agreements on the BCF website. A joint report will be shared at a future JCG meeting.</li> </ul>	

	<b>ACTION:</b> to report progress on establishing a joint CCG/SBC funding pool for people with health and social care needs at JCG in October	GM/AP
9	<b>Personal budgets</b> <ul style="list-style-type: none"> <li>Update unavailable</li> </ul> <b>ACTION:</b> Add update on personal budget to JCG agenda for September	MN/GOM
10	<b>Place of Safety Consultation</b> <ul style="list-style-type: none"> <li>Update unavailable</li> </ul> <b>ACTION:</b> MN to add update on Place of Safety Consultation to next JCG agenda	MN/SB
11	<b>BCF Update</b> <ul style="list-style-type: none"> <li>Guidance and financial templates have been issued. Work on updating schemes and narrative to be completed and circulated in August.</li> </ul> <b>ACTION:</b> Circulate DTOC and IBCF submissions with JCG notes <b>ACTION:</b> Complete financial template, schedules and narrative of BCF Plan for submission on 11 September 2017	SW/MN SW/GM
12	<b>AOB</b>  Where services are jointly commissioning by CCG and SBC, it is important to involve representatives from both organisations in any re-procurement or de-commissioning as well as quarterly performance review meetings with the providers e.g. Carer's contract	

**JCG Meeting 31<sup>st</sup> August 2017**

## Minutes

**Present:**

Sue Wald  
Joy Kennard  
Thomas Kearney  
Sharren Pells  
Gill May  
Shelia Baxter  
Cherry Jones

SBC - Director Adult Social Care  
SBC - Head of Commissioning  
CCG - Associate Director of Urgent Care  
CCG - Associate Director for Quality  
CCG - Executive Nurse  
CCG - Mental Health Commissioner  
SBC - Director of Public Health

[illegible]

4	<p><b>Market Position Statement (MPS)</b></p> <p>Latest Market position document was shared.</p> <p>The purpose of the market Position Statement is to inform the providers about our commissioning aims, changes in population and needs of our population and forthcoming tender opportunities. The document will be used in discussions with existing and new providers</p> <ul style="list-style-type: none"> <li>• The Section on Transition will be updated</li> <li>• MPS has been sent out to our Social Care providers, GWH and Community Centre. Feedback requested by 15th September 17.</li> <li>• It has been written from the Social Care perspective, including Health Commission and crossed reference with Joint Commissioning areas in the BCF. There is an opportunity for the CCG to add commissioning activity not currently covered in the document</li> <li>• MPS is a live document to be added to the SBC website and update on 6 months basis, Public Health to update MPS</li> <li>• CCG to share with CCG Contracts Team,</li> </ul> <p><b>ACTION:</b> Confirm that Public Health been added to MPS</p> <p><b>ACTION:</b> All-Feedback request to be sent JK by 15th September 17.</p>	CJ JK
5	<p><b>High Needs Provision and Funding Review</b></p> <ul style="list-style-type: none"> <li>• A report has been commissioned to the High needs Provision and Funding review around SEN and costs. Children's services are currently reviewing the report</li> <li>• Changes are being made to the Creative Solutions Panel update next meeting</li> </ul> <p><b>ACTION:</b> the Creative Solutions Panel update to come to the next meeting</p>	ES
6	<p><b>Personal budgets</b></p> <ul style="list-style-type: none"> <li>• Update</li> </ul> <p><b>ACTION:</b> Update on personal budget to JCG agenda for September</p>	
7	<p><b>Place of Safety Consultation</b></p> <p>PoS Report</p> <p>The decision on the PoS outcome has been paused by AWP- a statement was issued on their website 16<sup>th</sup> August 17(attached).</p> <div data-bbox="276 1771 339 1832" data-label="Image"> </div> <p>CCG Place of safety Update 310817.pdf</p> <p>SBC wrote a letter with concerns regarding change of provision in Swindon which has a financial impact on local authority that the Council believes has not been sufficiently recognised by AWP. Furthermore the Council has stated that a change in provision of health services should not adversely impact on Swindon residents and the Council's financial position. CCG has also responded to AWP asking for additional information in a number of areas</p>	



	<b>ACTION:</b> Attach Place of Safety update	
8	<b>BCF Update</b> <ul style="list-style-type: none"> <li>The BCF is now in final draft awaiting a number of short contributions.</li> <li>The financial template and allocations have been drafted and will be finalised this week the CCG has agreed additional funding for Reablement to help reduce delays from hospital across health and social care</li> <li>Additional budgets BCF a total balance of £22 million.</li> </ul> <b>ACTION:</b> share to BCF CCG contributions 2017/18	SW
9	<b>AOB</b> Horizons : <p>The CCG has received a request from Horizon for additional funding of their premises to facilitate groups and support for people who experience mental health issues. Neither the Council nor CCG are commissioning additional services at this moment in time. It was agreed that Gill may would write to Horizon with a list of community venues that may be able to offer free accommodation as well as list of groups who may offer grants</p> <b>ACTION:</b> GM to draft letter with ideas find free community rooms	GM

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## JCG Meeting Monday 18<sup>th</sup> September 2017

**Swindon CCG MR 2 15:00-17:00**

### Minutes

**Present:**

Sue Wald (Chair)	SBC	Director Adult Social Care
Phillipa Lamb	SBC	Strategic Planning Manager – Children & Adults
Thomas Kearney	CCG	Associate Director of Urgent Care
Cherry Jones	SBC	Director of Public Health
Matthew Hawkins	CCG	
Joy Kennard	SBC	Head of Commissioning
Dawn Sexstone	SBC	Finance Business Partner – Children Services

### Welcome & Apologies

**Apologies:**

- Sheila Baxter – No Actions (PoS ongoing) – No Feedback this month
- Sharren Pells
- Ester Schmidt
- David Hayley
- Gill May
- Paul Vater
- Maria Young
- Caroline Gaulton
- Peter Nathan
- Jackie Walker

### Minutes of meeting on 31<sup>st</sup> August 2017

- **Agree Minutes** - AGREED
- **Matters Arising** – Updated (see below)

Meeting date	Subject	Action	Responsible Person	Progress since last meeting
29/06/17 06/09/17	Shared drive with CCG and SBC agreed to set up a shared Financial drive	CCG and SBC to raise a request regarding a shared Share Point section.	<b>AP</b> <b>SW MH</b>	CCG now have a 'Shared point . CCG to invite SBC to the shared Point site to test
25/07/17 25/07/17	LD Partnership board	Learning Disability Partnership Board To review the role and purposes of the various Boards and forums to reduce duplication, drive efficiencies and develop synergies Clare Deards to speak with Newlands Anning to get assurance that CPA is Care Act	<b>LD</b> <b>GM/CG</b>	Gill May to update  CD action Complete

		compliant.		
29/06/17	Personal Health Budgets	Regular update on progress for Personal Budgets	<b>CCG</b>	Standard agenda item
29/06/17	Place of Safety Consultation	Track progress following Place of Safety Consultation	<b>SB</b>	CCG to request Diversity Impact Assessment and Quality Impact Assessment of the proposed changes to place of Safety 136 from AWP
29/06/17	High Needs Provision Funding review	Update on High Needs Provision and Funding Review	<b>PN</b>	PN to update – add to October agenda
29/06/17	Funding Panel and Governance	To report progress on establishing a joint CCG/SBC funding pool for people with health and social care needs at JCG in October	<b>GM</b>	Gill May to Update – Add to October agenda
29/06/17	MY Care My Support (MCMS) site	All to raise awareness of the MCMS site with providers.	<b>All</b>	Closed when self-assessment is completed
25/07/17	BCF	BCF CCG contributions 2017/18 to be shared Sept meeting	<b>SW</b>	Completed
25/07/17	Market Position Statement (MPS)	Feedback to be sent to JK by 13th September 17	<b>ALL</b>	Completed
25/7/17	CCG Financial Update	Include agenda item for September/October JCG around developing business cases for commissioning/de-commissioning services for 18/19	<b>MH/JW</b>	CCG and SBC to Share assumptions for savings in 18/19 & potential future cost pressures - Add to October agenda
31/09/17	Reablement dashboard	To be shared with JK for discussion with Bridging Services	<b>MN</b>	Completed

31/09/17	Market Position Statement	Confirm that Public Health included in MPS	<b>CJ</b>	Completed
31/09/17	Horizons	GM to draft letter with ideas find free community rooms	<b>GM</b>	Gill May to update
31/09/17	Services with additional capacity and contribution'	To be shared with group	<b>TK</b>	Completed

## Children's

### Budget Update

#### 3.1 SBC financial update

The projected year end position across Children, Families and Community Health Services as at August 2017 is a forecasted overspend of £2.35m. This is mainly due to cost pressures relating to staffing, high numbers of external placements due to more children being looked after (a number of whom have complex needs) and legal costs. SBC is in the process of mapping the needs of children in placements to provide greater insight into the vulnerabilities of this cohort to inform future service development and financial planning. It was agreed the findings would be shared at the next JCG meeting

It was noted Section 75 funding has not yet been finalised. It was agreed ES and MY will provide financial and performance updates at the next meeting

**Action:** PH/MY to share the findings from the Children in Care needs mapping exercise

**Action:** ES/MY to provide financial and performance updates for CCG and SBC at the next JCG meeting

### High Needs Provision and Funding Review and Creative Solutions update to be deferred to the next JCG meeting

**Action:** PN to present the findings of the High Needs provision and Funding Review at the next JCG meeting in October

## Adult's

### Budget Update

#### 7.1 SBC financial update

#### Adults

As at end of August Adults is forecasting a balanced budget at year end. The main Social Care budget pressures are around demand for Mental health £262k and Physical Disabilities 18-64 £188k. There is

ongoing management focus to manage demand and spend in Older People and Learning Disability services.

There are currently no cost pressures in Reablement.



Reablement  
Whiteboard.pdf

There is a Winter contingency capacity of £100k within IBCF and the priority is to get people home wherever possible and prevent discharge being delayed. SBC and CCG Finance teams have modelled respective spent on domiciliary care, residential and nursing care to provide greater transparency over spent across older people, mental health and Learning Disability services.

### Public Health

Forecasting a balanced budget at year end for 2017/18. The challenge will be to achieve savings next year by reducing spend on substance misuse and in commissioned children's services.

Work is in hand to align the volunteering and voluntary sector agenda.

## 7.2 CCG financial update

**Action:** MH/JW to share assumptions for savings in 18/19 & potential future cost pressures be shared at the next JCG Meeting

### Personal budgets – progress to date

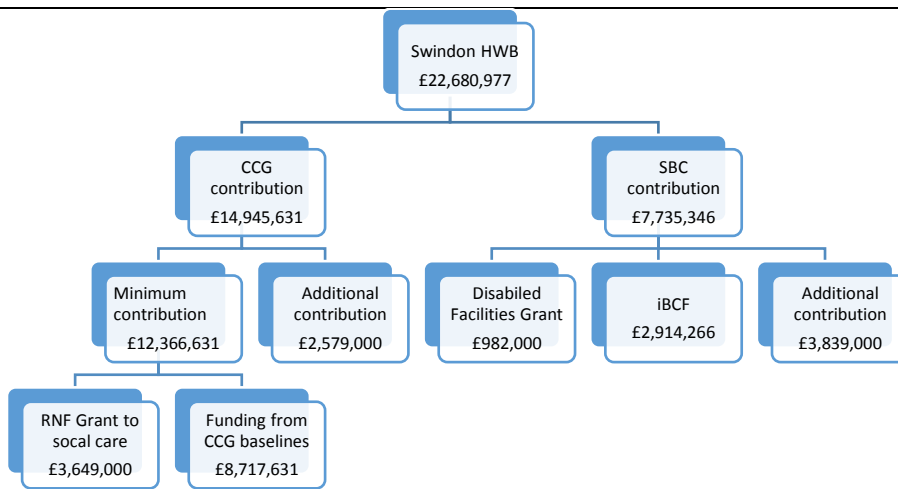
**Action:** To add to JCG October's Agenda .

### BCF Update (SW)

Swindon submitted the Better Care Fund Plan (BCF) 2017/19 to NHS England on 11 September 2017 for approval. The plan has been assured by our Regional Better Care Fund Manager. The completed plan is on the Health and Wellbeing Board agenda for October meeting. The BCF Plan and appendices are located on the H&W website: <http://swindonjsna.co.uk/strategy/Better-Care-Fund>

MH described the BCF Funding and expenditure for 17/19. :

### Funding

**Expenditure**

## Appendix 4

Sum of 2017/18 Expenditure (£)		Column Labels		
Scheme	Sub Types	CCG	Local Authority	Grand Total
☐ Care Act	1. Care coordination	270,000.00		270,000.00
<b>Total</b>		<b>270,000.00</b>		<b>270,000.00</b>
☐ Carer Support	1. Carer advice and support		240,000.00	240,000.00
☐ Carer Support	2. Implementation of Care Act	207,000.00		207,000.00
☐ Carer Support	3. Respite services		559,000.00	559,000.00
☐ Carer Support	support, breaks and respite	841,000.00		841,000.00
<b>Total</b>		<b>1,048,000.00</b>	<b>799,000.00</b>	<b>1,847,000.00</b>
☐ Community capacity - voluntary sector	Prevention	540,000.00	1,449,000.00	1,989,000.00
<b>Total</b>		<b>540,000.00</b>	<b>1,449,000.00</b>	<b>1,989,000.00</b>
☐ Disabled facilities Grant capital	Adaptions to premises		982,080.00	982,080.00
<b>Total</b>			<b>982,080.00</b>	<b>982,080.00</b>
☐ Discharge to assess - fessey beds	4. Home First/Discharge to Access	318,000.00		318,000.00
<b>Total</b>		<b>318,000.00</b>		<b>318,000.00</b>
☐ Discharge to assess - nursing beds	4. Home First/Discharge to Access	114,000.00		114,000.00
<b>Total</b>		<b>114,000.00</b>		<b>114,000.00</b>
☐ Effective discharge - community equipment (SBC share)	2. Other - Physical health / wellbeing		478,000.00	478,000.00
<b>Total</b>			<b>478,000.00</b>	<b>478,000.00</b>
☐ Effective discharge from hospital	3. Multi-Disciplinary/Multi-Agency Discharge Teams		684,000.00	684,000.00
☐ Effective discharge from hospital	4. Home First/Discharge to Access	1,382,000.00	135,000.00	1,517,000.00
<b>Total</b>		<b>1,382,000.00</b>	<b>819,000.00</b>	<b>2,201,000.00</b>
☐ Effective discharge from hospital - equipment /wheelchairs	2. Other - Physical health / wellbeing	1,095,000.00		1,095,000.00
<b>Total</b>		<b>1,095,000.00</b>		<b>1,095,000.00</b>
☐ Effective discharge from hospital (CHC)	1. Care coordination	659,000.00		659,000.00
<b>Total</b>		<b>659,000.00</b>		<b>659,000.00</b>
☐ Effective discharge from hospital (winter contingency)	3. Rapid/Crisis Response		329,000.00	329,000.00
<b>Total</b>			<b>329,000.00</b>	<b>329,000.00</b>
☐ Enhanced community capacity - community navigator	1. Care coordination	300,000.00		300,000.00
<b>Total</b>		<b>300,000.00</b>		<b>300,000.00</b>
☐ Managing demand	Domiciliary and residential packages	907,000.00	2,000,266.00	2,907,266.00
<b>Total</b>		<b>907,000.00</b>	<b>2,000,266.00</b>	<b>2,907,266.00</b>
☐ Out of hospital care - care homes support and trusted assessor	8. Enhancing Health in Care Homes	300,000.00		300,000.00
☐ Out of hospital care - care homes support and trusted assessor	SWICC	5,433,000.00		5,433,000.00
<b>Total</b>		<b>5,733,000.00</b>		<b>5,733,000.00</b>
☐ Prevention of hospital admission and crisis support	1. Care coordination	1,015,000.00		1,015,000.00
☐ Prevention of hospital admission and crisis support	2. System IT Interoperability	133,000.00		133,000.00
☐ Prevention of hospital admission and crisis support	3. Rapid/Crisis Response	101,000.00		101,000.00
☐ Prevention of hospital admission and crisis support	5. Seven-Day Services	193,000.00		193,000.00
☐ Prevention of hospital admission and crisis support	Hospice at home	200,000.00		200,000.00
<b>Total</b>		<b>1,642,000.00</b>		<b>1,642,000.00</b>
☐ Reablement and technology	1. Telecare	211,000.00		211,000.00
☐ Reablement and technology	4. Reablement/Rehabilitation services	726,631.00	351,000.00	1,077,631.00
<b>Total</b>		<b>937,631.00</b>	<b>351,000.00</b>	<b>1,288,631.00</b>
☐ Telecare	1. Telecare		208,000.00	208,000.00
<b>Total</b>			<b>208,000.00</b>	<b>208,000.00</b>
☐ Workforce and transformation	1. Care coordination		200,000.00	200,000.00
☐ Workforce and transformation	2. Systems to Monitor Patient Flow		120,000.00	120,000.00
<b>Total</b>			<b>320,000.00</b>	<b>320,000.00</b>
<b>Grand Total</b>		<b>14,945,631.00</b>	<b>7,735,346.00</b>	<b>22,680,977.00</b>

No AOB

**Next Meeting Wednesday 25<sup>th</sup> October 2017 at 16.30 to 17.45 at Civic, CR1**