

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 12 December 2018

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. Public Question Time

Please refer to the explanatory notes below.

4. Minutes (Pages 3 - 8)

To receive the minutes of the meeting held on 10th October 2018.

5. Swindon's Joint Health and Wellbeing Strategy: Update Report 2017/18
(Pages 9 - 74)

6. Maternity Transformation - Approach to Consultation (Pages 75 - 96)

7. Swindon Early Help Strategy - Update (Pages 97 - 102)

8. Safeguarding Adults in Swindon Annual Report 2017/18 (Pages 103 - 164)

9. Children's and Young People's Mental Health Local Transformation Plan
(Report to follow)

10. National Health Service and the Long Term Plan - Update (Oral)

11. Joint Commissioning Group - Minutes for information and comment
(Pages 165 - 168)

Date of Despatch: 11 December 2018

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, 10 OCTOBER 2018

PRESENT: Councillor David Renard (Swindon Borough Council) (Chair), Councillors Ray Ballman, Brian Ford, Jim Grant and Mary Martin (Swindon Borough Council), Richard Hill (Voluntary Action Swindon), Michelle Howard (Healthwatch Swindon), Ian James (Lay Member), Dr Peter Mack (NHS Swindon Clinic), Angus Macpherson (Police and Crime Commissioner), Gill May (NHS Swindon Clinical Commissioning Group), Kevin McNamara (Great Western Foundation Trust), Nicki Millin (NHS Swindon Clinical Commissioning Group), and Carol Willis (Healthwatch Swindon).

Also in attendance were: Sally Burnett, David Haley, Cherry Jones, Phillipa Lamb and Sue Wald (Swindon Borough Council)

Apologies for absence were received from Susie Kemp (Swindon Borough Council), Ian Larrard (Business West) and Kier Pritchard (Wiltshire Police).

23. Appointment of Chair for the Remainder of the Municipal Year 2018/19

Resolved – That Councillor David Renard be appointed as Chair of the Board for the remainder of the Municipal Year 2018/19.

24. Appointment of Vice-Chair for the Remainder of the Municipal Year 2018/19

Resolved – That Councillor Dr Peter Mack be appointed as Vice-Chair of the Board for the remainder of the Municipal Year 2018/19.

25. 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.

26. Public Question Time

Mr Viran Patel submitted written questions regarding the collection and publication of data regarding waiting lists for services provided by the Clinical Commissioning Group and Swindon Borough Council. A written response was tabled at the meeting.

27. Minutes

Resolved – That the minutes of the meeting held on 11th July 2018, be confirmed and signed as a correct record.

28. Swindon Borough Council's Supported Employment Strategy

The Board received a joint report of the Cabinet Member for Economic Prosperity and the Cabinet Member for Adults seeking the support of the Board for the Council's Supported Employment Strategy 2018-2022.

The Board discussed the following issues arising from the presentation of the report:

- The role of the strategy in supporting people with disabilities find and retain paid employment.
- The Government's Green Paper "Improving Lives" and national policies.
- The need for cultural and transformational change to meet the ambitions of disabled people.
- Engagement with local employers across the private sector, public sector and voluntary sectors.
- The Council's vision, set out within the Strategy, to increase the number of Swindon resident with Health or Care needs to gain paid employment.
- The Five Key Objectives identified within the policy which would support the delivery of the strategy.
- How the Council identified best practice from other Authorities when preparing its own strategy.
- How groups not currently identified within the strategy could be included in future plans.
- The focus on learning disabilities within the current strategy and how it would empower people with other disabilities.
- The use of non-Council funding streams to help assist the delivery of the strategy.
- The role of peer support and mentoring in promoting and supporting employment opportunities.

Resolved – (1) That Swindon Borough Council's Supported Employment Strategy 2018-2022 and support to the ongoing commitment to promote the benefits of employing people with additional health and care needs and Care Leavers for both the individual and the employer be approved.

(2) That the Council's Cabinet be commended to adopt Swindon Borough Council's Supported Employment Strategy 2018-2022.

(3) That the Swindon Clinical Commissioning Group's Governing Body be recommended to adopt Swindon Borough Council's Supported Employment Strategy 2018-2022.

29. Swindon Borough Council's Children in Care Sufficiency Strategy 2018-2020

The Board received a report of the Corporate Director, Children's Services setting out Swindon Borough Council's Children in Care Sufficiency Strategy 2018-2020.

Following a presentation of the report by the Cabinet Member for Children and School Attainment and Corporate Director Children's Services they responded to questions and comments from Board Members on the following issues:

- The Council's duty to ensure sufficient accommodation was available for its Looked After Children and young people.
- Work to examine whether the Council's current offer and protection from harm could be further expanded to ensure Looked After Children could grow and thrive.
- The continued challenge relating to the number of children currently placed out of borough and on-going work to reduce the number of such placements and to improve early intervention.
- Joint working arrangements with the Police and the Youth Restorative Justice Team particularly in relation to missing children.
- The role of the Designated Nurse especially in complex cases and those involving children placed out of borough.
- Partnership working, including the Butterflies Family Centre, in the commissioning of services.
- The commissioning of CAMHS services and use of strength and difficulty questionnaires.

Resolved – (1) That the Board approves the a Council's Children in Care Sufficiency Strategy 2018-2020 and supports the ongoing commitment to improve the life chances of our children and young people in care and care leavers.
(2) That the Council's Cabinet be recommended to adopt the Council's Children in Care Sufficiency Strategy 2018-2020.

30. Community Safety JNSA

The Director of Public Health submitted a report setting out the Swindon Joint Strategic Needs Assessment – Swindon Community Safety (2018).

Following her presentation of the report Cherry Jones responded to questions and comments from Board Members on the following issues:

- The five overarching recommendations for the Swindon Community Safety Partnership, namely Anti-Social Behaviour, Cybercrime, Knife Crime and Violence Against the Person, Public Protection and Violence against Women and Girls.
- The key group of children as both victims and offenders.
- The challenge of reducing drugs related activity in tackling key objectives within the JNSA.
- Ongoing challenges to reduce violence against women, the high level of doorstep issues affecting those over 75 years of age, and modern day slavery.
- The accuracy of data collection in relation to violence against women and involving ethnic minority groups.
- Multi-agency work with the Children's Safeguarding Board.

- The sharing of data collected with other agencies.
- The role and work of the Community Safety Board.

Resolved – That the Community Safety JNSA and its findings be noted and supported.

31. Police and Crime Commissioner's Annual Report 2017/18

The Board received a presentation from Mr Angus Macpherson, Wiltshire and Swindon Police and Crime Commissioner, regarding the Police and Crime Commissioner's Annual Report for 2017/18.

Mr Macpherson referred the priorities for the Police during 2017/18 and highlighted key areas of improvement and the challenges faced by Wiltshire Police including the major incident at Salisbury, involving members of the public and a police officer being exposed to a nerve agent, which continued to have an effect on staffing and the Police budget. Mr Macpherson also drew Members attention to despite the level of the police precept in Wiltshire which continued to be approximately £20 per person less than equivalent Police forces the force had been rated as good and had been recognised for its work in relation to mental health.

Following the presentation of the Wiltshire and Swindon Police and Crime Plan for 2017-2021, Board members discussed the matters raised, including:

- The current state of Community Policing in Swindon and Wiltshire.
- The Police Service's investment in technology.
- The current priorities for Wiltshire Police including the prevention of crime and anti-social behaviour, the protection of the most vulnerable people in society, putting victims and witnesses at the heart of police work, and securing high quality, efficient and trusted services.
- Support from other agencies and joint working arrangements and particularly during Operation Fairline.
- The rolling out of body cameras to officers, the footage of which could be used as evidence.

Resolved – That the Police Commissioners Annual Report 2017/18 be noted.

32. Presentation - Homelessness Strategy

The Council's Housing Strategy and Development Manager made a presentation to the Board in respect of Homelessness within the Borough and following the presentation responded to questions in respect of the following issues:

- The national and local picture in respect of homelessness which showed an upward trend in the number of homeless people within the Borough.
- Work to improve and enrich data collection in respect of homelessness within the Borough and to identify the key causes of homelessness.
- Work to identify potential homelessness earlier and to undertake preventative work.
- The role of recently recruited outreach workers and the commissioning and funding of Threshold Housing and the Salvation Army in dealing with homelessness.
- Joint working with other agencies and Council departments to put in place services such as health checks.

- Work with the probation service to prevent people returning to Swindon without support.
- Instances of rural homelessness within the Borough.
- Work to tailor support to individuals to increase the likelihood of successful intervention.
- How the Swindon model worked towards the Government strategy to half homelessness by 2002 and to end homelessness by 2027.

Resolved – That the presentation be noted.

33. Clinical Commissioning Group Feedback from the Health Homelessness Survey (Oral)

The Executive Nurse, Swindon Clinical Commissioning Group updated Members in respect of the Clinical Commissioning Groups feedback from the Health Homelessness Survey.

Following her presentation Gill May responded to questions arising from the following issues:

- The engagement process involving approximately 40 homeless people and partner organisations.
- The identification of health related services required by homeless people and whether these might be delivered outside of the normal structures which might deter or prevent homeless people accessing them.
- The inclusion of health within future homelessness strategies.

Resolved – That the oral update be noted.

34. Development of Integrated Care

The Accountable Officer, Clinical Commissioning Group, submitted a report updating the Board on the development of an Integrated Care System in Swindon and progress in the development of an Integrated Care model.

Following her presentation Nicki Millin answered questions and responded to issues raised in respect of the following issues:

- Matching increasing demand and complexity of treatment with limited resources.
- Encouraging people to understand their responsibility in respect of their health needs and in treating people at home if this was possible.
- Allowing individuals an input and choice in respect of end of life health provision and work with community services to help facilitate choices.
- Work on wellbeing and prevention, new models of primary care, and the development of multi-discipline teams for case management.
- The creation and operation of a medical new IMH call centre which could provide live data and could free Doctors to deal with more complex cases.

Resolved – That the report be noted.

35. Joint Commissioning Group - Minutes for information and comment

Resolved - That the minutes of the Joint Commissioning Group meetings held on 5th July, 10th August and 6th September 2018 be noted.

36. Correspondence from NHS Property Services

The Chair reported the receipt of a letter received from NHA Property Services dated 23rd August 2018 in relation to property matters raised by Healthwatch Swindon. A copy of the letter was circulated at the meeting.

Swindon's Joint Health and Wellbeing Strategy: Update Report 2017/18

Health and Wellbeing Board

12th December 2018

Author:	Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 Swindon's second Joint Health and Wellbeing Strategy: 2017-2022 was published in 2017. It sets out the vision and the long term improvements in local people's health and wellbeing that the partners want to achieve in Swindon. It also identifies five priority outcomes for action (based on local need) and a range of indicators that will help measure progress.
- 1.2 The Health and Wellbeing Board agreed that progress against these priorities be monitored and that the strategy be reviewed annually informed by and reflecting the latest Joint Strategic Needs Assessment (JSNA) findings.
- 1.3 This report provides an update on progress to date to achieve the priority outcomes and a rounded analysis of Swindon's performance on the supporting indicators.

2. Recommendations

The Board is recommended to:

- 2.1 Note the Joint Health and Wellbeing Strategy (JHWS): Update Report 2017/18.
- 2.2 Consider the progress made so far against the priority outcomes and the areas where particular challenges still lie to achieve our long term aims and overall vision.

3. Detail

- 3.1 Swindon's Health and Wellbeing Board has a statutory duty, outlined in the Health and Social Care Act 2012, to produce a JHWS.
- 3.2 The Health and Wellbeing Board worked with local stakeholders including service users, residents, patients and carers, the voluntary and community sector, NHS, local authority and One Swindon partners, to develop the second JHWS for Swindon, 2017-2022.
- 3.3 The JHWS vision is that everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

Further information on the subject of this report can be obtained from Una Geary, ugeary@swindon.gov.uk.

Swindon's Joint Health and Wellbeing Strategy: Update Report 2017/18

Health and Wellbeing Board

12th December 2018

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- 3.4 The strategy outlines a five year ambition for improving health and wellbeing and addressing health inequalities across the borough. It identifies priorities and approaches for partners including the Clinical Commissioning Group (CCG), NHS and local authority, to take into account when developing their own plans and making decisions about spending money and planning services.
- 3.5 The JHWS for Swindon set out the vision and the long term improvements in local people's health and wellbeing that the partners wanted to achieve in Swindon. It also sets out the priorities for action and the indicators that will help measure progress.
- 3.6 A commitment was made by the Swindon Health and Wellbeing Board to monitor the strategy and to review and revise the priorities annually, informed by and reflecting the latest JSNA findings.
- 3.7 The performance indicators agreed in the Health and Wellbeing Strategy give an indication of how well Swindon's services are responding to local population need. Positive and negative changes in performance will be influenced by more than just the local service provision in place, but it is important that the Health and Wellbeing Board is aware of the health and wellbeing trends of Swindon's population so it can plan for and develop services strategically and inform commissioning intentions.

Joint Health and Wellbeing Strategy: 2017-2022: Update Report 2017/18

- 3.8 This Update Report for 2017/18 (Appendix One) provides an update on progress to date to achieve the priority outcomes and a rounded analysis of Swindon's performance on the supporting indicators.
- 3.9 The strategy contains five priority outcomes with a series of indicators drawn from the Public Health Outcomes Framework (PHOF), NHS Outcomes Framework and Adult Social Care Outcomes Framework (ASCOF) to monitor progress.
- 3.10 The five priority outcomes are:
1. Every child and young person in Swindon has a healthy start in life
 2. Adults and older people in Swindon are living healthier and more independent lives
 3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)
 4. Improved mental health, wellbeing and resilience for all

Further information on the subject of this report can be obtained from Una Geary, ugeary@swindon.gov.uk.

Swindon's Joint Health and Wellbeing Strategy: Update Report 2017/18

Health and Wellbeing Board

12th December 2018

5. Creation of sustainable environments in which communities can flourish

3.11 The update report looks at each outcome in turn and presents:

- A visual summary of trends for all Key Performance Indicators (KPIs) identified in the JHWS for that outcome, showing how Swindon's performance has changed since 2013 (when Swindon's first JHWS was published). This visual summary is colour-coded to indicate the direction and statistical significance of trends within Swindon's data since 2013.
- A selection of five priority KPIs, chosen by considering whether the indicator is (a) a challenge area for Swindon with a worsening trend in performance, (b) a priority area for Swindon that is directly relevant to a local strategy or (c) directly related to a JHWS priority.
- For each of the five priority KPIs selected for each outcome, the following is presented:
 - A snapshot of Swindon's performance based on the most recent published data available, including an infographic and bar chart highlighting Swindon's performance compared to its CIPFA nearest neighbours (similar local authorities). The bar charts are colour-coded to illustrate how the performance of the CIPFA nearest neighbours compares to that of Swindon.
 - A graph illustrating trends over time in Swindon's performance since 2013 (or earliest available data point since 2013), benchmarked against that of England. Data for Swindon is colour-coded to indicate direction and significance of performance against England.
- A commentary on what we have achieved from 2017-2018 to date, and what the key challenges and priorities for action are for 2018/19.

Main findings and challenges

- 3.12 Swindon's outcomes on a number of indicators are significantly better than England and other comparator authorities, for example childhood immunisations, breastfeeding prevalence at 6-8 weeks after birth, breast cancer screening coverage and seasonal flu vaccine coverage among older people.
- 3.13 Swindon's outcomes have significantly improved since the first JHWS was published in 2013 in a number of areas, for example smoking prevalence among pregnant women at time of delivery, bowel cancer screening coverage, uptake of NHS Health Check invites, proportion of adults with a learning disability living independently and rate of permanent admissions of older people into residential and nursing care.

Further information on the subject of this report can be obtained from Una Geary, ugeary@swindon.gov.uk.

Swindon's Joint Health and Wellbeing Strategy: Update Report 2017/18

Health and Wellbeing Board

12th December 2018

- 3.14 In other areas, the indicators highlight that significant challenges remain, including:
- Bowel cancer screening
 - Excess weight among 10-11 year olds
 - Hospital admission rate for self-harm among 10-24 year olds
 - First time entrants to the Youth Justice System
- 3.15 In the majority of cases there are already initiatives underway to understand the issues connected with the indicators better and to tackle the problems themselves. This is underpinned by the JSNA framework which is the formal mechanism to analyse and interpret local and national data to establish need and service demand and how it is being met in Swindon. Since it was established in 2013 the HWB, which has a duty to develop the JSNA to identify local need and inform commissioning, has commissioned a number of JSNAs focused on specific topic areas.
- 3.16 JSNA's include recommendations for action to meet identified unmet need as well as how to improve service provision and tackle inequalities. All the JSNA's can be found on the JSNA website <http://swindonjsna.co.uk/>

4. Alternative Options

- 4.1 No alternative options are proposed

5. Implications

Financial and Procurement Implications

- 5.1 The JHWS 2017-2022: Update Report 2017/18 is delivered within the current financial position. There are no financial or procurement implications arising from this report.

Legal and Human Rights Implications

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

All other Implications

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

Further information on the subject of this report can be obtained from Una Geary, ugeary@swindon.gov.uk.

Swindon's Joint Health and Wellbeing Strategy: Update Report 2017/18

Health and Wellbeing Board

12th December 2018

Diversity Impact Assessment

- 5.4 A diversity impact assessment has not been completed at this stage for this report

Risk Management

- 5.5 No specific risks identified at this stage for this report

6. Consultees

- 6.1 The Board Director, Revenue, Benefits and Property (Section 151 Officer), Director of Law and Democratic Services (Monitoring Officer) and Director of Public Health are consulted in respect of all reports

7. Background Papers

- 7.1 None.

8. Appendices

Appendix One - Swindon's Joint Health and Wellbeing Strategy 2017-2022: Update Report 2017/18

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Swindon's Health and Wellbeing Strategy 2017-2022

Progress Update Report

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Introduction

Health & Wellbeing Strategy 2017-2022

Swindon's second Joint Health and Wellbeing strategy (JHWS) was published in 2017. It defines a vision that 'everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities'. To achieve this vision, five priority outcomes for action were identified based on local need, and a range of key performance indicators (KPIs) chosen that would help measure progress.

The five priority outcomes are:

1. Every child and young person in Swindon has a healthy start in life.
2. Adults and older people in Swindon are living healthier and more independent lives.
3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders).
4. Improved mental health, wellbeing and resilience for all.
5. Creation of sustainable environments in which communities can flourish.

The strategy was developed by the Health and Wellbeing Board working with people who use health and social care services, local residents, patients, carers, the voluntary sector, NHS, Swindon Borough Council and other interested organisations.

Evaluation report: Approach & methodology

This report provides an update on progress in Swindon on improving health and wellbeing and reducing inequalities based on the five priority outcomes. This update report looks at each of the five priority outcomes in turn and presents:

- A visual summary of trends for all KPIs identified in the JHWS for that outcome, showing how Swindon's performance has changed since 2013 (when Swindon's first JHWS was published). This visual summary is colour-coded to indicate the direction and statistical significance of trends within Swindon's data since 2013.
 - Green indicates an improvement since 2013, red indicates a deterioration, and amber indicates no change. Grey indicates that no trend data is available.
 - Dark red and dark green indicate a statistically significant trend, whereas light red and light green indicate that the trend is not statistically significant.
 - The latest snapshot and detailed time trend figures for all KPIs can be found in Appendices 1 and 2 respectively.
- A selection of five priority KPIs, chosen by considering whether the indicator is (a) a challenge area for Swindon with a worsening trend in performance, (b) a priority area for Swindon that is directly relevant to a local strategy or (c) directly related to a JHWS priority.
- For each of the five priority KPIs selected for each outcome, the following is presented:
 - A snapshot of Swindon's performance based on the most recent published data available, including an infographic and bar chart highlighting Swindon's performance compared to its CIPFA nearest neighbours. These comparator local authorities have populations of a similar size and socioeconomic profile to Swindon's, and are selected based on modelling by the Chartered Institute of Public Finance and Accounting (CIPFA). The bar charts are colour-coded to illustrate how the

performance of the CIPFA nearest neighbours compares to that of Swindon.

- Green indicates better performance than Swindon, while red indicates worse performance than Swindon.
 - Dark red and dark green indicate statistical significance, whereas light red and light green indicate that the comparison is not statistically significant.
- A graph illustrating trends over time in Swindon's performance since 2013 (or earliest available data point since 2013), benchmarked against that of England. Data for Swindon is colour-coded to indicate direction and significance of performance against England.
 - Green indicates statistically significantly better performance than England.
 - Amber indicates similar performance to England.
 - Red indicates statistically significantly worse performance than England.
 - Grey indicates that significance testing was not possible for that indicator.
- A commentary on what we have achieved from 2017-2018 to date, and what the key challenges and priorities for action are for 2018/19-2019/20.

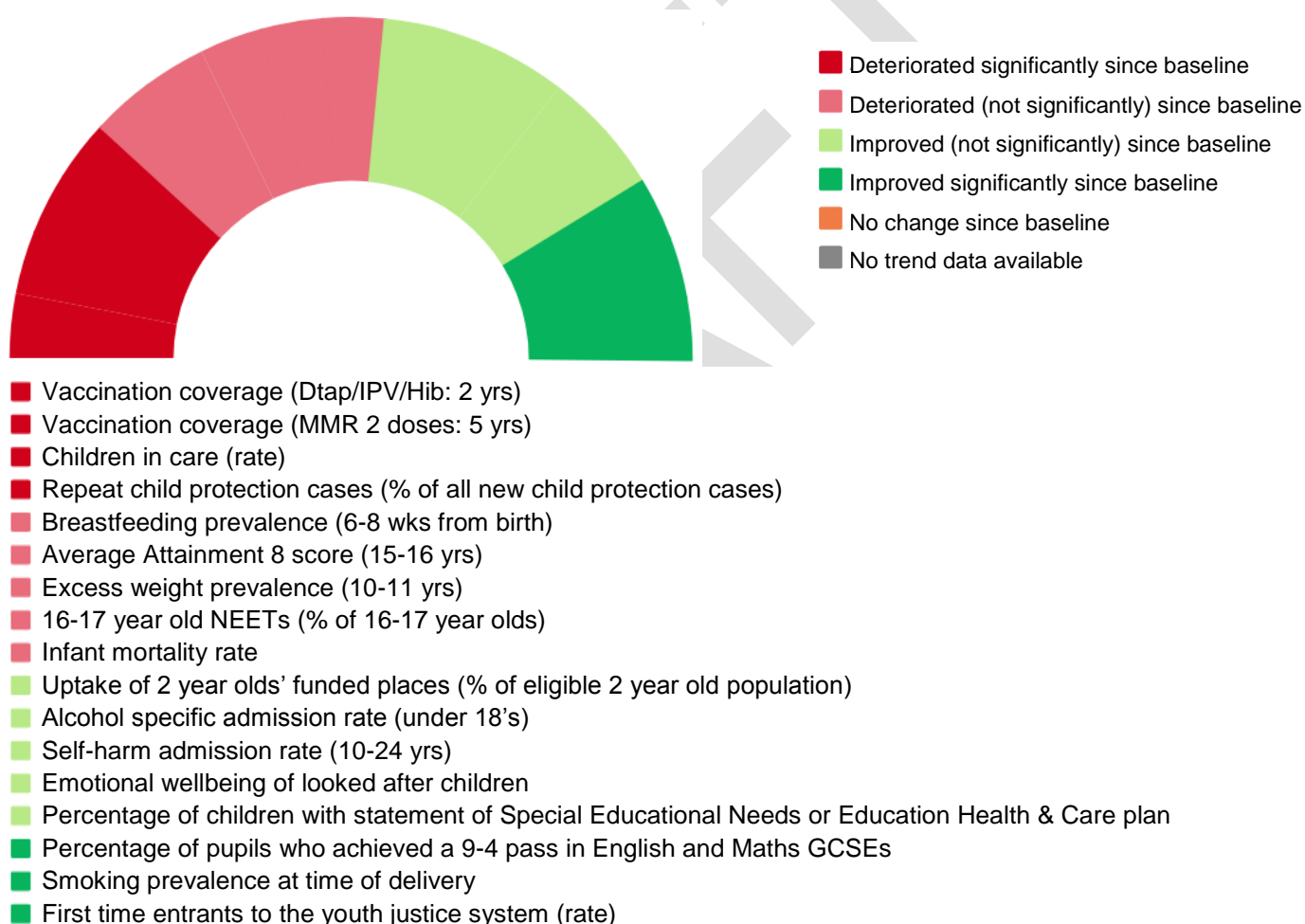
Data was primarily drawn from national sources such as the Public Health Outcomes Framework (PHOF), NHS Outcomes Framework and Adult Social Care Outcomes Framework (ASCOF).

Outcome 1: Every child and young person in Swindon has a healthy start in life

Overview

All children and young people in Swindon deserve the best start in life and we want them to enjoy life, establish healthy relationships, achieve, stay safe from harm, be healthy and grow up to reach their full potential making a positive contribution to society. We know that health in later life is strongly influenced by childhood experiences and focusing now on improving their emotional wellbeing and ensuring that they have the best opportunities early in life will not only improve their individual health but also that of the whole family. Helping our young people to prepare, from an early age, to be self-sufficient and develop a network of support will enable them to live independent and healthy lives and reduce negative risk taking behaviours such as smoking, drinking alcohol, self-harm and underage sex.

Outcome 1: Trends in Swindon data from baseline to latest data available



Key Performance Indicators

- Self-harm hospital admission rate among 10-24 year olds
- Excess weight among 10-11 year olds
- Prevalence of breastfeeding at 6-8 weeks from birth
- GCSE attainment (average Attainment 8 score) for all children
- 16-17 year-olds not in education, employment or training (NEETs)

Key Performance Indicators

Self-harm hospital admission rate among 10-24 year olds

Snapshot: Swindon in 2016/17

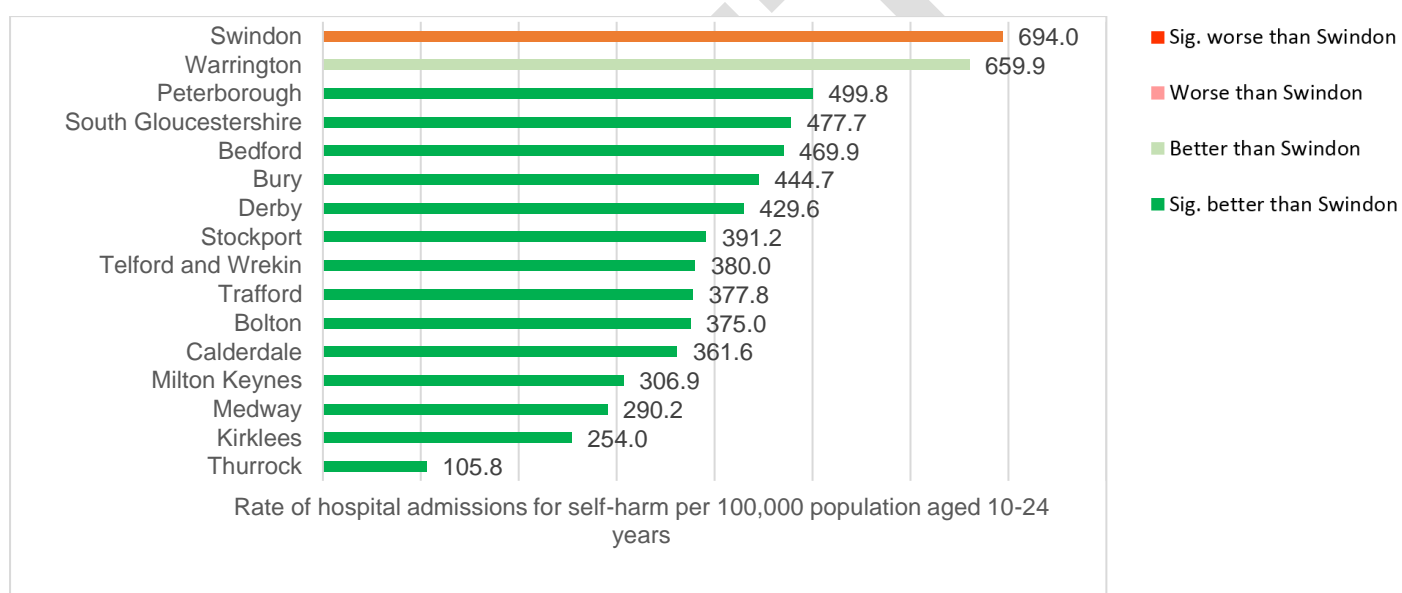
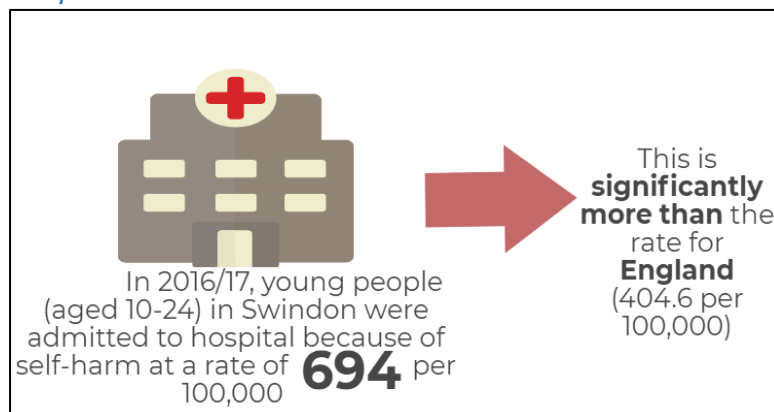


Figure 1: 2016/17 rate of hospital admissions for self-harm per 100,000 population aged 10-24 years for Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Hospital Episode Statistics)

Trends over time:

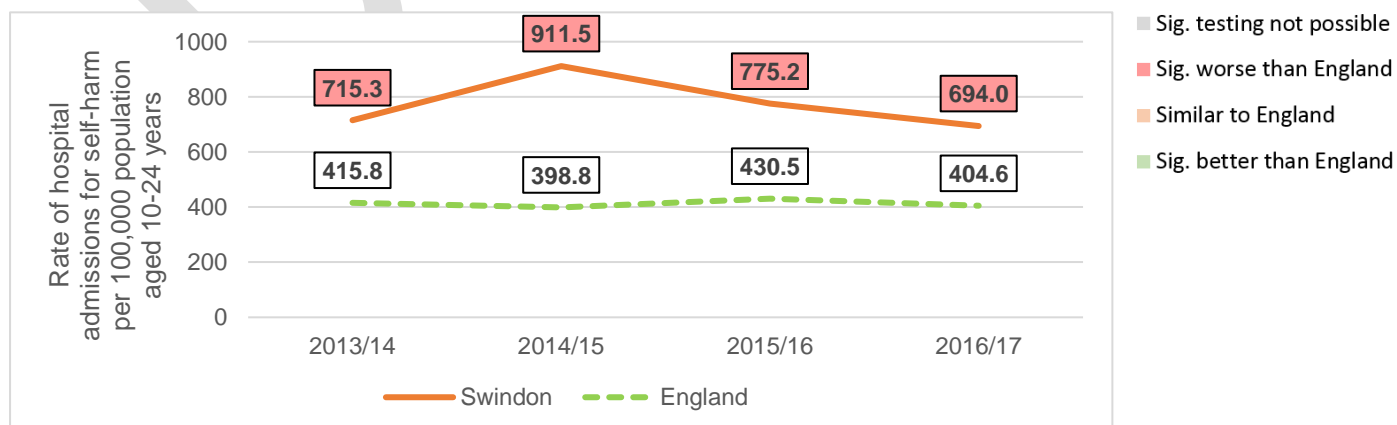


Figure 2: Trend in rate of hospital admissions for self-harm per 100,000 population aged 10-24 years in Swindon, compared to England, from 2013/14-2016/17 (Source: Hospital Episode Statistics)

Excess weight among 10-11 year olds

Snapshot: Swindon in 2017/18

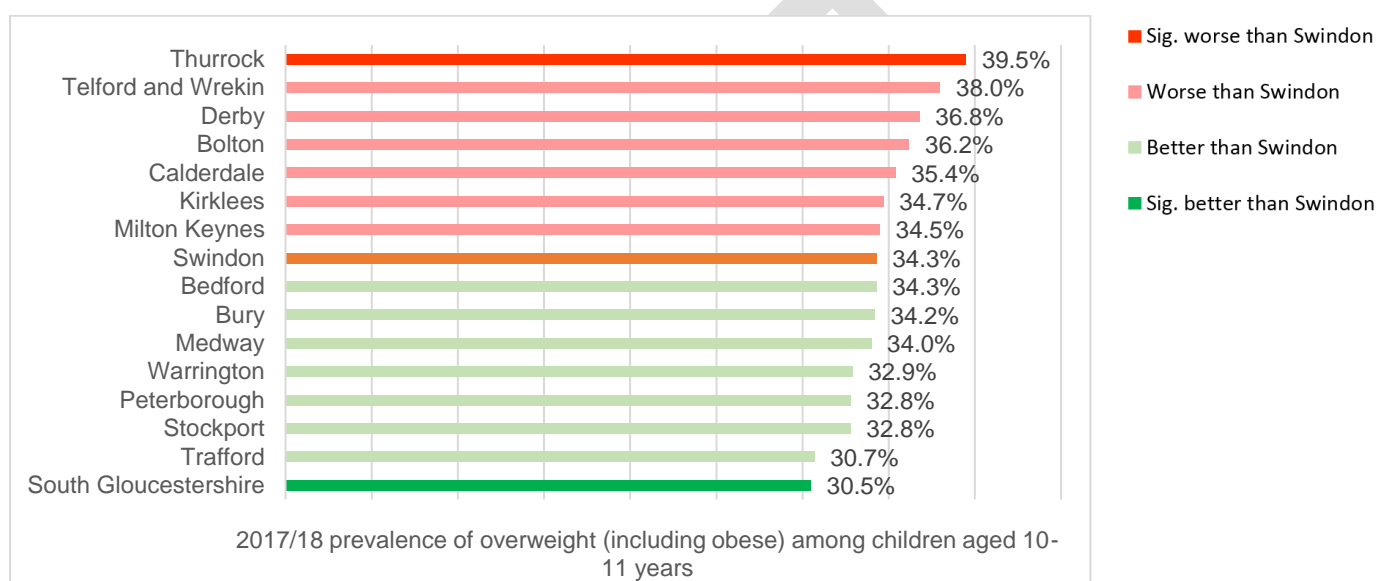
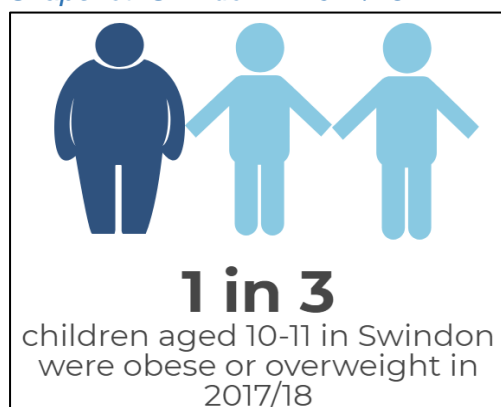


Figure 3: 2017/18 prevalence of overweight (including obese) among children aged 10-11 years in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: National Child Measurement Programme)

Trends over time:

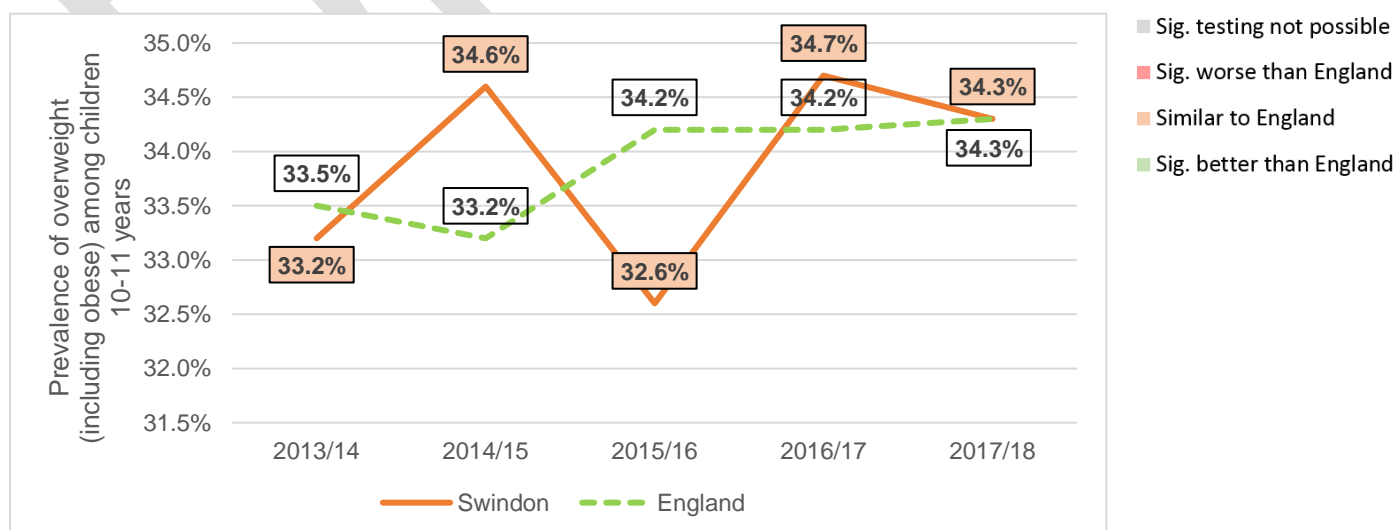


Figure 4: Trend in prevalence of overweight (including obese) among children aged 10-11 years in Swindon, compared to England, from 2013/14-2017/18 (Source: National Child Measurement Programme)

Prevalence of breastfeeding at 6-8 weeks from birth

Snapshot: Swindon in 2016/17 & 2017/18

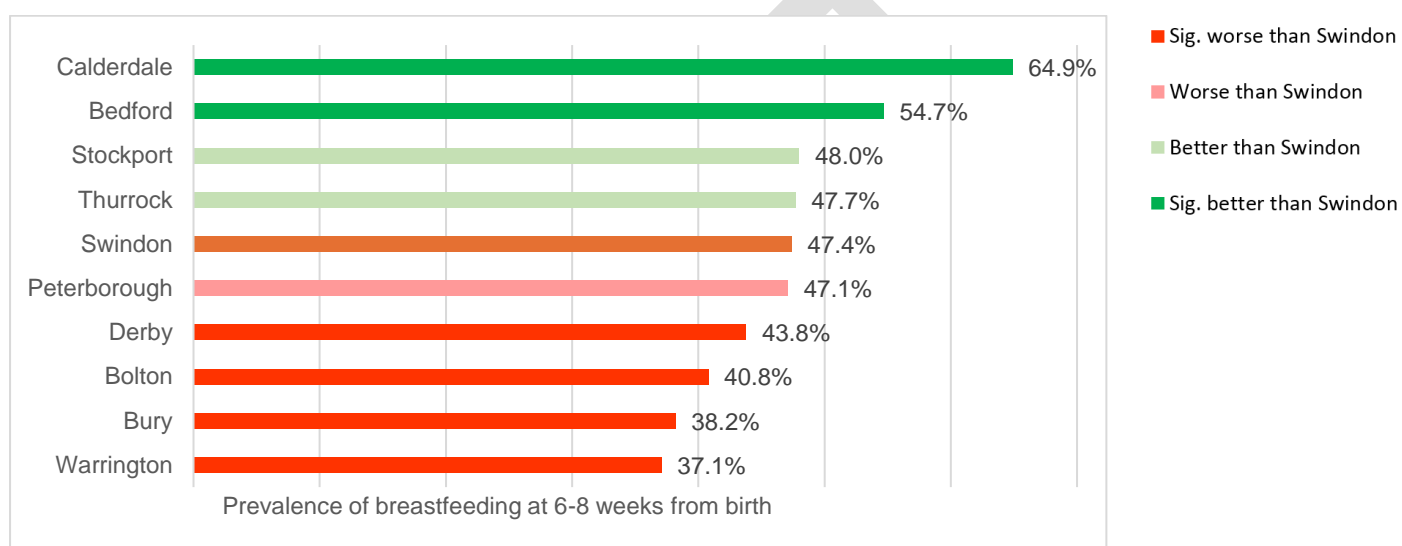
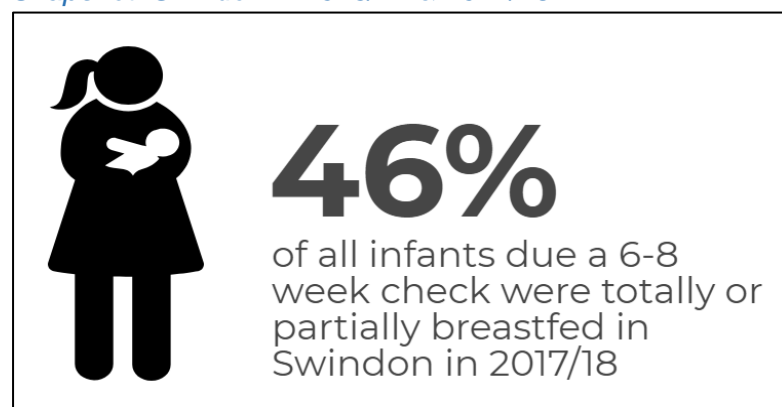


Figure 5: 2016/17 prevalence of breastfeeding at 6-8 weeks from birth in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: National Child Measurement Programme) (*insufficient data to show 2017/18 figures*)

Trends over time:

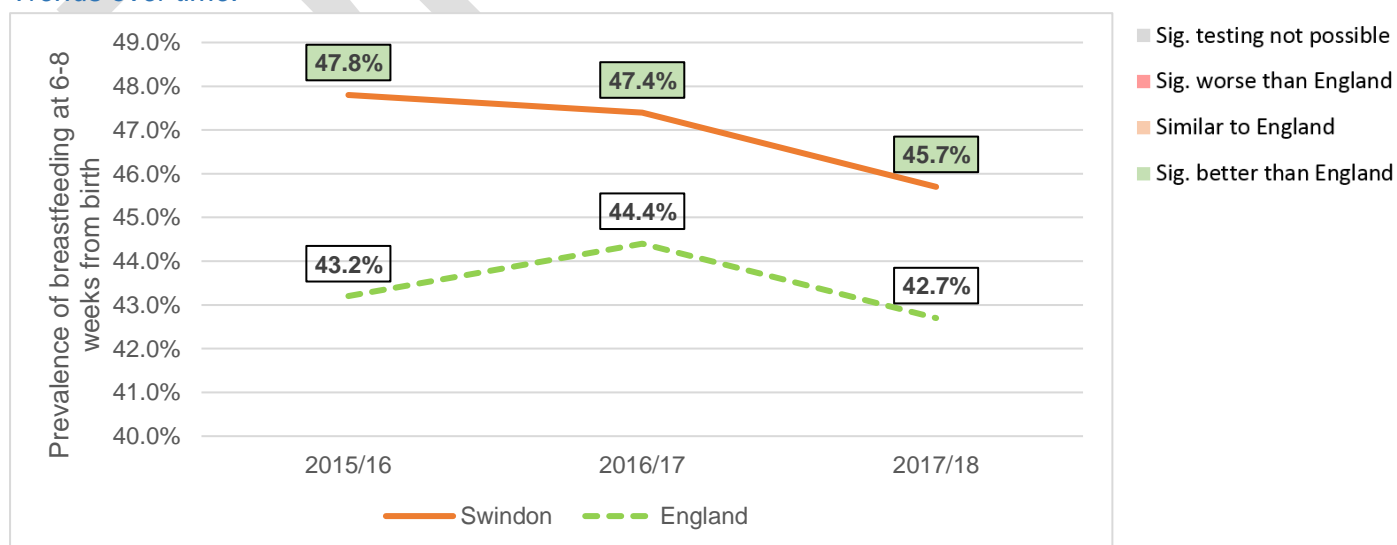
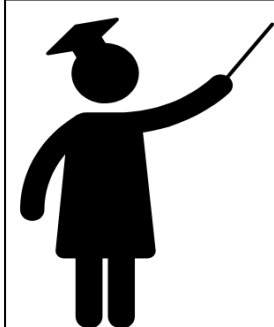


Figure 6: Trend in prevalence of breastfeeding at 6-8 weeks from birth in Swindon, compared to England, from 2015/16-2017/18 (Source: Swindon Borough Council & Public Health England)

GCSE attainment (average Attainment 8 score) for all children

Snapshot: Swindon in 2017/18



Provisional 2017/18 data shows the average GCSE Attainment 8 score for Swindon pupils was **43.7** compared to **46.5 in England**.

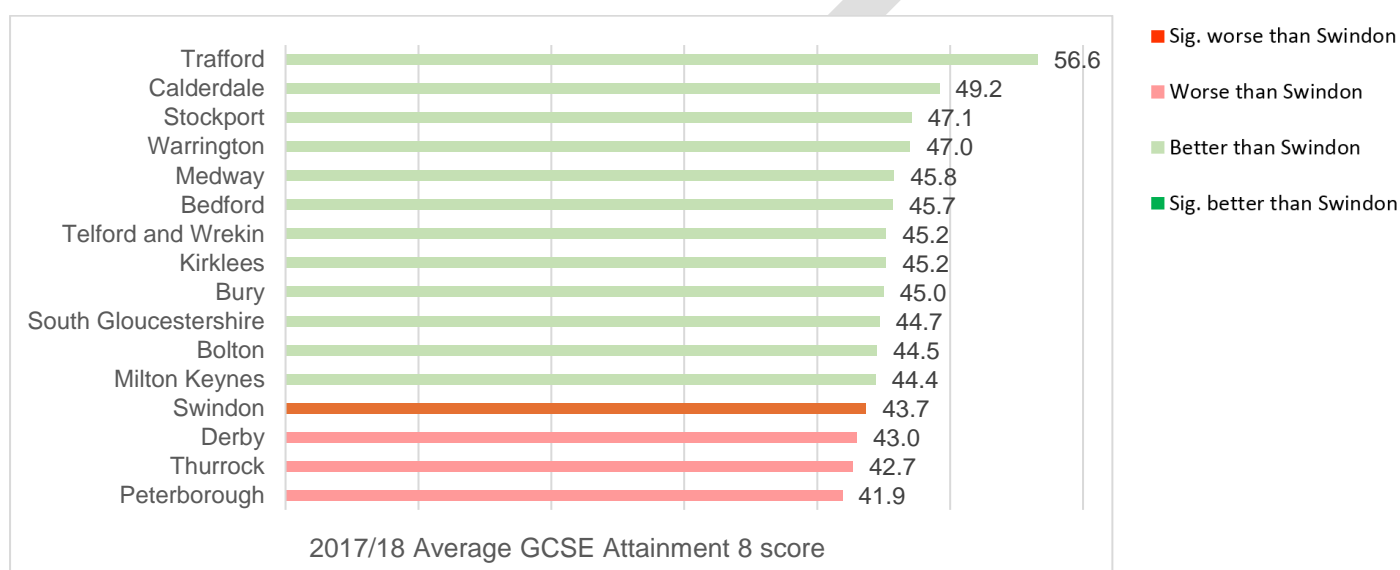


Figure 7: Provisional 2017/18 average GCSE Attainment 8 score in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Department for Education)

Trends over time:

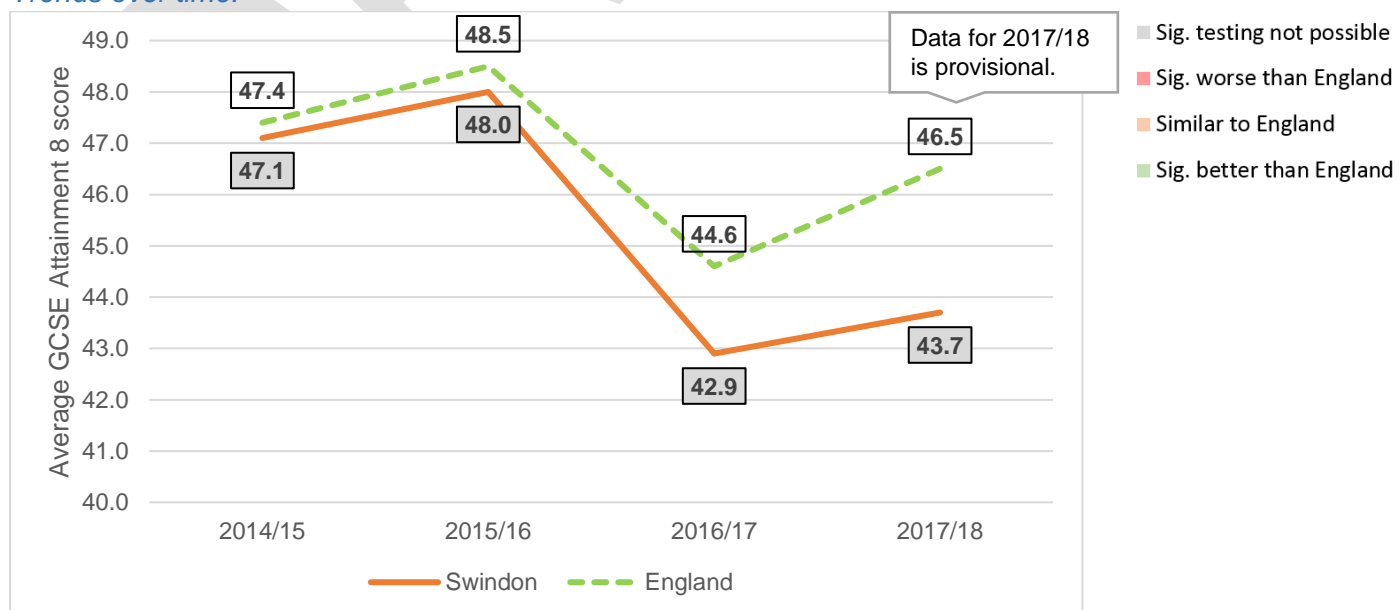


Figure 8: Trend in average GCSE Attainment 8 score in Swindon, compared to England, from 2014/15-2017/18 (Source: Department for Education)

16-17 year-olds not in education, employment or training (NEET)

Snapshot: Swindon in 2017/18

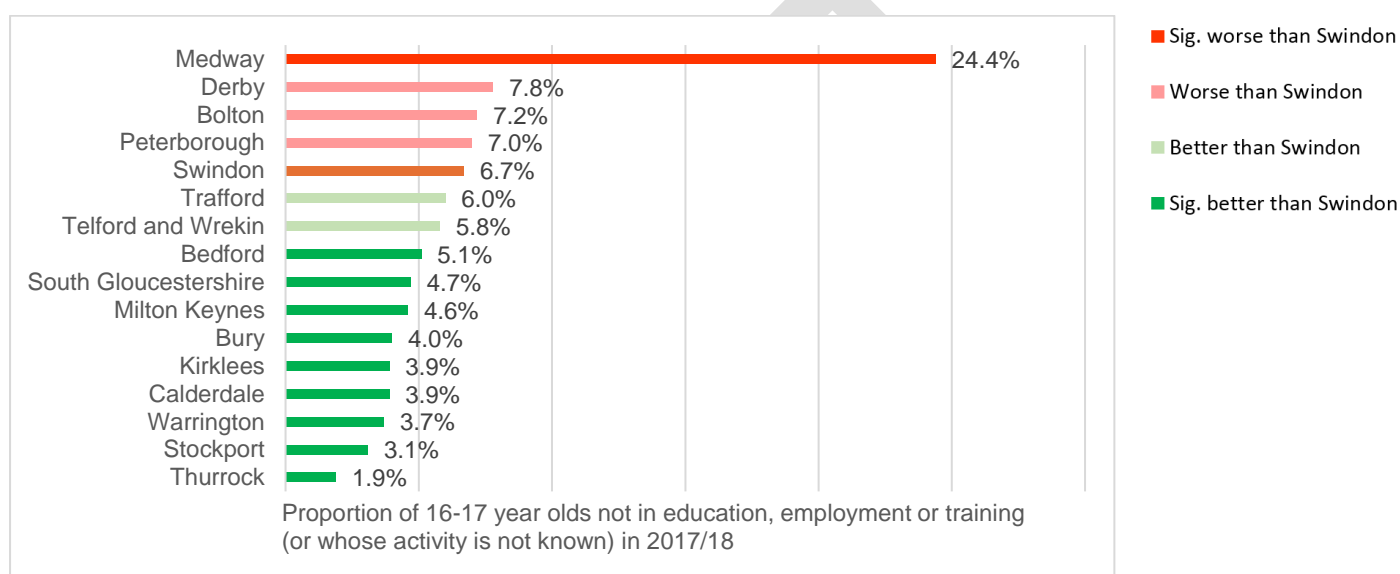
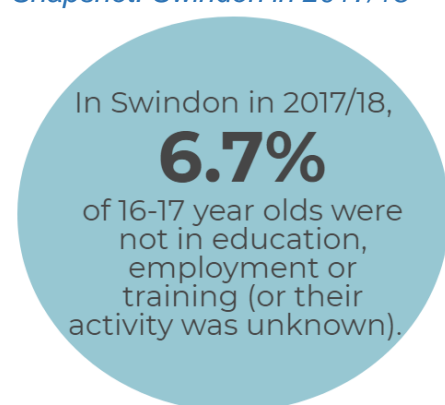


Figure 9: Proportion of 16-17 year olds not in education, employment or training (or whose activity is not known) in Swindon, and its CIPFA nearest neighbours (compared to Swindon), in 2017/18 (Source: Department for Education)

Trends over time:

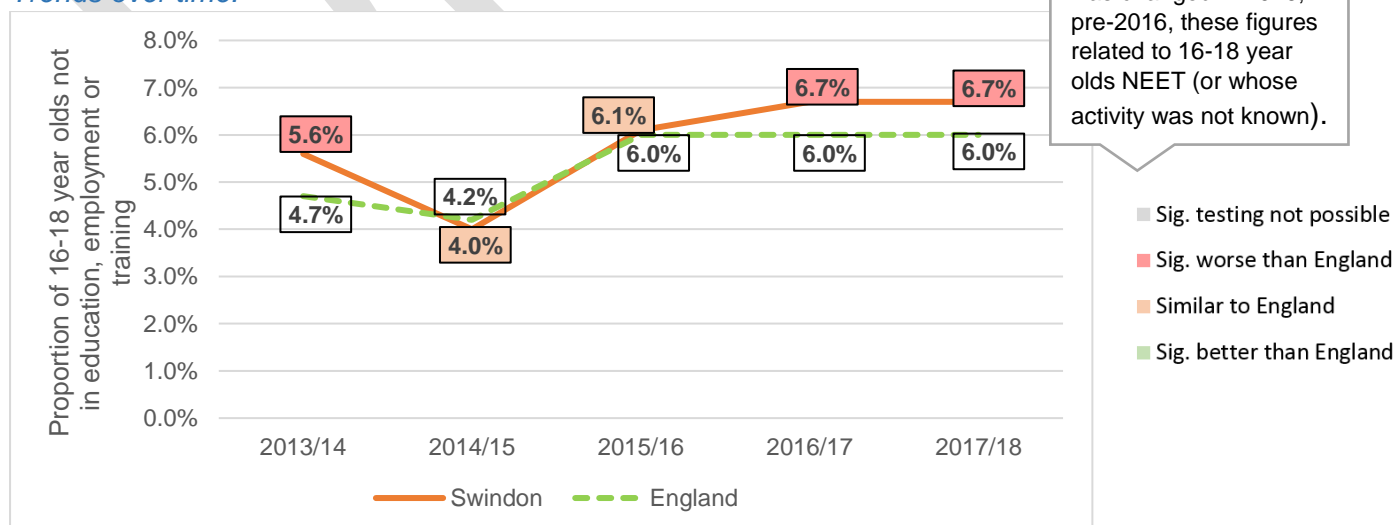


Figure 10: Proportion of 16-17 year olds not in education, employment or training in Swindon, compared to England, from 2013/14-2017/18 (Source: Department for Education)

Commentary Outcome 1

In Swindon, we take a preventative, life course approach to promoting population health and wellbeing. We focus on early help, smooth transitions and preventative programmes to give every child the best possible start in life and benefit them for the rest of their lives. The Early Help team at the council and its partners support children, young people and families with additional needs through early identification and swift intervention so that all children and young people, irrespective of their circumstances, have the best possible start in life, and grow up safe and healthy. When children who receive social care leave care or transition to Adults' Services when they reach age 18, they are at a particularly vulnerable point in their lives, and a key focus for the council is to effectively support children at this point so that they can go on to live a healthy and fulfilled adult life. To prevent children from coming into care wherever possible, promote healthy behaviours and educational attainment, the council and its partners work with schools and families on a range of preventative programmes. Highlighted below are some of the recent achievements, future challenges and priorities in striving to ensure that every child has a healthy start in life.

Key accomplishments from 2017-present:

Early Help:

- Having listened to partners' views and ideas, the Early Help (EH) team at the council has worked with them to ensure the local EH model represents the Local Safeguarding Children Board (LSCB) partnership's principles and values.
- The council has invested in an EH Hub and started recruitment to ensure it operates robustly alongside the Multi-Agency Safeguarding Hub (MASH).
- The EH team has worked with a diagnostics team to analyse and understand the volumes and types of demand for EH support to inform their planning and development.
- The EH team has identified many more families who meet the criteria for the Troubled Families programme and this increases the likelihood of the partnership making more successful payment by results claims as we can evidence more families being helped to make sustained improvements in key areas of their lives.
- The EH team has been successful in a bid for funding to support a partnership development programme starting in October 2018 to focus on building community resilience.
- The EH team has worked with the LSCB training team to update and improve the offer for EH training so they can lead delivery of this across the partnership.

Smooth transitions between Children's and Adults' Services:

- Swindon Borough Council Adult Services, Health and Children's Services are working together on a 14+ Transitions Project, led by Adult Services. The focus is on identifying the needs of the cohort of young people likely to transition to a service in Adult Social Care at age 18 over the next 5 years with the purpose of commissioning services and placements that do not 'end' when a young person turns 18, which could be jointly commissioned. The project aims to support these young people to live fulfilled lives, contribute to society and have reduced placement moves and disruption to their lives.

Preventative programmes:

- A number of initiatives have been put in place to support young people with regard to self-harm. A free online counselling service for young people called 'Kooth' was rolled out in 2018 – it offers monitored peer support, online information and one-to-one counselling sessions for all young people, including those who self-harm. Swindon and Gloucester Mind also provide Self Harm Counselling for those over the age of 16. A psychiatric hospital liaison service has been put in place at Great Western Hospital (GWH) for children and young people. To promote early intervention and prevention of mental health problems among school children, Emotional Literacy Support Assistant (ELSA) training will be rolled out to all schools in Swindon free-of-charge in 2019, with the aim of up-skilling the universal workforce in emotional literacy and improving confidence to support young people in emotional distress.
- A 'Year of Mental Health' campaign was developed and launched in 2018, using insight from the Children and Young People's Needs Assessment. The campaign aims to reduce stigma around mental ill health, suicide and self-harm, and to promote mental wellbeing and resilience among children and young people in Swindon.
- Swindon Borough Council, working with a range of partners, has developed a Healthy Weight Strategy (2017-2022) which promotes a whole system approach to tackling excess weight.
- The council implemented the Beat the Street programme from 12th September to 24th October 2018 in Swindon, with some funding from Sport England. Beat the Street is a fun, free walking and cycling game, which aims to be a gamified population approach to increasing physical activity in order to improve health and wellbeing. Primary schools across Swindon were specifically targeted and encouraged to engage with the game. Beat the Street was a huge success in Swindon, with over 32,000 people playing, half of whom were school children. Swindon surpassed all previous records in terms of the number of miles walked and/or cycled over the 6 week period (over 300,000). The public health team is working in collaboration with a range of partners to sustain the impact of the programme long-term.
- One of the council's flagship public health programmes is the Healthy Schools Programme, which aims to improve pupils' health and wellbeing and raise their attainment. Over 80% of Swindon schools are now engaged with the programme, which includes support to improve mental and emotional health, provides best practice for anti-smoking and substance misuse initiatives and tackling obesity. To reduce stigma around mental health, a Mental Health Award was developed and launched for Swindon schools in 2017.
- A Healthy Schools Early Years programme has been developed and launched in Swindon in 2018. The programme aims to improve the health and wellbeing of pre-school aged children in over 100 early years centres in Swindon.
- Children's Services has successfully improved the Family Group Conferencing offer and delivery locally, and can show the positive impact of this for families working with the early help and social care teams. As a result, a business case has been developed for increasing this service as a way of ensuring we help families to help themselves and prevent, where safe to do so, children needing to come into care.
- In February 2018, Children's Services launched their New Beginnings service, which is similar to "Pause" programmes running across the country. The team of two workers is already successfully working with more than 10 women who have had multiple babies removed at birth. So far these women have been successfully supported to avoid becoming pregnant again. This programme is designed to help

reduce the number of children coming into care. The feedback from the women involved and partner agencies has been overwhelmingly positive.

- Children's Services continues to support the delivery of Baby Steps and the Family Nurse Partnership. These two evidence based manualised programmes commence in the antenatal period with vulnerable parents to be. These programmes are both being evaluated nationally to track the impact they have on long term outcomes for children.

Looking ahead: Key challenges/priorities for action for 2018/19-2019/20

Children's Services and Early Help:

- The Early Help transformation work will be further embedded to ensure we manage demand by supporting children and families at the earliest point possible.
- There continues to be high numbers of children in care, children in need and children subject to child protection plans. Although Swindon's position is set within a national context of increased demand for Children's Social Care Services, we continue to be an outlier compared to our statistical neighbours.
- In 2018 a strategic plan has been developed for Children's Services (locally known as the 'Pillar Plan') to sustain improvement and ensure our service is consistently safe, effective and efficient across all areas. The plan comprises of six pillars which cover the main areas for improvement, each of which has a comprehensive action plan. The six pillars are workforce recruitment and retention, information and communication technology, partnerships, early help, quality of practice, and improving outcomes for looked after children and care leavers.
- The percentage of pupils in Swindon schools with a Statement of Special Educational Need or Education Health and Care plan (EHCP) remains higher than the average for both our comparator group and England overall. However, we have maintained 3.7% (1262 of 34,142 pupils) whereas nationally the figure has increased from 2.8% to 2.9%. In 2017/18, there has been a national increase from 11.6% to 11.7% for pupils with SEN support, whereas in Swindon we have a decline from 13.3% (4,498 of 33,761 pupils) to 13.0% (4,451 of 34,142 pupils).

Smooth transitions:

- Improving transition arrangements for young people likely to transition to Adult Social Care services at age 18 will continue to be a focus of collaborative work between Adult Social Care and Children's Services. The council works with parent carers to maintain young people at home or locally where possible.

Preventative programmes:

- High levels of excess weight among children remain a key challenge in ensuring children have a healthy start in life and preventing future ill health. The Beat the Street programme was a great success in increasing children's physical activity levels and the council's public health team has initiated a strong partnership approach to sustaining the programme's impact in schools. Swindon's Healthy Weight Strategy (2017-2022) and the Get Swindon Active Strategy (2015-2020) will continue to guide and coordinate action to reduce obesity and increase levels of physical activity among children and young people in Swindon.
- Based on the findings of a Domestic Abuse Needs Assessment carried out in 2018, the council's Community Safety team has prioritised reducing the impact of domestic abuse on children. One of the key programmes that has been commissioned is the

NSPCC's 'Domestic Abuse, Recovering Together' (DART) programme for mothers and children who have been affected by domestic abuse.

- Attainment of secondary school pupils and the number of pupils going on to higher education in Swindon is low. A number of initiatives, including the Healthy Schools programme and Swindon Learning Town campaign, are in place to improve attainment and raise aspirations. Swindon aims to be the first town in England to become part of the UNESCO Global Network of Learning Cities, affirming our strong commitment to lifelong learning.

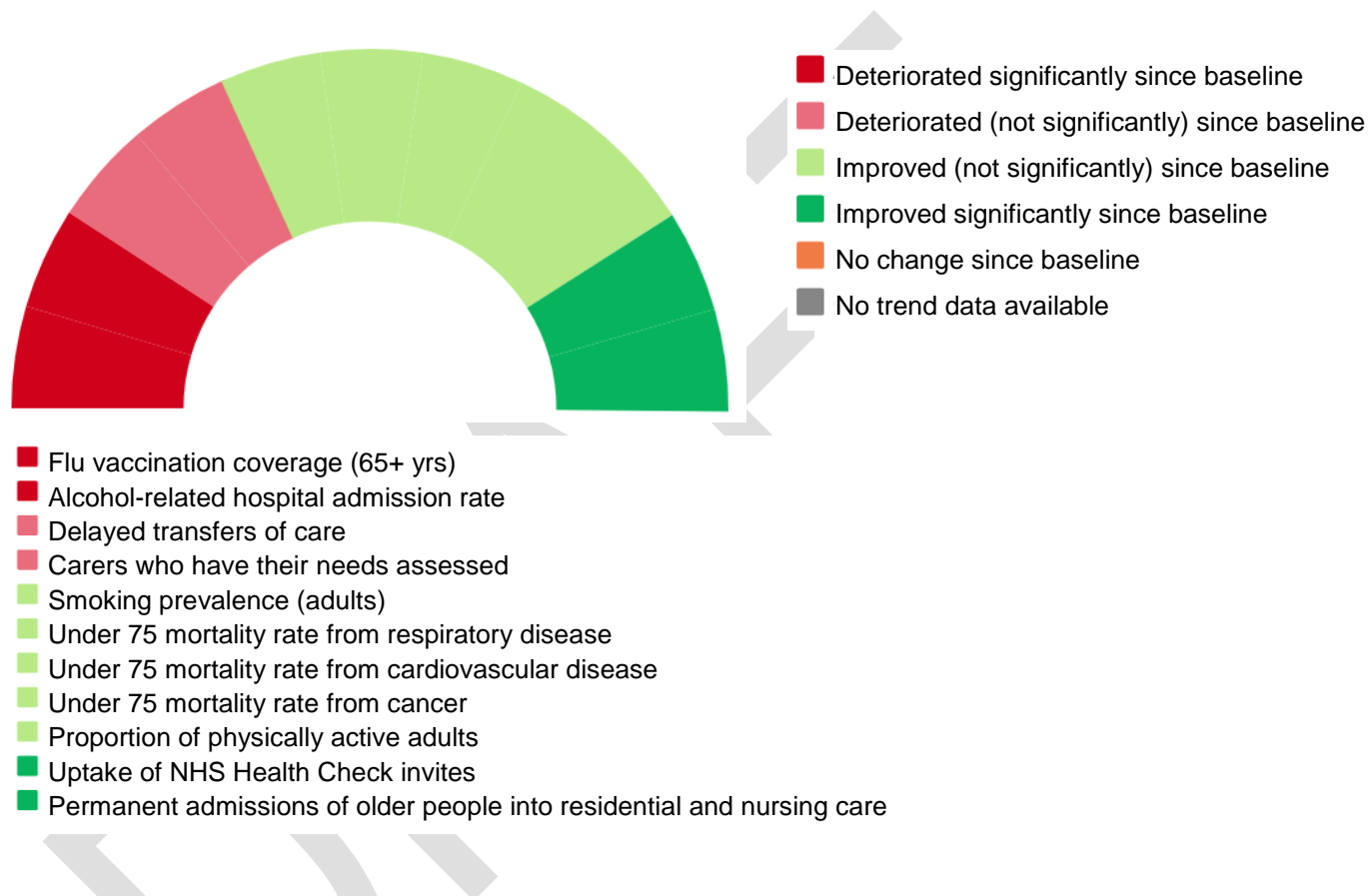
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Outcome 2: Adults and older people in Swindon are living healthier and more independent lives

Overview

More people in Swindon are living longer. Premature (early) deaths from heart disease, stroke and cancer are reducing and a greater emphasis on prevention would ensure that this reduction continues. Prevention, early diagnosis and proactive management of long term conditions are critical to improving the health and wellbeing of our population.

Outcome 2: Trends in Swindon data from baseline to latest data available



Key Performance Indicators

- Smoking prevalence
- Proportion of physically active adults
- Uptake of NHS Health Check programme by the eligible population
- Delayed transfers of care (DTOCs)
- Flu vaccination coverage (65+ years)

Key Performance Indicators

Smoking prevalence (adults)

Snapshot: Swindon in 2017

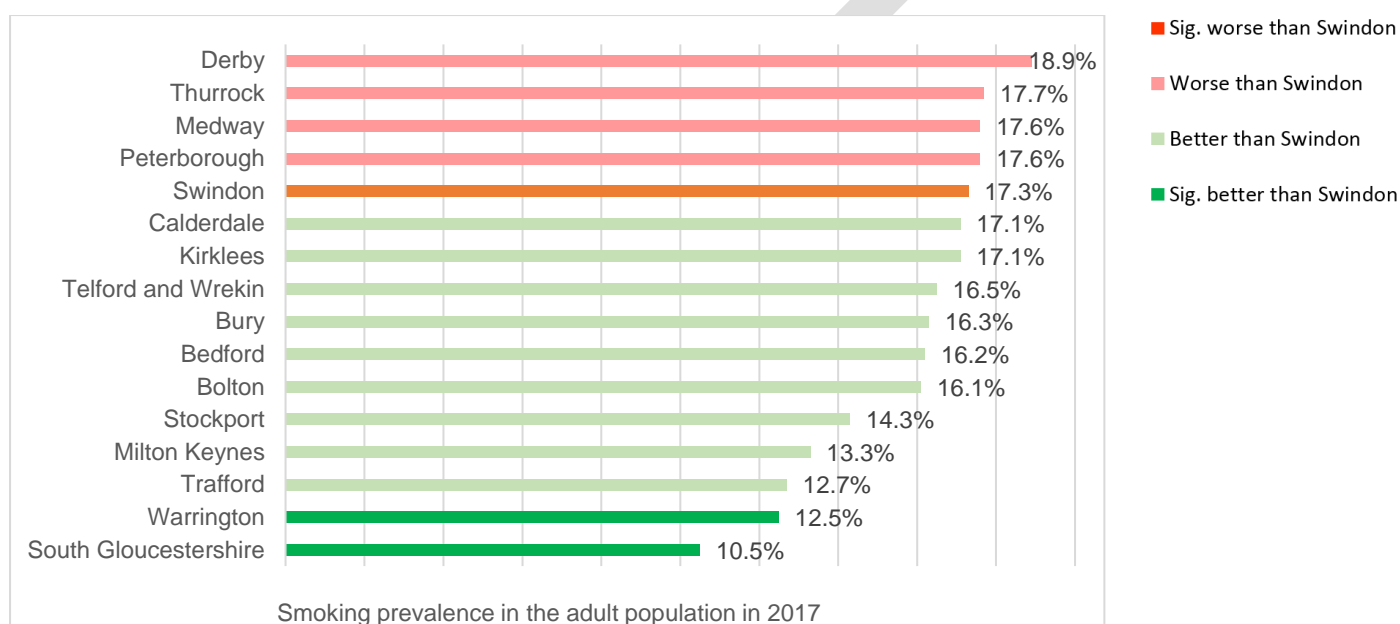
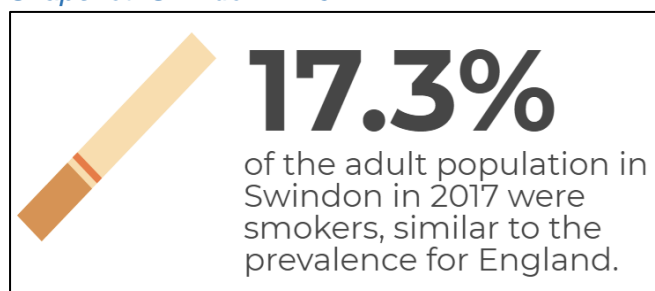


Figure 11: 2017 prevalence of smoking in the adult population in Swindon and its CIPFA nearest neighbours (compared to Swindon) (Source: Annual Population Survey)

Trends over time

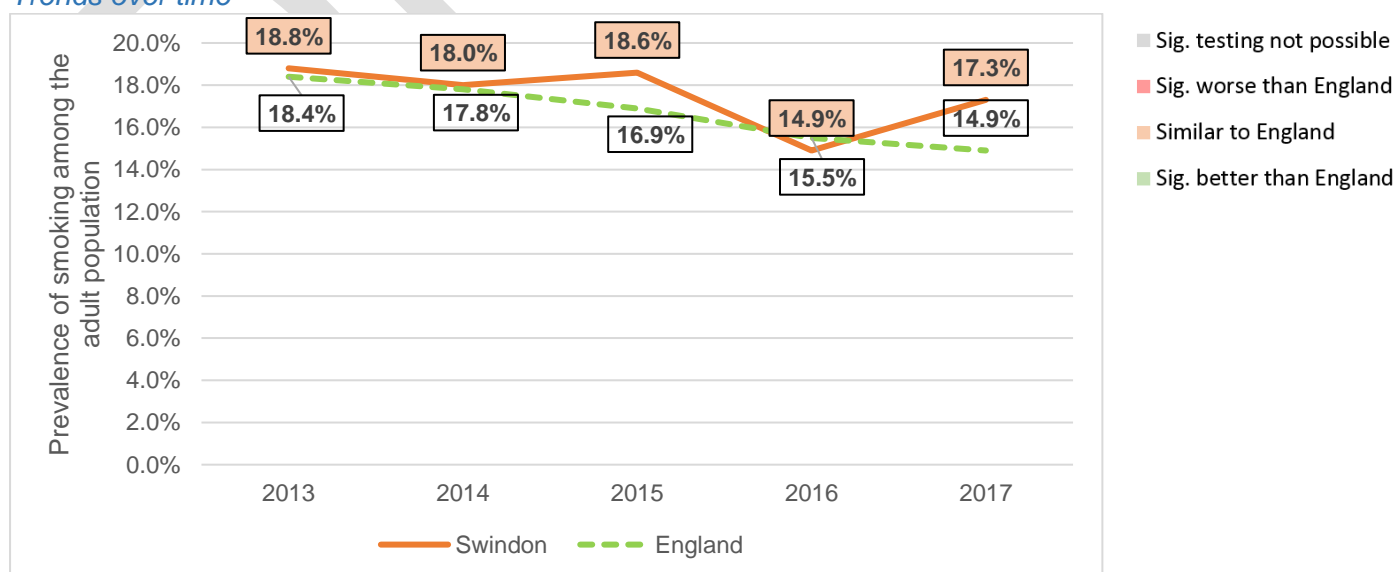
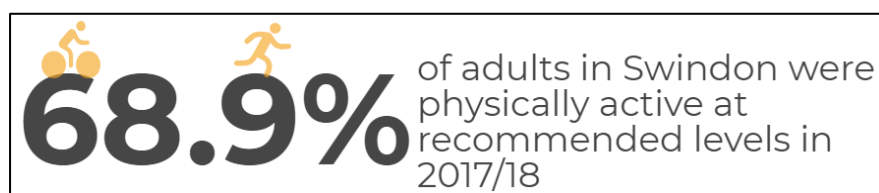


Figure 12: Smoking prevalence in the adult population in Swindon, compared to England, from 2013-2017 (Source: Annual Population Survey)

Proportion of physically active adults

Snapshot: Swindon in 2016/17 & 2017/18



Data for 2017/18 is provisional.

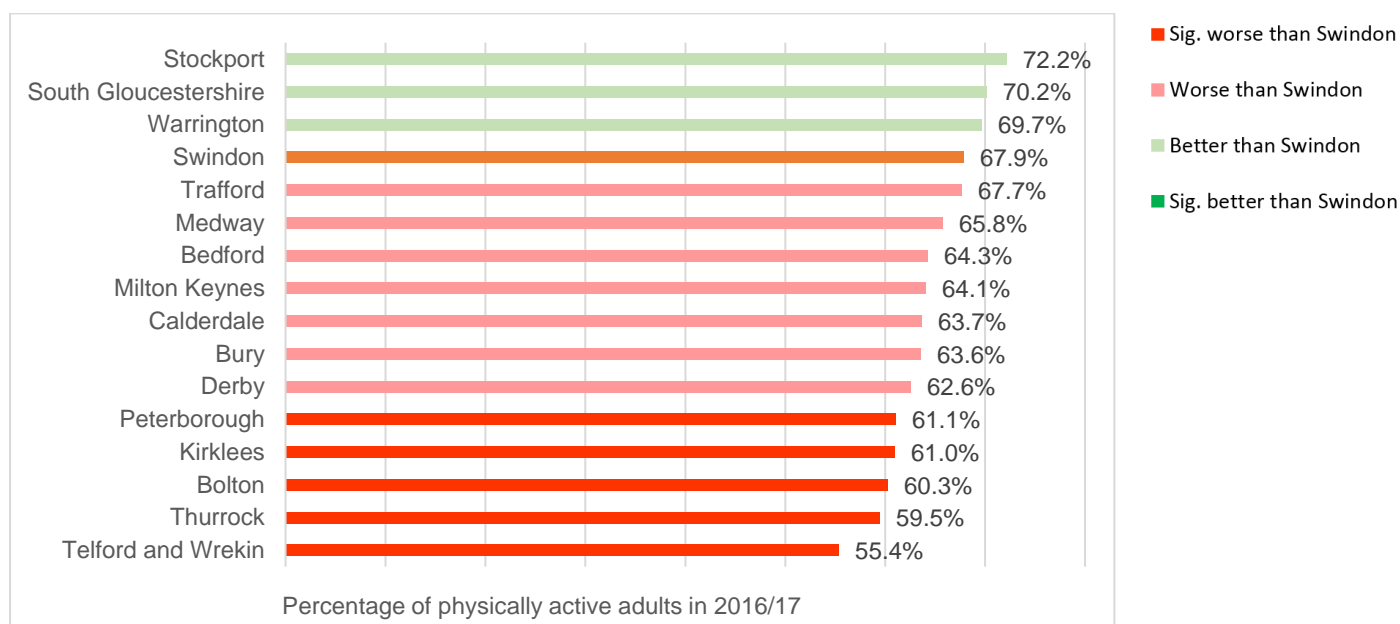


Figure 13: Proportion of the adult population who were physically active in 2016/17 in Swindon and its CIPFA nearest neighbours (compared to Swindon) (Source: PHE)

Trends over time

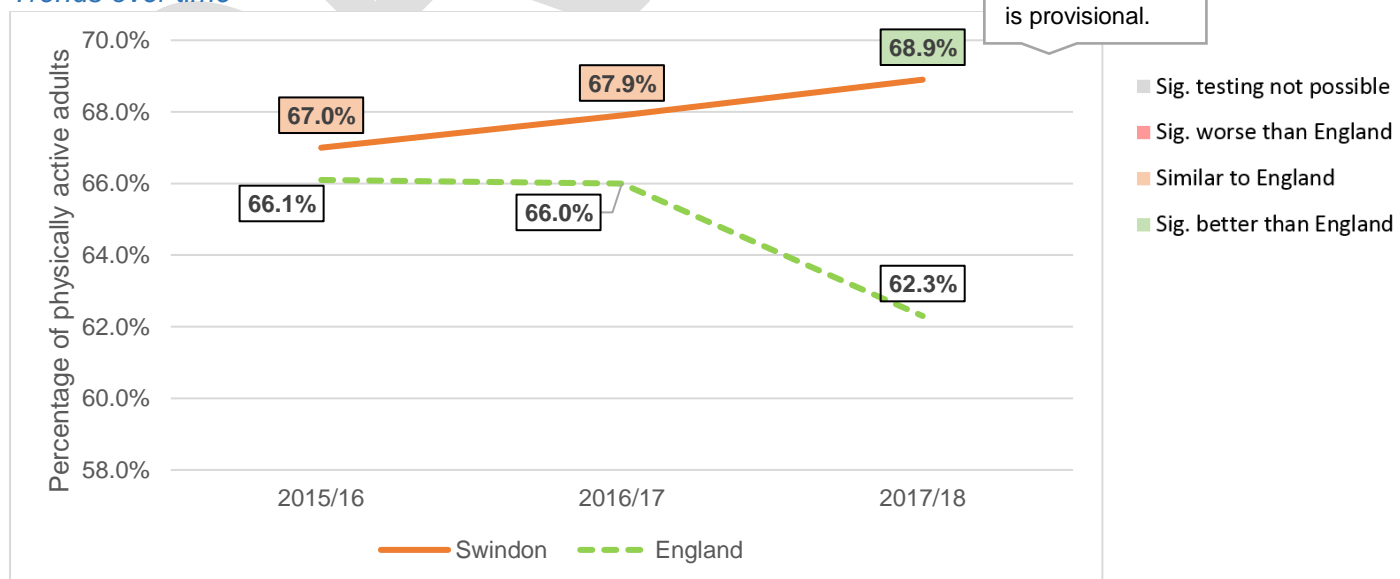


Figure 14: Proportion of the adult population who were physically active in Swindon, compared to England, from 2015/16-2017/18 (Source: PHE and Sport England)

Uptake of the NHS Health Check programme by the eligible population

Snapshot: First five years of the NHS Health Check programme (2013/14-2017/18)

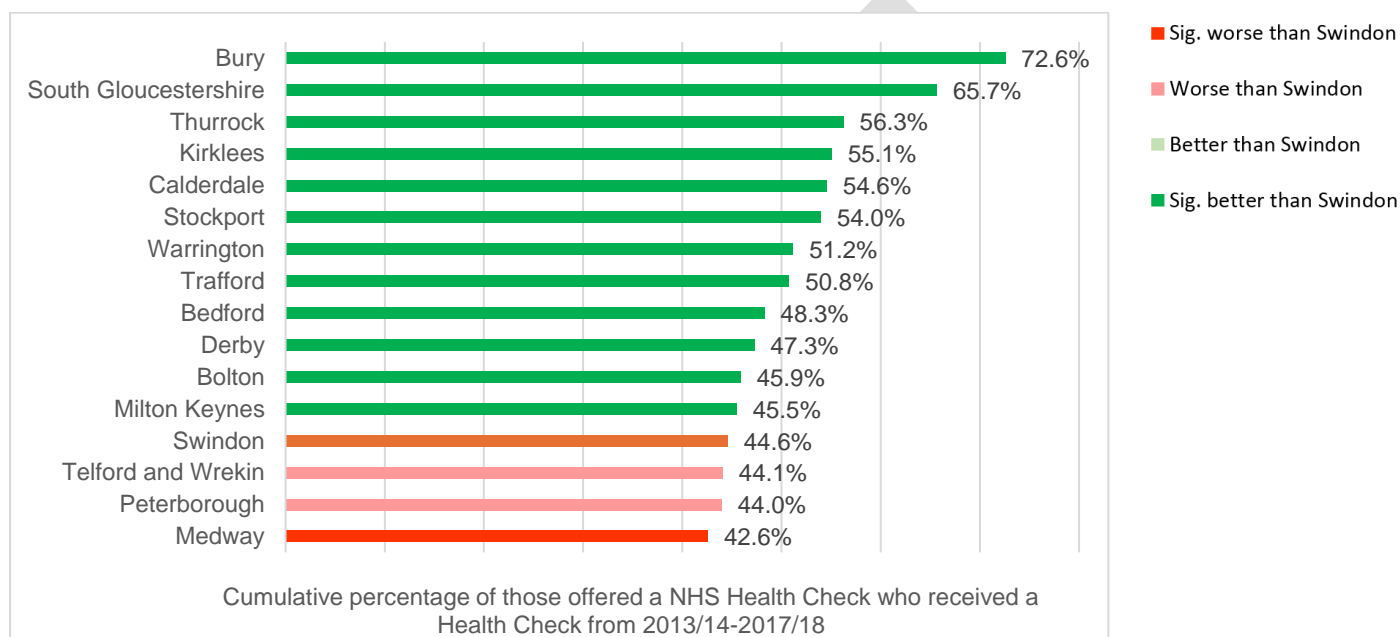
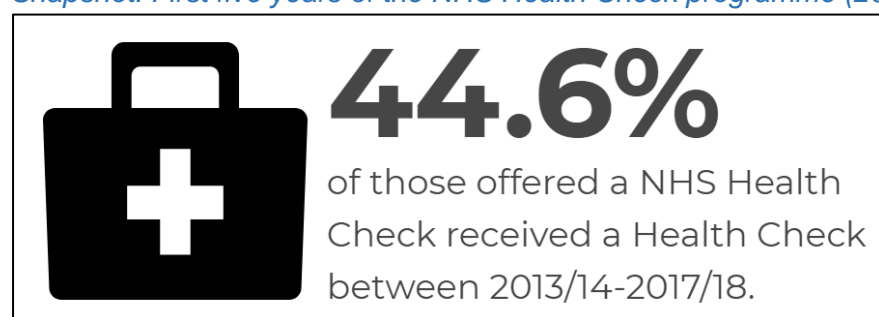


Figure 15: Cumulative percentage of those offered a NHS Health Check who received a Health Check in Swindon and its CIPFA nearest neighbours (compared to Swindon) from 2013/14-2017/18 (Source: Public Health England)

Trends over time

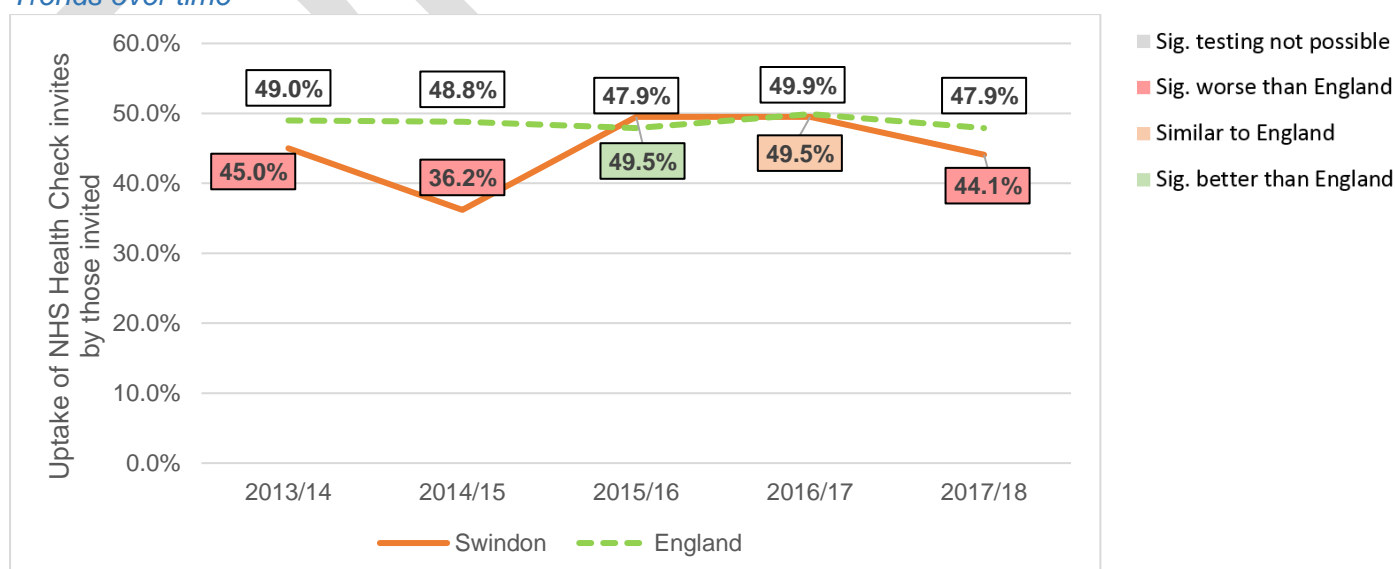


Figure 16: Proportion of those invited who took up a NHS Health Check invite per year in Swindon, compared to England, from 2013/14-2017/18 (Source: PHE)

Delayed transfers of care

Snapshot: Swindon in 2017/18

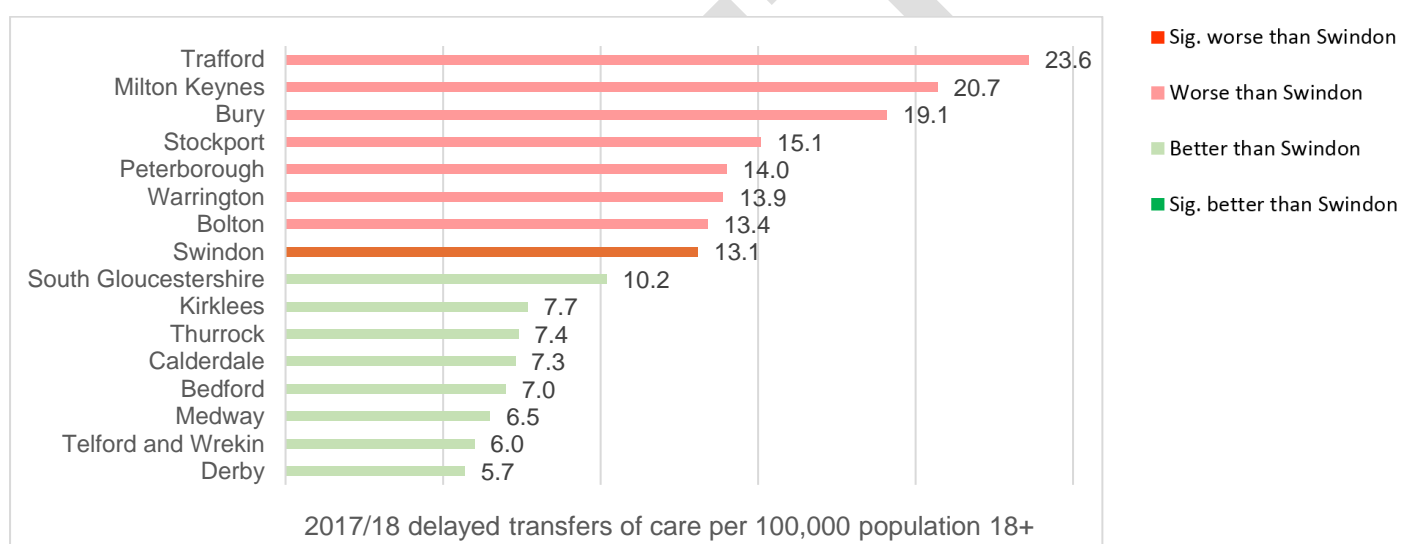
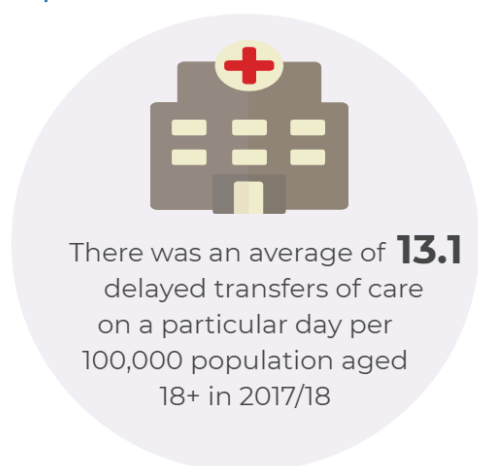


Figure 17: Average number of delayed transfers of care per 100,000 population aged 18+ on a particular day in 2017/18 in Swindon and its CIPFA nearest neighbours (compared to Swindon) (Source: Department of Health)

Trends over time

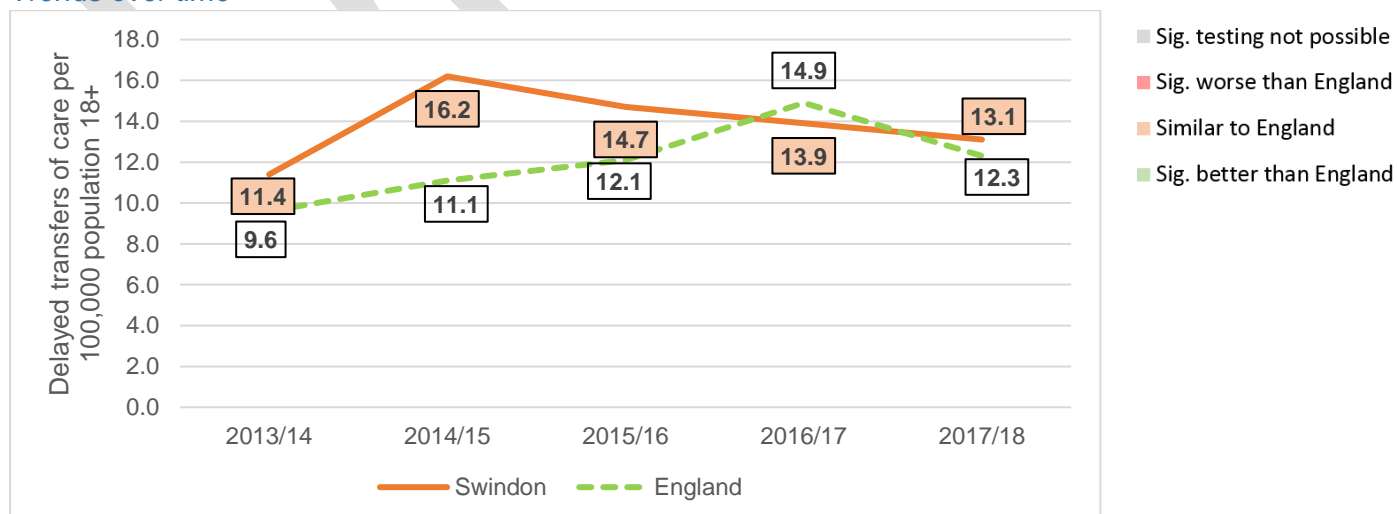


Figure 18: Average number of delayed transfers of care per 100,000 population aged 18+ on a particular day in Swindon, compared to England, from 2013/14-2017/18 (Source: Department of Health)

Flu vaccination coverage among those aged 65+

Snapshot: Swindon in 2017/18

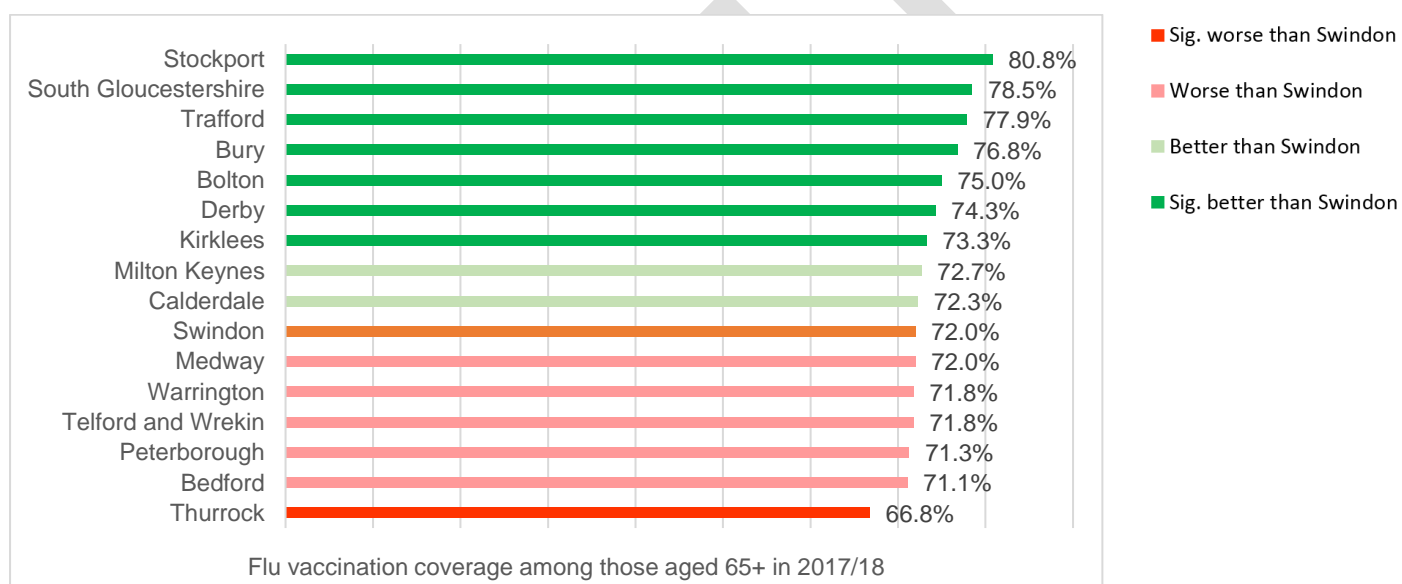
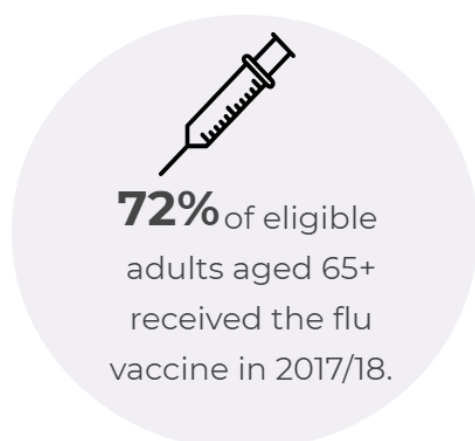


Figure 19: Flu vaccination coverage among those aged 65+ in 2017/18 in Swindon and its CIPFA nearest neighbours (compared to Swindon) (Source: Public Health England)

Trends over time

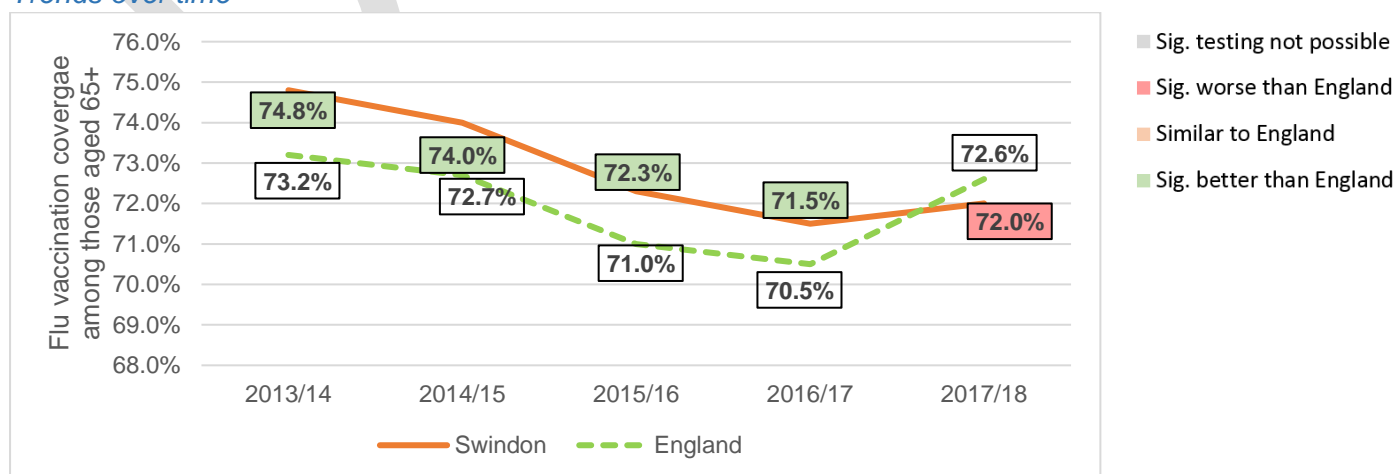


Figure 20: Flu vaccination coverage among those aged 65+ in Swindon, compared to England, from 2013/14-2017/18 (Source: Public Health England)

Commentary Outcome 2

In Swindon we have a strong focus on prevention to encourage people to live healthy and independent lives for longer. This benefits individuals and also means that services can focus on those who need them the most. One key way that prevention is delivered is through supporting healthy lifestyle choices. This includes services which support people to quit smoking, lose weight, have a NHS Health Check and become more physically active, and working with partners through the Tobacco Control Alliance and Get Swindon Active Partnership. If people do become unwell, ensuring that the healthcare they receive is appropriate and effective is important. Managing demand for and the quality of health and social care services are key elements of the council and partners' work to improve population health. Work is also ongoing to support community life so that people living and working in Swindon are encouraged to use community health assets, enjoy wider social networks and get involved in their local community. Highlighted below are some of the recent achievements, future challenges and priorities in working to improve population health and deliver prevention for adults and older people in Swindon.

Key accomplishments from 2017-present:

Supporting healthy lifestyle choices:

- Football Fans in Training is an evidence based programme to encourage men aged 35 to 65 to lose weight and become more active. It is delivered by Swindon Town Football in the Community Trust. To date over 200 men have lost weight on this programme. Results from this programme were presented at an international physical activity conference in London in October 2018.
- In 2017/18, 172 people were supported to access Weightwatchers or Slimming World. Across Swindon there are also 9 health walks available, 6 outdoor gyms and initiatives by partners such as Generation Gains from the leisure provider GLL, which aims to improve the health and wellbeing of older people through physical and social activities.
- Swindon received funding from Sport England to implement the Beat the Street programme from 12th September to 24th October 2018. Beat the Street is a fun, free walking and cycling game. It aims to be a gamified population approach to increasing physical activity in order to improve health and wellbeing. Over 30,000 people engaged with the programme.
- Smoking continues to be the biggest preventable cause of ill health and early death as well as the leading cause of health inequality. The smoking prevalence in adults in Swindon for 2017 is 17.3% which means Swindon is statistically similar to the England average of 14.9%. Although this has increased from the 2016 figure of 14.9%, the Swindon trend for smoking prevalence in adults is encouraging. Our smoking in pregnancy at the time of delivery (SATOD) prevalence rate for 2017/18 was 11.3% which equates to approximately 320 women. All pregnant women in Swindon have their carbon monoxide level recorded by Great Western Hospital Maternity Services. Avon and Wiltshire Mental Health Partnership went Smokefree across all their sites in November 2017, and Great Western Hospital will go Smokefree from January 1st, 2019.
- To date, 2,000 people have been referred to the NHS Diabetes Prevention Programme. This is a preventative, behaviour change programme for people identified as being at high risk of developing Type 2 diabetes, a condition which is largely preventable through lifestyle changes.

- The Swindon Livewell Hub is a central access point for people to get information or referral to lifestyle services. In 2017/18, the Hub received 2008 phone calls for information, advice or signposting to services.
- More individuals were invited and more NHS Health Checks were delivered this year than last year. 12,509 individuals were invited in 2017/18 compared to 10,874 in 2016/17, and 5515 checks were delivered compared to 5381 in 2016/17. However, our uptake rate (numbers invited compared to those accepting the offer) went down from 49% in 2016/17 to 44% in 2018/19.
- Swindon continues to rollout out the Making Every Contact Count (MECC) initiative which supports staff across sectors to maximise the opportunity they have with the public and colleagues in promoting health and wellbeing in everyday interactions. A total of 178 people have been trained in Swindon to date, including 120 within SBC and a further 58 across partners. Some highlights with wider partners have included providing MECC training as part of the Health Optimisation Programme, for Oxford Brookes nursing student cohorts, and as part of the smokefree NHS strategy. Evaluation work identified that confidence in having conversations about lifestyle change improved after training, and four fifths of people were using skills regularly three months after training. MECC is also an integral part of the Integrated Care system development work.

Managing demand for and quality of health and social care services:

- One of the key measures monitored in the NHS is delayed transfers of care or DTOC, in order to reduce the length of time that people remain in hospital when they are ready to leave. During the year, DTOC performance has vastly improved and is now significantly better than the challenging target we set at the start of the year. The latest published DTOC performance as at end of March 2018 is 0.87 bed days lost due to discharge delays attributable to social care against a target of 6 per day. This is significantly better than the averages for the South West (14.42). Our cumulative end of year performance (April 2017 to March 2018) for delayed discharge attributable to social care is 7.8 days which is below the average for the South West (20.7).
- Diabetes remains challenging in Swindon and the Clinical Commissioning Group (CCG) has invested in the Diabetes Eclipse IT system for primary care to help GPs identify patients not meeting their blood sugar, blood pressure and cholesterol targets and review their care. To support patients to better manage their own care, the CCG provides access to a structured education and behaviour change programme for diabetes patients, which includes face-to-face support over 12 weeks and a digital app with materials and podcasts to enable learning.
- Admissions to residential and nursing care are being effectively managed and remain below target for older adults (aged 65 and over). During 2017/18, 165 older people have been admitted to permanent care: 64 to a nursing home placement and 101 to residential care. The target for the year was to admit no more than 223 older people (a rate of 661.07 per 100k population). Current performance is 489.14 per 100k population aged 65 and over which puts us ahead of our year-end target.
- Delivery of work to manage demand and improve the quality of services involves positive partnerships with health and other agencies. Collaborative work continues between local health and care organisations from Swindon, Wiltshire, and Bath and North East Somerset (BANES) to manage our Sustainability and Transformation Partnership (STP). The STP is required by NHS England to respond to the increasing demand placed on local health and care services from population growth and people

living longer, and often with long term conditions. The plan (available on Swindon's JSNA website) sets out how health and care services across our organisations are working together to improve people's health and wellbeing and support the delivery of quality services which are financially sustainable. One of the key priorities for the STP over the next two years is Older People. SBC will be leading on the Proactive and Preventative agenda across the STP footprint.

- Swindon Falls and Bone Health Collaborative is a multi-agency partnership which works to give people the information, skills and opportunity to reduce their falls risk and to support those who do fall to minimise future harm. There is an increasing trend in admissions to GWH for reasons relating to a fall and an increase in the number of fractured neck of femurs which highlights the need for more preventative work to reduce falls and keep people mobile and independent. Initiatives include the distribution of over 12000 Steady Steps booklets, an evidence based strength and balance programme being rolled out across Swindon, a pilot of a telehealth approach to reducing the risk of repeat falls, work with care homes and promotion of services such as Homeline and the Dorset and Wiltshire Fire Service's Safe and Well home visits scheme.

Supporting community life:

- The Community Navigators Scheme provides community based coaching to help residents who have long-term health conditions to manage their care. Between April 2017 and March 2018, 367 people have been recruited to the Community Navigator scheme through GP referral. 296 of these referrals came from the 10 surgeries we work most closely with.
- Swindon Circles aims to support anyone who is identified as lonely and isolated, through a volunteer befriending scheme. The aim is to support people in becoming more mobile and confident to enable them to access local community activities, expand their networks and improve their quality of life. The two Circles Link Workers have visited and assessed 200 clients this year. During 2017/18, 80 new volunteer befrienders were recruited and trained, and now work alongside 40 existing volunteers. This year, 98 clients (58 of them new) were successfully supported by the service.
- Swindon was formally accredited by the Alzheimer's Society as 'working to become a dementia friendly community' (DFC) and was shortlisted in the Dementia Friendly Community of the Year awards. Based on views of people living with dementia, we are promoting a range of activities including weekly walks around the Outlet Centre, gardening and swimming opportunities and vintage films at the Wyvern Theatre. Work is ongoing with Parish Councils, schools, businesses and church groups. Public Health, working with the Alzheimer's Society, have promoted and delivered Dementia Friends sessions, which aim to increase understanding and reduce stigma around dementia, within the council, in care homes, schools, community groups and businesses. Across Swindon there are now over 5000 Dementia Friends.
- We recognise that carers provide regular and substantial support for service users, and it is encouraging that we have exceeded our annual target of 70% with over 72% of carers (1161) having an assessment or review of their needs in 2017/18.

Looking ahead: Key challenges/priorities for action for 2018/19-2019/20

Supporting healthy lifestyle choices:

- A number of initiatives are planned for 2018/19 to encourage more people to quit smoking. For example, we are increasing the number of smokefree places across Swindon – e.g. play parks and the Great Western Hospital site from January 1st 2019. Reducing smoking prevalence among pregnant women remains a challenge in Swindon - prevalence in this group is higher than average.
- Helping people to reach and maintain a healthy weight is a key system-wide priority in order to reduce levels of obesity and diabetes. Swindon's Healthy Weight Strategy (2017-2022) and the Get Swindon Active Strategy (2015-2020) will continue to guide and coordinate action to reduce obesity and increase levels of physical activity among the Swindon population.
- With an ageing population, maximising opportunities for people to age well through prevention and early intervention will continue to be a priority in the long-term. Based on the findings and recommendations of the Ageing Well JSNA published in 2017, an Ageing Well Strategy for Swindon is being developed and will be brought to the Health and Wellbeing Board in 2019.

Managing demand for and quality of health and social care services:

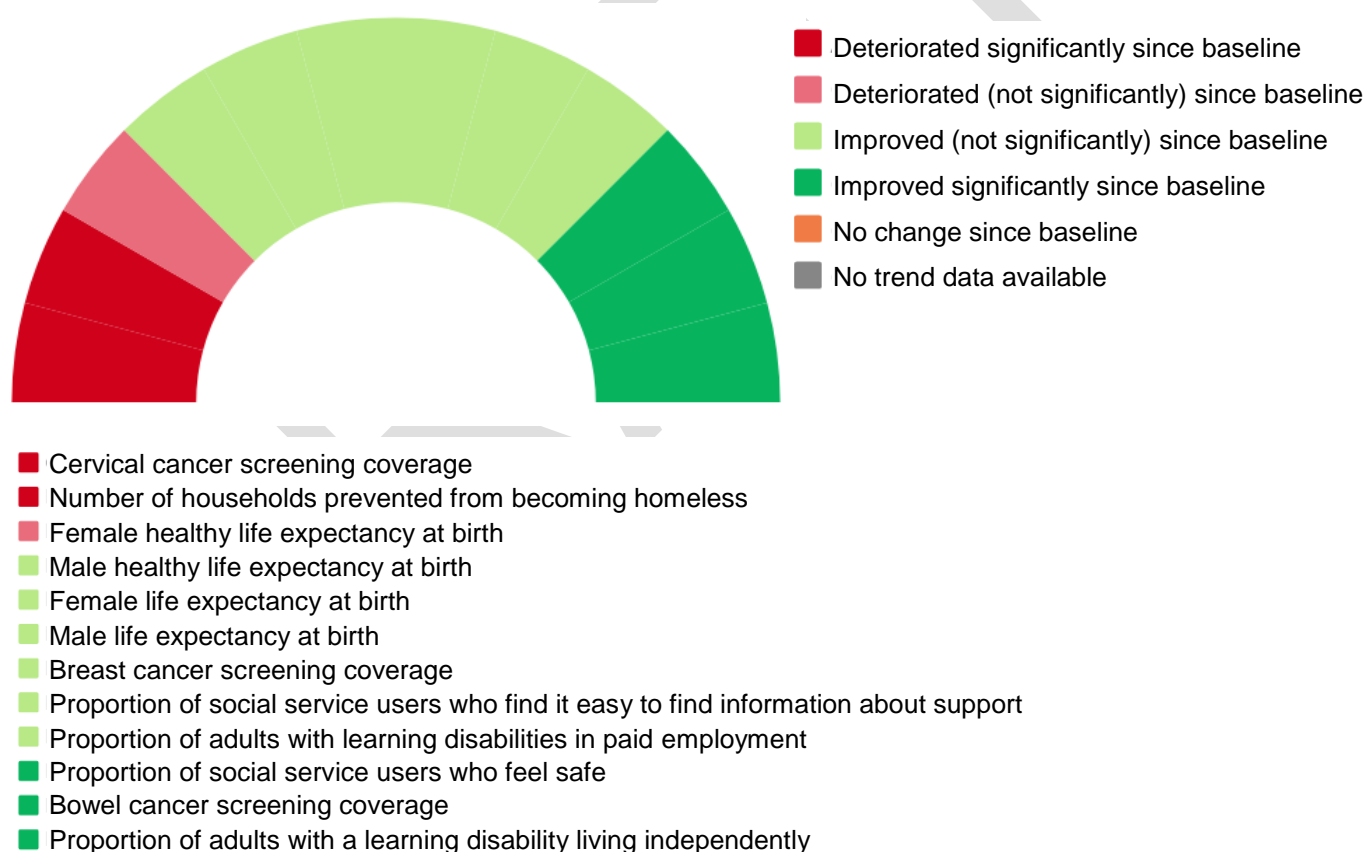
- To continue to improve the quality of services that are commissioned in Swindon, the council will continue to embed person-centred and outcomes-focussed commissioning and will continue to carry out the JSNA work programme to inform commissioning and ensure resources are allocated according to the health and social care needs of the population.
- High cost dementia placements and competition for residential care home places with neighbouring authorities continue to present social care challenges.
- There is a need to improve timeliness of assessment of the care needs of older people and in occupational therapy services.
- Continuing to reduce delayed discharges from hospital remains a key priority for the council and its partners.

Outcome 3: Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)

Overview

There is a strong link between poverty and health; this is caused by many things, including differences in housing conditions, diet, levels of smoking and drinking, access to sport and leisure, social support networks as well as barriers to accessing healthcare (such as language and literacy barriers). Some of our more vulnerable communities (including people who are homeless, those with learning disabilities or mental health issues, victims of violent and domestic crime, offenders and those from our black and minority ethnic communities) will experience poorer health outcomes and are less likely to access health services. The connection between employment and health is pivotal in enabling everyone, including those with a disability, to achieve their potential for a healthy and productive life.

Outcome 3: Trends in Swindon data from baseline to latest data available



Key Performance Indicators

- Life expectancy & healthy life expectancy
- Cancer screening coverage (breast, cervical and bowel)
- Adults with learning disabilities in employment
- Proportion of social care service users who find it easy to find information about support
- Number of households prevented from becoming homeless

Key Performance Indicators

Life expectancy

Snapshot: Swindon in 2014-16

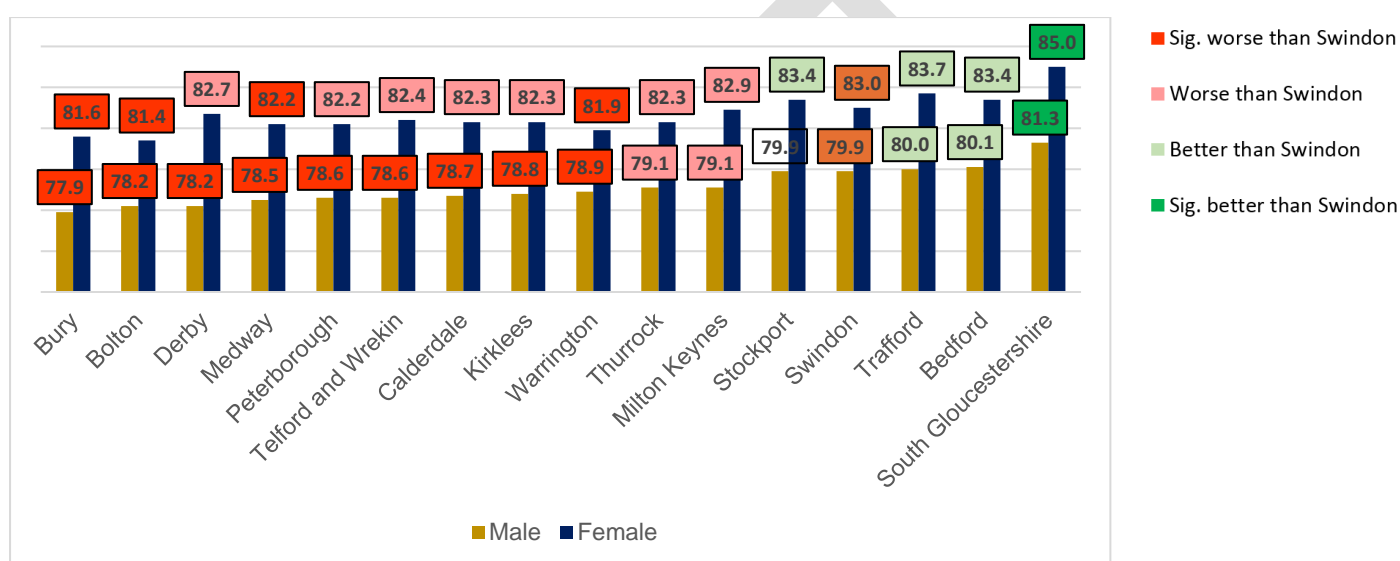
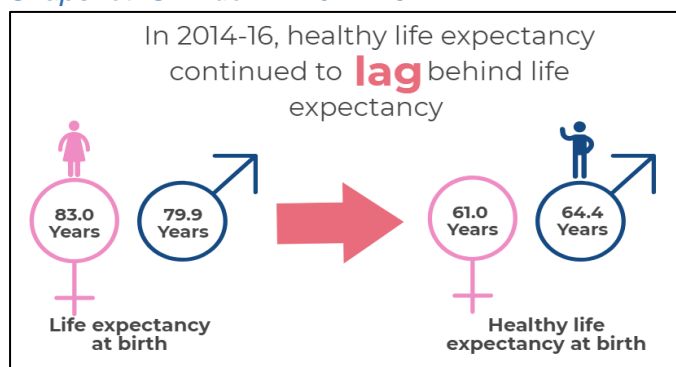


Figure 21: Life expectancy at birth (years) in 2014-16 for males and females in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Office for National Statistics)

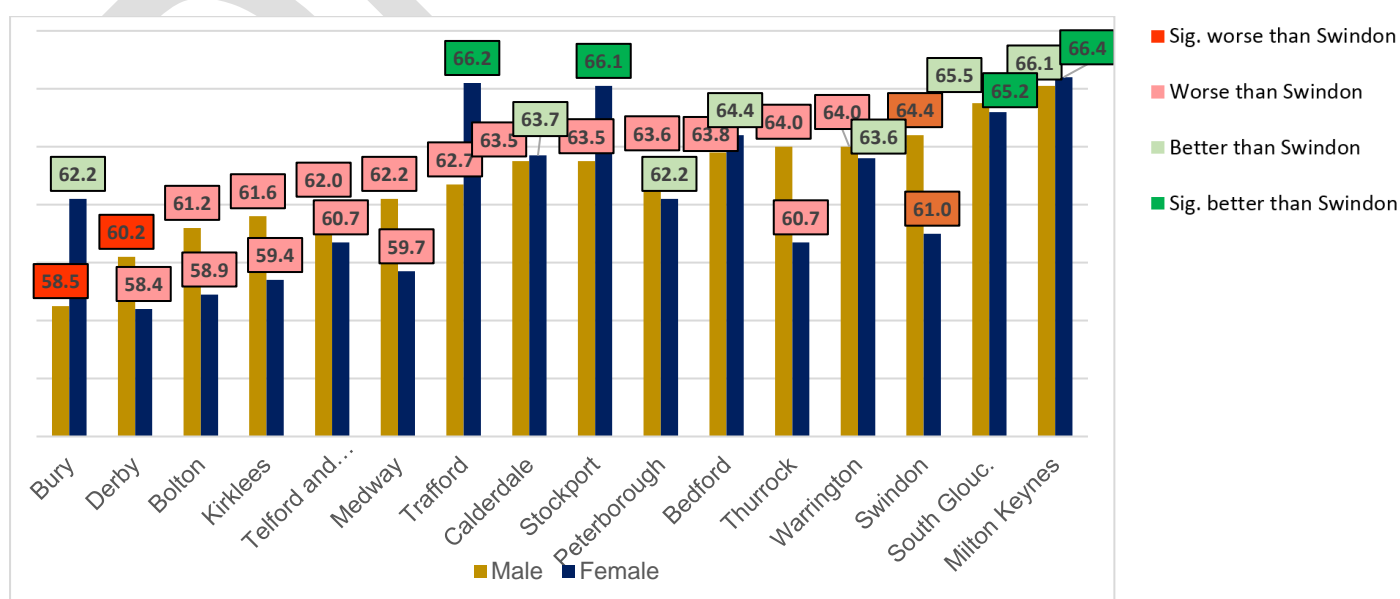


Figure 22: Healthy life expectancy at birth (years) in 2014-16 for males and females in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Office for National Statistics)

Trends over time

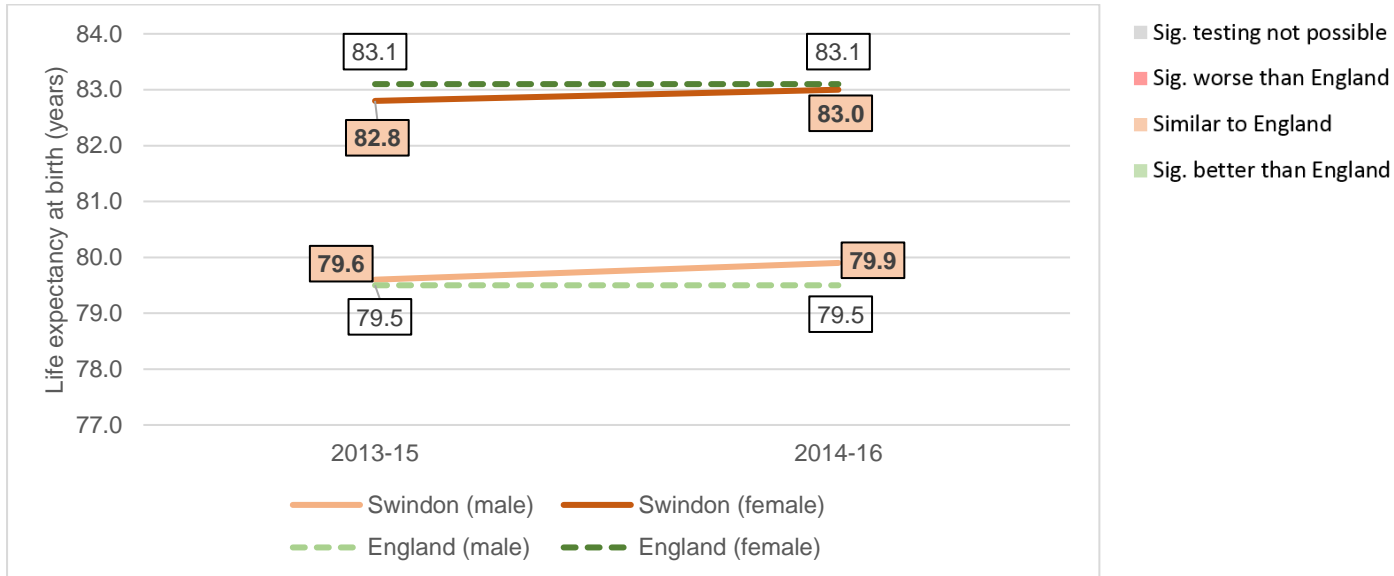


Figure 23: Life expectancy at birth (years) in Swindon, compared to England, from 2013-15 to 2014-16 (Source: Office for National Statistics)

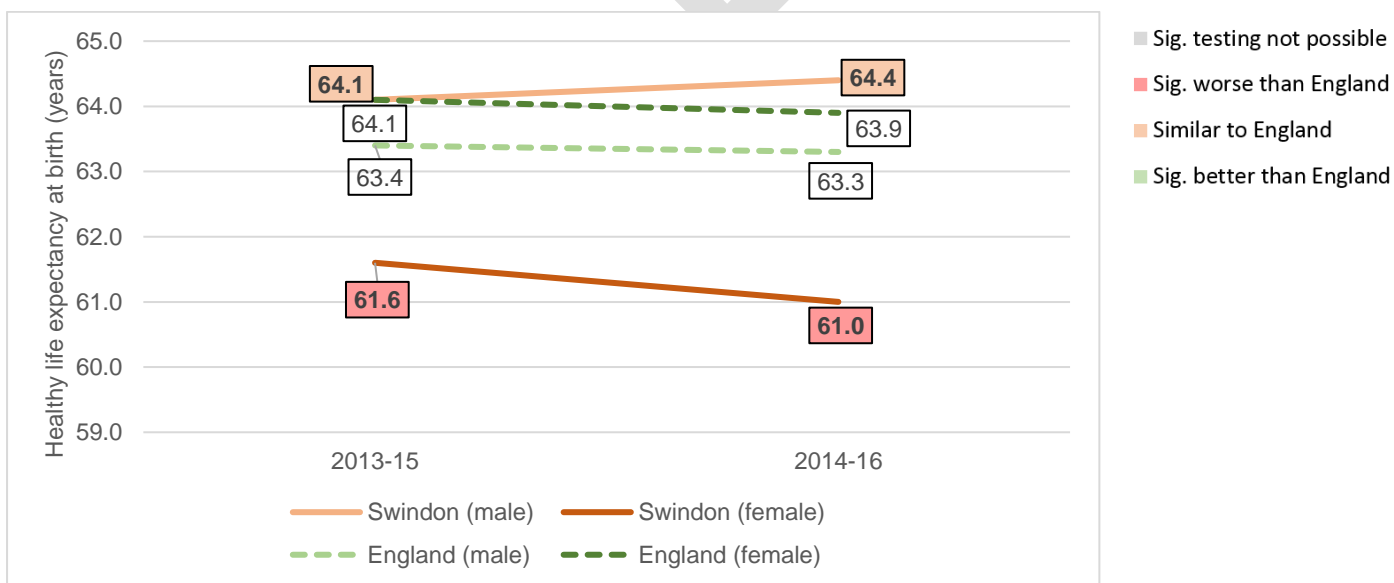


Figure 24: Healthy life expectancy at birth (years) in Swindon, compared to England, from 2013-15 to 2014-16 (Source: Office for National Statistics)

Cancer screening coverage

Snapshot: Swindon in 2017

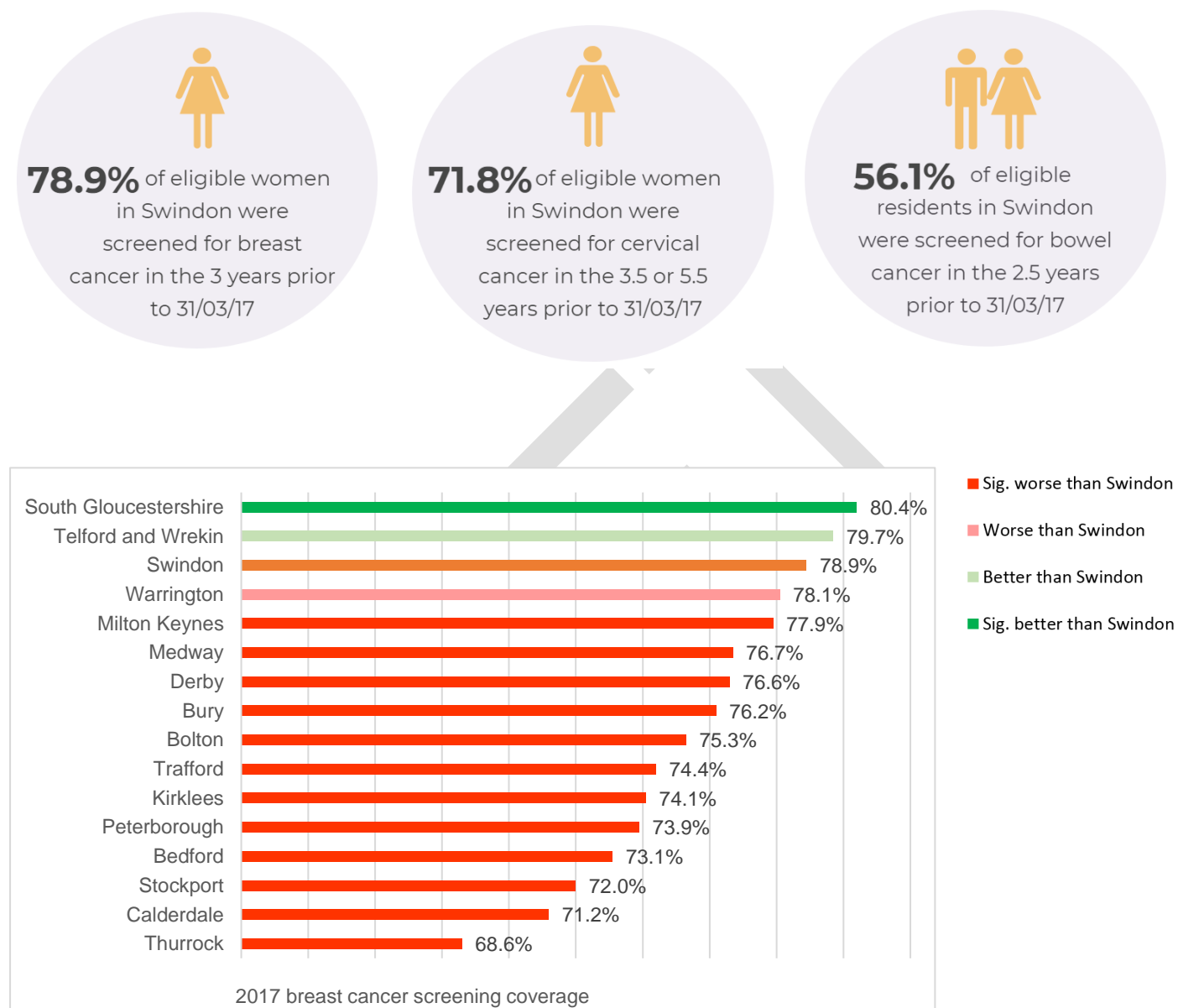


Figure 25: Proportion of eligible women who were screened for breast cancer in the 3 years prior to 31/03/17 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Health and Social Care Information Centre)

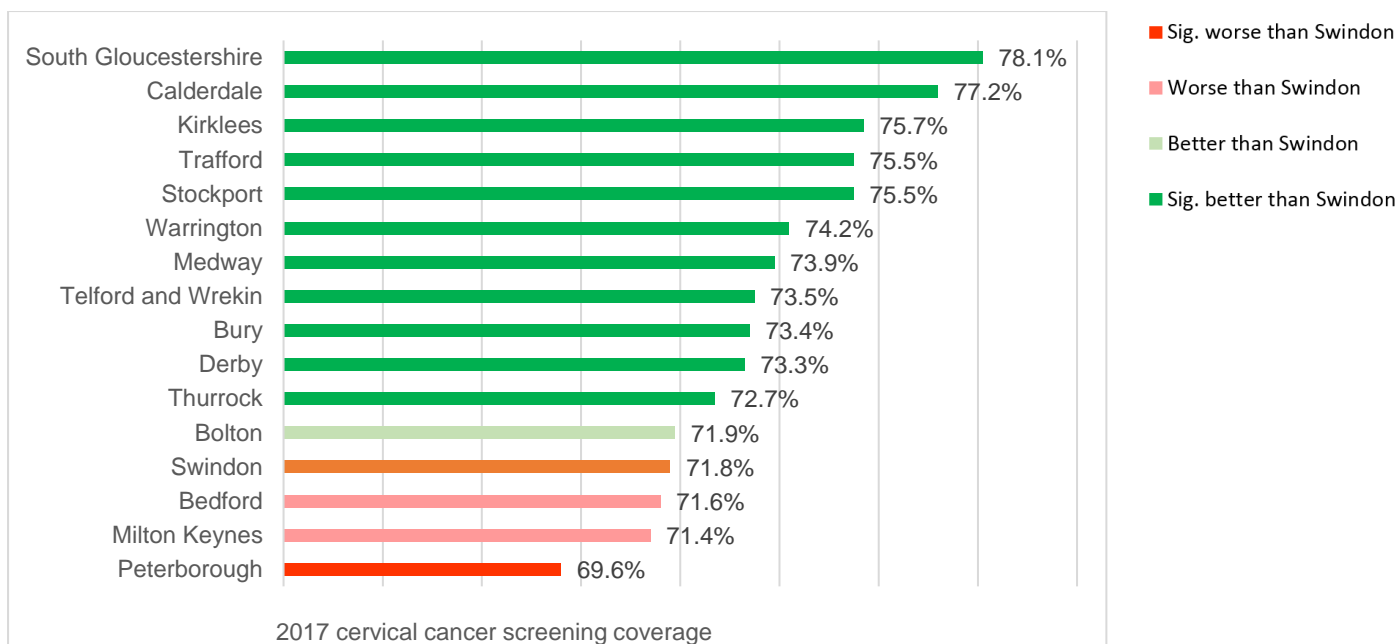


Figure 26: Proportion of eligible women who were screened for cervical cancer in the 3.5 or 5.5 years prior to 31/03/17 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Health and Social Care Information Centre)

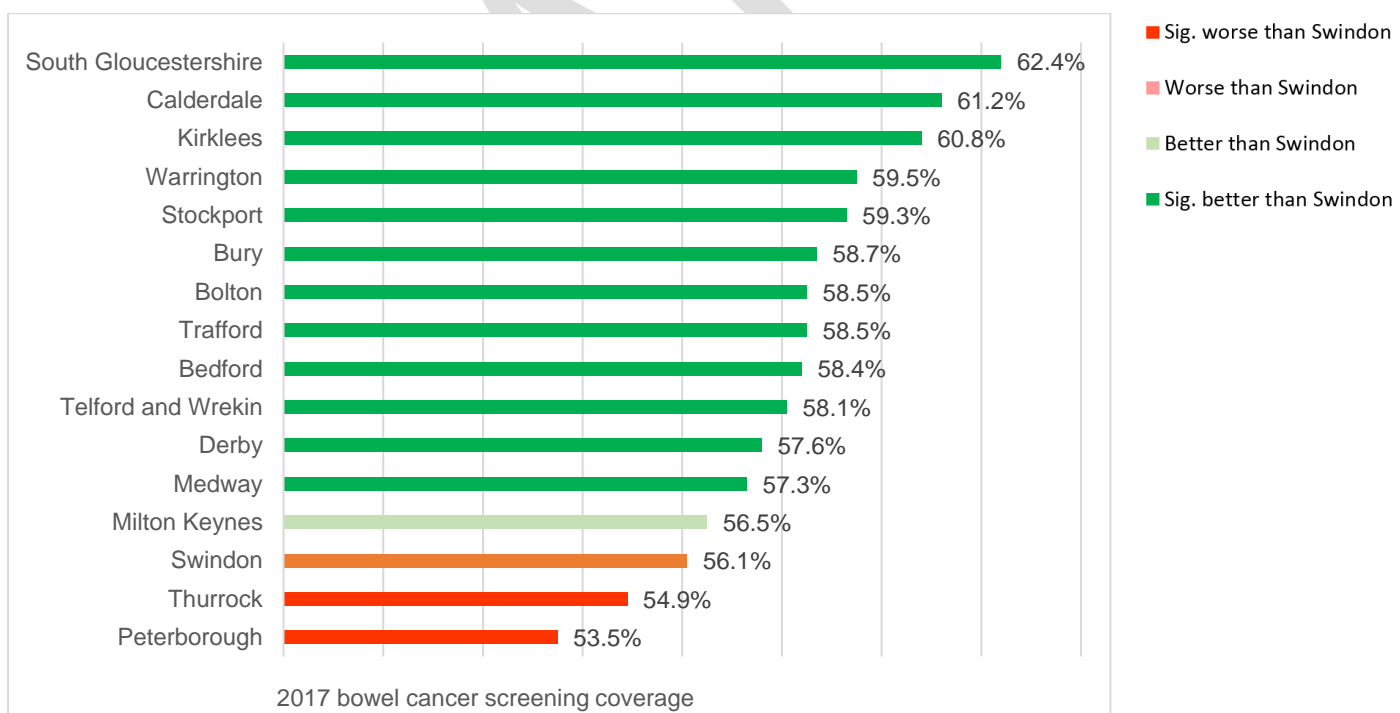


Figure 27: Proportion of eligible residents who were screened for bowel cancer in the 2.5 years prior to 31/03/17 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Health and Social Care Information Centre)

Trends over time

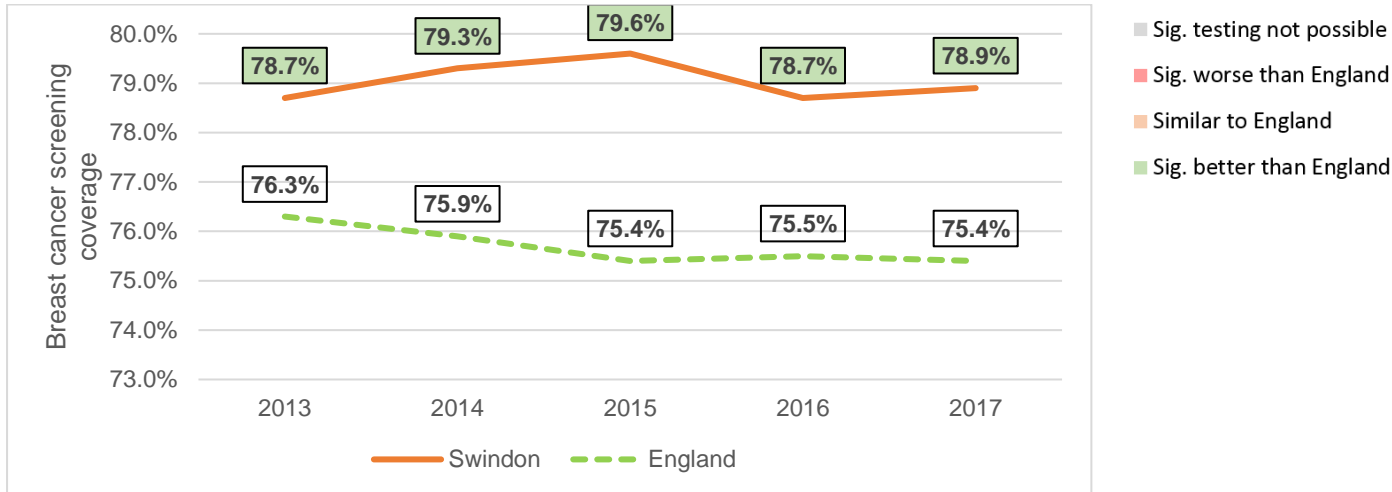


Figure 28: Proportion of eligible women screened for breast cancer in Swindon, compared to England, from 2013-2017 (Source: Health and Social Care Information Centre)

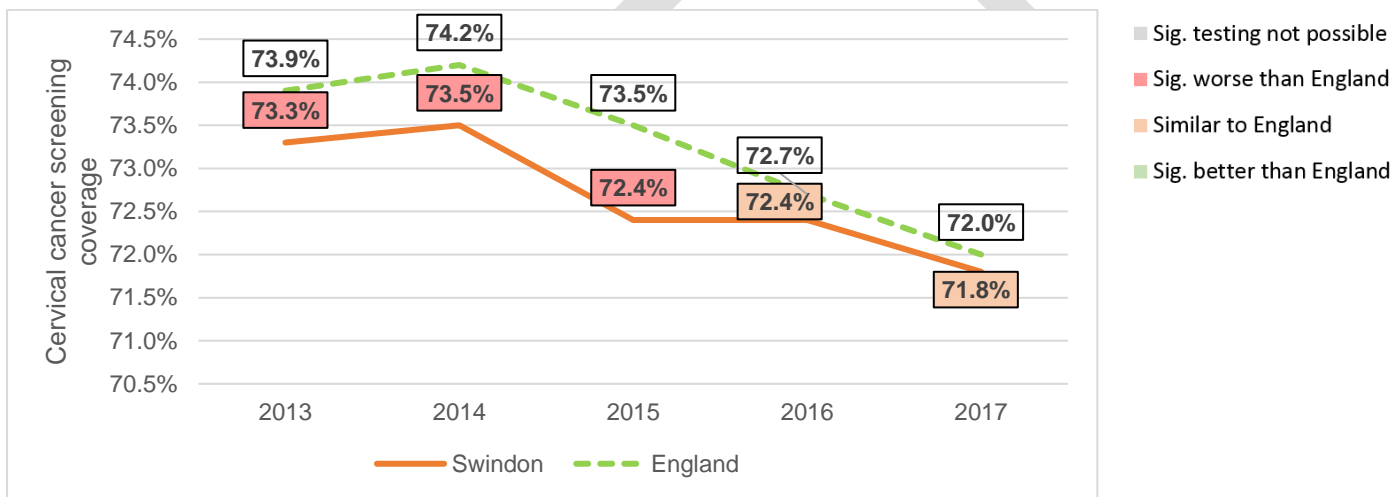


Figure 29: Proportion of eligible women screened for cervical cancer in Swindon, compared to England, from 2013-2017 (Source: Health and Social Care Information Centre)

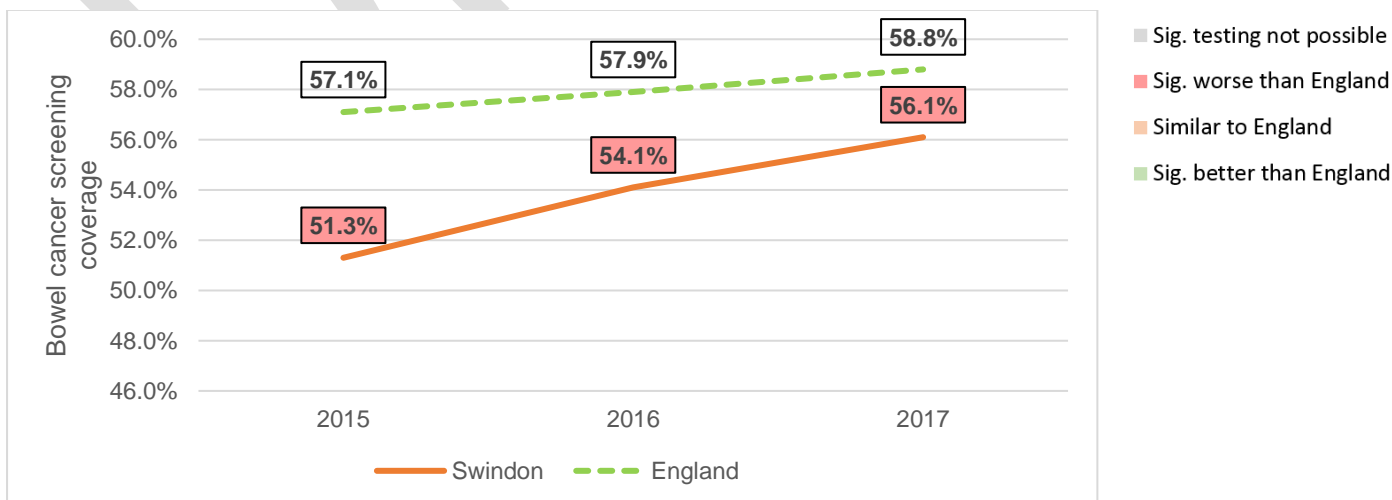


Figure 30: Proportion of eligible residents screened for bowel cancer in Swindon, compared to England, from 2015-2017 (Source: Health and Social Care Information Centre)

Adults with learning disabilities in employment

Snapshot: Swindon in 2017/18

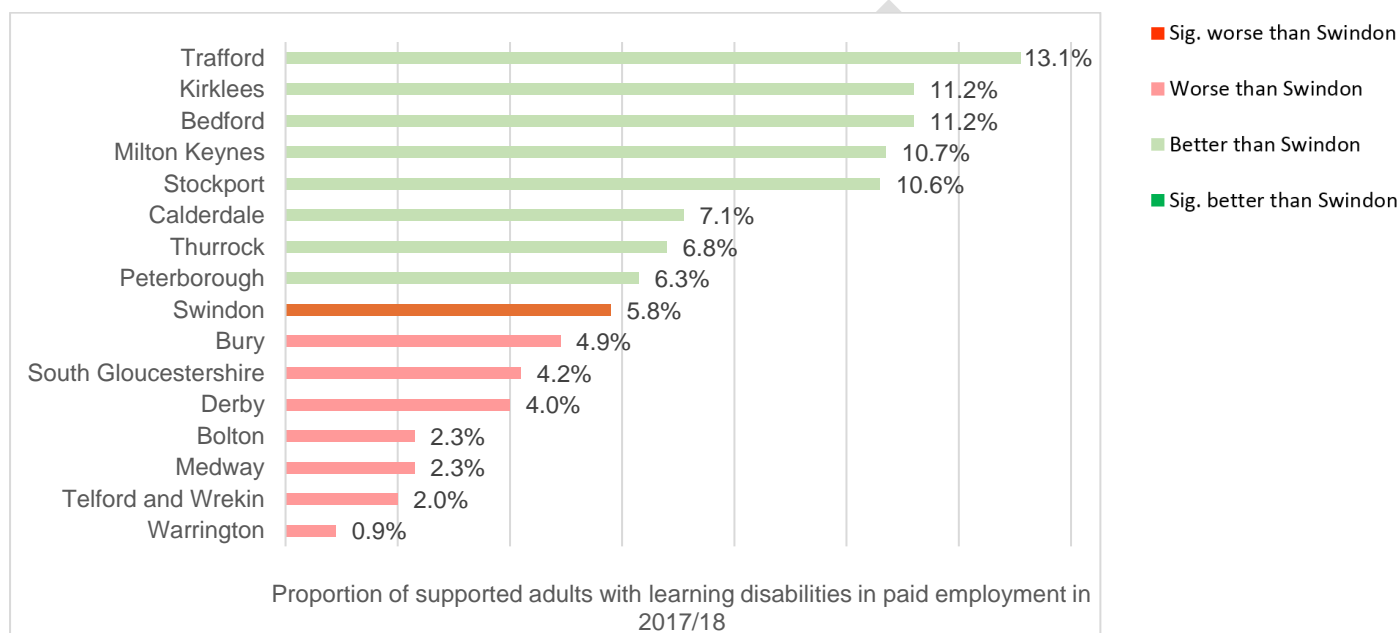
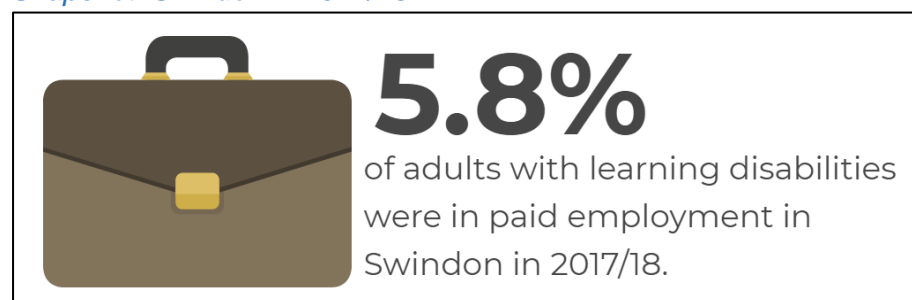


Figure 31: Proportion of supported adults with learning disabilities who were in paid employment in 2017/18 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: NHS Digital)

Trends over time

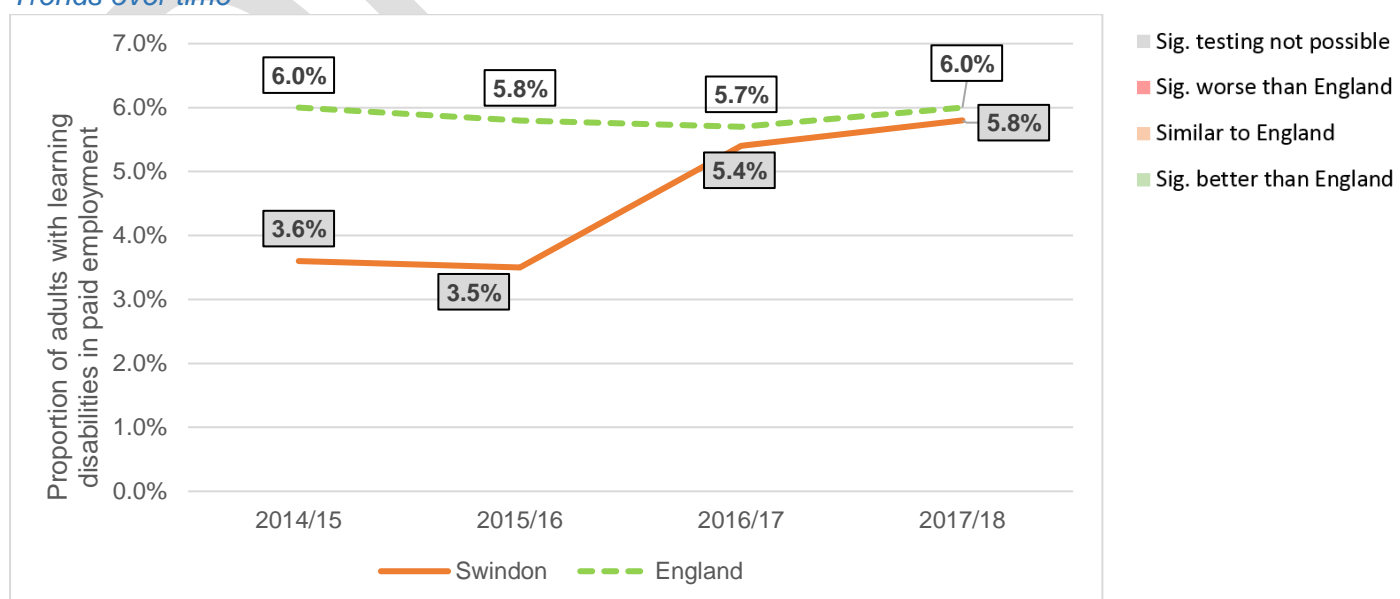


Figure 32: Proportion of supported adults with learning disabilities who were in paid employment in Swindon, compared to England, from 2014/15–2017/18 (Source: NHS Digital)

Proportion of social service users who find it easy to find information about support

Snapshot: Swindon in 2017/18



Figure 33: Proportion of social service users who found it easy to find information about support in 2017/18 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: NHS Digital)

Trends over time

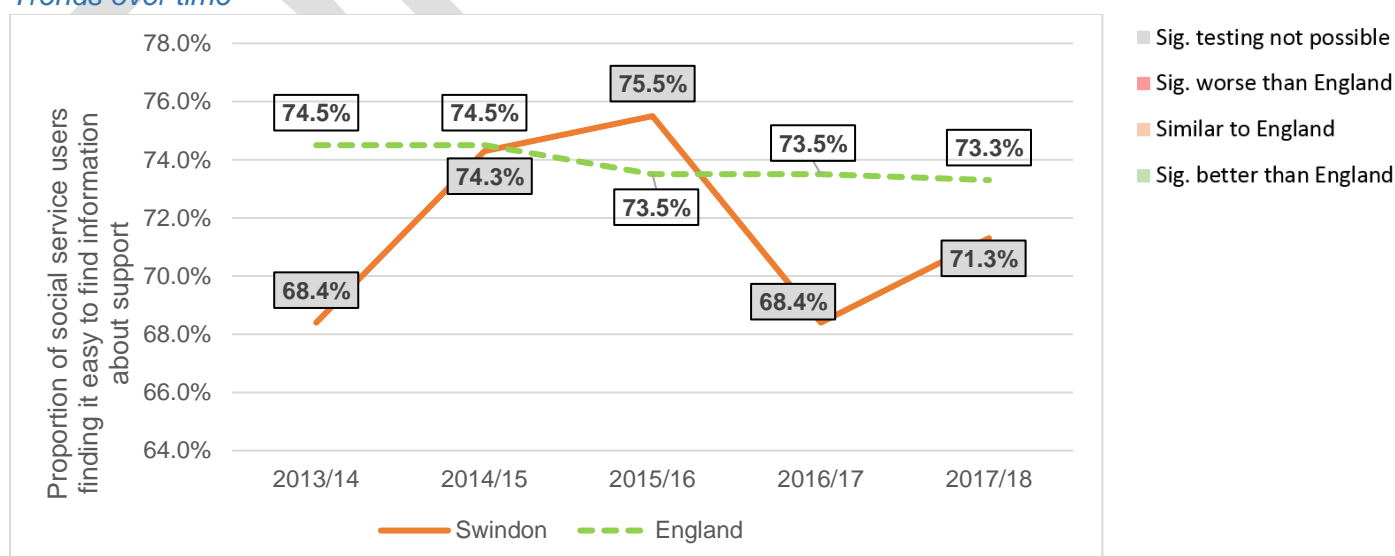


Figure 34: Proportion of social service users who find it easy to find information about support in Swindon, compared to England, from 2013/14-2017/18 (Source: NHS Digital)

Number of households prevented from becoming homeless

Snapshot: Swindon in 2017/18

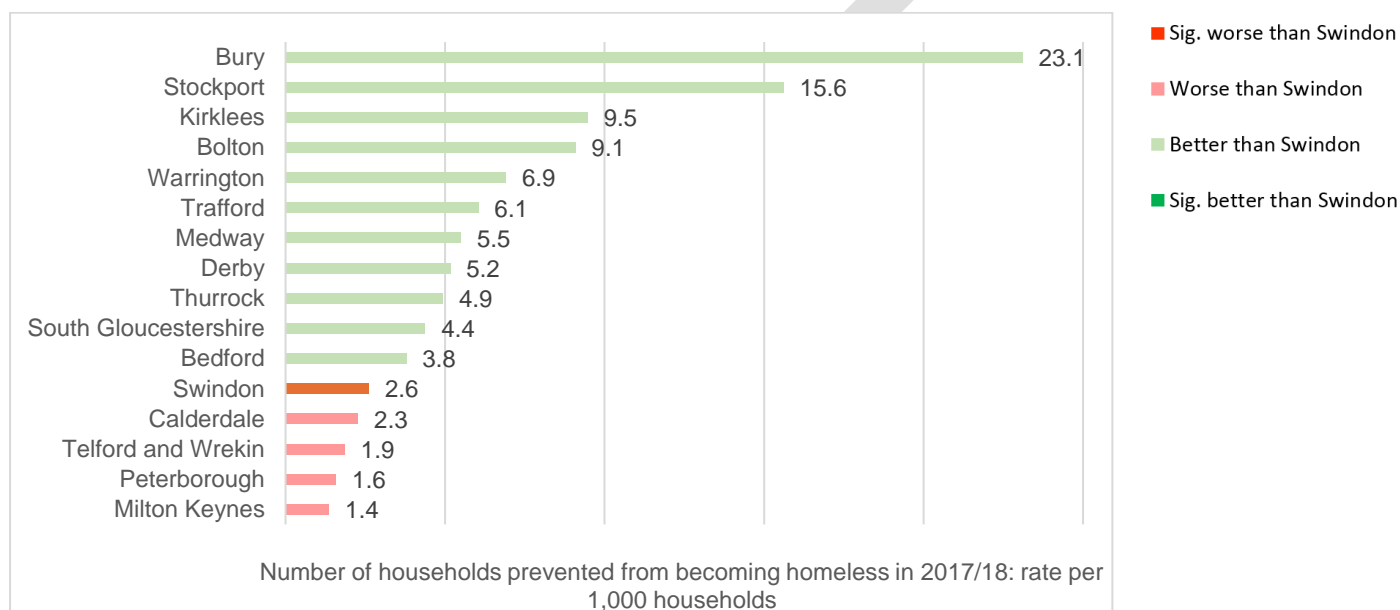
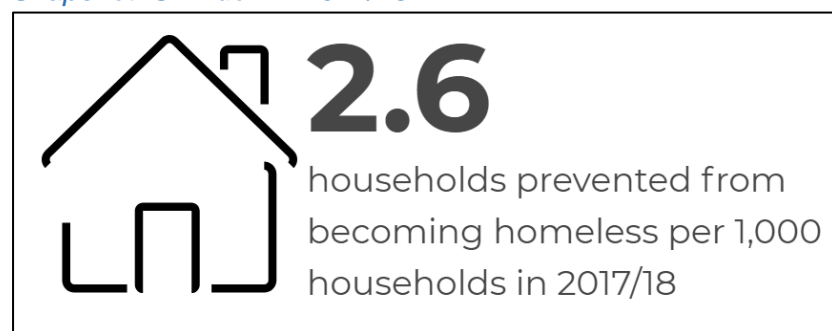


Figure 35: Number of households prevented from becoming homeless (rate per 1,000 households) in 2017/18 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Department for Communities and Local Government (DCLG))

Trends over time

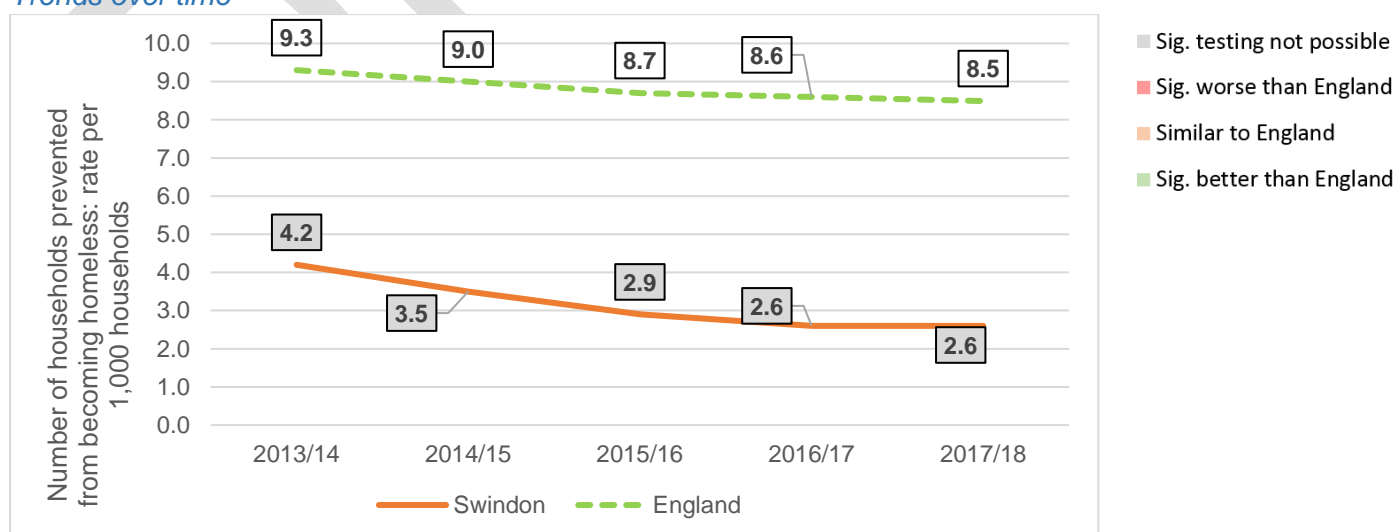


Figure 36: Number of households prevented from becoming homeless (rate per 1,000 households) in Swindon and England from 2013/14-2017/18 (Source: DCLG) (Benchmarking with England based on significance testing not available)

Commentary Outcome 3

Protecting the most vulnerable in our society is a key system-wide priority. Teams across the public sector work continuously to improve the health and wellbeing of vulnerable individuals in many ways, for instance through preventing people from becoming homeless, providing services for people with learning disabilities to enable them to have a good quality of life, and supporting people with health or social care needs to live healthy lifestyles, access services and to get paid employment or voluntary work. Work plays a pivotal role in determining an individual's quality of life and studies have shown a consistent association between paid employment and better physical and mental health. Highlighted below are some of the recent achievements, future challenges and priorities in working to improve the health outcomes of disadvantaged and vulnerable communities.

Key accomplishments from 2017-present:

Housing and homelessness:

- Citizen's Advice Swindon (CAS) prevented 194 families and individuals from becoming homeless.
- There are significant problems with overcrowded and unsafe housing conditions in the Broadgreen area of Swindon, together with the high inward migration to this area that has taken place in the last decade. This area has the highest concentration of BME households living in the private rented sector in Swindon. A Migration Fund-supported project entitled "Improving Safety in the Private Rented Sector for migrants in central Swindon" began in Broadgreen in 2017 and is being implemented by SBC and Dorset & Wiltshire Fire and Rescue Service. An Environmental Health Officer from SBC's Healthy Neighbourhoods team is working exclusively in Broadgreen, in conjunction with the Fire Service, going door-to-door to inspect houses and offer safety advice and equipment. As of November 2018, every home has been offered a visit and 40% of homes have received a full visit. Over 200 smoke detectors have been fitted as well as Carbon Monoxide Alarms and deaf alarms for occupiers who are unable to hear a standard alarm. Further, every home has been provided with information on services available including Safe and Well visits from the Fire Service, the English conversation club, drop-in sessions with the Community Health & Wellbeing team and the Wiltshire Warm and Safe Service which offers free home energy advice and grant funding.

Learning Disability Services:

- An outcome based Supported Living Framework for people with Learning Disabilities has been commissioned, managing the price being paid for these services, whilst also attracting higher quality and a broader range of service provision. As part of the Framework, providers will be required to harness community assets and develop stronger networks in communities for people in receipt of those services.

Supported employment:

- Supporting people with a disability or with other care or support needs into paid employment is a national policy priority as well as a local priority. SBC has developed a Supported Employment Strategy for 2018-2022, which has also been adopted by the CCG, the main aim of which is to improve employment opportunities for care leavers and people with care and support needs who are eligible for social care. The strategy focusses on outcome based commissioning, effective transition from education into employment for those aged 16-25 and engaging with the local business community. As of 2017/18 year end, there are 36 adults in receipt of

support who are in employment equating to 5.76% (against a target of 5%) which is an improvement on last year's performance of 4.6%. An additional 40 adults have an unpaid voluntary job.

Supporting healthy lifestyles:

- As outlined in the sections on Outcomes 1 and 2, a range of universal programmes to support healthy lifestyle choices are accessible to Swindon residents, including services which support people to quit smoking, lose weight, have a NHS Health Check and become more physically active. In addition, there are a number of targeted programmes in place to support people with health and social care needs to live healthier lifestyles, including the Community Navigator scheme which provides community-based coaching for people with long-term health conditions and the council's disability sports programme. Through this programme, people with disabilities or long-term conditions can access a range of inclusive physical activity sessions delivered by trained and qualified instructors, such as inclusive cycling, boxing, swimming and trampolining classes. The aim is to provide individuals with exciting experiences and support them in gaining confidence to access mainstream provision.

Looking ahead: Key challenges/priorities for action for 2018/19-2019/20:

Learning Disability Services:

- Work is ongoing to reduce spend on Learning Disability services as spend per service user in Swindon remains high compared to other authorities. At year end the service exceeded the savings target set for 2017/18 of £1.1m and achieved a saving of £1.124m. The service has a savings target of £500k for 2018/19 which has already been achieved and work is ongoing to continue to identify and secure further savings during 2018/19. The service re-design programme is making good progress in enabling individuals to progress and become more independent.
- Learning disability services continue to strive to undertake timely reviews but performance has been impacted by capacity, a focus on delivering savings, and the timely processing of data which has led to under reporting. This will be a key priority for improvement over the coming year.

Supported employment:

- Few people with learning disabilities are in paid employment. Implementation of Swindon's Supported Employment Strategy 2018-2022 will be a key focus going forward in order to increase the number of residents with health or social care needs who gain and retain paid or voluntary employment.

Supporting healthy lifestyles:

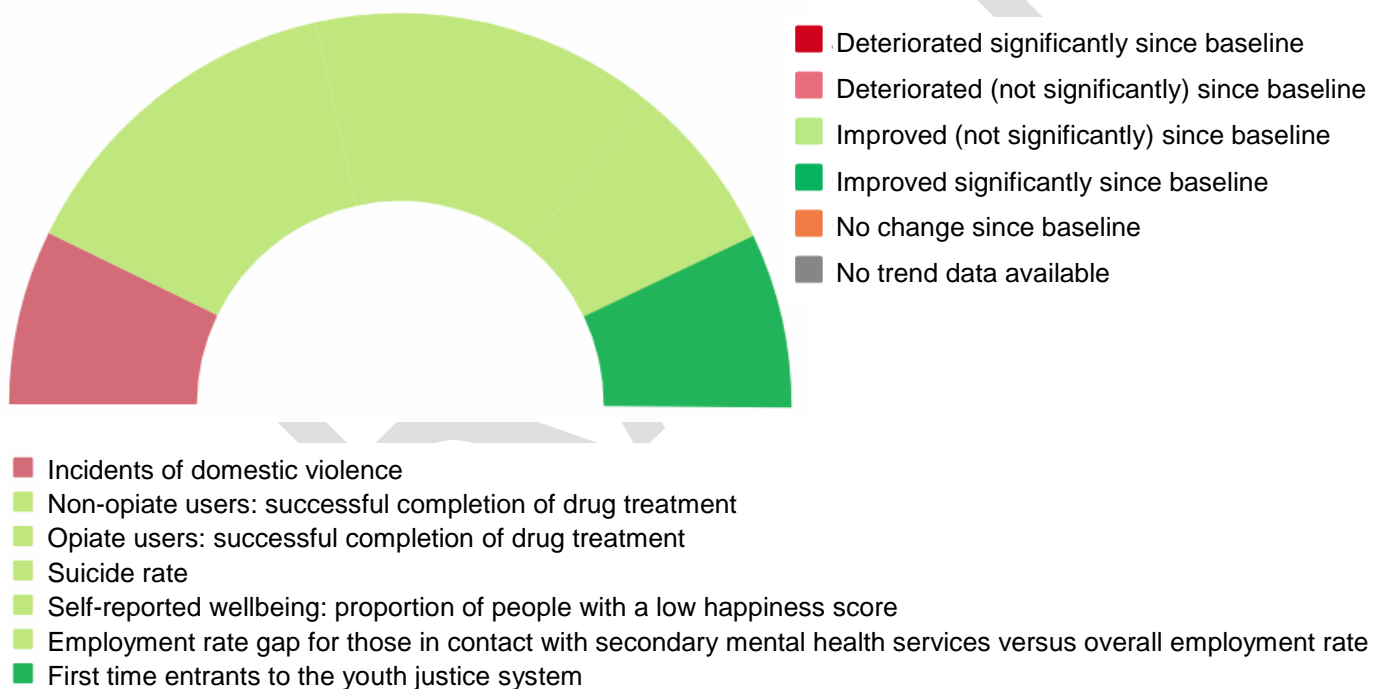
- There is a strong link between poverty and health, and although Swindon has low rates of poverty and deprivation and generally our Swindon residents enjoy good health, there is a real gap between the most and least affluent areas. Work to reduce health inequalities associated with deprivation continues to be a key focus for the council and centres on prevention and early intervention, and on addressing the wider determinants of health, such as housing, employment and education.
- Flu can have a significant impact on people who are vulnerable. The proportion of older people (aged 65+) vaccinated against flu increased year-on-year for the first time in 6 years in 2017/18 (from 71.5% in 2016/17 to 72% in 2017/18). However, Swindon's coverage of 72% is below the Public Health England goal of 75%.

Outcome 4: Improved mental health, wellbeing and resilience for all

Overview

We want everyone in Swindon to enjoy the best possible mental health and wellbeing and have a good quality of life. This would mean that everyone has a greater ability to manage their own lives, a sense of belonging within their communities, the skills they need for living and working and a greater sense of purpose. Good mental health is fundamental to physical health, relationships, education and training, employment and to fulfilling ones potential. Mental health problems such as depression are more common in people with physical illness and having both physical and mental health problems will impact upon recovery from both. We know that people with poor mental wellbeing are more likely to smoke, drink unhealthily, be obese, eat unhealthily and be less physically active - all of which contribute to their physical health and longer term health outcomes.

Outcome 4: Trends in Swindon data from baseline to latest data available



Key Performance Indicators

- Incidents of domestic violence
- Successful completion of drug treatment (opiate and non-opiate users)
- Self-reported wellbeing: proportion of people with a low happiness score
- Suicide rate
- Employment rate gap for those in contact with secondary mental health services versus overall employment rate

Key Performance Indicators

Domestic violence

Snapshot: Swindon in 2016/17 & 2017/18

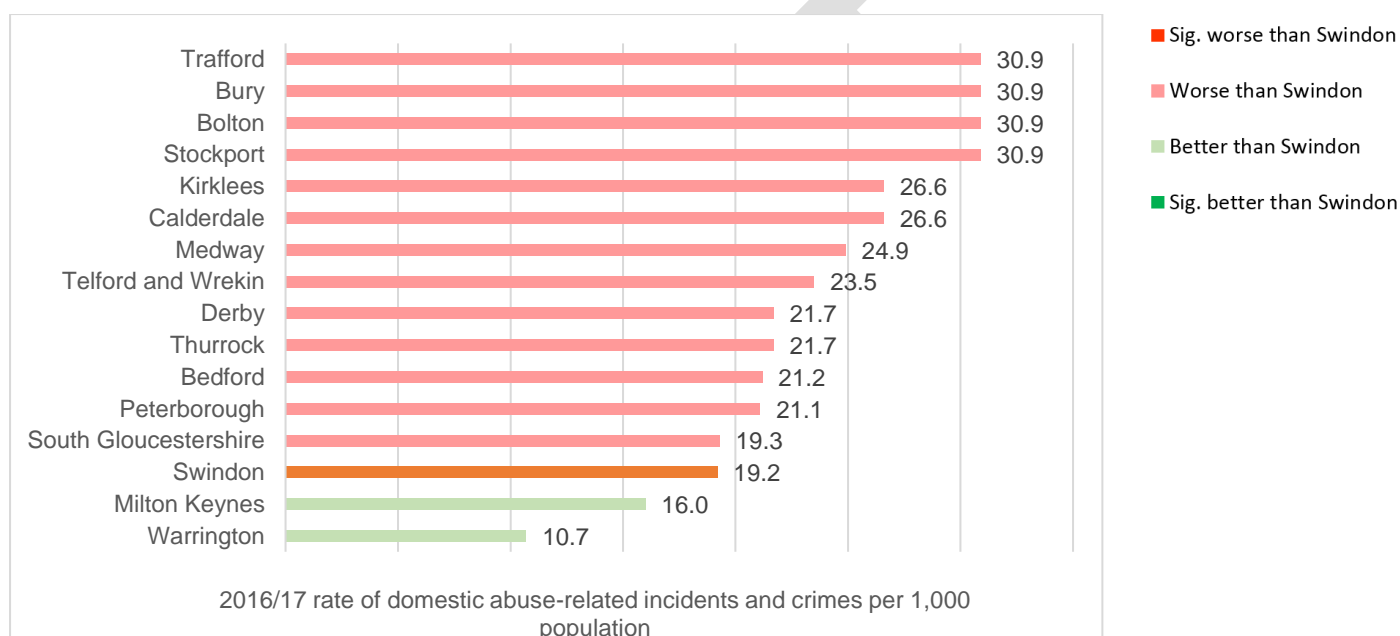


Figure 37: Rate of domestic abuse-related incidents and crimes per 1,000 population recorded by police in 2016/17 in Swindon and its CIPFA nearest neighbours (Source: ONS)

Trends over time

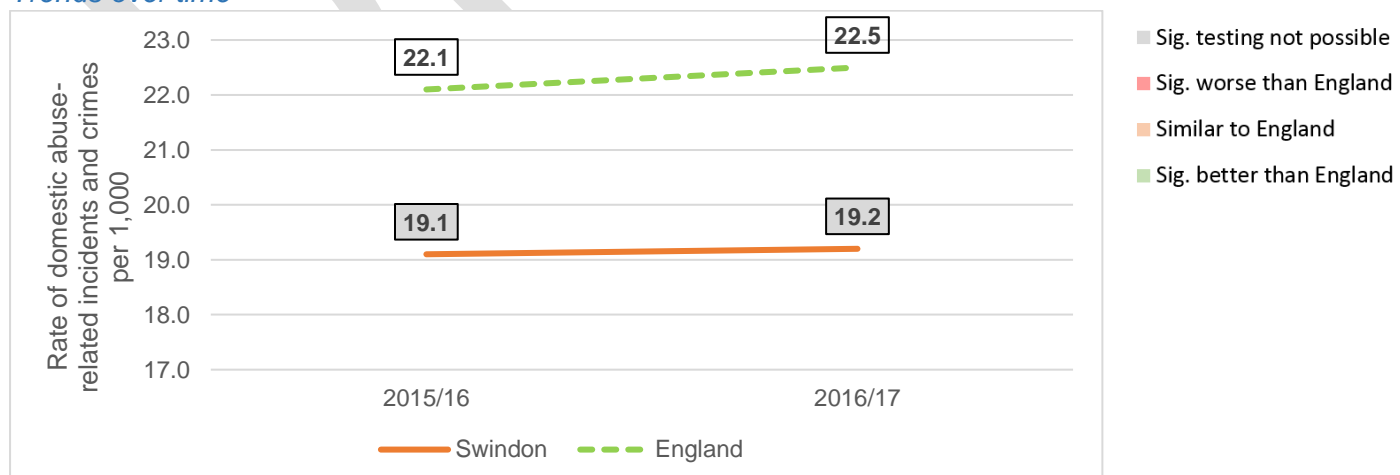


Figure 38: Rate of domestic abuse-related incidents and crimes per 1,000 population recorded by police in Swindon and England in 2015/16 and 2016/17 (Source: ONS)

Successful completion of drug treatment

Snapshot: Swindon in 2017

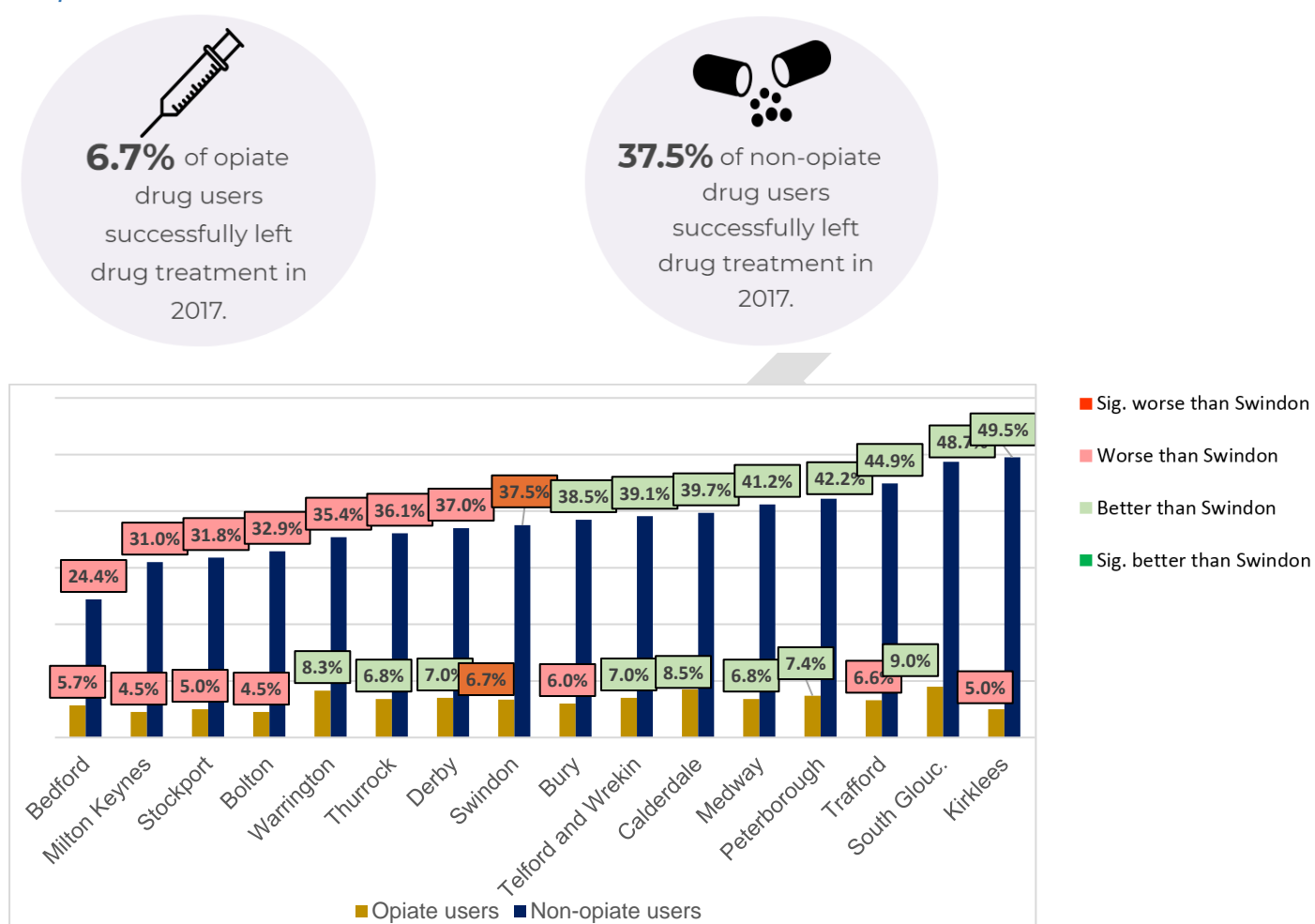


Figure 39: Proportion of opiate and non-opiate drug users who successfully completed drug treatment, and did not re-present to treatment within 6 months, in 2017 in Swindon and its CIPFA nearest neighbours (compared to Swindon) (Source: National Drug Treatment Monitoring System)

Trends over time

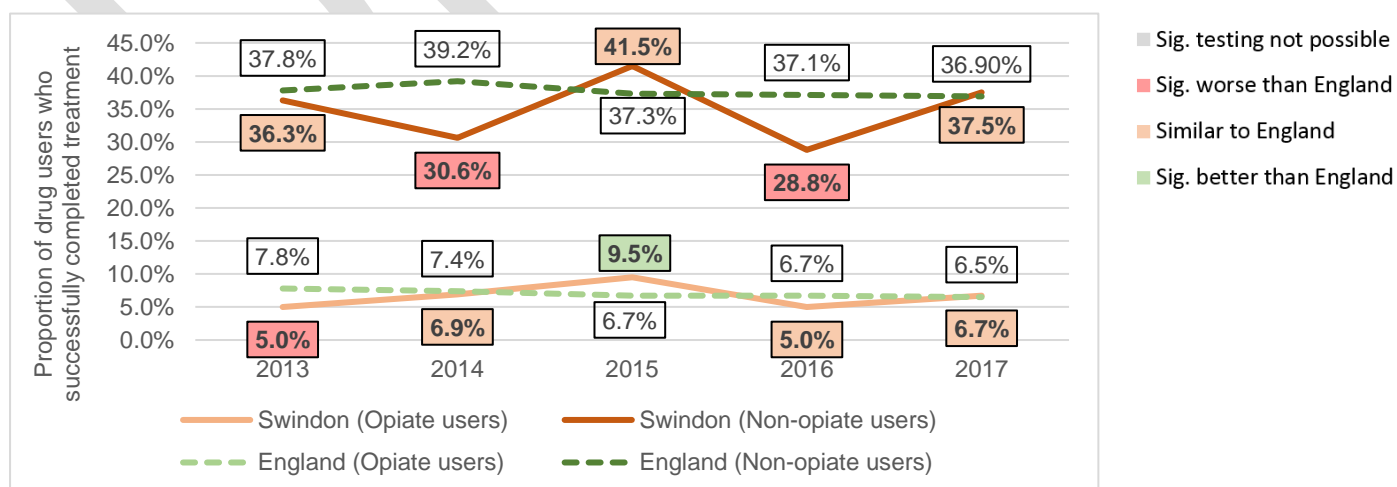


Figure 40: Proportion of opiate and non-opiate drug users who successfully completed drug treatment, and did not re-present to treatment within 6 months, in Swindon, compared to England, from 2013-2017 (Source: National Drug Treatment Monitoring System)

Self-reported wellbeing: Proportion of people with a low happiness score

Snapshot: Swindon in 2017/18

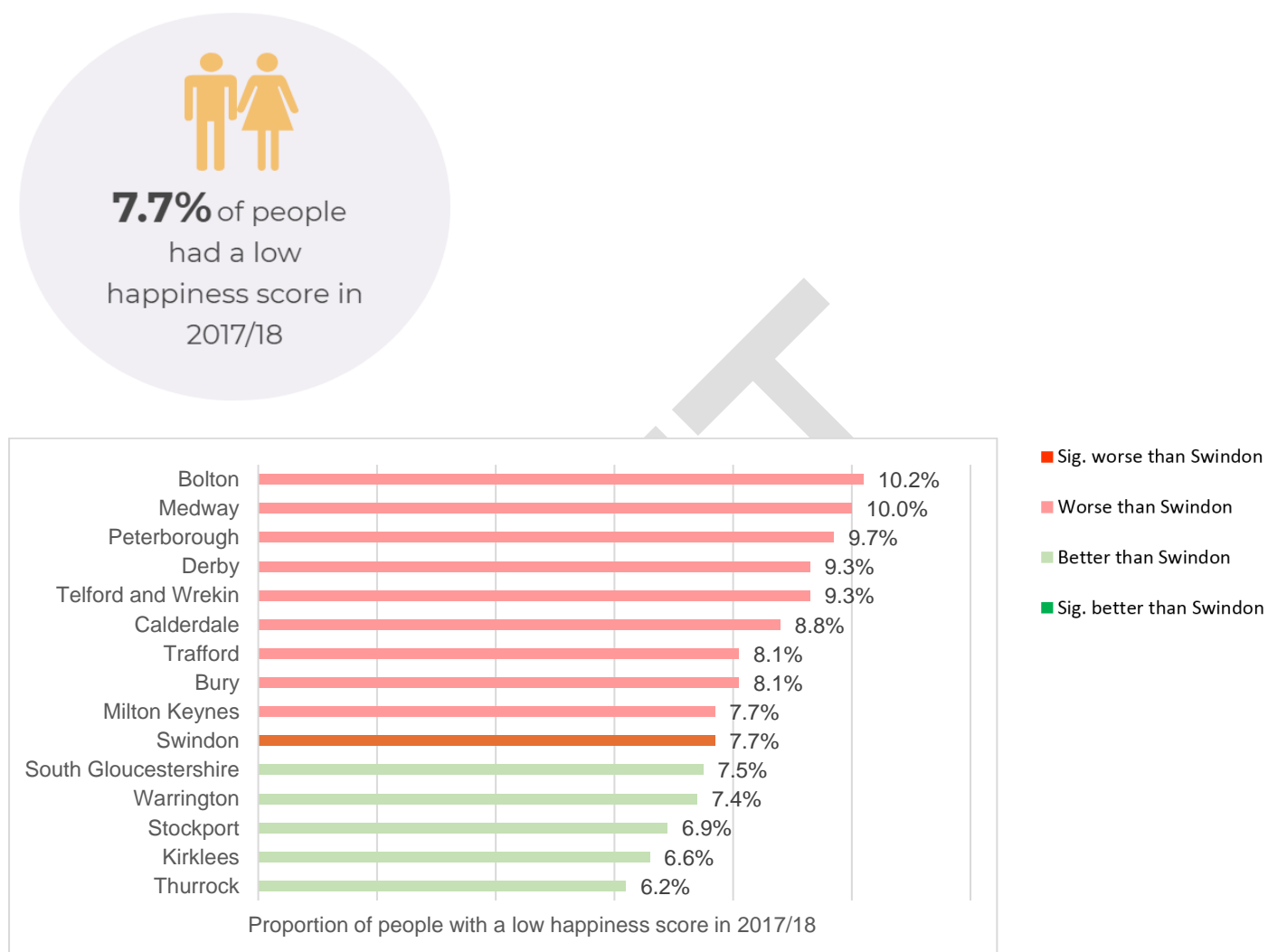


Figure 41: Proportion of people reporting a low happiness score in 2017/18 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Annual Population Survey)

Trends over time

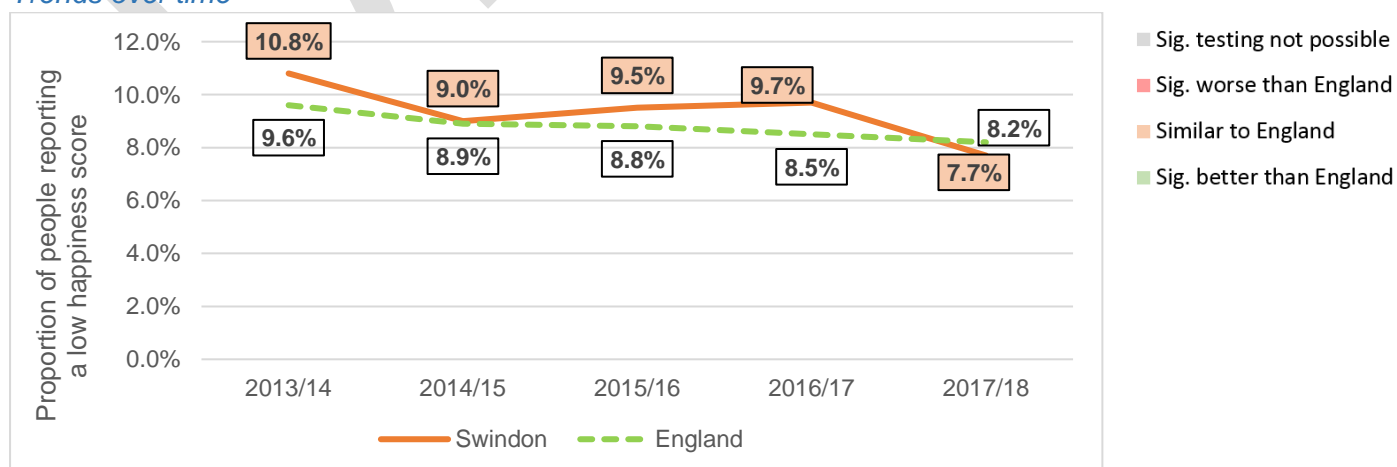


Figure 42: Proportion of people reporting a low happiness score in Swindon, compared to England, from 2013/14-2017/18 (Source: Annual Population Survey)

Suicide rate

Snapshot: Swindon from 2015-17

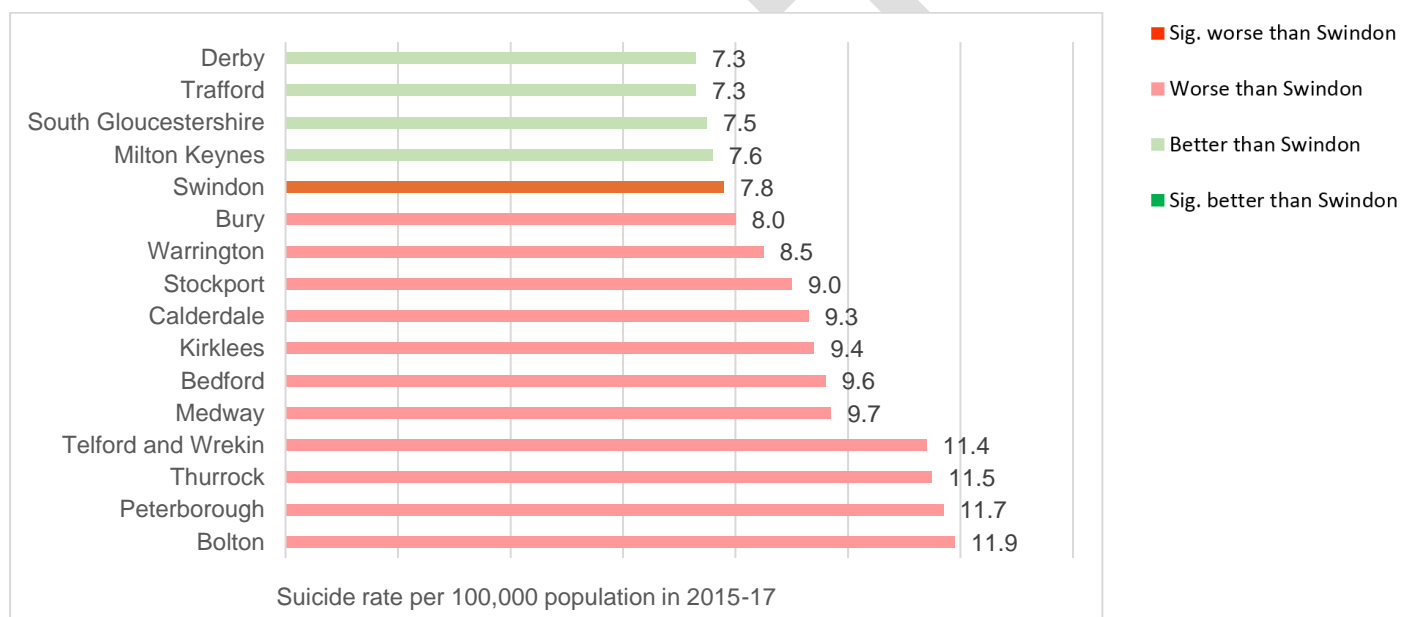
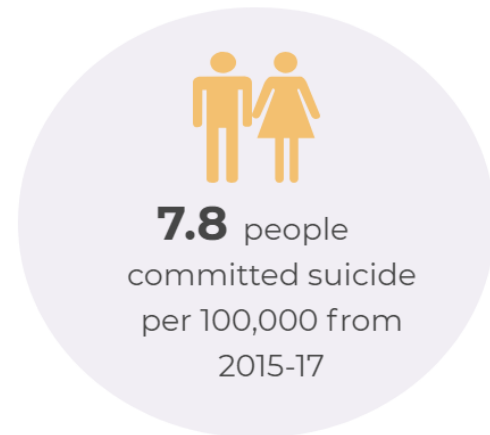


Figure 43: Suicide rate per 100,000 population from 2015-17 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: PHE)

Trends over time

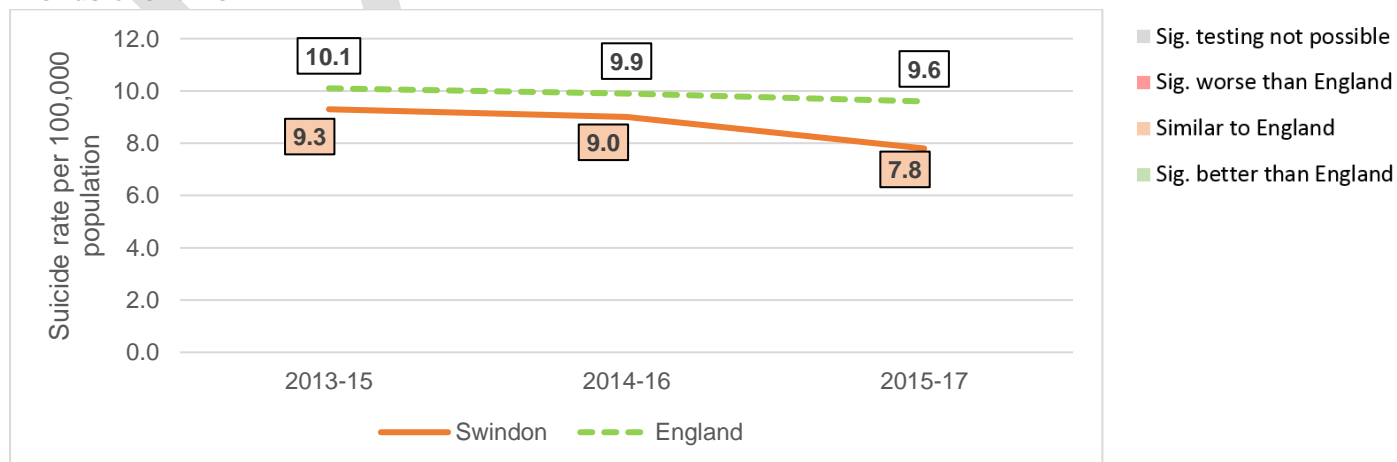


Figure 44: Suicide rate per 100,000 population in Swindon, compared to England, from 2013-15 to 2015-17 (Source: PHE)

Gap in employment rate for those in contact with secondary mental health services and overall employment rate

Snapshot: Swindon in 2016/17

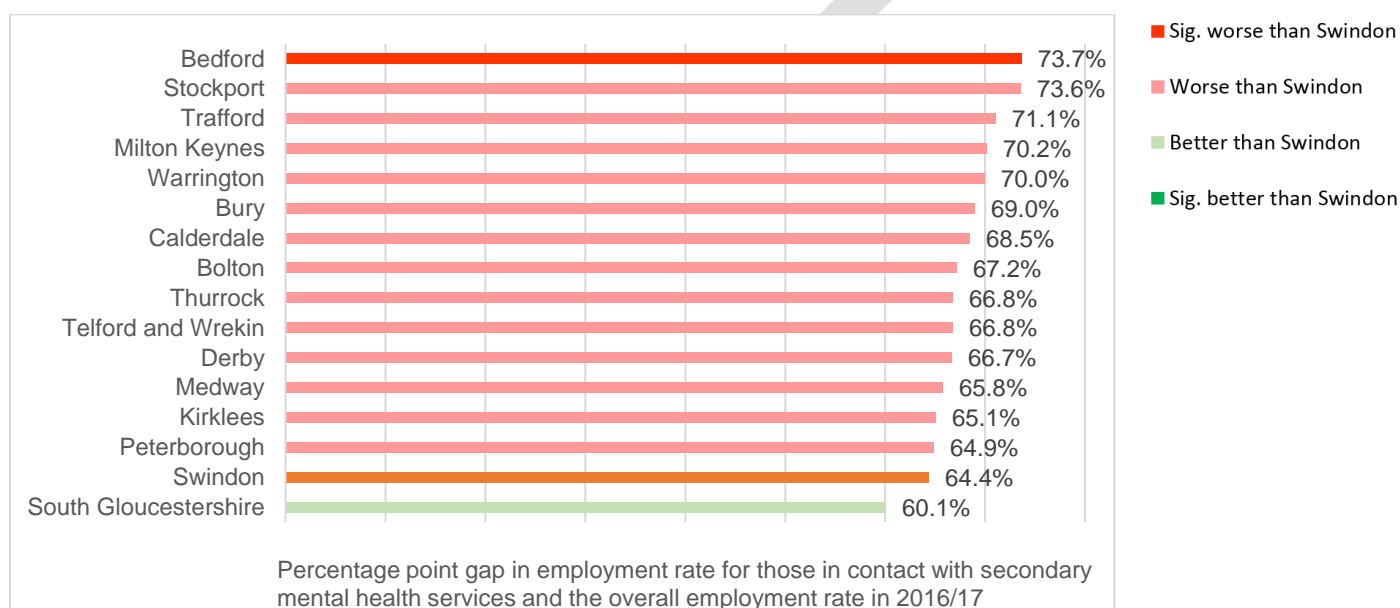
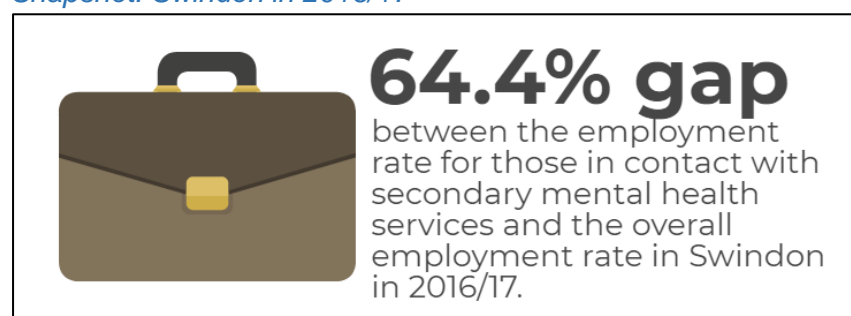


Figure 45: Percentage point gap in the employment rate for those in contact with secondary mental health services and the overall employment rate in 2016/17 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Annual Population Survey)

Trends over time

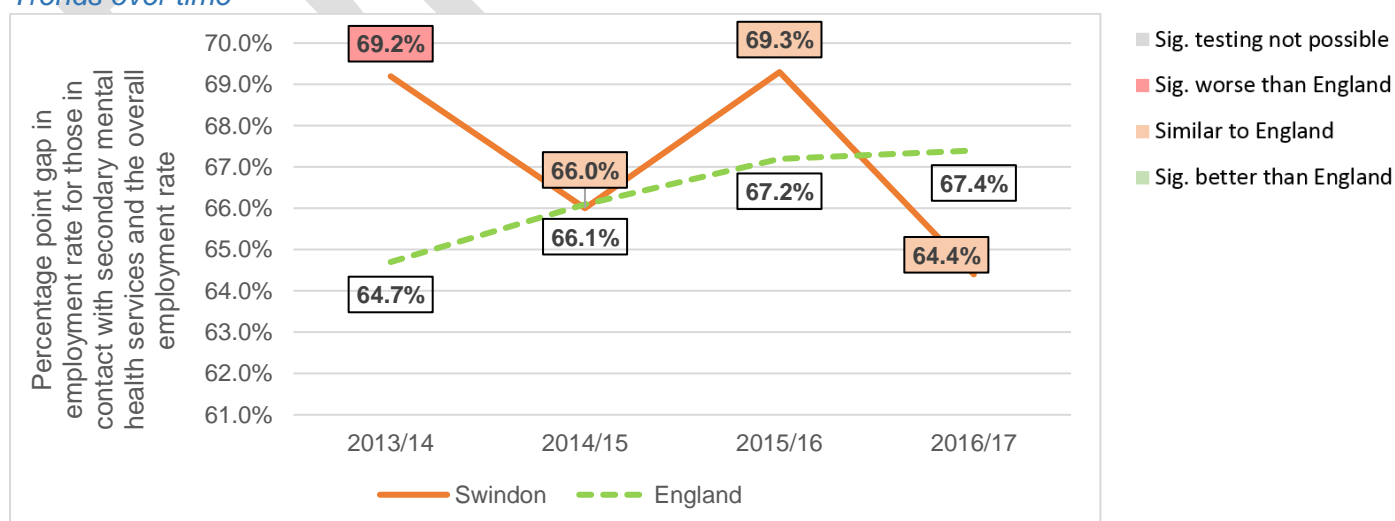


Figure 46: Percentage point gap in the employment rate for those in contact with secondary mental health services and the overall employment rate in Swindon, compared to England, from 2013/14-2016/17 (Source: Annual Population Survey)

Commentary Outcome 4

Work to improve population mental health in Swindon has been informed by an Adults Mental Health and Wellbeing Needs Assessment published in 2014 and a Children and Young People's Mental Health Needs Assessment published in 2015/16. An updated mental health needs assessment is currently being undertaken in 2018/19. A key focus of work in this area is to raise awareness of mental health and reduce the stigma associated with mental ill-health. This paves the way for prevention and early intervention by raising awareness of strategies with which people can proactively manage their mental health, and encouraging people to seek help early when needed to prevent problems from escalating. When people become unwell, the council and partners provide services and support to treat mental ill-health. Highlighted below are some of the recent achievements, future challenges and priorities in working to improve population mental health in Swindon.

Key accomplishments from 2017-present:

Prevention of mental ill-health:

- In 2017, the government produced the Prevention Concordat for Better Mental Health as recommended in the Five Year Forward View for Mental Health, which is underpinned by a prevention-focussed approach to improving population mental health. The Concordat lays out a number of key principles to guide local action to support the promotion of mental wellness and prevention of mental health problems, including for instance, evidence-based planning and commissioning and cross-sector working. In March 2018, the Health and Wellbeing Board formally adopted the Concordat. The Concordat was also ratified by the CCG Board and Cabinet.
- The Health and Wellbeing Board agreed to 2018/19 being the Year of Mental Health in Swindon. A 'Year of Mental Health' strategy has been developed, which identifies 12 priority areas for Swindon, including mental health problems associated with homelessness, prevention and early intervention in mental health problems for children and young people, workplace mental health and embedding the '5 Ways to Wellbeing' into partners' work. The 'Five Ways to Wellbeing' are evidence-based strategies to improve mental wellbeing and include connecting with others, regular physical activity, taking notice (i.e. being mindful), continued learning throughout life and helping others. In accordance with the principles of the Prevention Concordat, the Year of Mental Health campaign involves partnership working across agencies and sectors.
- Eight employees have now completed the Public Health England 'Connect 5' train-the-trainer programme, which uses the Five Ways to Wellbeing framework and a cognitive behavioural model. These trainers are now delivering the Connect 5 training to a range of partners and internal staff with the aim of empowering health and care staff to have conversations with their patients or clients about mental wellbeing.
- To support the mental health of the council's workforce, the Thriving at Work mental health project has been launched.
- Funding has been secured to offer Mental Health First Aid Training to all housing staff. This training course provides attendees with a deep understanding of mental health and with practical skills to support a person who needs assistance.
- To reduce stigma around mental health among children and young people in schools, a Mental Health Award was developed and launched for Swindon schools in 2017 as part of the Healthy Schools programme.
- Scams and doorstep crime can significantly impact victims' mental health. Older adults are more vulnerable to these types of crime due to isolation, loneliness, and/or

due to living with dementia or cognitive decline. The council's Trading Standards team works to prevent doorstep crime and scams. They work with victims to prevent repeat occurrences and provide training to raise awareness of scams and doorstep crime to other agencies, for instance to banks, the Police, and Social Services.

- A needs assessment has been carried out to investigate the impact of problem gambling in Swindon and the current support services available. Gambling is increasingly cited as a public health issue which requires a broad response.
- During 2017/18 the council ran a series of free ASIST (Applied Suicide Intervention Skills Training) Suicide Prevention courses and trained 130 front line workers from a variety of organisations in Swindon.

Services & support to treat mental ill-health:

- During Mental Health Awareness week (14th-20th May 2018), the public health team coordinated a pop up shop with 30 partners, which showcased to the public the support on offer around mental wellbeing.
- The Substances Misuse Liaison Service has been re-commissioned and is now being delivered by AWP (Avon and Wiltshire Mental Health Partnership Trust). This service works with GWH patients who attend/are admitted to hospital due to substance misuse by providing brief interventions and referral to the community substance misuse treatment service, as well as giving information and advice to medical staff treating these patients. AWP also provide a psychiatric liaison service which will contribute to tackling dual diagnosis (mental health and substance misuse issues).
- An online counselling service called Kooth has been commissioned to provide free, safe and anonymous mental health support to all children and young people in Swindon.

Key challenges/priorities for action for 2018/19-2019/20:

Prevention of mental ill-health:

- Much of the 'Year of Mental Health' campaign work is focussed on changing culture and perceptions around mental health among the public and in partner organisations. This kind of cultural change will take longer than a year to achieve - raising awareness and reducing stigma around mental health will continue to be priorities in the long-term. Improving children's mental health is also a focus of this campaign.
- In line with the principles laid out in the Prevention Concordat for Better Mental Health, utilising existing resources through partnership working is a priority.
- To promote early intervention and prevention of mental health problems among school children, Emotional Literacy Support Assistant (ELSA) training will be rolled out to all schools in Swindon free-of-charge in 2019. Staff who undertake this training will then act as a resource in schools to provide an early response to emotional wellbeing and/or emerging mental health needs; and prevent these issues from progressing to more serious mental health problems. The service will integrate and work collaboratively with existing services, in particular the local CAMHS (Child and Adolescent Mental Health Services) provider and Swindon secondary schools.
- Swindon's suicide prevention strategy will be reviewed in 2019.

Services & support to treat mental ill-health:

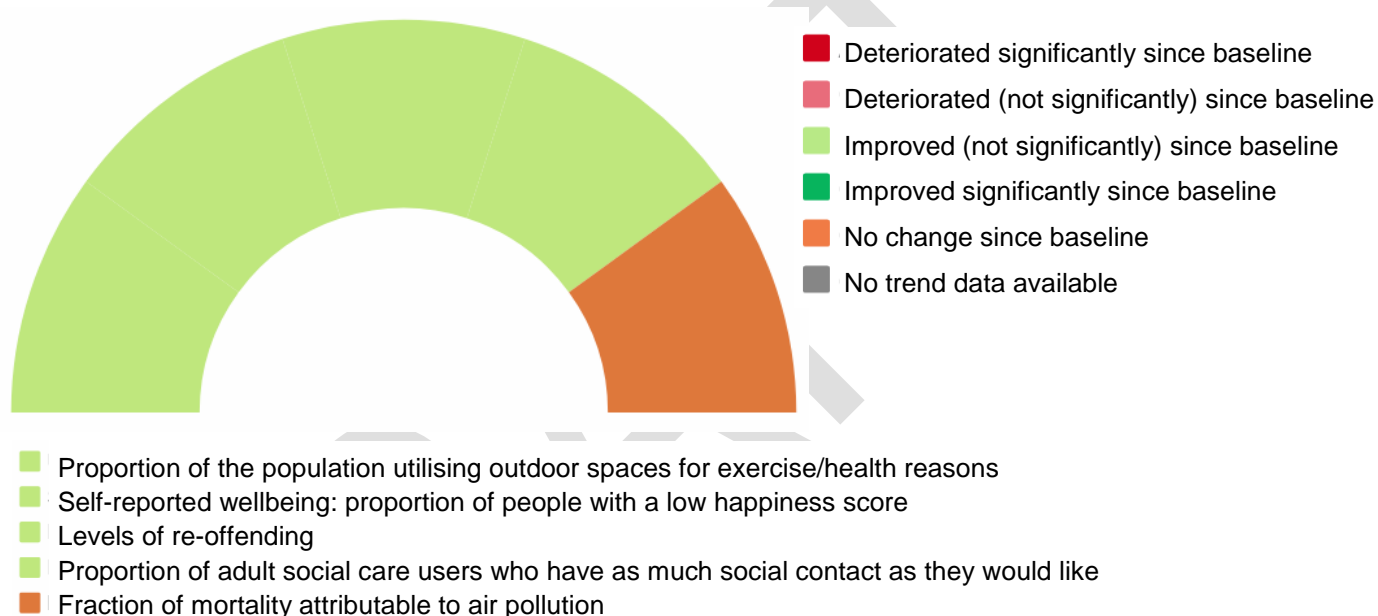
- Community mental health services for adults provided by the third sector will be re-commissioned in 2019.

Outcome 5: Creation of sustainable environments in which communities can flourish

Overview

We will focus on developing communities that have a positive impact on the way people live and how they feel about their neighbourhood. We know that well connected and vibrant communities provide a resilient and supportive local environment. It is important to appreciate and mobilise individual and community talents, skills and assets and not just focus on problems and needs. This helps to empower communities to use their own resources and skills and helps combat the idea that people are passive recipients of services.

Outcome 5: Trends in Swindon data from baseline to latest data available



Key Performance Indicators

- Utilisation of outdoor spaces for exercise/health reasons
- Proportion of adult social care service users who have as much social contact as they would like
- Levels of re-offending
- Proportion of mortality attributable to air pollution
- Self-reported wellbeing: low happiness scores (see previous section)

Key Performance Indicators

Utilisation of outdoor space for exercise/health reasons

Snapshot: Swindon in 2015/16

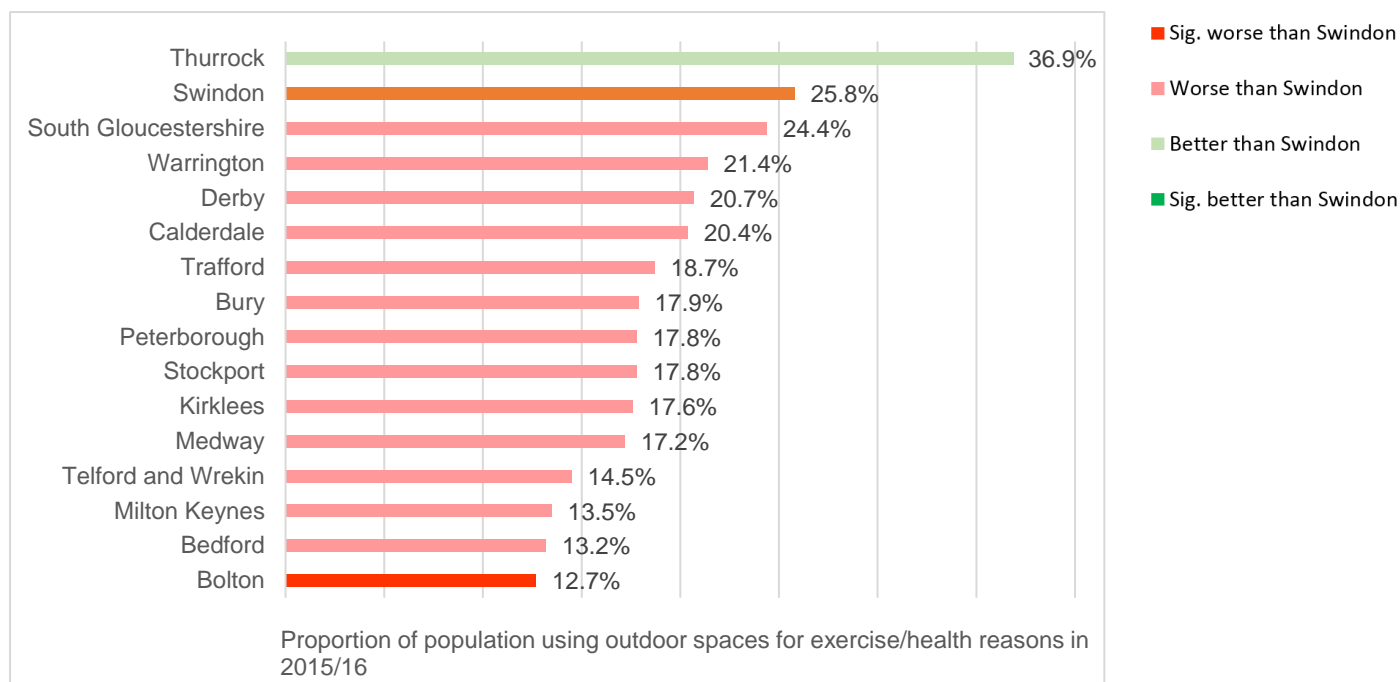
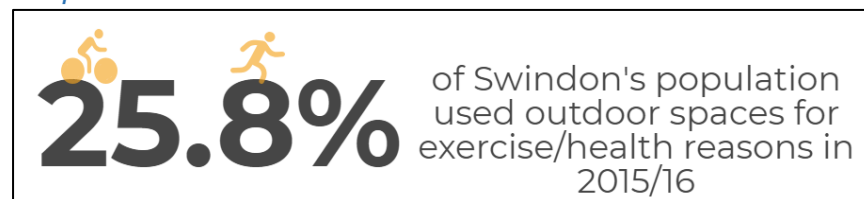


Figure 47: Proportion of the population utilising outdoor spaces for exercise/health reasons in 2015/16 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Natural England)

Trends over time

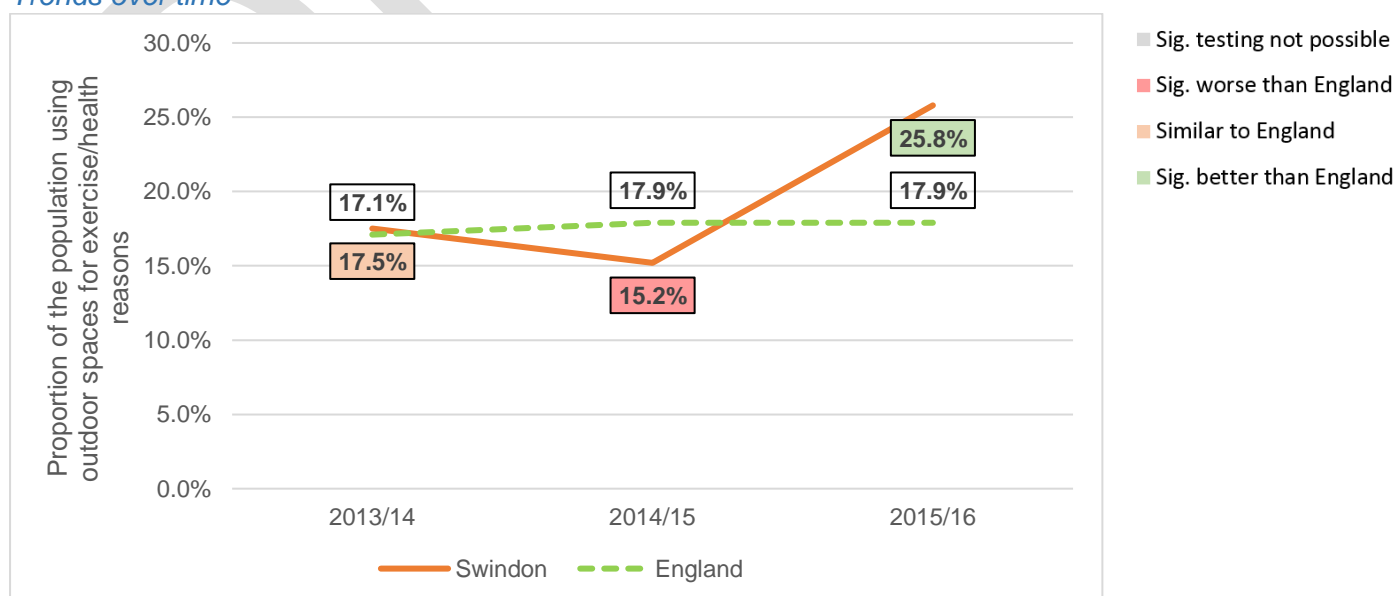


Figure 48: Proportion of the population utilising outdoor spaces for exercise/health reasons in Swindon, compared to England, from 2013/14-2015/16 (Source: Natural England)

Proportion of adult social care users who have as much social contact as they'd like

Snapshot: Swindon in 2017/18

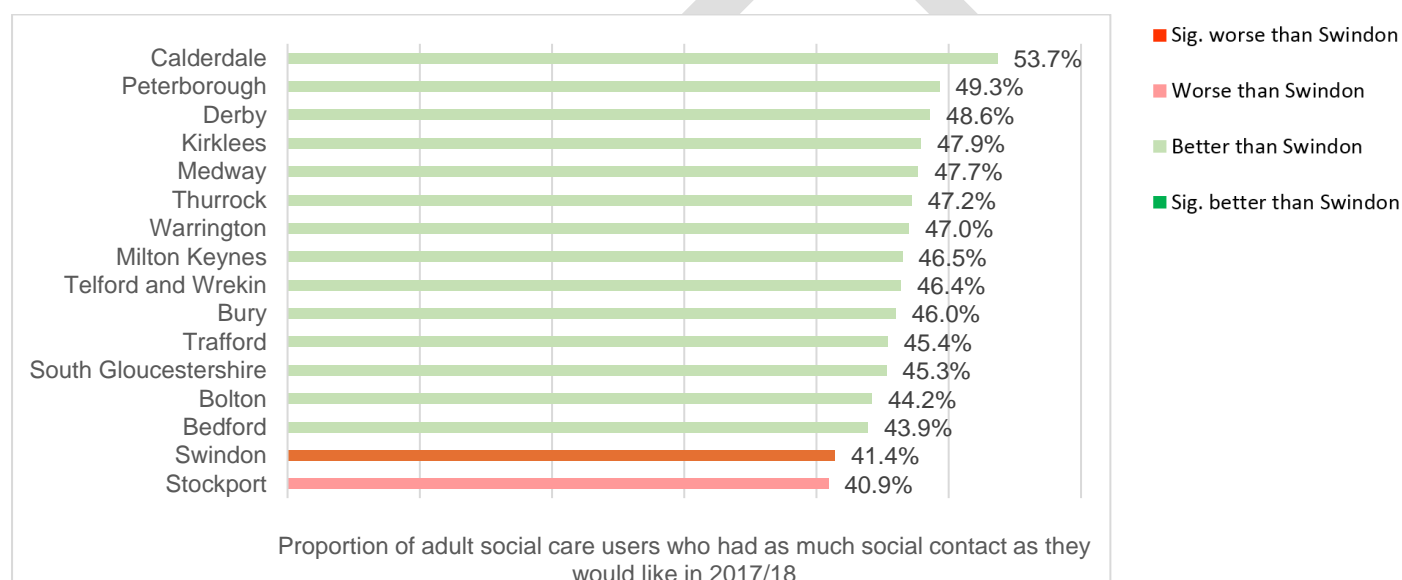
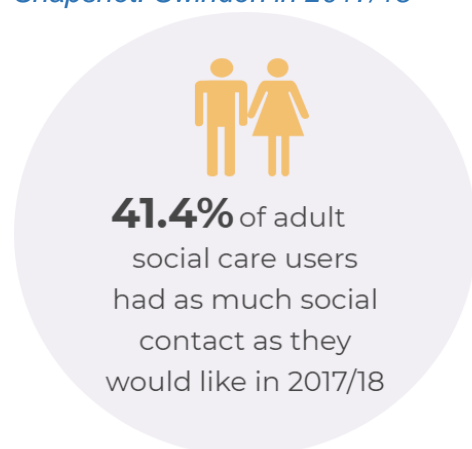


Figure 49: Proportion of adult social care users who had as much social contact as they would like in 2017/18 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Adult Social Care Survey)

Trends over time

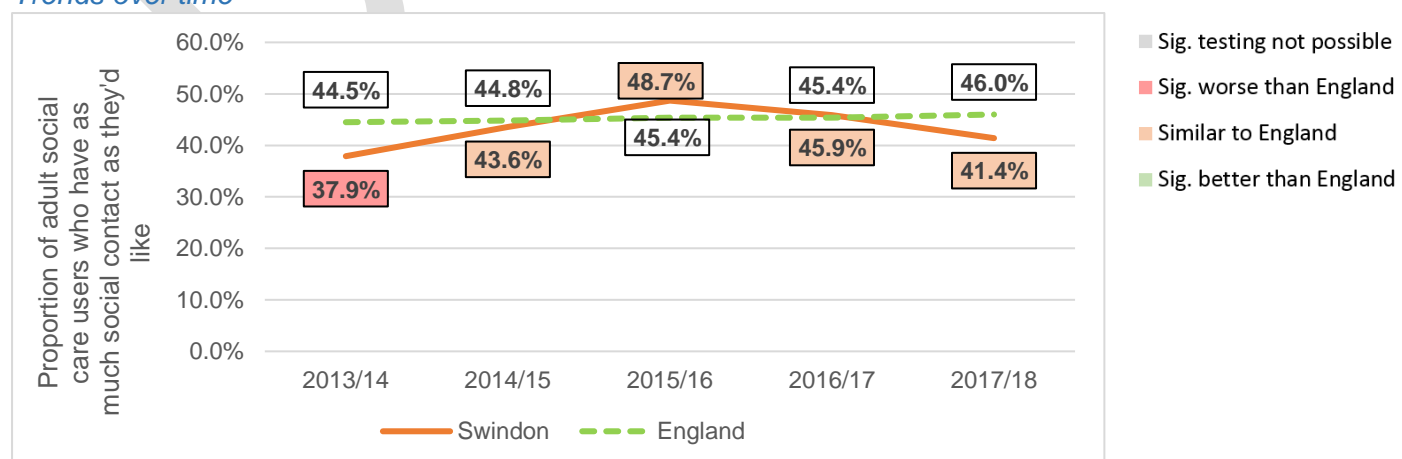


Figure 50: Proportion of adult social care users who had as much social contact as they would like in Swindon, compared to England, from 2013/14-2017/18 (Source: Adult Social Care Survey)

Levels of re-offending

Snapshot: Swindon in 2016

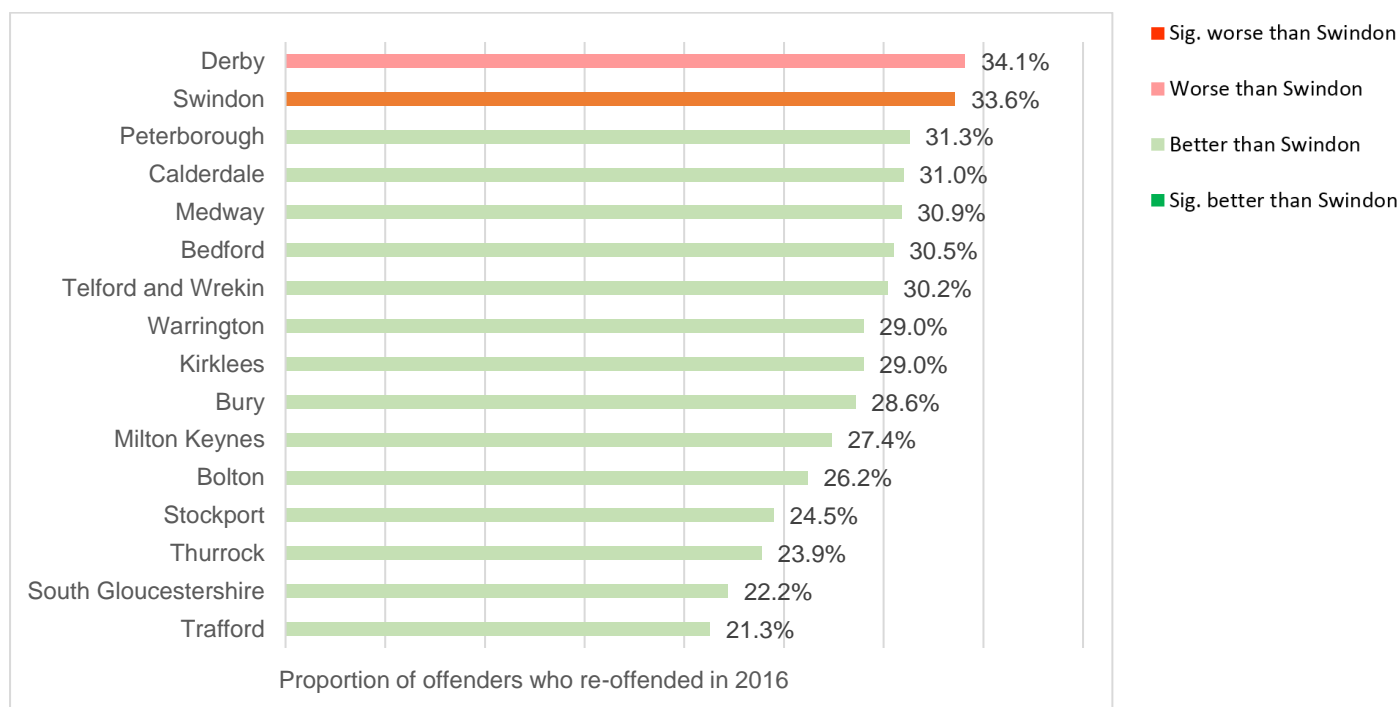


Figure 51: Proportion of offenders who re-offended in 2016 in Swindon, and its CIPFA nearest neighbours (compared to Swindon) (Source: Ministry of Justice)

Trends over time

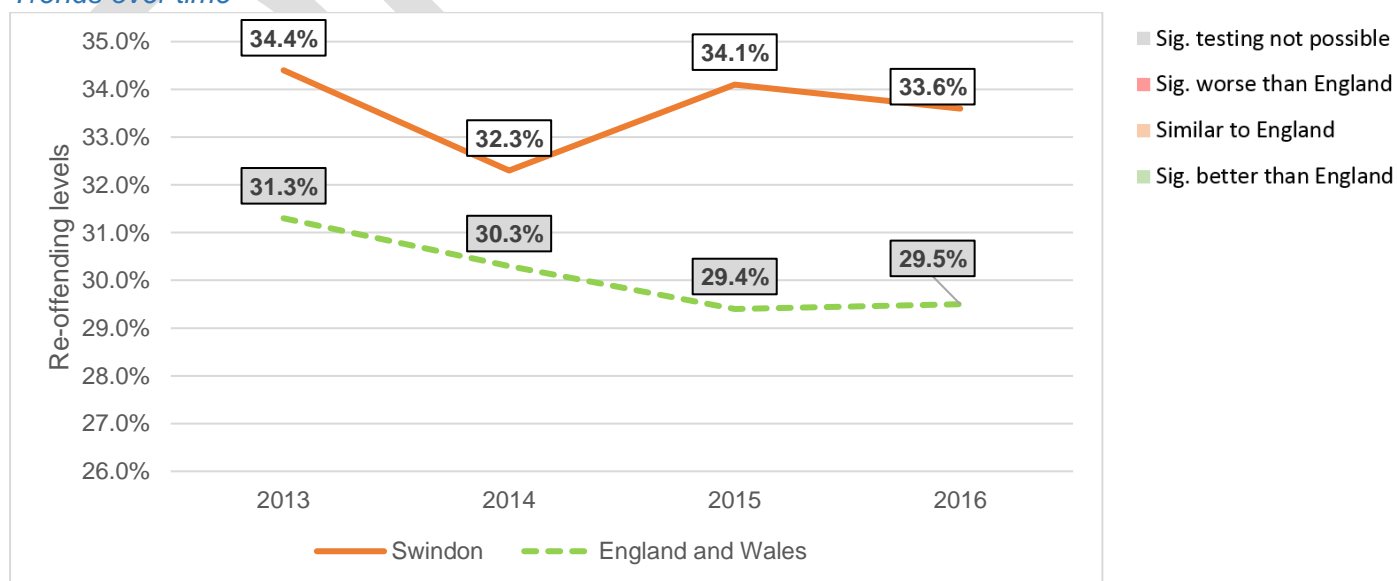


Figure 52: Proportion of offenders who re-offended in Swindon compared to England and Wales from 2013 to 2016 (Source: Ministry of Justice)

Proportion of mortality attributable to air pollution

Snapshot: Swindon in 2016

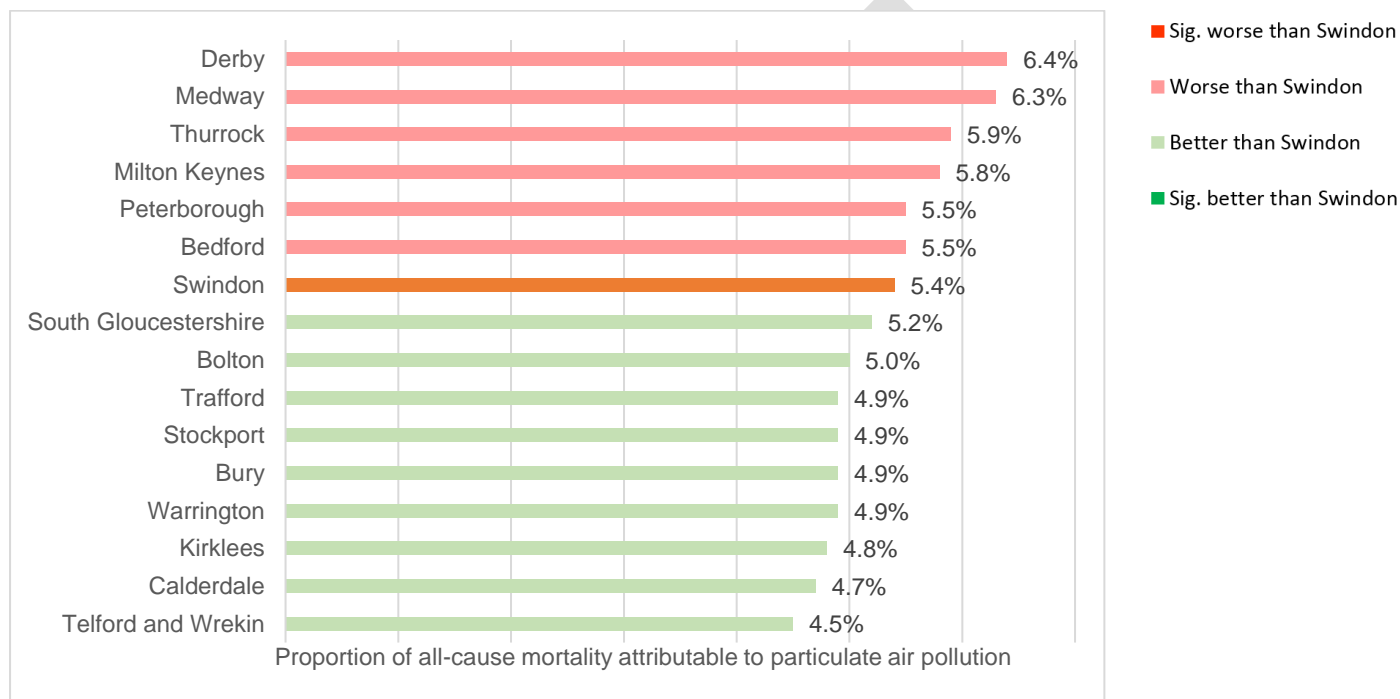
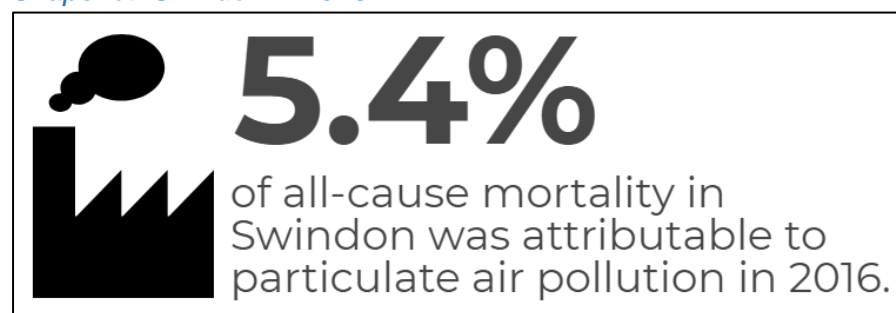


Figure 53: Proportion of all-cause mortality attributable to particulate air pollution in 2016 in Swindon and its CIPFA nearest neighbours (benchmarking based on significance testing is not available) (Source: Public Health England)

Trends over time

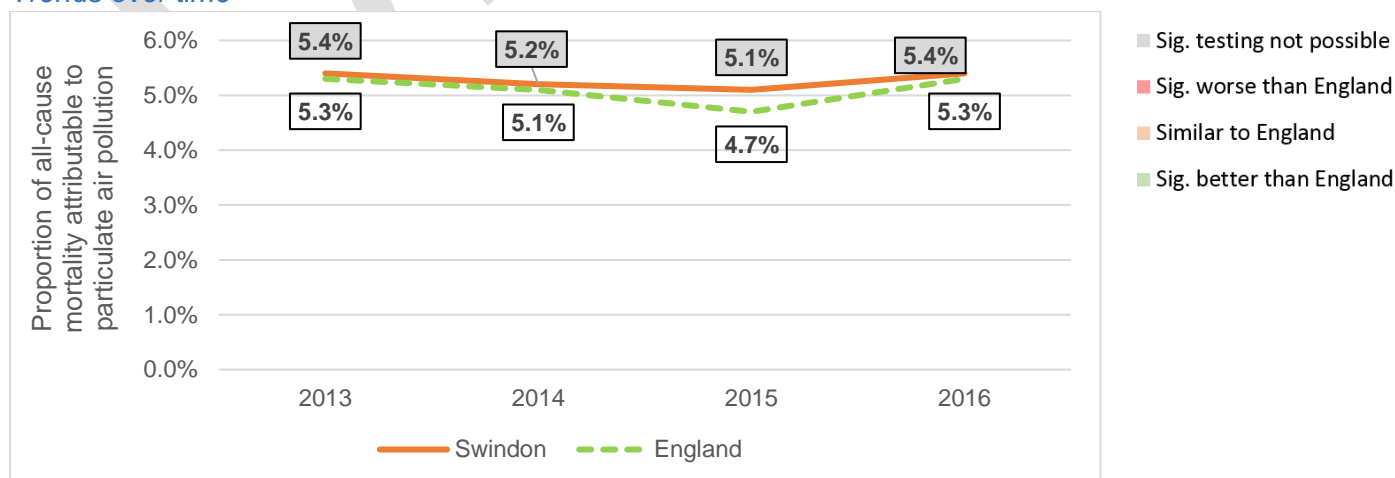


Figure 54: Proportion of all-cause mortality attributable to particulate air pollution in Swindon and England from 2013-2016 (benchmarking based on significance testing is not available) (Source: Public Health England)

Commentary Outcome 5

An important aspect of Swindon's Health and Wellbeing Strategy is its community-centred approach to improving population health and wellbeing. Community life, social connections and community health assets make a vital contribution to health and wellbeing, and can prevent people from becoming ill or needing care and support. Community health assets include, for instance, physical and environmental assets such as parks and leisure centres, the skills and knowledge of community members, and local groups and associations. In Swindon, we help people to help themselves by empowering people to use these community health assets and participate more in community life. This community-centred approach not only improves population health and wellbeing, but also mitigates demand on health and social care services. In taking a community-centred approach to improving population health in Swindon, we focus on improving community safety, creating a healthy environment that promotes active travel, and on community development (including promoting social connections and voluntary work). Highlighted below are some of the recent achievements, future challenges and priorities in striving to create sustainable environments in which communities can flourish.

Key accomplishments from 2017-present:

Improving community safety:

- The council worked closely with Wiltshire Police to produce a Community Safety Needs Assessment in 2018. A Community Safety Strategy is currently being developed based on the findings of this needs assessment – the strategy will be prevention-focussed and aligned with police priorities, namely; modern slavery and human exploitation (including criminal exploitation of the vulnerable), organised criminality (including County Lines), domestic abuse and violence against women and girls, and youth offending and emerging gang culture. County Lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”.
- Child criminal exploitation (CCE), particularly by County Lines networks, is an emerging issue in Swindon and the Police, Council and Local Safeguarding Children Board have prioritised early identification and intervention for children at risk of exploitation. Considerable progress has been made in 2018 in developing the multi-agency response to this issue. The Council led the development of an over-arching multi-agency Child Exploitation Strategy for Swindon to address the issues of CCE, child sexual exploitation (CSE) and radicalisation, among others. The remit of the multi-agency team that deals with child sexual exploitation in Swindon (the OPAL team) was extended to include CCE and the Police created a Criminal Exploitation of the Vulnerable Officer post, which sits within this team.
- Regarding modern slavery and human exploitation, Wiltshire Council and Swindon Borough Council have developed a joint policy for a Victim Reception Centre and a dedicated plan in relation to how victims are recovered and processed. Wiltshire Police have prioritised modern slavery training and awareness amongst staff to address intelligence gaps in this area.
- A Swindon and Wiltshire Strategic Knife Crime Partnership Group has been formed and a knife crime plan has been implemented. A key achievement in relation to knife crime in 2018 was Wiltshire Police's 'Op Sceptre', which saw a knife amnesty, enforcement, awareness raising activity and some targeted interventions by SBC's Youth Offending Team with key groups of children.

Creating a healthy environment that promotes active travel:

- Planning and public health work together to support the development of an active environment, with health impact assessments taking place on major developments. We have recently created signage at our local Outdoor Gym areas across Swindon to encourage residents to make use of the outdoor spaces.
- Locally, our transport policies support active travel (e.g. cycling and walking) in any new and updated developments. Swindon Borough Council, British Cycling and other stakeholders, including Wiltshire and Swindon Sports Partnership, have a Swindon Cycling agreement which provides supported cycling rides, particularly for those new to or returning to cycling.

Community development:

- Based on insight and intelligence gathered by our Community Researchers and Officers, the Community Health and Wellbeing team provides a range of community-based activities to enhance the resilience, safety and creativity of individuals. All of these activities are delivered in collaboration with the community and voluntary sector to facilitate a smooth transition to local services. For example, Coffee and Connections targets individuals who experience barriers to participation due to limited mobility or a lack of confidence. It is used as a 6 week stepping stone activity, often for clients who are involved or exiting one of the Community Health and Wellbeing team's supported interventions. Meeting regularly with others in a social space can encourage new friendships, support the development of new skills and be the catalyst for an individual to feel ready to venture out into a social setting independently or better still, with new friends.
- We have a social prescribing offer which provides health and social care professionals the opportunity to prescribe social activity as opposed to medicine. Our offer includes Community Navigators, Physical Activity Sessions, Weight Management sessions, Health Ambassadors and Befrienders.
- Our voluntary sector providers continue to perform well and we have no significant concerns regarding performance. In 2017/18, across the adult's voluntary sector commissioned providers, we have delivered 48,915 hours of volunteer time, equating to a value of £352,207 when multiplied by the minimum wage. In addition, our funding has enabled commissioned providers to secure a further £841,507 from external sources. The total added value secured through the adult voluntary sector equates to just over £1.25M, which is significant on a £2.5M budget.
- Since April 2017, we have welcomed over 280 volunteers into the Community Health and Wellbeing service, either in a long term position of befriending, helping out at groups and sessions or as a one off or short term involvement.

Looking ahead: Key challenges/priorities for action for 2018/19-2019/20:

Improving community safety:

- Developing a multi-agency Community Safety Strategy, and ensuring its effective implementation, are key priorities for 2019.

Creating a healthy environment that promotes active travel:

- Continuing to strengthen collaborative working between public health and planning remains a priority to ensure that new developments are healthy environments that promote active travel and population health, and to further embed public health into

the rewrite of the Local Plan (including embedding a Health Impact Assessment Policy into the rewrite).

Community development:

- Research has shown that people who are socially isolated use health services more and are more likely to have negative health outcomes, including depression, dementia and increased mortality risk. Loneliness and social isolation are increasing in our society, and tackling these issues is a priority for the council and partners in the year ahead, and in the long-term. As it stands, there are a number of initiatives that address loneliness and isolation but there are still gaps, demand and a lack of joined up working. The council will work to co-ordinate a Swindon-wide partnership and network of contributors, including amongst others, Age UK, Parish Councils, RVS, and the CCG, to develop a strategy and delivery plan to tackle loneliness and social isolation and identify a suitable and sustainable model which puts the community at its heart.
- In addition to Swindon Circles and Community Navigators, a new initiative that is planned to address loneliness and social isolation is the Neighbourhood Connector project. This project will take an asset based community development approach, and will involve recruiting Neighbourhood Connectors to develop relationships, understand local dynamics, facilitate conversations and act as local change agents. The Neighbourhood Connector will in turn recruit and support local volunteers to build positive connections and opportunities across the neighbourhood with the aim of increasing residents' wellbeing and facilitating a vibrant community life. The initial intensive work by the Neighbourhood Connectors in a neighbourhood will take place for up to 9 months, during which time, the focus will be on embedding and sustaining the offer. Through local intelligence from health and social care colleagues, the community and voluntary sector and residents, Toothill has been identified as the first neighbourhood in which to pilot this project.
- During 2018/19, Adult Social Care will be re-tendering the Voluntary Sector Infrastructure Support. Public Health, Adult Social Care, the CCG, and AWP are working together to re-shape the service offer for mental health support in the community.

Appendices

Appendix 1: Latest performance snapshot

The below tables present the latest figures for all indicators listed in the Health and Wellbeing Strategy, by outcome, and benchmarked against the figure for England using RAG (red, amber, green) colour-coding. Red indicates that Swindon's figure is significantly worse than England's, amber indicates that the figures for Swindon and England are similar, and green indicates that Swindon is performing significantly better than England. For indicators for which no significance testing is available, cells have been left white.

Outcome 1

Indicator	Latest snapshot	Year
Uptake of 2 year olds' funded places (as % of eligible 2 year old population)	102%	2018
Average attainment 8 score (15-16 years)	43.7	2017/18 (provisional)
Proportion of pupils who achieved a 9-4 pass in English and Maths GCSEs	61.0%	2017/18 (provisional)
Emotional wellbeing of looked after children aged 5-16 (average difficulties score)	14.4	2016/17
Percentage of children with a statement of Special Educational Needs (SEN) or Education Health and Care Plan (EHCP)	3.7%	2018
Repeat child protection cases (as % of all new child protection cases)	25.1%	Oct. 2018
Rate of children in care	71.5 per 10,000	Oct. 2018
Self-harm hospital admission rate for 10-24 year olds	694 per 100,000 aged 10-24	2016/17
Rate of first time entrants to the youth justice system	526 per 100,000	2017/18
Percentage of 16-17 year olds not in education, employment or training	6.7%	2018
Alcohol specific hospital admission rate for under 18's	27.2 per 100,000	2014/15-2016/17
Percentage of mothers smoking at time of delivery	11.2%	2017/18
Level of excess weight among 10-11 year olds	34.3%	2017/18
Infant mortality rate	3.4 per 1,000	2015-17
Prevalence of breastfeeding at 6-8 weeks from birth	45.71%	2017/18
Vaccination coverage: Dtap/IPV/Hib (2 year olds)	96.3%	2017/18
Vaccination coverage: MMR 2 doses (5 year olds)	90.3%	2017/18

Outcome 2

Indicator	Latest snapshot	Year
Carers who have their needs assessed	1,161 (72.3%)	2017/18
Alcohol-related hospital admission rate	2,306 per 100,000	2016/17
Flu vaccination coverage (65+ yrs)	72%	2017/18
Cumulative percentage of those offered an NHS Health Check who received a Health Check	44.6%	2013/14-2017/18
Total delayed transfers of care	13.1 on a particular day per 100,000 aged 18+	2017/18
Smoking prevalence (adults)	17.3%	2017
Under 75 mortality rate from respiratory disease	33.8 per 100,000	2015-2017
Under 75 mortality rate from cardiovascular disease	67.5 per 100,000	2015-2017
Under 75 mortality rate from cancer	143.4 per 100,000	2015-2017
Proportion of physically active adults	68.9%	2017/18 (provisional)
Permanent admissions of older people (65+) into residential and nursing care	481 per 100,000 aged 65+	2017/18

Outcome 3

Indicator	Latest snapshot	Year
Proportion of social service users who find it easy to find information about support	71.3%	2017/18
Proportion of adults with learning disabilities in paid employment	5.8%	2017/18
Proportion of social service users who feel safe	75.9%	2017/18
Proportion of adults with a learning disability living independently	73.9%	2017/18
Number of households prevented from becoming homeless	2.62 per 1,000 households	2017/18
Bowel cancer screening coverage	56.1%	2017
Female healthy life expectancy at birth	61.0 years	2014-2016
Cervical cancer screening coverage	71.8%	2017
Male healthy life expectancy at birth	64.4 years	2014-2016
Female life expectancy at birth	83.0 years	2014-2016
Male life expectancy at birth	79.9 years	2014-2016
Breast cancer screening coverage	78.9%	2017

Outcome 4

Indicator	Latest snapshot	Year
Incidents of domestic violence	19.2 per 1,000	2016/17
Rate of first time entrants to the youth justice system	526 per 100,000	2017/18
Non-opiate users: successful completion of drug treatment	37.5%	2017
Opiate users: successful completion of drug treatment	6.7%	2017
Suicide rate	7.8 per 100,000	2015-2017
Self-reported wellbeing: proportion of people with a low happiness score	7.7%	2017/18
Employment rate gap for those in contact with secondary mental health services versus overall employment rate	64.4%	2016/17

Outcome 5

Indicator	Latest snapshot	Year
Levels of re-offending (proportion of offenders who re-offend)	33.6%	2016
Fraction of mortality attributable to air pollution	5.4%	2016
Self-reported wellbeing: proportion of people with a low happiness score	7.7%	2017/18
Proportion of adult social care users who have as much social contact as they would like	41.4%	2017/18
Proportion of the population utilising outdoor spaces for exercise/health reasons	25.8%	2015/16

Appendix 2: Swindon's performance over time

The below tables present the time trend data for the KPIs for each outcome, showing how Swindon's performance has changed since 2013 (or the earliest available data point since 2013). The tables are colour-coded to indicate the direction and statistical significance of trends within Swindon's data:

- Green indicates an improvement since 2013, red indicates a deterioration, and amber indicates no change.
- Dark red and dark green indicate a statistically significant trend, whereas light red and light green indicate that the trend is not statistically significant.

Outcome 1

Indicator	Data Points	Trend since baseline
Vaccination coverage (Dtap/IPV/Hib: 2 yrs)	- 2013/14: 98.2% - 2014/15: 97.0% - 2015/16: 97.6% - 2016/17: 96.3% - 2017/18: 96.3%	Decreased significantly
Vaccination coverage (MMR 2 doses: 5 yrs)	- 2013/14: 92.8% - 2014/15: 93.2% - 2015/16: 93.3% - 2016/17: 91.9% - 2017/18: 90.3%	Decreased significantly
Children in care (rate)	- 2013: 53 per 10,000 - 2014: 52 per 10,000 - 2015: 51 per 10,000 - 2016: 59 per 10,000 - 2017: 66 per 10,000 - Oct. 2018: 71.5 per 10,000	Increased significantly
Repeat child protection cases (% of all new child protection cases)	- 2014: 12.4% - 2015: 19.2% - 2016: 19.0% - 2017: 20.2% - Oct. 2018: 25.1%	Increased significantly
Breastfeeding prevalence (6-8 wks from birth)	- 2015/16: 47.8% - 2016/17: 47.4% - 2017/18: 45.7%	Decreased, not significantly
Average Attainment 8 score (15-16 yrs)	- 2014/15: 47.1 - 2015/16: 48.0 - 2016/17: 42.9 - 2017/18: 43.7	Decreased (significance testing not available)
Excess weight prevalence (10-11 yrs)	- 2013/14: 33.2% - 2014/15: 34.6% - 2015/16: 32.6% - 2016/17: 34.7% - 2017/18: 34.3%	Increased, not significantly
16-17 year old NEETs, or with unknown activity (% of 16-17 year olds)	- 2013/14: 5.6% - 2014/15: 4.0% - 2015/16: 6.1% - 2016/17: 6.7% - 2017/18: 6.7%	Increased, not significantly
Infant mortality rate	- 2013-15: 3.0 per 1,000 - 2014-16: 3.0 per 1,000 - 2015-17: 3.4 per 1,000	Increased, not significantly

Uptake of 2 year olds' funded places (% of eligible 2 year old population)	- 2015: 54% - 2016: 77% - 2017: 79% - 2018: 102%	Increased (significance testing not available)
Alcohol specific admission rate (under 18's)	- 2013/14-2015/16: 41.9 per 100,000 - 2014/15-2016/17: 27.2 per 100,000	Decreased, not significantly
Self-harm admission rate (10-24 yrs)	- 2013/14: 715.3 per 100,000 - 2014/15: 911.5 per 100,000 - 2015/16: 775.2 per 100,000 - 2016/17: 694.0 per 100,000	Decreased, not significantly
Emotional wellbeing of looked after children aged 5-16: average difficulties score	- 2013/14: 14.6 - 2014/15: 13.7 - 2015/16: 15.1 - 2016/17: 14.4	Decreased (significance testing not available)
Percentage of children with statement of SEN or EHCP	- 2013: 3.6% - 2014: 3.7% - 2015: 3.8% - 2016: 3.8% - 2017: 3.7% - 2018: 3.7%	Increased (significance testing not available)
Percentage of pupils who achieved a 9-4 pass in English and Maths GCSEs	- 2014/15: 55.4% - 2015/16: 61.0% - 2016/17: 60.0% - 2017/18: 61.0%	Increased significantly
Smoking prevalence at time of delivery	- 2013/14: 14.1% - 2014/15: 12.7% - 2015/16: 11.4% - 2016/17: 11.5% - 2017/18: 11.2%	Decreased significantly
First time entrants to the youth justice system (rate)	- 2013: 746.7 per 100,000 - 2014: 656.2 per 100,000 - 2015: 805.1 per 100,000 - 2016: 547.6 per 100,000 - 2017: 607.9 per 100,000 - 2017/18: 526 per 100,000	Decreased significantly

Outcome 2

Indicator	Data points	Trend since baseline
Flu vaccination coverage (65+ yrs)	2013/14: 74.8% 2014/15: 74.0% 2015/16: 72.3% 2016/17: 71.5% 2017/18: 72.0%	Decreased significantly
Alcohol-related hospital admission rate	2013/14: 2,069 per 100,000 2014/15: 2,090 per 100,000 2015/16: 2,201 per 100,000 2016/17: 2,306 per 100,000	Increased significantly
Carers who have their needs assessed	2013/14: 1,555 2017/18: 1,161	Decreased (significance testing not available)
Total delayed transfers of care	2013/14: 11.4 per 100,000 aged 18+ 2014/15: 16.2 per 100,000 2015/16: 14.7 per 100,000 2016/17: 13.9 per 100,000 2017/18: 13.1 per 100,000	Increased, not significantly
Smoking prevalence (adults)	2013: 18.8% 2014: 18.0% 2015: 18.6% 2016: 14.9% 2017: 17.3%	Decreased, not significantly
Under 75 mortality rate from respiratory disease	2013-2015: 35.2 per 100,000 2014-2016: 36.5 per 100,000 2015-2017: 33.8 per 100,000	Decreased, not significantly
Under 75 mortality rate from cardiovascular disease	2013-2015: 75.9 per 100,000 2014-2016: 71.3 per 100,000 2015-2017: 67.5 per 100,000	Decreased, not significantly
Under 75 mortality rate from cancer	2013-2015: 146.6 per 100,000 2014-2016: 145.5 per 100,000 2015-2017: 143.4 per 100,000	Decreased, not significantly
Proportion of physically active adults	2015/16: 67.0% 2016/17: 67.9% 2017/18: 68.9% (provisional)	Increased, not significantly
People taking up an NHS Health Check invite per year	2013/14: 45.0% 2014/15: 36.2% 2015/16: 49.5% 2016/17: 49.5% 2017/18: 44.1%	Increased significantly (PHE test of trend)
Permanent admissions of older people (65+) into residential and nursing care	2013/14: 717 per 100,000 2014/15: 676.2 per 100,000 2015/16: 665.3 per 100,000 aged 65+ 2016/17: 569.2 per 100,000 2017/18: 481 per 100,000	Decreased, significantly

Outcome 3

Indicator	Data points	Trend since baseline
Cervical cancer screening coverage	2013:73.3% 2014: 73.5% 2015: 72.4% 2016: 72.4% 2017: 71.8%	Decreased significantly
Number of households prevented from becoming homeless	2013/14: 4.18 per 1,000 households 2014/15: 3.52 per 1,000 households 2015/16: 2.92 per 1,000 households 2016/17: 2.61 per 1,000 households 2017/18: 2.62 per 1,000 households	Decreased significantly
Female healthy life expectancy at birth	2013-2015: 61.6 years 2014-2016: 61.0 years	Decreased, not significantly
Proportion of social service users who find it easy to find information about support	2013/14: 68.4% 2014/15: 74.3% 2015/16: 75.5% 2016/17: 68.4% 2017/18: 71.3%	Increased, not significantly
Proportion of adults with learning disabilities in paid employment	2014/15: 3.6% 2015/16: 3.5% 2016/17: 5.4% 2017/18: 5.8%	Increased, not significantly
Male healthy life expectancy at birth	2013-2015: 64.1 years 2014-2016: 64.4 years	Increased, not significantly
Female life expectancy at birth	2013-2015: 82.8 years 2014-2016: 83.0 years	Increased, not significantly
Male life expectancy at birth	2013-2015: 79.6 years 2014-2016: 79.9 years	Increased, not significantly
Breast cancer screening coverage	2013: 78.7% 2014: 79.3% 2015: 79.6% 2016: 78.7% 2017: 78.9%	Increased, not significantly
Proportion of social service users who feel safe	2013/14: 59.1% 2014/15: 65.7% 2015/16: 70.1% 2016/17: 70.0% 2017/18: 75.9%	Increased significantly
Bowel cancer screening coverage	2015: 51.3% 2016: 54.1% 2017: 56.1%	Increased significantly
Proportion of adults with a learning disability living independently	2013/14: 65.8% 2014/15: 70.5% 2015/16: 71.3% 2016/17: 74.7% 2017/18: 73.9%	Increased significantly

Outcome 4

Indicator	Data points	Trend since baseline
Incidents of domestic violence	2015/16: 19.1 per 1,000 2016/17: 19.2 per 1,000	Increased, not significantly
Non-opiate users: successful completion of drug treatment	2013: 36.3% 2014: 30.6% 2015: 41.5% 2016: 28.8% 2017: 37.5%	Increased, not significantly
Opiate users: successful completion of drug treatment	2013: 5.0% 2014: 6.9% 2015: 9.5% 2016: 5.0% 2017: 6.7%	Increased, not significantly
Suicide rate	2013-2015: 9.3 per 100,000 2014-2016: 9.0 per 100,000 2015-2017: 7.8 per 100,000	Decreased, not significantly
Self-reported wellbeing: proportion of people with a low happiness score	2013/14: 10.8% 2014/15: 9.0% 2015/16: 9.5% 2016/17: 9.7% 2017/18: 7.7%	Decreased, not significantly
Employment rate gap for those in contact with secondary mental health services versus overall employment rate	2013/14: 69.2% 2014/15: 66.0% 2015/16: 69.3% 2016/17: 64.4%	Decreased, not significantly
Rate of first time entrants to the youth justice system	2013: 746.7 per 100,000 2014: 656.2 per 100,000 2015: 805.1 per 100,000 2016: 547.6 per 100,000 2017: 607.9 per 100,000 2017/18: 526 per 100,000	Decreased significantly

Outcome 5

Indicator	Data points	Trend since baseline
Levels of re-offending (proportion of offenders who re-offend)	2013: 34.4% 2014: 32.3% 2015: 34.1% 2016: 33.6%	Decreased (significance testing not available)
Self-reported wellbeing: proportion of people with a low happiness score	2013/14: 10.8% 2014/15: 9.0% 2015/16: 9.5% 2016/17: 9.7% 2017/18: 7.7%	Decreased, not significantly
Proportion of adult social care users who have as much social contact as they would like	2013/14: 37.9% 2014/15: 43.6% 2015/16: 48.7% 2016/17: 45.9% 2017/18: 41.4%	Increased, not significantly
Proportion of the population utilising outdoor spaces for exercise/health reasons	2013/14: 17.5% 2014/15: 15.2% 2015/16: 25.8%	Increased, not significantly
Fraction of mortality attributable to air pollution	2013: 5.4% 2014: 5.2% 2015: 5.1% 2016: 5.4%	No change since baseline

Maternity Transformation – approach to consultation

Health and Wellbeing Board

Date: 12 December 2018

Maternity Transformation – approach to consultation

Health and Wellbeing Board

Date: 12 December 2018

Author: Gill May, Director of Nursing, Swindon CCG
Lucy Baker, STP Programme Director for Maternity

Wards: All Wards

Parishes Affected: All Parish Areas

1. Purpose and Reasons

- 1.1 This report provides the Health and wellbeing Board with a consultation approach document which outlines the approach to be taken in engaging and consulting with the public and key stakeholders about the Maternity Services proposal for change across BANES, Swindon and Wiltshire. A Communications Strategy and Consultation plan is also provided.
- 1.2 Both papers outline the approach which will be taken in support of the public consultation, when it begins, on the proposal for maternity transformation.
- 1.3 The Health and Wellbeing Strategy Outcome 1. Every child and young person in Swindon has a healthy start in life identifies the importance of focusing on pregnancy and the first few years of a child's life (especially those who are more disadvantaged and vulnerable).
- 1.4 This report provides information on the planning and provision of maternity services across Swindon and the wider Sustainability and Transformation Partnership (STP) footprint which is BANES, Swindon and Wiltshire.

2. Recommendations

The Board is recommended to:

- 2.1 Discuss the plans and approve the approach to the consultation (Appendix 1) and the communications strategy (Appendix 2) . Approval is sought in order to support the NHS England assurance process and is required in order that the consultation can be undertaken.

Maternity Transformation – approach to consultation

Health and Wellbeing Board

Date: 12 December 2018

3. Detail

- 3.1 The BANES, Swindon and Wiltshire Local Maternity System, or LMS, over the past 15 months has worked with women and families, its staff and partner organisations from across Bath & North East Somerset, Wiltshire and Swindon, to co-create a vision for maternity services and together they have developed a Maternity Transformation Plan to set out what they need to do to get there.
- 3.2 The LMS began this journey by talking to its clinical teams and over 2,000 women and other people with an interest in maternity services. Their feedback, along with national guidance, such as 'Better Births', and the Five Year Forward View, has been used to describe the challenges faced, outline what the future should look like and shape the proposals for change to help achieve a shared vision.
- 3.3 Nationally budgets are tight and demands for services continue to increase. At a local level there is a need to be able to support more women and their families needing maternity services within the resources available and, as such, the LMS needs to explore new and innovative ways of providing maternity care.
- 3.4 The LMS is committed to providing high quality services, delivered by the right mix of staff in an appropriate environment.
- 3.5 The LMS will continue to offer women a choice of giving birth in an Alongside Midwife-Led Unit, a Freestanding Midwife –led unit, a Consultant-led Unit or giving birth at home. However, at the moment this balance is not right across the LMS.
- 3.6 It is not sustainable to continue to provide maternity services in the way that the LMS currently does. Something needs to change, and together the LMS can shape services to make them sustainable for the future by improving how and where they provide them.
- 3.7 Proposals will set out plans to enhance the maternity services provided and provide the foundations needed to realise the longer-term transformation plan for maternity services across the BSW footprint. This will allow the LMS to offer more equal access of choice of place of birth and make sure there is the right resources in the right place at the right time.

4. Alternative Options

- 4.1 The main consultation document will provide information on alternative options.

Maternity Transformation – approach to consultation

Health and Wellbeing Board

Date: 12 December 2018

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 None

Legal and Human Rights Implications

5.2 None.

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

5.3 None

Diversity Impact Assessment

5.4 Will form part of the Maternity Transformation programme of work.

Risk Management

5.5 None

6. Consultees

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

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix 1: Consultation Plans

8.2 Appendix 2: Communications Strategy

Maternity Transformation – approach to consultation
Health and Wellbeing Board

Date: 12 December 2018

Consultation Plans

1.1 Introduction

The Maternity Services reconfiguration programme is committed to continuing to engage with all relevant stakeholders.

The following information outlines the approach to be taken in engaging and consulting with the public and key stakeholders about the proposal for change. A detailed Communications Strategy and Consultation plan can be found in appendix 8.

1.2 Purpose of the formal consultation

Patient and Public Engagement (PPE) activities will be conducted in line with the Government's Consultation Principles for Public Bodies (October 2013), the Equality Act (2010) and Section 242, Subsection (1B)(b) of the Health Act 2006 (as amended). Involving service users and their representatives, clinical teams and other key stakeholders throughout the process will also contribute to assurance against the Secretary of State's five tests for service change.

Early engagement and involvement has aimed to create an understanding of the challenges faced and the need for change, and contributed to the co-creation of the proposal for change.

Formal engagement and consultation will build on this to:

- Demonstrate a 'you said, we did' approach to service reconfiguration, highlight what we have heard during informal engagement and demonstrate how this has shaped the proposals for change.
- Draw further discussion and feedback on the proposal for change working in partnership with stakeholders to secure the best possible solution for service reconfiguration.
- Ensure successful implementation of the proposal.

1.3 Our guiding principles for consultation

- We will clearly set out the results of our informal pre-consultation engagement activities and how the key themes identified helped inform the proposal for change.
- We will clearly set out what we are proposing, why these changes are needed, and why we are consulting with patients and the public. People must

be very clear how their views and feedback will be used/have influence, and what the full consultation process involves.

- We will provide sufficient, good quality information in a number of different formats and mediums using a number of different channels, ensuring that people have as much information as required on which to consider our proposal.
- We will consult with the public with an open mind.
- We will work with service providers, primary care professionals, Healthwatch, charities and community groups to identify and consult with a diverse range of groups who will potentially be impacted by the proposal.
- We will liaise with Health Overview Scrutiny Committees to discuss arrangements to consult with them.
- We will consult with different groups in ways that are meaningful and appropriate for them including face to face meetings and surveys.
- We will use communications and engagement channels which will provide patients, public and other stakeholders out of area information and opportunity to feedback on the proposal.
- We will make sure that information and events are fully accessible, and are shared widely over a sufficient time period, so that all groups can fully engage in the consultation process.
- Resources are limited and we will maximise all communications and engagement channels available to Trust and CCG partners.
- We will take patient and public views and feedback into account before making a final decision.
- We will invite our stakeholders to suggest alternative options to the ones we are proposing and give these options genuine consideration, if they meet the challenges and criteria outlined in our Pre Consultation Business Case.
- We will share stakeholder feedback publicly and explain our final decision(s) with honesty and transparency.
- If the CCGs take a decision that goes against the general views of the public, it must have strong, evidenced reasons for this and will make sure these reasons are recorded.

1.4 Stakeholders

The LMS has many stakeholders; in order to ensure consultation activities are tailored around individual needs, we will analyse various the audiences. We will do this by identifying groups and/or individuals for each stakeholder as appropriate, undertaking analysis of stakeholder's needs so we can understand who we need to communicate with and how.

Stakeholder groups include:

- Public – (service users and their representatives , families, community and minority and seldom heard groups)
- Internal stakeholders – (clinical teams providing the service, wider Trust and CCG staff)

- Commissioners – (e.g. Bath and North East Somerset, Swindon, Wiltshire, Somerset and neighbouring CCGs, NHS England)
- Public sector partners – (e.g. B&NES, Swindon, Wiltshire and Somerset county councils and district councils)
- Voluntary and Community organisations and support groups (e.g. NCT groups and SANDS)
- Professional (e.g. GPs, NHS partner organisations)
- Political partners – e.g. MPs, Councillors from parish, district and county councils)
- Scrutiny – (Healthwatch, B&NES, Swindon, Wiltshire and Somerset Health Overview and Scrutiny Committees, and Health and Wellbeing boards)
- Media as a conduit to the public (e.g. Local news outlets, BBC etc).

1.5 Governance and transparency

In line with our principle to be open and transparent we will:

- Offer the same level of information to people attending our events and/or who ask to be given updates.
- Put as much information as we can onto the consultation website showing the evidence behind the need to change and for the proposal we are consulting on.
- Meeting papers and other key decision documents will be published on the consultation website.
- Provide timely updates to stakeholders on progress and next steps
- Enable our clinical teams and other key programme decision makers to have a wide ranging discussion in suitable forums which enable challenge and debate.

The consultation and communications for the programme will be led by Wiltshire Clinical Commissioning Group on behalf of the Bath & North East Somerset, Swindon & Wiltshire Local Maternity System.

The Wiltshire CCG's communications team, with the support of the Local Health Economy Communications Working Group (LHECWG), is responsible for the planning and implementation of the consultation plan and approach and will:

- Fit within the overall governance arrangements of the programme. Provide regular updates and be accountable to the programme Steering Group, NHE England
- Meet regularly as an LHE communications and engagement group, and provide briefings and updates to communication colleagues from neighbouring CCG and provider organisations
- Work with Healthwatch and CCG PPE leads to ensure service user voice in discussions and decisions.
- Ensure consultation responses are thoroughly considered and are included as part of the decision making process.

- Coordinate and liaison with MPs/elected representatives over the proposal
- Ensure media and social media responses on Redesigning Maternity Services managed by a media protocol.

The LHEWG includes representation from Wiltshire CCG, Bath and North East Somerset CCG, Swindon CCG, Somerset CCG, The Royal United Hospitals Bath NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Salisbury NHS Foundation Trust, service user representative and NHS England.

1.6 Materials

The materials to be developed to support the consultation will be agreed and will include, but not be limited to:

- Core consultation document
- Easy read summary of the consultation document
- Frequently asked questions (FAQs) and answers
- Posters and leaflets summarising key information and signposting to feedback channels
- Dedicated website
- Survey for use online and hard copy.

Consultation materials will be developed by the LHEWG and tested for accessibility with CCG PPE leads and Healthwatch.

Copies of the consultation document will be distributed to Health and community settings and stakeholder groups across the LMS area as appropriate. The Consultation document will be made available in alternative versions e.g. large print, audio, on request

Graphics and talking heads video material may also be used as another way to ensure information is accessible.

1.7 Communication channels

A range of communications channels and methods will be used to target key stakeholders and will include:

- **Website: A dedicated website will be created to act as a central hub for information and associated materials will be published on the site along with dates of engagement events. All communications will feature the website address **XXX**. As a minimum it will contain:**
 - Redesigning Maternity Services Pre- Consultation Business Case (PCBC)
 - Redesigning Maternity Services full consultation document
 - Redesigning Maternity Services online questionnaire
 - Redesigning Maternity Services questionnaire (hard copy to download)

- Details of all consultation events
 - Press releases
 - Publications and related videos
 - Details of social media channels and associated tags
 - Q&A
 - Contact details including a dedicated email address
- **News Media:** Media will be kept informed via briefings and media releases. Media enquiries will be handled in a timely way. Local newspaper adverts may be considered as a way of providing information about consultation events should local coverage (and poster information) need to be bolstered.
 - **Social Media: Facebook and Twitter will be used to reinforce and signpost to other channels/information as appropriate and will be monitored for relevant feedback. We will use social media to:**
 - **Listen** to what people have to say
 - To ensure we provide open, honest and transparent **feedback** and timely responses to questions posed
 - Enable **two-way dialogue** in real time – for instance whilst events take place and questions arise
 - To provide up-to-date **information** and signpost to other supporting or more detailed information as required
 - **Engagement events:** Specific events will be provided along with attending existing events such as:
 - **Street teams** - engaging directly engage directly with members of the public who might not otherwise stop to read a display or attend a formal public event.
 - **Roadshows/market days** – sharing information using display boards and providing/ highlighting opportunities to provide feedback. These will operate as drop in sessions, allowing informal conversation between the public and key well informed individuals, and the opportunity to provide feedback or complete the questionnaire on the spot/take away for later.
 - **Public meetings** - formal meetings at defined locations at set times, hosted by key well informed individuals to include presentations, display boards and a Q&A session to allow for conversation.
 - **Newsletters:** Briefings will be provided for publication in partner and other key stakeholder newsletters.

1.8 Key messages

A set of key messages will be developed will be identified to support engagement and consultation activities. Themes for key messages are outlined in appendix 8.

1.9 Response handling

Wiltshire CCG will handle all queries and responses in a timely and coordinated manner so people know their views are being heard and are being handled appropriately. Questions and responses will be logged and a Freepost and dedicated email address for consultation responses and queries will be widely publicised.

In addition, any questions directed through the Freedom of Information route will also be coordinated by Wiltshire CCG and actioned in line with the Freedom of Information Act 2000.

1.10 Feedback

As noted in section 7.9.1 and 7.9.2, responses will be analysed by an independent organisation – The Bath Centre for Healthcare Innovation and Improvement at the University of Bath. To thoroughly and comprehensively analyse all responses to the consultation and provide a consultation report which will be published on the consultation website. We will make clear how consultation feedback has been used to inform decision making.

1.11 Equalities and impact assessment

In line with the “Equality Act 2010: Public Sector Equality Duty” the consultation will take account of equality legislation around protected characteristics as outlined in section 5.6. An Integrated Impact Assessment has been developed with the objective of ensuring the potential impact of any plans on protected groups has been assessed, and identify those impacted by the proposed changes and ensure they are supported to have their voice heard.

The initial Integrated Impact Assessment has informed the development and refinement of the consultation strategy and plan to ensure a targeted approach to communications and engagement activities. This will be kept under review throughout public consultation to ensure all sections of the community have the opportunity to give feedback.

1.12 Staff engagement

Clinical teams have been involved in shaping the proposal for change throughout this programme. We will continue to build on this and undertake further engagement with staff, particularly those working in our maternity services. Staff engagement will be led by the provider organisations and will be overseen by the LHEWG to ensure aligned messaging and awareness amongst staff on how they can provide their feedback.

1.13 Spokespeople

The programme and consultation will depend on dedicated, articulate and well-informed spokespeople who will:

- Be mainly clinicians (GPs, midwives, consultants) drawn from across the LMS and where possible, if there is particular emphasis on one geographical area drawn from that locality.
- Be fully supported by members of the Steering Group and LHEWG
- Lead on media interviews and media activities
- Be supported by the communications team in terms of materials, briefings, media advice and presentation training where appropriate, to ensure their explanations and presentations are clear, easy to follow and understood.

1.14 Engagement and events during the consultation

A number of events will be held to ensure that as many responses as possible are encouraged from communities and populations across the LMS area who are potentially most affected by the proposal for change. Events will comprise large, LMS wide events in key locations chosen to reflect the demographics of our population and maximise the number of people who can participate, and smaller 'drop in' style events in each locality most affected by the proposal.

A full programme of events and activity will be published at the start of consultation along with the consultation document and questionnaire.

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DRAFT: Consultation Plans

Appendix: Redesigning Maternity Services

Communications Strategy and Consultation Plan

Introduction:

This Communications Strategy and Consultation Plan has been produced to support the Maternity Services Redesign programme to ensure comprehensive communication and widespread consultation over a period of 14 weeks.

The maternity reconfiguration programme is committed to continuing to engage with all relevant stakeholders and this strategy and plan has been informed by over 15 months of informal engagement activity. A summary of informal engagement, feedback received, key themes and how they have been used to inform the development of the proposal for change can be found in chapter 3 of the Pre-consultation Business Case and will be published on the consultation website.

Purpose

- Ensure that a structured approach is taken to consultation and engagement activities across the LMS.
- Ensure that information about the consultation is clear, easy to understand and widely available.
- Ensure that people know how they can have their say and influence service change through the consultation process.
- Ensure that information is presented in a consistent and coherent way, with an agreed set of key messages.
- Ensure information is timely and accurate and that channels are in place to capture and respond to questions from key stakeholders.
- Demonstrate and inform stakeholders of the outcome of consultation and the impact that their feedback has made.

Our stakeholders

<p>Strategic Partners</p> <ul style="list-style-type: none"> • Bath and North East Somerset, Swindon and Wiltshire STP • BaNES, Wilts, Somerset and Swindon CCGs • RUH, SFT and GWH Trust Boards • BaNES, Swindon, Wiltshire and Somerset Healthwatch organisations • Bath and North East Somerset Health and Wellbeing Select Committee • Swindon Health, Adult and Children Services Overview and Scrutiny Committee • Wiltshire Health Overview and Scrutiny Committee • Somerset Scrutiny for Policies, Adults and Health Committee • NHS England • NHS Clinical Senate 	<p>Closest to the project</p> <ul style="list-style-type: none"> • RUH Maternity service leads • GWH Maternity service leads • Salisbury Maternity service leads • Maternity Service Steering Group
<p>Keep informed</p> <ul style="list-style-type: none"> • NHS Improvement • South West Ambulance Service Trust • BaNES, Swindon, Wilts and Somerset Patient Participation Groups • BaNES, Swindon, Wilts and Somerset CCG staff • RUH, GWH, SFT CQC Relationship Managers • Neighbouring HOSCs – BNSG, Hampshire, Oxford 	<p>Proactive two way communication</p> <ul style="list-style-type: none"> • Mothers and families – current and future service users • Bath and North East Somerset/Swindon /Wiltshire/Somerset seldom heard groups, individuals and representatives • Voluntary/Third party/Support Groups dedicated to mothers/maternity services across BaNES, Wilts, Swindon and Somerset • Wider public • Local media • RUH, GWH, SFT Maternity service staff • RUH, GWH, SFT Council of Governors • RUH, GWH, SFT staffside (unions) • MPs across BaNES, Swindon, Wiltshire and Somerset • BaNES, Swindon, Wilts and Somerset Health and Wellbeing Boards • BaNES, Swindon, Wiltshire, Somerset Councillors • Paulton Hospital, Trowbridge Hospital, Chippenham Hospital and Frome Hospital League of Friends • Bath and North East Somerset Village Agents • Somerset Village Agents • Wiltshire Community Engagement Managers • BaNES, Swindon, Wiltshire and Somerset Children's Centres • BaNES, Swindon, Wiltshire and Somerset GPs/practice managers • BaNES Health Visitors (Virgin Care) • Swindon Bath and North East Somerset Councillors • Wiltshire Health Visitors (Virgin Care)

Key messages

A set of key messages will be developed to support engagement and consultation activities and the development of consultation materials. Key themes for messages are outlined below:

Overall:

- Service users are at the heart of everything we do. We want to ensure we offer the right mix of places where women can give birth, to meet women's needs whilst remaining safe, equitable and responsive to the choices women are making.
- We have the opportunity to make changes to the mix of places where women can give birth, to do this we want to understand what women and families want, so we can use this to help shape our services for the future.
- If we want to continue to provide a high quality service, delivered by the right mix of staff in an appropriate environment, it is not sustainable to continue as we are and something needs to change.
- We want to work in partnership with staff, mums, families and the communities we serve to design our maternity services for the future.
- Any proposed services changes have been informed by those who use the services, staff needs, national guidance and best practice.
- We are committed to providing a range of place where women can give birth, and, taking into account personal circumstances and preferences, and will continue to offer women a choice of giving birth in a freestanding midwifery unit, alongside midwifery unit, an obstetric unit or giving birth at home.
- We want to ensure we can continue to provide high quality care, in a safe environment, provided by a professional and skilled workforce.

Reaching people and hearing views - our overall approach to consultation and engagement

This section describes the key communication and consultation methods/tools that will be used and sets out our approach to public consultation. It builds on the engagement work undertaken to date.

Communications:

- Develop a clear workforce narrative, supported by a range of materials print and vids
- Develop a well-structured, jargon free public consultation document outlining the various aspects of the proposal for change.
- Develop presentation materials to support structured workforce an public consultation events.
- Face to face pre consultation briefings: Maternity teams, MPs, media
- Written staff, stakeholder and media briefings issued.

- Dedicated public website to hold consultation materials/provide online feedback options.
- Hard copy and online consultation document.
- Published FAQs that are updated in real time during the consultation.
- Comprehensive and aligned approach to social media to support the consultation process.
- Talking heads videos of clinicians setting out the story/case for change/key messages and encouraging feedback to the consultation.
- Posters and info cards to promote the consultation process and feedback opportunities.
- Regular media promotion to highlight consultation feedback opportunities.
- Posters, media and social media to promote consultation events/information.

Engagement and consultation:

S14Z2 statutory consultation will begin on 1 October 2018 and end on 2nd January 2019, this is a period of 14 weeks to allow for the Christmas holiday season.

- On line survey and hard copy booklet which includes survey and Freepost details
- Deliberative workshops with key stakeholder groups, including those identified through Equality Impact Assessment.
- Structured programme of staff consultation
- Independent analysis of consultation feedback and production of an outcome of consultation report.
- Representatives from the three Healthwatch organisations within the LMS will be invited to review the specification for the University of Bath for conducting the analysis of consultation feedback.

Documents:

A consultation document and questionnaire will be available on the dedicated consultation website, along with supporting material. Copies of the document and questionnaire will be printed and will be available at the public meetings, roadshow and street team events.

The consultation document will also be distributed to targeted groups and locations, to reach people who are most likely to be affected by the proposals including mothers and families, those with an interest in maternity services.

Distribute of hard copies of the document will include, but not limited to, the following locations:

- GP surgeries
- Acute hospitals
- Sure Start Centres
- Community hospitals
- Freestanding midwifery units
- Alongside midwifery units
- Pharmacies

- Post offices
- Libraries
- Leisure Centres
- Council Offices

Key considerations

Communication and consultation activity will ensure that all audiences are treated equally in terms of access to information and opportunities to provide feedback.

The Maternity Redesign Steering group will be asked to monitor the effectiveness of our communication and range of consultation opportunities.

The effectiveness of the consultation will ultimately be reflected in the outcome report which will be made publically available/published.

Working with Support groups/patient networks/seldom heard groups/patient participation groups/community engagement managers/Children's Centres

Across our LMS we have an extensive network of support groups and other organisations with an interest in maternity services. We will contact these organisations and individuals to encourage sharing and cascading consultation information and opportunities for providing feedback.

We will also provide tailored engagement for these groups according to their requirement to include:

- Offering up speakers to present at a group meeting
- Developing a toolkit so these groups can run their own consultation event

Using existing channels and meetings

Across the LMS we have a wide range of regular meetings and existing communication channels which we can use to support and promote consultation. These include Area Board meetings, Wiltshire community engagement managers, Health and Social Care Forums, GP Forums, League of Friends, Healthwatch meetings, Patient Participation Group newsletters, CCG newsletters, GP newsletters and Trust newsletters,

Timetable, key milestone and action plan

The plan below draws on extensive informal engagement activities that have been undertaken to date and sets out an overview of key dates and activity in the immediate lead up to, during and following consultation. The aim is to have one plan for the consultation that the LHECWG work together to deliver, to ensure effective and aligned communications and activities.

This plan will be refined and updated in the lead up to consultation, subject to approval of the proposals to progress to formal consultation, and will be kept under review throughout.

Activity/milestone	Detail	Indicative Timescale	Lead
HOSC engagement (BaNES, Wilts, Swindon and Somerset)	Present findings from informal engagement / outline challenges and describe case for change	Throughout – Sept 18	Wilts/BaNES/ Swindon/ Somerset CCGs
Informal engagement feedback and analysis	Made public	Summer 18	Wilts CCG
Pre-Consultation Business Case (PCBC)	Made public	Summer 18	Wilts CCG
Develop Consultation document	Alongside PCBC		LHECWG
Submit papers for NHS E assurance stage 2 meeting		24 th July 18	Wilts CCG
NHS E stage 2 assurance meeting	Five tests and conditions applied/best practice checks	31 st July 18	
CCG PPE Leads	Review and input into Consultation document	Aug 18	LHECWG
Healthwatch (BaNES, Wilts and Swindon)	Review and input into consultation document Consultation strategy and plan	July/Aug 18	LHECWG
Legal review of Consultation Document		July/Aug 18	Wilts CCG
Further development of consultation document and materials alongside PCBC	Including key facts development, leaflets, posters, flyers, social media assets, banners, fact packs, roadshow board displays, feedback forms	July – Sept 18	LHECWG

Activity/milestone	Detail	Indicative Timescale	Lead
Further development of consultation plan	Timetable of events finalised	July – Sept 18	LHECWG
Media and social media plan agreed		Sept 18	LHECWG
Develop talking heads videos to support consultation		Aug – Sept 18	LHECWG
HOSC meetings (BaNES, Wilts, Swindon and Somerset)	Support for approach to consultation and engagement confirm arrangements for scrutiny assurance	Aug - Sept 18	Wilts/BaNES/Swindon/Somerset CCGs
Consultation materials and plan finalised (in line with NHS E review and CCG governing body)		Sept 18	Wilts CCG
CCG, Trust and STP governing bodies (closed session)	Pre consultation business case and consultation document and plan sign off	Sept 18	
Consultation document to print		Mid Sept 18	Wilts CCG
Staff engagement	Face-to-Face Briefing sessions ahead of formal consultation. Materials and key messages shared	Wc 26 th Sept 18	RUH, SFT and GWH
Pre consultation briefing activity	MPs, media		LHECWG
GP and staff briefings issued in each of the LMS areas		Wc 26 th Sept 18	LHECWG
BaNES CCG Joint Commissioning Council meeting	Outline process to date and next steps	28 th Sept	BaNES CCG
Rapid HOSC meeting with each of the LMS area HOSCs represented	Outline full proposal for change, share consultation document and materials. Proposal to launch consultation shortly after this	1 st October 18	Wilts CCG

Activity/milestone	Detail	Indicative Timescale	Lead
	meeting		

The following dates are subject to change depending on the outcome of the above activities.

Activity/milestone	Detail	Indicative Timescale	Lead
Formal S14Z2 statutory consultation begins 1 st October 2018			
Distribution of consultation document	Maternity services locations and public settings		Wilts CCG
Consultation website launched	Consultation materials available online	1 st October	Wilts CCG
Consultation materials / posters distributed	Promoting consultation feedback options and feedback opportunities including event dates/times	1 st October	Wilts CCG
Media release issued		1 st October	Wilts CCG
Social media launch		1 st October	Wilts CCG
Neighboring HOSCs – BNSG, Hampshire, Oxford	Invite feedback and offer to attend/present at committee meetings	1 st October	Wilts CCG
Targeted face to face engagement and/or forums with strategic/key partners	MPs, GPs, media Materials and key messages shared	Wc 1 st Oct 18 and throughout	LHECWG
Staff side engagement	Face-to-Face Briefing session. Materials and key messages shared	Wc 26 th Sept 18 and throughout	RUH, SFT and GWH
Staff engagement	Staff briefing sessions held in provider organisations. Supported through internal channels eg newsletters, existing forums, staff intranet	Oct 18 – Jan 19	RUH, SFT, GWH
BaNES CCG		4 th Oct 18	BaNES CCG

Activity/milestone	Detail	Indicative Timescale	Lead
Board			
Swindon Health and Wellbeing Board		4 th Oct 18	SCCG
GWH Executive committee		16 th Oct	GWH
Wiltshire Health and Wellbeing Board		17 th Oct 18	Wilts CCG
SCCG Governing Body meeting		25 Oct	SCCG
RUH Board of Directors		31 st Oct	RUH
HOSC engagement (BaNES, Wilts, Swindon and Somerset)	Public HOSC meetings	Oct 18	Wilts/BaNES/Swindon /Somerset CCGs
Programme of consultation events		From Oct to Dec 18	LHECWG
BaNES Primary Care forum and cluster meetings		TBC Nov 18	BaNES CCG
West GP Forum Event		14 Nov 18	Wilts CCG
B&NES CCG patient engagement group Your Health Your Voice		15 th Nov	BaNES CCG
SCCG GP Commissioning Forum		21 st Nov	SCCG
SCCG Governing Body Meeting		21 st Nov	SCCG
Consultation period ends 2nd Jan 19			
Independent analysis of feedback and completion of consultation outcome report		Jan 19	University of Bath
Governing body		TBC	Steering Group

Activity/milestone	Detail	Indicative Timescale	Lead
and HOSC presentation of outcome of consultation report			
Consideration of outcome of consultation report		TBC	CCG and provider governing bodies
CCGs governing body and Trust Board decisions		TBC	CCG and provider governing bodies

Evaluation

Evaluation will be measured through:

- Level of interest/volume of feedback to the consultation e.g. surveys following face to face opportunities e.g. debates, drop ins, interaction through social media
- Responses to the consultation – responses should demonstrate that we have provided the right level of information to enable people to contribute to the project
- Equality and Impact assessment will ensure robust consultation and communication
- Degree of influence achieved – what changes were made and how can that be evidenced i.e. outcome of the consultation report.
- Satisfaction with the consultation process and support for the final decision.

Consultation and feedback

Following a 14 week period of statutory consultation through and independent analysis of the feedback will be undertaken by the University of Bath and a full report, detailing feedback will be produced and presented CCG and provider governing bodies and to HOSCs in BaNES, Swindon, Wiltshire and Somerset. The report will be made available via the CCGs and consultation websites and distributed to other partners on request.

The outcome of the consultation report will also inform the CCG and Trust governing bodies' decision making as outlined in Chapter 7.9 of the Pre-Consultation Business Case.

Update on Swindon Early Help Strategy

Health and Wellbeing Board

Date: 12th December 2018

Author: Louise Campion, Interim Early Help Lead, SBC Children, Families and Community Health Service.

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The report updates the Health and Well-Being Board on the work done by all partners to implement the Early Help strategy since April 1st 2018. It sets out key achievements and challenges and describes the next steps needed.
- 1.2 The governance process for reporting on the delivery of the Early Help strategy and the Troubled Families programme is via the Health and Well-Being Board.
- 1.3 The Early Help Strategy can be viewed here:
http://www.swindonjsna.co.uk/Files/Files/Swindon_Early_Help_Strategy.pdf

2. Recommendations

The Board is recommended to:

- 2.1 Note the progress being made to deliver the Early Help strategy and to support the ongoing work.

3. Detail

Early Help in Swindon

- 3.1 The launch of the Swindon Early Help Strategy was linked to the LSCB partnership agreeing Early Help as a priority in Swindon. The rationale for this is clearly set out in the strategy: The partnership vision is to ensure Swindon's support, prevention and intervention for families is the best help we can provide at the earliest point improving children's and young people's life chances and reducing demand for specialist / crisis services. The strategy identifies that early help:
 - **Is everyone's business** - at first point of contact, all agencies are committed to responding to the needs of families whether that need falls within their immediate area of expertise or not;
 - **Is about empowerment** - families are central to defining and addressing the problems they face and are equal partners in the process. The voice of

Further information on the subject of this report can be obtained from Jane Griffiths; Swindon Early help Lead 01793 463887; Email: jgriffiths@swindon.gov.uk.

Update on Swindon Early Help Strategy

Health and Wellbeing Board

Date: 12th December 2018

the child will be sought at all stages with appropriate respect for age, development stage and levels of understanding

- Is about **doing something helpful** at the earliest stage of identification and is for children and families of **all ages** from birth onwards.

- 3.12 Partners have agreed to work together to plan, commission and deliver a range of provision to help children and families to receive effective support. We already have some early help services, locality based teams within our communities and some good examples of partnership working but we know we can be more effective and that this would enable us to improve the management of demand for our more specialist services.
- 3.13 There is clear evidence nationally and locally that working in this way is effective in providing the right help at the right time for children and families. The LSCB partnership also co-produced guidance for practitioners linked to understanding clearly the thresholds between early help and statutory services called “The Right Help at the Right Time”. Early Help practitioners have contributed to the training sessions set up to familiarise practitioners across Swindon in adult’s and children’s services with this guidance.
- 3.14 The LSCB early help implementation group have been meeting regularly to work in partnership to deliver improvement work. There has been excellent attendance from a wide range of partners. They have completed a full review of the documentation linked to the early help assessment and planning process and the updated documentation will be published on the LSCB website in December 2018. The group developed some key performance indicators to help measure the effectiveness of our early help work using examples of models of early help practice elsewhere judged good by regulators. The group are continuing to meet and have an agreed work programme.
- 3.15 Following the Ofsted focussed visit to review the Swindon Multi- Agency Safeguarding Group (MASH) in April 2018 the Council invested in an Early help Hub to manage all of the level 2 contacts that have been screened by a social worker in MASH and do not meet the threshold of significant harm. We had been working to analyse and understand the volumes and types of demand for EH support but we quickly moved to the delivery stage to support the delivery of the MASH improvements. The EH hub launched formally on 29th May 2018 with a temporary workforce of experienced practitioners “borrowed” from EH services
- 3.16 The purpose of the hub is to:
- Coordinate the appropriate Early Help or Universal resources to ensure a timely and appropriate response to a contact, including offering outreach support where required

Further information on the subject of this report can be obtained from Jane Griffiths; Swindon Early help Lead 01793 463887; Email: jgriffiths@swindon.gov.uk.

Update on Swindon Early Help Strategy

Health and Wellbeing Board

Date: 12th December 2018

- Provide support and advice to practitioners and families including some outreach work
- Quality assure early help interventions through the receipt and reviewing of the Early Help Assessments and Plans, and following up on EH Interventions with the Lead Practitioner
- Act as a link with all of the locality EH services as a critical part of the Early Help Model going forward, linking the whole system and reducing silo working
- Identify the ongoing development needs of the early help workforce across Swindon

3.17 The performance data for the first few months of the hub indicates the demand and impact of the work they are doing. We are quality assuring the work of the hub both in terms of the practice of the hub staff in screening and supporting the families they are in contact with as well as longer term follow up to review the effectiveness of the longer term support being delivered by EH partners. We will be able to report more fully going forward. The table below shows the number of EH contacts being managed by the hub since May.

June	July	August	September	October
133	220	138	139	173

3.18 The transformation of early help is key to delivering success in the Troubled Families programme. The national TF policy measures success both in the number of families we identify and successfully demonstrate outcomes for along with our evidence as an area of developing a mature early help model. Key to this is whole family working embedded in practice. So far in Swindon we have successfully submitted evidence for over 600 families identified as meeting the TF criteria. We have embedded the TF criteria into the EH hub development so that we can continue to extend the reach of the programme by identifying more families that meet the TF criteria. Our improvement and success in supporting more families to make sustained improvements in key areas of their lives and in practising whole family working as a partnership has been positively commented on regionally and nationally through the TF teams in the Ministry of housing, communities and local government.(MHCLG)

3.19 We are working closely with the SBC SEND improvement manager to align a new Early Help Offer with the Local offer development work. We have jointly worked to successfully recruit a lead officer for this work and to develop the work programme to ensure we have a more accessible and interactive early help offer

Further information on the subject of this report can be obtained from Jane Griffiths; Swindon Early help Lead 01793 463887; Email: jgriffiths@swindon.gov.uk.

Update on Swindon Early Help Strategy

Health and Wellbeing Board

Date: 12th December 2018

for families and practitioners. The lack of a recognised and well used early help digital platform has been a significant challenge to ensuring families and practitioners can access information, advice and help quickly and easily. The new platform is planned to be live by October 2019.

- 3.20 Following a successful bid for workforce development funding from NHS England earlier in the year we commenced a programme in October to support leadership development across the partnership to build more community resilience. The work supported by an external provider has focused on bridging the gap between theory and practice to create a holistic understanding of human ecology. The logic model underpinning this links the promotion of secure attachment, recovery from trauma and building resilience. A range of partners have engaged with the programme and we are confident that it will help us to have a shared language, knowledge base and evidence based framework for our EH model and offer going forward.
- 3.21 The LSCB conference in November 2018 was themed around Early Help and generated a lot of discussion and interest. There were more than 200 attendees from a wide range of agencies and roles. Many partners showcased early help programmes currently being offered in Swindon both in the main body of the conference and at display stands during the breaks. There was a real buzz on the day and afterwards. Key strategic leads from Swindon spoke during the day acknowledging the impact of local work and committing to continuing to support further progress. We were able to demonstrate that we have a wide range of provision in Swindon and some excellent examples of whole family working. Early indications of the impact of the conference in furthering joint working relationships is evident in the increasing number of contacts coming into the EH hub as well as being visible in EH plans and practice. The evaluation report of the conference will help inform the EH development work going forward as well as future events.
- 3.22 There are a number of bids currently in progress as well as some already submitted for funding available to support more evidence based support and capacity. The bids are all for targeted funds but as a partnership there has been good joined up work to ensure they build on what we have already working well, increase the local offer and address the gaps rather than developing more siloed working models, potential duplication and confusion. The EH hub is a key factor for success in ensuring linkage between existing and new programmes and services across Swindon.
- 3.23 The Early help Training offer has been updated to reflect developments and progress locally. This is now being offered by the LSCB to enable all practitioners across Swindon to become confident and competent in supporting families to use early help assessments and plans to co-ordinate work and improve outcomes for children and families. There are some challenges to ensure continued good

Further information on the subject of this report can be obtained from Jane Griffiths; Swindon Early help Lead 01793 463887; Email: jgriffiths@swindon.gov.uk.

Update on Swindon Early Help Strategy

Health and Wellbeing Board

Date: 12th December 2018

access for particular groups of partners and we are addressing these via the LSCB training sub group.

- 3.24 The next priorities for the continued improvement in Early Help are linked to delivering access to information and self-help options for practitioners and families; Developing an effective quality assurance cycle using data and evidence across the partnership; Completing the bid applications and where successful ensuring coherent alignment of new capacity; Reviewing the use of technology, digitalisation and systems to support EH work; Continuing workforce development to enable effective work with emerging issues and to improving understanding and application of thresholds and evidence based interventions on offer.

4. **Alternative Options:** This is an update to our Swindon agreed early help Improvement work.

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

Financial and Procurement Implications

All are covered in linked improvement plan in SBC Children's service

Legal and Human Rights Implications

- 5.1 As above

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

- 5.2 As above

Diversity Impact Assessment

- 5.3 As above

Risk Management

- 5.4 As above

6. **Consultees**

- 6.1 Director of Swindon Children's Service

- 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.

Further information on the subject of this report can be obtained from Jane Griffiths; Swindon Early help Lead 01793 463887; Email: jgriffiths@swindon.gov.uk.

Update on Swindon Early Help Strategy

Health and Wellbeing Board

Date: 12th December 2018

7. Background Papers

7.1 <https://www.swindonlscb.org.uk/wav/Pages/Multi-Agency-Thresholds-Documents.aspx>

7.2 http://www.swindonjsna.co.uk/Files/Files/Swindon_Early_Help_Strategy.pdf

7.3 Not applicable.

8. Appendices

Not applicable

Further information on the subject of this report can be obtained from Jane Griffiths; Swindon Early help Lead 01793 463887; Email: Jgriffiths@swindon.gov.uk.

Safeguarding Adults in Swindon Annual Report 2017/18

Health and Wellbeing Board

Date: 12th December 2018

Author:	Safeguarding Service Manager & Chair of the Swindon Local Safeguarding Adults Board
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- To present the Annual Reports for Safeguarding Adults in Swindon 2017/18. The Annual Reports detail progress against the Local Safeguarding Board's Strategic Plan and provides details on activity in relations to safeguarding adults.
- The Safeguarding Adults in Swindon Annual Report 2017/18 is attached at **Appendix 1** and will be available on the SBC website.

2. Recommendations

The Board is recommended to:

- Note and comment on the Annual Report.
- The LSAB are also asking the Health and Wellbeing Board:
 - .1.1 To assist communication across all agencies to promote and emphasise the importance of safeguarding;
 - .1.2 to comment on how they may assure themselves that Safeguarding is core for their business, and state what concerns they have with regards to safeguarding adults with care and support needs in Swindon; and
 - .1.3 To hear service user voice from H&WB Board and to share any relevant data.

3. Detail

- 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
- This is the third annual report since the Care Act 2014 which gave local authorities and its partners statutory duties with regards to safeguarding adults.
- The annual report includes:

Further information on the subject of this report can be obtained from Doug Bale, Direct Dial 3559, dbale@swindon.gov.uk.

Safeguarding Adults in Swindon Annual Report 2017/18

Health and Wellbeing Board

Date: 12th December 2018

- 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
- This year's report also includes an over view of a Safeguarding Adults Review that was completed during the year.
- Submissions from key partner agencies and members of the LSAB
- An overview of priorities for 2018/19
- The report outlines that there continues to be an increase in the number of safeguarding concerns raised and there is also an increase in the number of cases needing an enquiry. The LSAB is monitoring this to consider how it impacts on resources, and the trends and remedial action taken to improve the quality of reporting or reduce incidents of inappropriate concerns.

4. Alternative Options

- 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

- There are no financial implications arising from this report.

Legal and Human Rights Implications

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

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

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

Diversity Impact Assessment

- 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 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.

Further information on the subject of this report can be obtained from Doug Bale, Direct Dial 3559, dbale@swindon.gov.uk.

Safeguarding Adults in Swindon Annual Report 2017/18

Health and Wellbeing Board

Date: 12th December 2018

Risk Management

- 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

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

7. Background Papers

- None.

8. Appendices

- Safeguarding Adults in Swindon Annual Report 2017/18

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Safeguarding Adults in Swindon

Annual Report April 2017 - March 2018



Great Western Hospitals **NHS**
NHS Foundation Trust

Keeping Swindon **Safe**

healthwatch
Swindon

Avon and Wiltshire **NHS**
Mental Health Partnership NHS Trust

NHS
Swindon
Clinical Commissioning Group



Page 107



**DORSET & WILTSHIRE
FIRE AND RESCUE**

SWINDON
BOROUGH COUNCIL

Safeguarding Adults in Swindon Annual Report 1st April 2017 - 31st March 2018

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➤ *Please note, any names or initials referring to alleged victims used in case studies within this report are fictitious*



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FOREWORD

I have great pleasure in presenting the Swindon Safeguarding Adults Board's Annual Report for 2017/18. This outlines the achievements during the year as well as highlighting some key issues to address. The report contains member agencies' progress statements that collectively provide some assurance to the Board that safeguarding adults is a priority for members. Sub-group reports indicate the work undertaken on 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 2018-21

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 considers performance data at every meeting and also has a case discussion to better understand the complexity, approach and outcome of partnership working. During the year there was a Safeguarding Adult Review that identified a number of issues requiring improvement. The Board is therefore clear about the areas it needs to be better assured about, including:

- The appropriateness of referrals and agencies improving their conversion rates into an enquiry
- The proper application of the threshold guidance
- The suitability of staff training to role, and evidence that it improves practice
- Safeguarding adult review learning is properly embedded into practice
- Early identification of problems as a preventative measure
- Effective front-line identification of domestic abuse
- The proper recording of ethnicity

Effective partnership working is a key success factor, and resources continue to be problematic. During the year the Board changed its sub group structure to make best use of its stretched resources, and work has been underway to plan a more joined up approach with the Children's Board and Community Safety Partnership. Turnover and representation levels of Board members is a continuing issue but overall, progress has been made. I would like to pay tribute to Board and sub group members, their agencies, the Business Support Team and 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.



Diana Fulbrook OBE
Independent Chair of the LSAB

Safeguarding Adults in Swindon Annual Report 2017/18

SECTION 1

Introduction:

Swindon Borough Council and its partners, have responsibilities with regards to safeguarding adults. The duty as described by the Care Act 2014 applies to adults who:

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

Although Swindon has had a Local Safeguarding Adults Board for over 10 years to support adults in line with the criteria above, the statutory requirement for these was included in the Care Act. In addition to:

- 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;
- 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 lead agency with regards to safeguarding adults, is the local authority. Swindon Borough Council has a specialist 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 2017 midyear estimate of population from the Office of National Statistics puts the total at 220,363 (15.5% of this estimate are over 65 years old and 7% are over 75) There were 5,492 people receiving services from adult social care in 2017/18 broken down into client groups as follows:

Service User Group	Age Band 18-64		Age Band 65+	
	Female	Male	Female	Male
Learning Disability Support	283	375	34	43
Mental Health Support	87	121	60	44
Physical Support - Access & Mobility	331	180	612	380
Physical Support - Personal Care Support	233	217	1399	767
Sensory Support (Dual, hearing & Visual)	18	10	69	37
Support with Memory and Cognition	4	5	114	69
Total of Clients	956	908	2288	1340

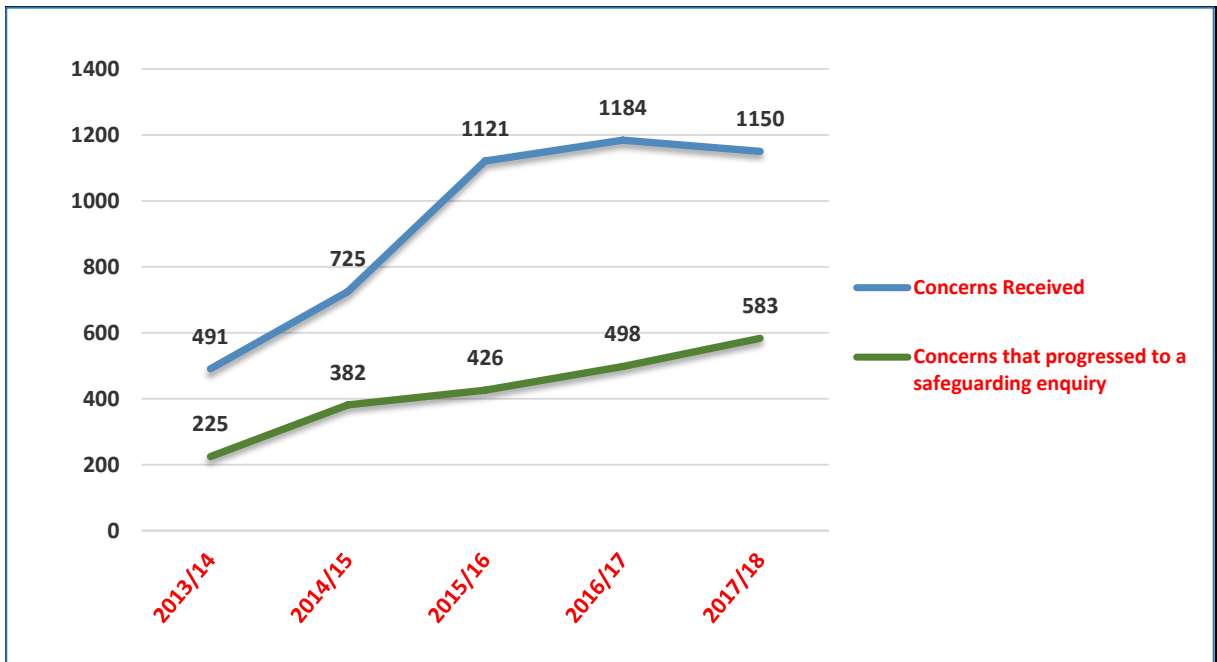
The 2017/18 figure shows a 2% increase on 2016/17 when there were 5,333 people receiving services. There continues to be a number of initiatives in place in Swindon to help prevent people from needing services which may account for why there has not been a larger increase considering the impact of there being an aging population.

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 from April 2017 until March 2018, there were 18748 reported crimes of which 291 were categorised as hate crimes of which 22 were disability hate crimes. Overall there was a 3.4% increase in reported 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 has decreased slightly. However, there has been an increase in the number of concerns that have required an enquiry. There has been another 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. There are a number of reasons cases do not progress to an enquiry:

- The referral is inaccurate and does not meet the criteria for safeguarding adults;
- The issue of concern is more appropriately dealt with by another process and no enquiry is required;
- The person who is subject of the concern is "signposted" to a different service (particularly if the concern does not affect an adult in need for care and support);
- There is no further action required because all the correct action has been taken. However, to determine this, enquiries often need to be made or
- The person who is subject of the abuse or neglect does not want any further action taken and it is assessed as safe to respect their wishes.

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 and updates during 2017/18;
- Submissions from key partner agencies and members of the LSAB, and
- An overview of the priorities for 2018/19.

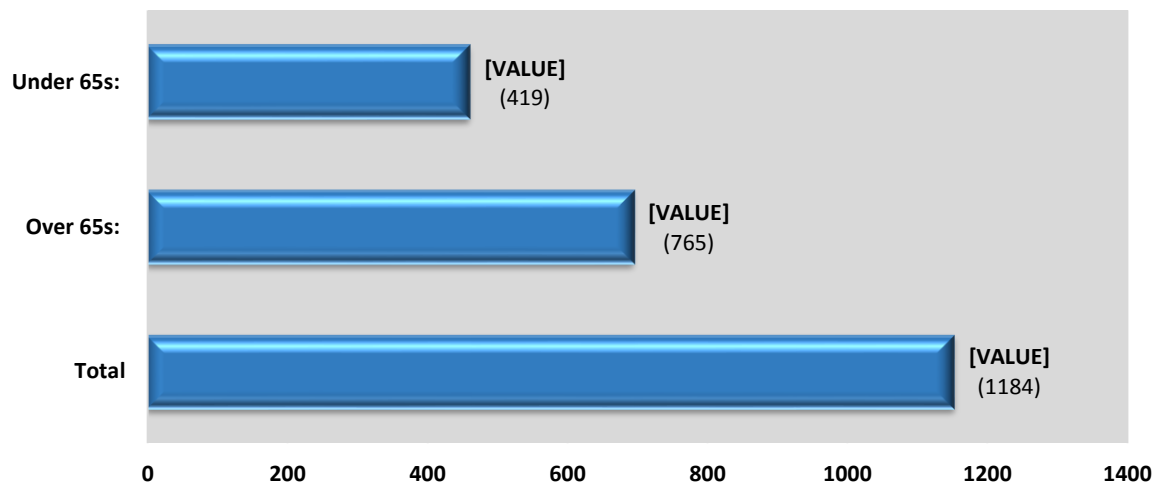
SECTION 2

Activity Data 2017 – 2018

(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



Overall there has been a small decrease in the number of referrals received by the local authority. While there has been a 9.3% increase in the number for concerns relating to people under 65 there has been a surprising 10.5% decrease in the number of concerns regarding people who are over 65. It is difficult to account for this change, however it could be as a result of more accurate reporting from care settings. For example reporting fewer minor concerns.

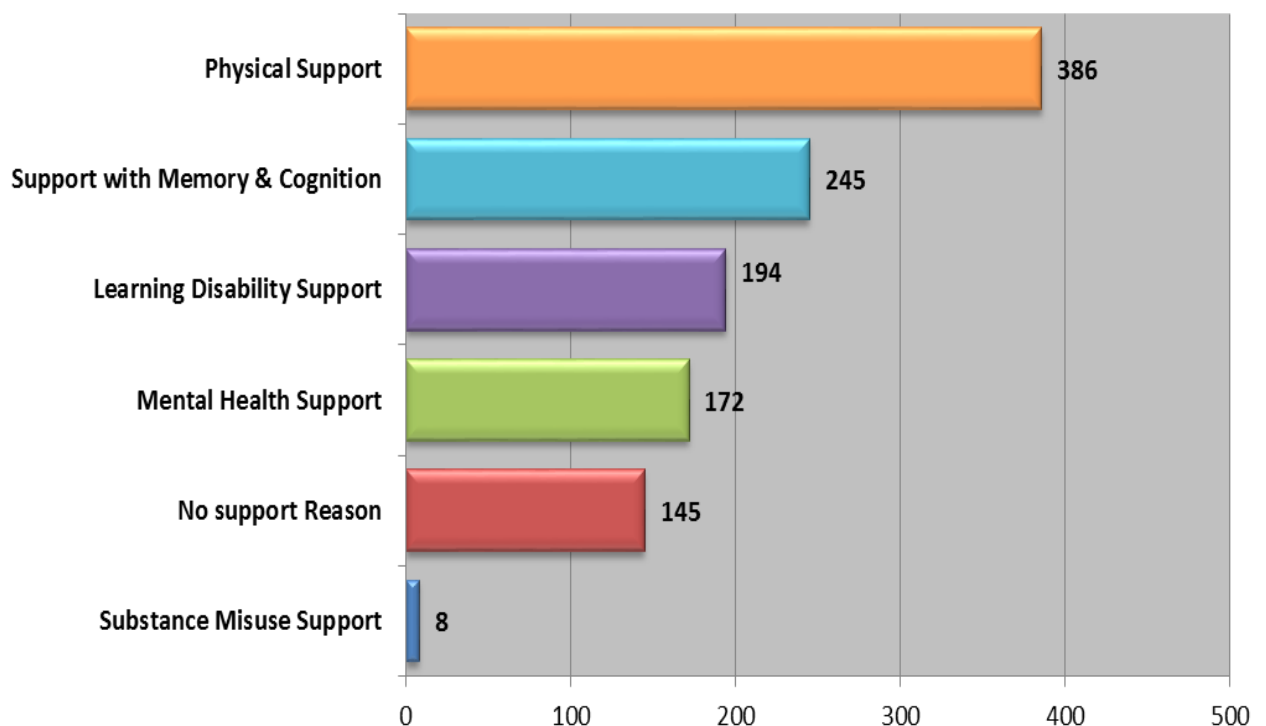
Case Example:

A care home put in a safeguarding referral as Joyce Jones was admitted to the home with a pressure sore. She came from her own home where she was looked after by her husband in a limited way but who became unwell himself and was struggling to cope. This did not require a safeguarding referral as abuse was not suspected as Mr Jones was unwell and lacked skills to deal with pressure sores. In discussion with the care home, they agreed that the referral was unnecessary, but reported that they had to make a referral as it was "company policy" to report all incidents of this type.

For the under 65s, one of the largest increases in referral sources was from the Police. Most of these cases did not need an enquiry, indicating they were sent through to the safeguarding team for information only. However, there are no other patterns that would account for such an increase of concerns regarding this age group.

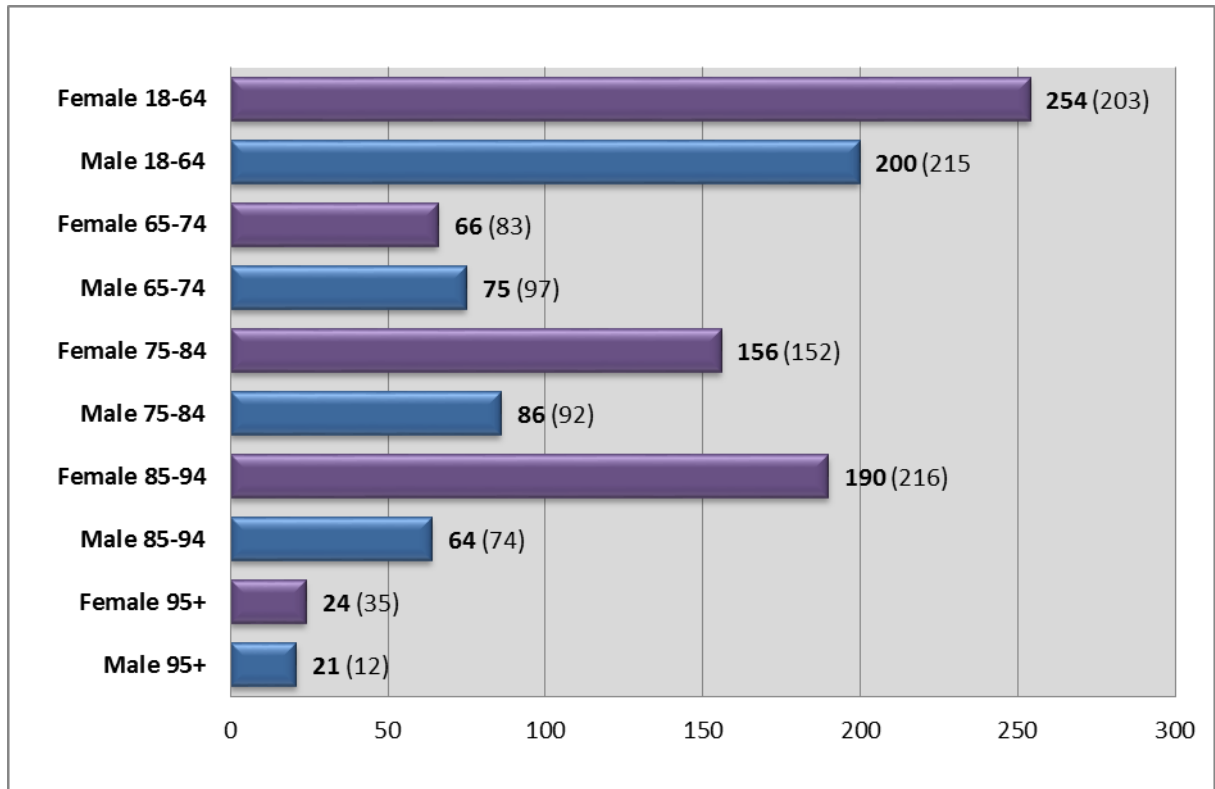
Of the 1150 cases reported, 583 cases required an enquiry under safeguarding procedures. Sometimes this is referred to as “conversion rates” i.e. the number of referrals received that then *convert* to an enquiry. While there has been a decrease in the number of referrals received, there has been an increase (17%) in the number of enquiries. Overall there is a 50% conversion rate. Last year there was some work within the South West region to compare information sent to the national Safeguarding Adult Collection and such conversion rates differed widely from one local authority to another. One had 76% conversion while the lowest rate was 11%. The national average is 37%. It is believed that the increase in Swindon could be due to some cautiousness with some managers being reluctant to screen out cases, particularly following the Safeguarding Adult Review discussed on [pages 20-23](#) but also due to a better understanding by some referrers about what constitutes a safeguarding matter.

Figure 2: Breakdown by “Primary Support Reason”



The chart above shows the primary support reasons of the people who were the subject of a safeguarding concern at the point of the referral. Support reasons can change between different concerns being raised and during the life of their case. For example, someone with dementia may have been recorded as needing physical support as they were recovering from a fall but had previously been recorded as requiring support with memory and cognition. For this reason, a comparison with previous years has not been included.

Figure 3: Breakdown by Gender and Age

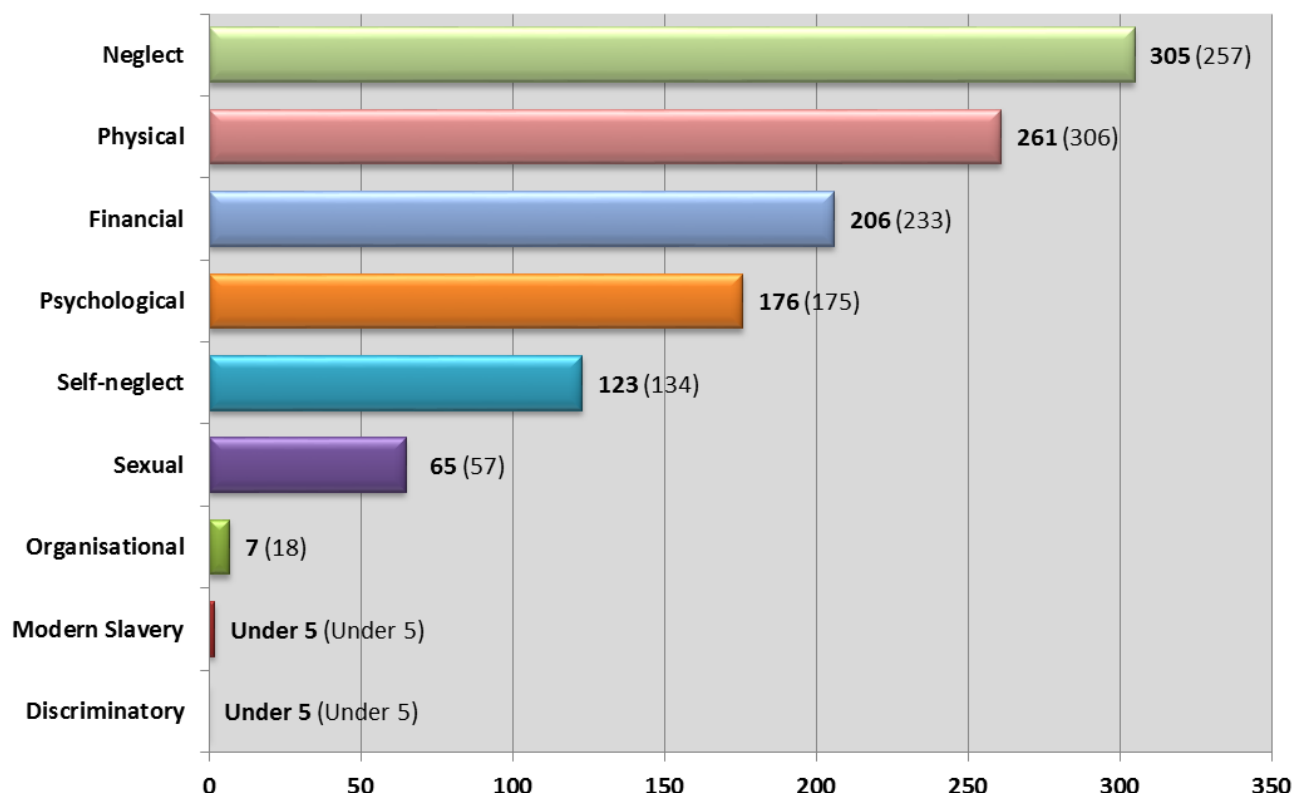


Last year, it was reported that there was a decrease in the number of women between the age of 18 and 64 who were the subject of safeguarding concerns. This year there has been an increase. The majority of these people were described as needing learning disability support and physical abuse was the highest abuse type reported, followed by psychological. A high proportion of the cases progressed to an enquiry (61%) and of those completed over half concluded that risks has been identified and action was taken. There were multiple concerns raised for 29 of the individuals subject to the safeguarding concern. Where this amounts to 3 or more occasions, the safeguarding management team will review the cases.

Case Study:

Sharon Rich had been the subject of 6 safeguarding concerns and although there were different “sources” of the concern, in most cases they appeared to be linked to her vulnerability in relationships. While initially she would want action to be taken, she would change her mind and disengage with the safeguarding process. There was an additional concern with regards to a communication she had with a man on Facebook, and although no abuse took place, there was some risk taking behaviour (flirtatiousness) noted from the entries she was sending back to the man. The previous cases were reviewed by the management team and considered along with the new case with Sharon. She engaged with the social worker and response officer from the safeguarding team and seemed to have taken on board the risks she faces with her behaviour. She also had a better understanding of what action she could take if she felt threatened in the future.

Figure 4 Types of Abuse Alleged



For the first time, neglect is the most frequent form of abuse reported into the local authority. This is more in line with national trends. In previous years, physical abuse was the highest abuse type.

In 2017/18, the location neglect was alleged to have taken place in was the persons own home. Of the 157 cases family members were considered to be the source of the risk in 56 of them. 36 case were regarding risks (neglect) caused by members of staff, mostly from domiciliary care agencies.

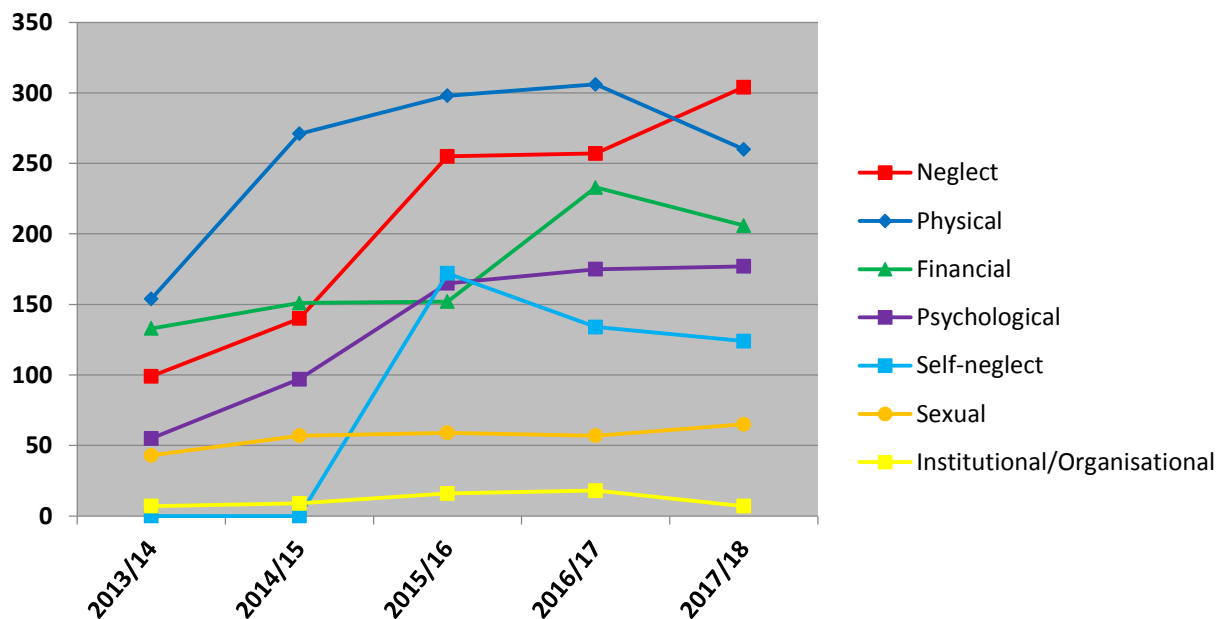
Case Example:

A care agency submitted a safeguarding referral because they felt that Sid Howard who is his wife's (Ann) main carer, was not looking after her well and was rough with her when moving her from her bed to her chair. He could also be quite rude and obstructive. In discussion with Sid, it transpired he was keen to get everything done before the care agency staff arrived and was rushing. His view is that it was his job to attend to his wife and it appeared that Sid wanted to prove he did not need outside help. However, Sid himself was showing signs of frailty and the safeguarding team and the agency were worried he may injure himself as well as risking injury to Ann. It was decided to hold a meeting at the house with Sid and Ann, together with the agency's team leader and regular support worker. There was an undertaking from the care agency that they would work alongside Sid more to meet Ann's needs and not appear to take over and Sid would wait for them to attend, especially when Ann needed lifting out of bed. Although Sid was accepting of this, he was still abrupt with staff, but did realise that he could not do the "big" tasks anymore and has now asked the support worker to complete some tasks he used to do. He also said that he now realised that if he becomes exhausted or injures himself, it may result in Ann not being able to live in the family home any longer.

The Care Act guidance refers to Domestic Abuse as a category encompassing most of the abuse types recorded in fig 4. Although recording the primary type of abuse, those raising concerns are asked to indicate if domestic abuse is considered to be a factor of the concern. In 2017/18, there were 126 cases where this was recorded. 8 were financial, 7 neglect, 56 physical, 47 psychological and 8 sexual.

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 continues to be a decrease in the number of concerns raised about self-neglect after the initial high numbers when it was included in safeguarding under the Care Act Guidance. Further guidance was issued last year which stated that in most cases of self-neglect, a [section 42](#) enquiry may not be required and needs to be dealt with on a case by case basis. In most cases it is found that the person needs some care and support and a safeguarding referral and enquiry is unnecessary. Some agencies do now make a direct referral into adult services requesting an assessment for the person considered to be self-neglecting. However, the following case example illustrates a situation that did require a safeguarding enquiry.

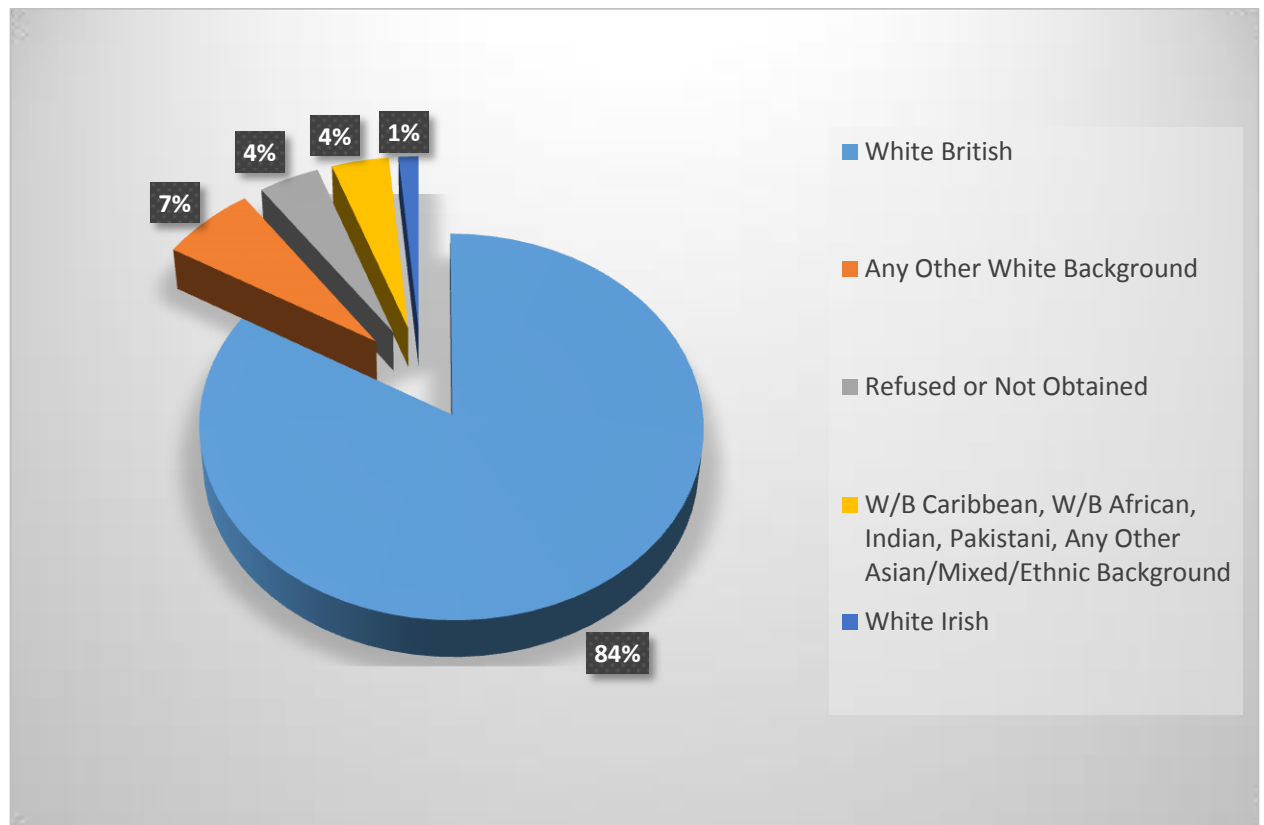
Case Example:

Mr and Mrs Cook have been married for thirty years and live in their own home. Mr Cook was receiving support from the social care team following a number of previous concerns highlighting him and his wife's poor living conditions. Despite this input, there had been very little improvement and the care manager submitted another safeguarding referral and a joint visit was planned to assess the home situation. The house was very cluttered and Mr Cook appeared very unwell and unkempt. He was lain with his top half on a table and his bottom half on a chair. The care manager felt that in the short space of time between her visits, further deterioration was immense. The couple were quite able to engage in the Safeguarding process and talk about their situation but they were both very resistant to change. As the home was assessed as high risk of fire, infection and falls, and there was an impact on their neighbours, the case proceeded to consider the best ways to change the unacceptable situation. It took nearly a year to reach a positive outcome. There were a number of honest conversations and meetings (involving Mr and Mrs Cook when possible) and some long term work to persuade them that a clean-up was necessary and pointing out the consequences if the situation

continued. During this time, Mr Cook needed Hospital treatment and further discussions took place prior to his discharge about what was needed if he were to return home. After a while both Mr and Mrs Cook felt that they could no longer maintain their home in the way it needed and they discussed selling the house once it was cleaned up. They looked at sheltered accommodation, tried it and agreed to move. Mr Cook's health improved vastly soon after their move.

The case shows that often in self neglect cases progress can be slow and sometimes a direct approach is needed. Pointing out the consequences of action and inaction is required to promote a change, at the same time, ensuring there is continual assessment of risks to prevent even worsening conditions. This is promoted in the [SBC Self Neglect/Hoarding policy](#).

Figure 6: Ethnicity of alleged victims



For 2017/18 there has been an increase in the number of concerns raised regarding non-white British people. The percentages reported are more in keeping with the estimated percentages of the make-up of the wider population of Swindon based on the 2011 census. However, there are a significant number of referrals where the ethnicity of the alleged victim was not known or recorded. For some of these, the referral has not progressed to a safeguarding enquiry but there is also a lack of retrospective recording i.e. establishing ethnicity at a later stage and updating the records. Adult services are working on the development of a new care management system which will help remind staff to update key information.

Since the last annual report, a new Translation & Interpreting Service has been commissioned which the safeguarding team or the teams providing social work or care management support has accessed as part of the safeguarding process.

Figure 7: Breakdown of Source of Referrals

Source of Referrer	Total 2016/17	Total 2017/18
Care Providers (e.g. Care Homes day services including Independent Sector)	367	353
Great Western Hospital NHS Foundation Trust	166	177
Mental Health Professionals	91	89
Council Employee (Adult Social Care)	55	85
Police	45	70
Family/Carers	66	73
Council Employees (not Adult Services)	45	57
Ambulance Service	57	49
Housing Services (including Registered Social Landlords)	51	34
Advice & Support Service	9	31
GP	29	28
Out of Area Referrals (including NHS 111)	8	24
Care Quality Commission (CQC)	8	18
Members of the Public	15	10
Advocacy Service	18	11
Educational Establishment	9	11
Fire Service	6	4
Business	7	4
Probation Service	5	4
Hospice	5	4
Other Hospital Staff	2	3
Substance Misuse Service	7	3
Swindon CCG	1	2
Self-referrals	8	2
Personal Assistant (Direct Payments)	2	2
Central Government Department	7	1
Confidential (Anonymous)	0	1
Private Hospital	17	0
Volunteer/Voluntary Organisation	8	0
SEQOL Staff (up to 1 st October 2016)	70	0
Total	1184	1150

There are no significant differences between the rates of referrals between the two periods. However, there is an apparent increase in the amount of cases raised by adult social care staff mainly due to the closure of SEQOL in October 2016 where most adult services staff were employed at the time. There has been an increase in the number of concerns raised by support and advice services. This may show an improved awareness in a range services.

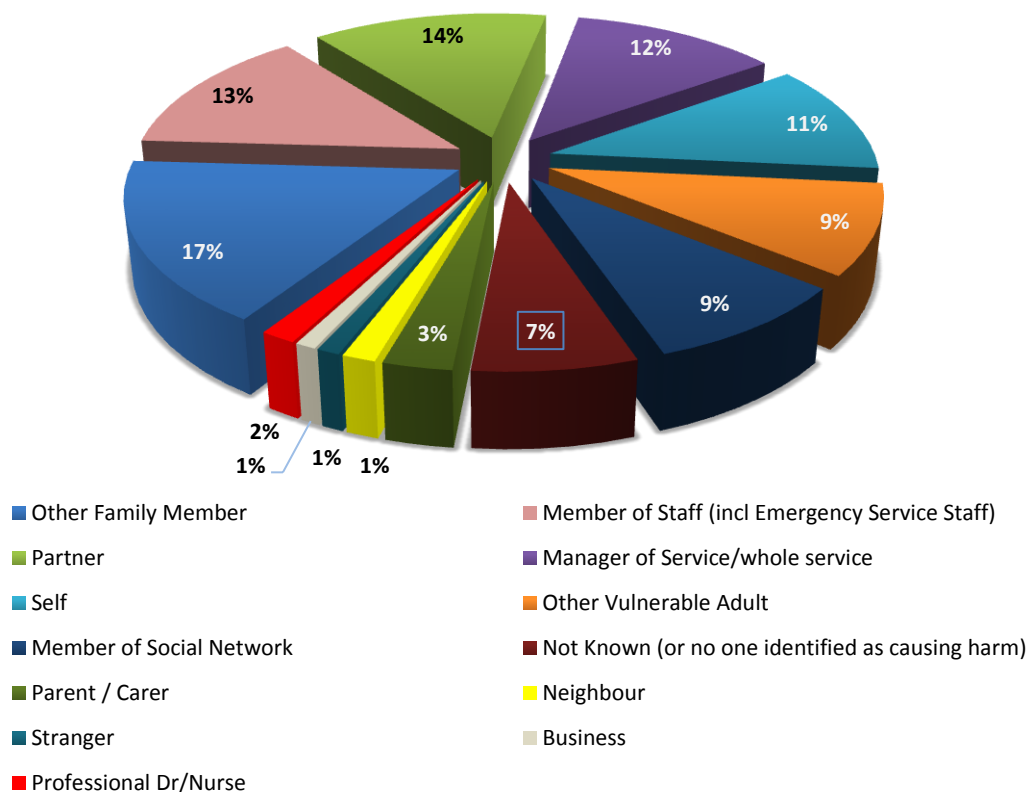
Case Study:

The Alzheimer's Society Dementia Advisor reported that he had visited Mary Heath with her husband Keith. During the visit it became clear that Keith was becoming more and more frustrated with this wife's behaviour, saying she was refusing to go anywhere without him and refusing to leave the house. He spoke of becoming more and more exhausted as she was becoming more demanding. He became tearful and indicated that he could smother or strangle her. Although this could indicate that Mary was at *risk of abuse*, it was felt that it was more likely that Keith was incredibly stressed and needing more support. While the safeguarding team managed the process, the case was referred for input from the Rapid Response Team which resulted in an increase in domiciliary support and more input to give Keith respite and ensure Mary went to the day centre twice a week. There were no further incidents that needed referring to the safeguarding team, although there continues to be deterioration in Mary's behaviour and a year on, a review of her support plan and Keith's carers assessment was required.

There was an apparent increase in the number of concerns from the police. However, due to a change in the recording method with the council's safeguarding team, of the 75 concerns sent, the majority were welfare concerns with 26 cases requiring an enquiry.

There is still a high number of concerns received from care providers although there is a slight decrease in the number of concerns received. Often these are minor issues that needed to be recorded with their incident records (for example a minor medication error or incident between two service users where remedial action was already in place). Adult services have recently developed a [Thresholds Guidance Document](#) and it is hoped that care providers will follow this and reduce the need to report safeguarding concerns unnecessarily.

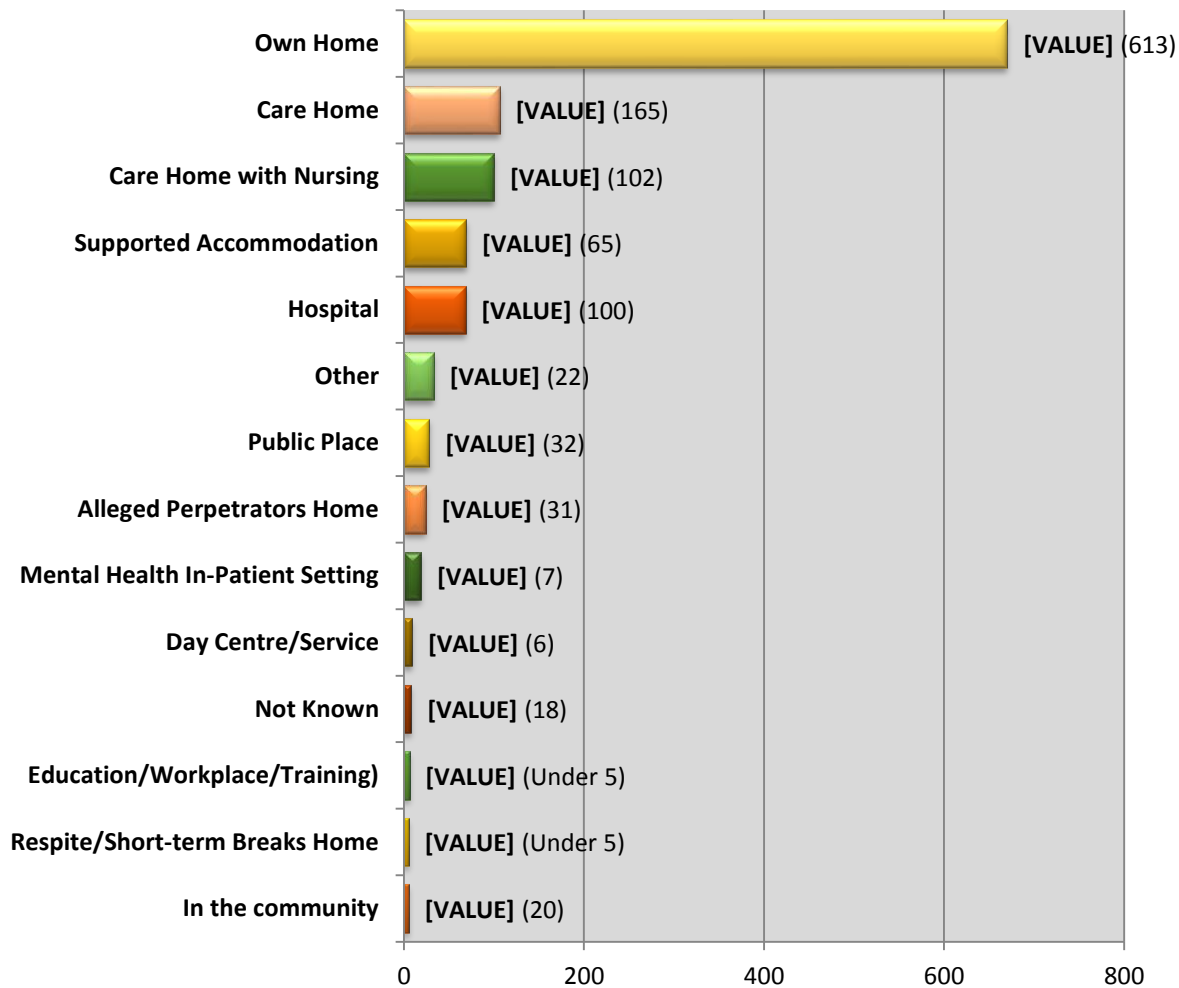
Figure 8: Information on those alleged to have caused harm



Overall there has been no major difference in numbers regarding those considered to be the source of the risk (those alleged to have caused harm). There has been a slight

increase in the number of allegations against staff (12) and a similar increase in those cases progressing to an enquiry of which the majority needed the employer to do the investigation. While there was a decrease in the number of concerns regarding other family members (21) there was an increase in the number of concerns relating to partner/spouses being the source of the risk (22). There has also been a decrease in the number of cases reported concerning another adult in need for care and support but an increase in the number of cases where a member of the person’s social network was alleged to have caused harm (This maybe a recording issue as “another vulnerable adult” is often also a member of their social network).

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

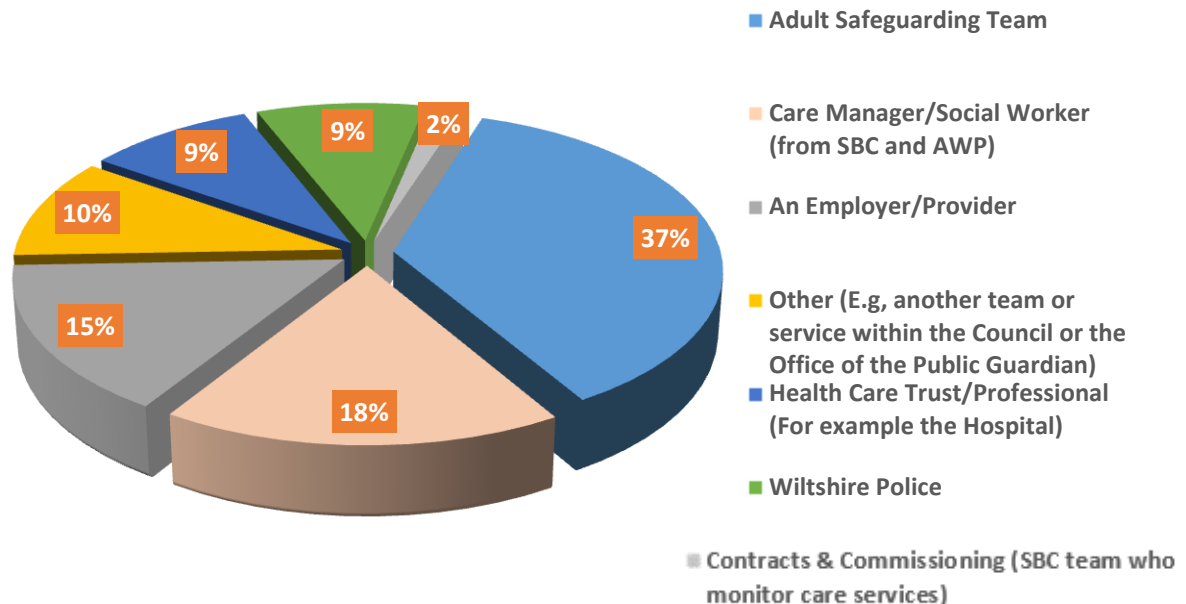


The location where most abuse was alleged to have occurred was in the adults’ own home. There has been a reduction in the number of concerns within a care home without nursing and no major change for those with nursing. This could be due to improved awareness as there was also a higher proportion of incidents which justified a referral. There is a reduction in the number of concerns occurring in hospital but an increase in reports from mental health in-patient settings. Most of these were reported by the services themselves perhaps indicating improved management of safeguarding issues.

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?



In some cases it may have been necessary for a concern to have an enquiry carried out by more than one agency. 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.

Most enquiries are carried out by the local authority and can range from a full enquiry, a multi-agency investigation or simply a conversation with the adult.

Case Example:

The police raised concerns about a known sex worker and drug user staying in Dave Jenkins's flat. They believed he has dementia and was being exploited and that she had been using his bank card and taken his mobile phone. There had been a disturbance at the flat caused by 3 visitors and Dave was advised not to allow them in. A home visit was arranged with 2 members of the safeguarding team and Dave was very clear that he knows these people well as he sees them at a lunch club he works in and considers them friends. He knew the person who was alleged to have taken his money but he said he does ask people to get money out of the bank for him but his bank card had not been stolen. He had lost his phone and thinks it may have been taken but he was not concerned about this. There was a discussion about coercive control and the possibility of cuckooing (Cuckooing is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for drug dealing).

Dave had not been diagnosed with dementia and there was no indication that he was unable to make decisions for himself and he felt that he was able to protect himself. He was happy for visitors including the alleged sex worker and appeared to feel he was helping them and that they were helping him. (During the visit there was a caller who enquired about his welfare). He appeared to be managing well and did not have care and support needs. Dave said he did not want any action taken but was given contact information should he have concerns in the future.

Feedback on the home visit was given to the Police officer who raised the initial concern and appreciated that Dave had every right to associate with whoever he wanted. The officer confirmed that the neighbour policing team would continue to monitor Dave's wellbeing

There is a large proportion where the provider of a service or employer has carried out the enquiry. This is either under their complaints or disciplinary procedures.

Case Example:

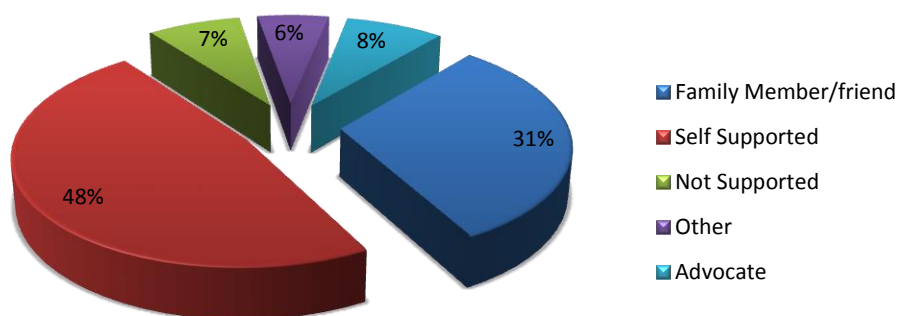
A concern was raised about Maureen Flint a resident with dementia in a care home. She became upset when staff came into her room to deliver personal care and woke her up. It was explained to her that they had come into help her but she did not accept this and refused assistance and was pushing the staff member away. One of the staff started to verbally abuse Maureen but this was overheard by other staff working in the room opposite, who firmly instructed the abusive staff member to leave the room and reported the incident to the senior on duty. They returned to reassure Maureen who had become even more distressed. After calming her, they noticed a skin tear to her elbow which was believed to have happened during the incident.

A safeguarding concern was raised by the care home and it progressed to an enquiry. The Police considered that the matter would be best dealt with as a conduct issue and the home carried out an investigation and held a disciplinary hearing. The member of staff responsible for the verbal abuse was dismissed and the person accompanying her was given a written warning with a training plan.

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 can 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 2017/18



As much as possible, the adult should be given the opportunity to advocate for themselves. The safeguarding team are aware that although someone may appear to be able to engage well with the process, this could change during the life of a referral. The safeguarding policy emphasises that independent advocacy can be instigated at any stage during a safeguarding enquiry.

Outcomes of Investigations

Between April 2017 and March 2018, 505 cases were assessed and did not progress through to a full safeguarding process. 315 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). 127 cases required care management input (a new care assessment, change to care plan or a review of their care). 46 were referred to another process, for example complaints action or action by the provider (e.g. disciplinary action). 17 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 an allegation 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.

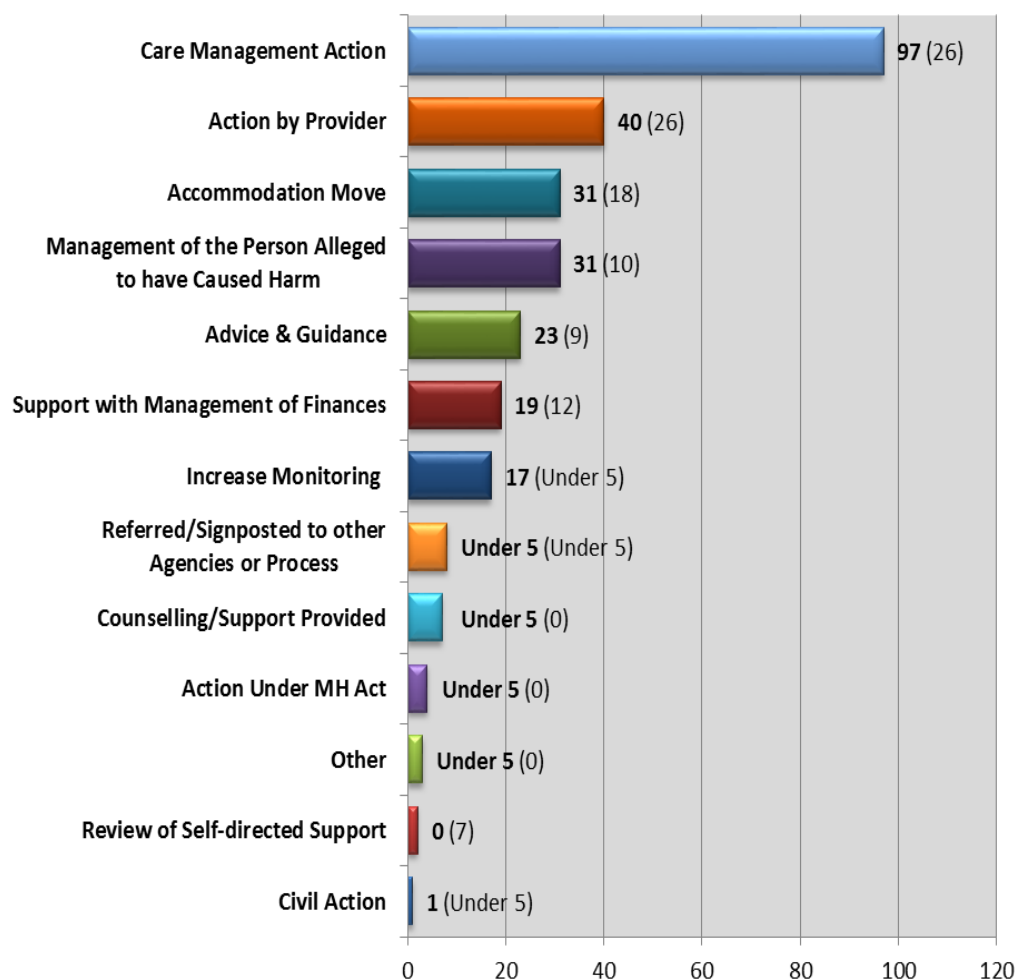
As stated in the previous annual report, outcomes are recorded and reported differently. Rather than looking at cases as substantiated or not, the emphasis within the Care Act is to consider if the enquiry highlighted any risks. The following table shows a breakdown of outcomes of cases concluded during the year. (Please note that some of these relate to cases that opened in the previous year, but concluded in 2017/18)

Figure 12: Outcomes of closed cases

OUTCOME	Number of cases concluded in 2016/17
Risk identified and action taken	392
Risk identified and no action required	0
Risk - Assessment inconclusive and action taken	54
Risk - Assessment inconclusive and no action required	8
No risk identified and action taken	55
No risk identified and no action required	43
Enquiry ceased at individual's request and no action taken	47

583 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 action.

Figure 13 Action Taken for the Adult at Risk

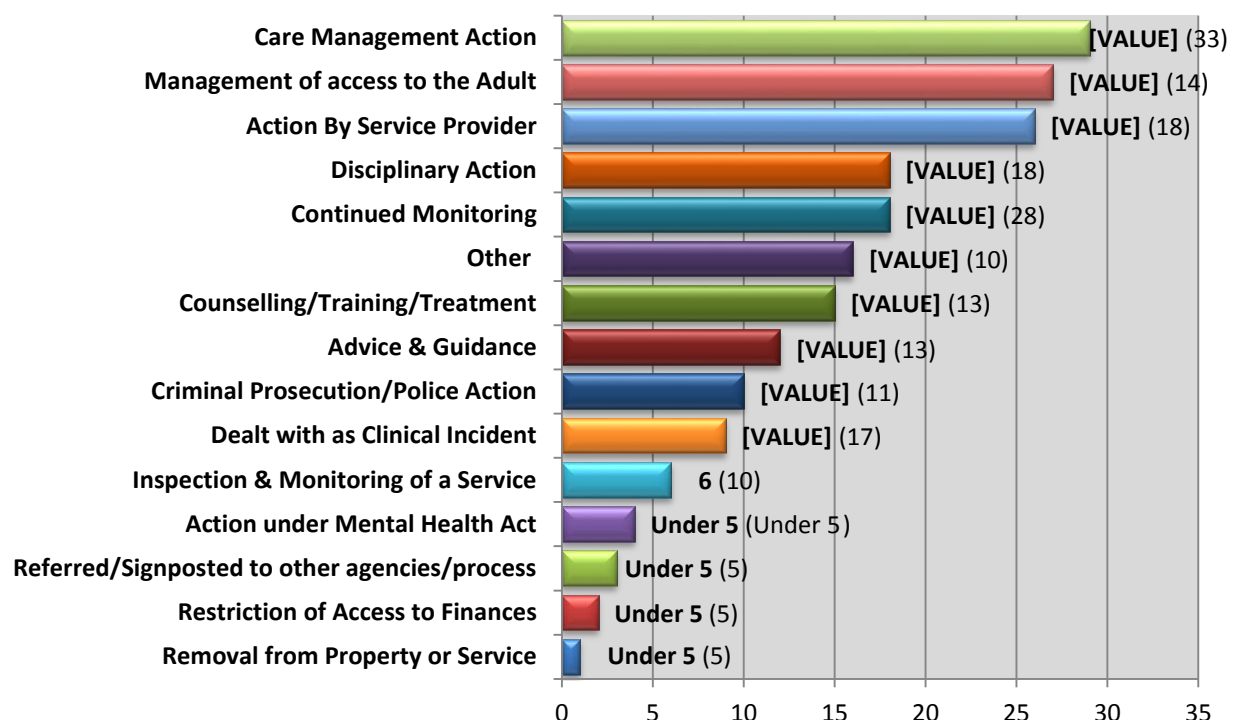


*NB at the time of reporting, 45 cases remained open. This is due to the alert being raised towards the end of the reporting period and the cases are still under an enquiry or they are long-term cases where it has been agreed that the case remains open to enable a continual review of any safeguarding plan.

There were 40 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 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 14 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 of them requiring 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.

A SAR is a multi-agency review process that seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place. The purpose of a SAR is not to apportion blame. It is to

promote effective learning and improvement to prevent future deaths or serious harm occurring again.

During 2017/18 one SAR was carried out and published in May 2018.

The SAR was commissioned following the death of Honor, a 90-year old widow living with her son, in January 2017. Concerns were raised over a period of time, (predominantly by her daughter) about Honor's welfare but did not result in protective action being taken due to Honor's denial of any problems and an assessment that she had mental capacity to make her own decisions. The cause of death is recorded as bronchial pneumonia and malnutrition (with a likelihood this was caused by neglect).

The Board and all those involved offered sincere apologies and condolences to Honor's family on the circumstances surrounding her tragic death.

Findings and Lessons Learned

All partner agencies involved in this case engaged positively in the process of the SAR and in developing the action plan in response to the findings in the report. The main lessons learned by the Board and its member agencies include:

1. The need to improve *social work practice* in respect of:
 - risk assessments
 - making appropriate safeguarding decisions that require the balancing of mental capacity and the impact of domestic abuse on a victim's ability to self-determine
 - recognition of the impact of coercive control and domestic abuse on older people
 - using multi-agency discussions to share information prior to making key safeguarding decisions and risk evaluations
 - ensuring practitioners are aware of best practice and put this into operation
2. Detecting when cases are going wrong by:
 - improving the oversight and supervision of practice
 - having effective quality assurance processes in place
3. Improving the connection between the Safeguarding and Domestic Abuse Boards to:
 - support practitioners' understanding of the links between them
 - ensure agencies are sighted on the potential for generational abuse

Each partner organisation concerned, particularly Adult Social Care, has considered the findings and agreed its own actions to improve practice. Examples of their progress include:

Local Authority - Adult Social Care

The Local Authority fully endorses the findings of the report and accepts the need to improve social work and safeguarding practice. A separate and detailed action plan has been agreed and is being implemented. Progress against the action plan is monitored monthly by the Director of Adult Social Services. The following improvements have been made:

- A new dedicated manager for the Safeguarding Team has been appointed on an interim basis whilst a permanent appointment is made
- Specialist safeguarding supervision has been implemented for the safeguarding team and social work team
- Managers have monthly supervision and oversight of all allocated safeguarding cases to ensure a timely conclusion of investigations
- Enquiry Managers will have access to a regular 'weekly' supervision session led by a senior member of the Safeguarding Team to ensure adequate support and advice is available on a weekly basis to ensure effective, responsive decision making

- All Team Managers hold a “Learning and Development Record” of their teams learning to ensure that everyone is fully participating in regular learning opportunities
- The ADASS guidance on safeguarding and domestic abuse has been made available to all social care teams
- A new threshold document has been adopted and published on the safeguarding website
- The Director has highlighted the main lessons from the case in all staff briefings and all teams have been requested to discuss the case and action plan in team meetings in May 2018
- Staff training on domestic abuse and coercive control and mental capacity and safeguarding is taking place in May 2018 for all social care and occupational therapy staff
- A decision-making tool is being developed by the Head of Social Work that will support consistent decision making in relation to our initial response times. Each safeguarding concern/referral that progresses to a Safeguarding Enquiry will be allocated a risk rating (Red/Amber/Green) by the Adult Safeguarding Management team at the point of screening. Each rating will have an associated maximum response time. Response time performance will be monitored monthly and reported to the Director of Adult Social Services

Clinical Commissioning Group

Having raised this case initially for this review due to the concerns expressed by Honor’s GP, the CCG takes very seriously its commitment to safeguarding adults and to ensure health professionals and health organisations learn the lessons from such cases. In the work the CCG undertakes it does so ensuring safeguarding is of the highest priority and that it complies with the Care Act 2014 duties. Through its commissioning functions it has a responsibility to ensure all the services it commissions also have arrangements in place to make certain they also comply with this and other legislation relating to the welfare of adults within Swindon.

The CCG have been involved throughout this review to ensure it can take the learning back into all its functions as a commissioner to drive improvements in practice across health. In response to this review the CCG will ensure all the recommendations that apply to health professionals and health organisations are implemented without delay. The CCG has set out how it will achieve this in its action plan that aligns with the LSAB action plan to address all the findings of this review

Wiltshire Police

Head of Public Protection Detective Superintendent Deborah Smith confirmed that Wiltshire Police are fully committed to exploring the issues in more depth, and are dedicated to the delivery of a multi-agency action plan. Wiltshire Police always ensure that findings from such reviews are embedded and used to improve how the Police work with agencies to safeguard and protect vulnerable adults.

Monitoring of progress

The LSAB and individual organisation’s action plans are subject to regular monitoring and challenge and the use of audit activity to continually monitor progress against areas for improvement. The Board remains committed to ensuring that the findings are fully addressed so the same issues are not repeated in future

Large Scale Cases

There were 2 large scale enquiries started during the year both regarding care homes (one with nursing). The concerns were in relation to the management of the homes and how that may be putting their residents at risk. The first was triggered by a number of individual concerns indicating poor management and incomplete or out of date care planning. A large scale enquiry was held and working with the provider and the contracts team in adult services, risks were identified and action was required. These actions were monitored and the service demonstrated improvements. The second case showed a considerable amount of poor practice and concerns about general safety. This came to light at the end of the reporting period and is still to be concluded. There were a high number of deaths leading to the enquiry which would consider if these were related to the concerns that had been raised. The CQC carried out a responsive inspection at this time and found the home to be inadequate.

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 coming in and to monitor the “conversion rates” of cases;
- There are still a 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.
- How the widening of definitions within the Care Act Guidance impacts on referrals

Areas of focus for the Board next year:

- For the Board to consider improvements required to ensure quality and accuracy of referrals and that information provided is complete and accurate e.g. ethnicity, service user group and their views. To ensure appropriate methods are available to improve understanding of safeguarding e.g. level and appropriateness of training, awareness raising and available information. Where a particular issue does not require the safeguarding process referrers are made aware of alternative processes available e.g. referral to social work teams or signposting to other services.
- The Board needs to continue to monitor how referrals are dealt with and that resources are available to manage enquiries and ensure participation from the key agencies.
- The recent addition of the Thresholds Guidance included on the Council website has been welcomed. The Board needs to develop methods to check the effectiveness of this document to ensure it is implemented and embedded in to practice.
- Engagement with service users and methodology around service user feedback of the safeguarding process and Board members to contribute on achieving this innovatively.
- Continued learning from the Safeguarding Adult Review (see page ##) and ensure frontline staff identify domestic abuse as well as other types of abuse and raise concerns appropriately.
- To consider areas of work that impact on adults in need for care and support that are perhaps less understood for example sexual exploitation, human trafficking, self-neglect and to highlight the importance of early identification and correct referrals to the appropriate process(s). The circumstances in which abuse takes place e.g. homelessness, people in transition (Children's to Adult services) also needs understanding and addressing.
- To consider what actions need to be put in place to develop a preventative programme to include oversight of the quality of services, learning arising from case reviews (locally and nationally) and how practice needs to change to address issues identified.

SECTION 3

Progress, developments and news in 2017/18

Priorities for 2017/18

In previous annual reports, the priorities in the LSAB Strategic Plan were listed and 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 in 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. These partnerships are presenting reports and updates to the Board, outlining the impact the particular area of concern has on adults in need for care and support.

A Risk Register has been updated and is monitored at each Board.

The Board agreed to redevelop its sub-groups and this has progressed well. In February 2018, Board members attended a development session facilitated by an experienced facilitator from the Local Authorities Human Resources Department. This led to further discussions about how the LSAB could work more in tandem with the other boards for instance the Children's Board. Resources have been more forthcoming from partners which has helped with some of the financial pressures Boards face. There is still a need for other key members to help with non-financial resources.

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 have been major developments with the way in which the Board judges quality of safeguarding arrangements. A comprehensive work plan is in place that has prioritised the areas to be scrutinised. Domestic Abuse, financial abuse and self-neglect being seen as the priorities.

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

Towards the end of the year, an on line referral form was included on the website. In the main, as this is a secure method of sharing a concern, this has been very popular. There have been times when the form has "timed-out", but this is usually due to

inactivity by the user or a disconnect in their network. The webpage and referral form conform to industry standards. It is believed the form encourages visitation to the webpage but the LSAB are currently unable to obtain meaningful data on usage. There is continued liaison with the communications team to obtain information.

There is still a need to engage with the community and there is ongoing discussion with other partnerships on how best to achieve this. The Safeguarding Manager participated in a loneliness summit and delivered a presentation to Swindon Seniors Forum.

A range of printed information is available from the adult safeguarding team and services continue to request copies. The most popular is the Swindon Safeguarding Staff Guide that provides advice and guidance to those raising concerns.

A model was developed to gain the voice of the service user and/or their carers. Working with Healthwatch, a process was developed which invited people to contact them to make comments or to have an interview about their experience and just speak to someone in Healthwatch. Take up has been poor and a new approach may need developing. There continues to be a case discussion at each board for members to be aware of the issues service users experience as part of the safeguarding process.

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

Member agencies have provided basic information about their safeguarding training within their reports ([see Appendix 2](#)). Adult Services still provide basic awareness to any provider or agency free of charge (applying a charge for non-attendance). 232 people attended this training during the year. This includes a session delivered at the Swindon Advice and Support Centre for agencies based there (e.g. Citizen's Advice Service, Alzheimer's Society). 27 staff attended enquiry officer training (designed to advise staff on approaches with engaging with adults and collecting evidence and information).

There is still a need to check the quality of training delivered in a number of services who do not utilise the council run basic awareness. Contracts officers do check that training is provided, however it is not clear that it meets the requirements outlined in the National Competency Framework on safeguarding.

A specific basic awareness course was arranged at the beginning of 2018 and this was attended by 64 council staff from a range of services as well as adult services, including Housing, Environmental Health Community Health and Wellbeing and Healthy Neighbourhood. There was also a specific course focussing on the law run for Adult Services facilitated by Belinda Schwehr from Care and Health Law. This was attended by 25 social work staff from Adult Services (including AWP) and members of the safeguarding team.

RISK ENABLEMENT / MANAGEMENT PANEL

The multi-agency Risk Enablement Panel (REP) has been active for approximately three years. During this time the Risk Enablement Manager has been involved in 42 cases. Some of these are currently open. A number of cases have not required the input of the manager other than providing advice or ensuring that agencies have exhausted their options before referring the case to the REP manager.

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 unchanged since the [last annual report](#)

Overall the risk enablement process is about concentrating on what can be achieved, rather than what cannot and bringing together people from different organisations to develop shared perceptions of risk.

Case study

A safeguarding referral was received in October 2016 for EF. As a consequence of this a planning meeting was held and later the case reviewed and concluded that remedial action was not effective and identified that concerns were escalating. It was decided to take the case to the Risk Enablement Panel.

The situation was challenging involving a complex adult family dynamic which included physical and mental health needs; drug misuse; poor money management; financial and other areas of exploitation. As well as one of the household going through the criminal justice system, there was severe trauma and neglect of the most vulnerable member of the household; animal neglect; weapons; abuse to staff and living in squalor.

This meant multi-agency working with the family with a wide group of agencies including: Community Matrons and other health professionals, Police, Housing, Environmental Health, Animal Welfare, vets, Community Safety, the courts, the council's legal services, the prison service, Social workers, Probation, Adult Safeguarding, Mental Health, Food Bank, Ambulance and Out of Hours Services.

The role of the REP was to bring together the right professionals at the right time with an understanding of the legal frameworks that could be utilised to de-escalate the levels of risk identified. There were many unexpected events that needed managing as the challenges presented required constant communication, co-ordination as well as the occasional immediate response, to support the engagement strategy and risk management plan. This meant there was an accurate, evidence-based identification of risk and the innovation for reducing these risks came from combining skills and perspectives across departments and organisations. Further to this, the professionals involved developed cross boundary skills, an enhanced understanding of others disciplines and broader perspective on the resources available.

The case was closed to the Risk Enablement Panel in May 2018 with the family agreeing to live apart. The older adult members of the family were housed in a bungalow which was adapted to suit their current and future needs, regular access to day care services was provided with on-going support from Community Matrons and Housing. The younger adult member of the family moved into a separate property and there has been no further need to use enforcement powers.

Internal Audit of Adult Safeguarding, February 2018

Swindon Borough Council's Internal Audit team carried out an audit of Adult Safeguarding in February 2018. The purpose of the Audit was to give focus to the process following the receipt of a safeguarding concern by the Council's Adult Safeguarding Team; to provide assurance through testing on a sample of safeguarding cases, that all relevant information is being used to determine whether to progress under safeguarding. They audited the response to the sample of concerns received and considered whether cases were managed effectively, in a timely manner and that cases were reviewed and closed where no further action was required.

An Action Plan was developed in response to the Audit findings, and a number of actions have been incorporated into the Safeguarding Adults Review (SAR) Action Plan as they are linked.

- Multi-agency Policies and Procedures and Additional Guidance to be reviewed against Care Act Statutory Guidance to include sources of expert advice e.g. ADASS, SCIE etc., and ensure that information sharing can be improved
- The Council's Safeguarding Adults Procedures to review and refine the Risk Assessment Tool to ensure that all risks are identified and addressed appropriately.
- The views of service users should be sought prior to making a Referral. The Safeguarding Referral Form and standard Form 75 to be amended to include a prompt to seek consent from the person subject to the safeguarding concern prior to referring (where possible), and to ask for and document the referred person's views.
- Feedback should be given to the person that made the referral, relating to the decision and why (where appropriate to do so). Compliance with this is monitored through the new Quality Assurance tool.
- Multi-agency guidance should be produced on Safeguarding Thresholds, to include examples of what constitutes a safeguarding concern and not, and communicated across the Safeguarding Team and partners/providers
- A new Quality Assurance process has been introduced to conduct quarterly audits relating to a new set of performance indicators, including the percentage of cases where screening has commenced within 24 hours, number of open and outstanding cases, length of time for completion of safeguarding enquiry to closure. These audits will be used to understand where performance and practice improvements are required without compromising the flexibilities required to address the Adult's views and desired outcomes.

SECTION 4

Swindon Mental Capacity Act Programme

Mental Capacity Act and Deprivation of Liberty

In July 2018, the Government published a Mental Capacity (Amendment) Bill, which if passed into law will reform the Deprivation of Liberty Safeguards (DoLS) which have long been considered not fit for purpose particularly in the wake of 2014 Cheshire West case law. They will be replaced with a scheme known as the Liberty Protection Safeguards: each separate health and social care public authority will be responsible for authorisation and the scheme will include 16 & 17 year olds, a transferable deprivation of liberty authorisation wherever the person resides and the introduction of an AMCP, an approved mental capacity practitioner, for complex cases where there is disagreement. Whilst the Bill draws on the Law Commission's proposals for reforming DoLS that have been subject to scrutiny and consultation throughout 2017 -18, it did not address some of the wider MCA reforms that the Law Commission suggested. Proposed reforms around supported decision-making and best interests are not included and many aspects of the proposed streamlined process have proved controversial and may be challenged as the Bill goes through Parliament.

Until the reforms are decided and a preparation period identified, we continue to implement the present scheme: in 2017/18 Swindon received a total of 907 referrals (427 from hospitals and 480 from care homes); this is a reduction in overall referrals of 13.37%. We have continued to re-shape our delivery model since the establishment of our permanent team in February 2017 and have strengthened our triage process as well as monitoring the implementation of conditions after the DoLS assessment. We continue to have a significant cohort of unassessed cases in care homes through this is gradually reducing. We are keeping up our training of Best Interests Assessors (BIAs) as these will have a key role in the future reformed DoLS. Independent scrutiny from the experienced BIA regularly improves the experience of the vulnerable adult.

As a team we continue to support the wider adult social care services in strengthening understanding and practice within MCA; we have a programme of learning and development which is increasingly bespoke and responds to the needs of individual services.

Court of Protection

The efficacy of DoLS in protecting and representing the rights of vulnerable individual means that over the last year we have seen an increase in s21A challenges in the Court of Protection.

Appointeeships and Deputyships held by the Council

Swindon Borough Council Appointeeships and Deputyships Team is now known as Adult Social Care Money Management Team and performs an essential role for vulnerable adults who lack capacity to manage either their DWP benefits (Appointee) 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. At 31st March 2018, the team managed 80 appointees, 108 Deputyships. 40 of our service users died in this period, 36 Deputyships were going through Court of Protection and 13 referrals were awaiting a decision of whether they met the criteria for this team.

Working with an individual's resources and ensuring they are used 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 appointee 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; we have also had referrals from Court of Protection when OPG has undertaken safeguarding interventions. Our aim is to ensure that peoples' resources are adding to the quality of their life, whatever their circumstances and we will be recruiting a social worker to the MCA/DoLS team to work alongside the Money Management team to strengthen this service.

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 2017/18 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

NHS England South (South Central)

Service User Forum

South West Ambulance Service NHS Foundation Trust

Swindon Advocacy Movement

Swindon Borough Council

- Adult Safeguarding Manager
- Community Safety Partnership
- Corporate Director for Communities and Housing
- Director, Public Health
- Director of Adult Social Services
- Head of Housing and Community Safety
- Trading Standards

Swindon Care Homes Association

Swindon Carers

Swindon Clinical Commissioning Group

- Executive Nurse
- Designated 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 2018/19
- Performance activity data and emerging themes (particularly with regards to inappropriate alerts)
- Update of Swindon Policy & Procedures
- Quality Assurance
- Review of the Risk Register
- Police and Crime Act 2017

- Annual Assessment of Agency Safeguarding (all members invited to update to board on their progress with safeguarding)
- Case discussions at each meeting
- Reorganisation of the Board and its sub groups

Reports with a safeguarding element

- Illegal money lending
- Prevent Strategy
- Modern day slavery and human trafficking
- Adult exploitation
- Abuse of position of trust (National Police Chief Council)
- Risk Enablement Panel

2. Board Member reports

The following are submissions from members providing an overview on their priorities regarding safeguarding. This year we invited submissions using a proforma that also includes some measurable outcomes. These have been compiled in a table included at [Appendix 2](#). The proformas received from each member are reproduced on the following pages:

2.1: Swindon Borough Council Adult Services (Older People with Physical Disabilities (OPPD) and Learning Disability Services

Brief outline of your Agency's Adult Safeguarding functions:

Older People with Physical Disabilities Service (OPPD)

The Initial Contact Team receive communications and enquiries from the public and wide assortment of agencies/partners. These are screened and forwarded to the Safeguarding Team for further investigation where appropriate. The Team will also conduct home visits from time to time (sometimes jointly with Safeguarding Team) to assist in ascertaining whether a case needs to progress to Safeguarding.

The Assessment & Review Team will provide professional (Social Work and/or Occupational Therapy) input to support S42 enquiries, fulfilling the Enquiry Officer function. This applies to cases they are actively working on as well as cases previously unknown. Some people will be in receipt of services and some will not. Part of the role will involve supporting the person through the investigation process, following Making Safeguarding Personal principles.

Social work input has often been required to carry out a Mental Capacity Assessment, in order to assess whether someone has capacity to consent to, and participate in, the Safeguarding process.

The Business Support Team, managed by OPPD Service Manager, provide administrative support to the Safeguarding Team which includes telephony, meeting administration, minute taking and data entry.

Learning Disability Service (LD)

- Alerting/raise concerns, participate in individual cases, supporting service users through safeguarding process, investigating cases as requested by Safeguarding Team
- Additional awareness to alert Children's Services – See The Adult, See the Child briefings given to managers – this needs refreshing in next period.
- Briefings for staff on "The right help at the right time", with LSCB and Service Managers in support across Adult Social Care

What were your Adult Safeguarding achievements in 2017/18?

OPPD:

- Social Work staff provided good quality professional input to Safeguarding investigations.
- Business Support Team provided good quality administrative support including backfilling for the one specialist worker when required.

LD:

- Timely and good quality safeguarding investigations for people with a Learning Disability when requested by Safeguarding team

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

- Promoting training for all new starters.
- Sharing and team discussion around Safeguarding Adults Review report on case relating to Honor.

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

- By participating as Enquiry Officers and case workers, supporting people through the process from time of first alert and often beyond the closure of the Safeguarding Enquiry.

What are your Adult Safeguarding objectives for 2018/19?

- Support the redesign of the Safeguarding Team and facilitate the newly appointed Senior Registered Social Work Practitioners within the Initial Contact and Assessment & Review Teams.
- Ensure that all staff have recently undergone Basic Awareness Training and other training commensurate with their role e.g. Enquiry Officer and Enquiry Manager training.

2.2: Avon and Wiltshire Mental Health Partnership NHS Trust

Brief outline of your Agency's Adult Safeguarding functions:

Avon and Wiltshire Mental Health Partnership NHS Trust provides mental health services, including talking therapies, to adults of all ages in the Swindon 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 an Executive Director lead (Director of Nursing and Quality). The Swindon Clinical lead is the senior manager holding responsibility for delivering and developing safeguarding practice within the locality during 2017/2018.

What were your Adult Safeguarding achievements in 2017/18?

- An extended Adult Safeguarding and MCA service in the Trust launched introducing locally focused Named Professionals
- Modular guidance in relation to Mental Capacity Act and DoLS developed and launched
- Mental health legislation webpages enhanced to reflect the extensive interaction between the Mental Capacity Act and Mental Health Act in providing lawful and least restrictive care, and is underpinned by the key principles set out in human rights legislation and articles
- Prevent training and training matrix reviewed against NHS England Prevent training standards with a focus on delivering L3 Prevent training
- Maintained a high level of monthly supervision for staff

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

- Bespoke training and support via Safeguarding Adults in Practice development sessions
- Attendance at Quality and Standards meeting to raise awareness of safeguarding including domestic abuse
- Actively promoted Adult Abuse week throughout the Trust each day covered a different area including: Think Family, Domestic Abuse and Coercive Control, Mate Crime, Modern Slavery, FGM and honour based abuse. These were supported by a range of materials including YouTube videos, presentations

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

The work of the Swindon teams in relation to Making Safeguarding Personal is being embedded into mental health services to ensure that service users and carers are actively involved in the Safeguarding Process. Their views, wishes and expected outcomes from the safeguarding process are elicited to ensure that they feel more empowered and in control of the safeguarding experience.

Examples of how this has been achieved have included; has the person that the safeguarding consented to the referral being made and have they said what they wish to happen as a result of the safeguarding process.

If a service user is believed to lack capacity, this is assessed and if they are found to lack capacity, they can be supported by an advocate, family member or friends, depending upon their individual circumstances.

At the end of the safeguarding process they are asked if they feel safer as a result of the safeguarding process and whether the outcomes they specified at the beginning of the safeguarding process have been achieved.

What are your Adult Safeguarding objectives for 2018/19?

- Develop safeguarding in practice modules for face to face learning sessions
- Continue to focus on making safeguarding personal in practice
- Develop practice in relation to self-neglect via bespoke face to face learning sessions
- Continue to focus on achieving compliance with Prevent WRAP - Workshop Raising Awareness of Prevent, Level 3.

2.3: Swindon CCG

Brief outline of your Agency's Adult Safeguarding functions:

The CCG is a statutory member of the LSAB, as a commissioner of health care in Swindon it is responsible for ensuring all services it commissions are compliant with local safeguarding adult arrangements. The CCG has in place safeguarding adult schedules through contracts with providers to ensure it receives assurances that provider safeguarding arrangements are in place and effective.

What were your Adult Safeguarding achievements in 2017/18?

- Ensuring the CCG as an organisation are compliant with PREVENT training
- Being proactive within LSAB and its subgroups; chairing QA subgroup and developing Quality Assurance Framework (QAF)
- Commissioning a development programme for GPs to ensure their compliance with NICE/DoH guidance on domestic abuse
- Successful Independent Internal Safeguarding Audit which identified strengths and gaps in CCG safeguarding adult arrangements
- Appointment of Named GP for Safeguarding Adults

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

Mandatory training for all staff covers safeguarding adults, each new employee has to meet with the safeguarding leads as part of their induction. Staff briefings (all staff attend), as part of the internal audit staff were asked to complete a questionnaire on safeguarding which focused on their awareness of safeguarding and that they understood how their individual role relates to safeguarding.

The CCG governing body receive annual safeguarding training as a board, and an annual safeguarding report. The governing body subgroups also receive regular up-dates on safeguarding.

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

The CCG are involved in reviewing cases or organisations of concern jointly with SBC, these have a direct impact on the service delivery of those organisations or in those cases. There have been a number of serious incidents/concerns of a safeguarding nature, two concerning local care homes, a hospice and an out of county residential educational placement.

The CCG are part of the Learning Disabilities Mortality Review (LeDeR) programme to improve services to individuals with LD.

CCG undertake quality assurance visits to providers.

What are your Adult Safeguarding objectives for 2018/19?

- Ensuring all the recommendations of the internal safeguarding audit are met without delay
- Ensuring the newly created CCG safeguarding adults meeting includes representation for CHC, Mental Health and learning Disabilities so the themes and cross over points with safeguarding can be fully understood, coordinated and acted upon.
- Ensuring the CCG safeguarding adult 'team' has sufficient capacity and resources to undertake its key tasks for the CCG.
- The CCG commissions a package of training at level 4/5 for the health safeguarding adult leads across health.

In primary care:

- Continued training programme for Lead GPs and Practice Managers – programme in place until June 2019.
- Continued visits to practices to train GPs and other practice staff – two per month Commence quality assurance visits to GP practices One practice per month target (2 year cycle will cover all practices)
- Commence supervision sessions with Lead GPs Launch of a Swindon wide primary care protocol
- Review and development of Safeguarding Templates within GP IT systems.

2.4: Community Safety Partnership Team (CSP)

Brief outline of your Agency's Adult Safeguarding functions:

The CSP team provides, on behalf of the CSP Board, a statutory function to reduce crime and anti-social behaviour; domestic abuse and Violence Against Women and Girls (VAWG); risk of radicalisation; Modern Slavery and Human Trafficking; reoffending; and crime linked to substance misuse. Many of those areas of responsibility have a direct link to Adult Safeguarding and CSP and Adult Safeguarding work together on these priorities.

What were your Adult Safeguarding achievements in 2017/18?

- Chairing and helping to maintain the Risk Enablement Panel
- Developing a Community MARAC to provide an intensive service to high risk and repeat victims of domestic abuse and violent crime
- Managing the Prevent Agenda on behalf of SBC
- Developing a Reception Centre for victims of Modern Slavery and Human Trafficking
- Developing a pathway for young adults transitioning from services that are at risk of crime and exploitation.

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

- Added Adult Safeguarding Training to all staff development
- Launched 'Domestic Abuse is Everybody's Business' campaign
- Trained staff on Risk-based response to crime and anti-social behaviour

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

- Ensured safeguarding policies and procedures followed where appropriate through Risk Enablement Panels, Community MARAC, MARAC and Adult sexual Exploitation Practitioners Group.

What are your Adult Safeguarding objectives for 2018/19?

- Develop a Risk Management Model that combines work of REP and Community MARAC to ensure that vulnerable adults receive the right support.
- Work with partners to develop use of National Referral Mechanism for criminal exploitation
- Develop understanding of adults at risk of sexual exploitation to off-street sex work.

2.5: Dorset & Wiltshire Fire and Rescue (DWFRS)

Brief outline of your Agency's Adult Safeguarding functions:

DWFRS are a non-statutory organisation. Our main function is to signpost concerns. To enable this, all staff receive basic safeguarding awareness, and front facing staff have enhanced training based on their responsibilities and interactions with vulnerable groups.

What were your Adult Safeguarding achievements in 2017/18?

- The launch of an e-learning safeguarding package for all staff
- Raising the profile of the Fire Service, and that the services does so much more than putting fires out. DWFRS are regularly invited to Multi Agency Meetings.
- The Safeguarding Coordinator being accepted onto the National Fire Chiefs Council workstream group for national safeguarding across Fire and Rescue services.
- Regularly attending Safeguarding Board meetings, complete audits and reports for all boards both Children and Adults across Dorset, Poole and Bournemouth, Wiltshire and Swindon. Receiving positive feedback, sharing lessons learned across all partners.

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

All staff within the DWFRS (including agency) receive safeguarding training. Training is delivered to all new staff at Corporate Induction and is followed up within 3 months with e-learning. Front facing staff receive additional training which is delivered both in-house and externally by Local Authority. The Safeguarding Coordinator who is the Lead for safeguarding within the service has also launched a poster campaign. This was followed up with prompt (credit) cards which are distributed to all operational and front facing staff.

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

N/A. DWFRS are a Fire Service, therefore have no statutory duty, only a signposting agency. (This is the same for any comment where it is stated that DWFRS are a fire service).

What are your Adult Safeguarding objectives for 2018/19?

- To ensure safeguarding is embedded into the service.
- To play a part in aligning Safeguarding Policies and procedures of all Fire Services nationally. This will be done by the safeguarding coordinator, working alongside the Safeguarding Workstream under the National Fire Chiefs' Council.
- To gain good results from the HMICFRS Audit.
- Continue to build better networks.

2.6: Great Western Hospitals NHS Foundation Trust (GWH)

Brief outline of your Agency's Adult Safeguarding functions:

As a Health provider, GWH is required to demonstrate that it has safeguarding leadership and commitment at all levels of the organisation and that it is fully engaged and in support of local accountability and assurance structures, in particular via the Local Safeguarding Adult Boards and commissioners. Most importantly, GWH must ensure that a culture exists where safeguarding is everybody's business and poor practice is identified, tackled and eliminated.

All health providers are required to have effective arrangements in place to safeguard vulnerable adults and to assure service users, carers, themselves, regulators and their commissioners that these are working. These arrangements include safe recruitment, effective training of all staff, effective supervision arrangements, working in partnership with other agencies and identification of Named Safeguarding Professionals.

What were your Adult Safeguarding achievements in 2017/18?

All elements of 2017/18 Safeguarding and Mental Capacity Act (MCA) audit actions are complete

- Recruitment of Swindon Community Health Service Community Safeguarding Lead. Acute lead provided induction and daily support to ensure smooth integration of services
- Homelessness guidelines added to Safeguarding Intranet pages. Project planned for Q2 to provide training in conjunction with Swindon Borough Council Homeless Lead Operations Manager
- Contribution to DHR and SAR/SILP reviews
- Alignment of Acute and Swindon Community Health Services processes and referral pathway. This has included both Safeguarding and DoLS processes that are in use at the Acute Trust, along with Standard Operational Procedure which dissects duties across these care pathways.

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

Key focus on training and education for Community Services

- 1:1 Quality Improvement Project completed for SwICC, including Forest and Orchard Ward. Pre and post project audits complete and shared with both areas. This involved concentrated teaching, capturing 63% of all staff. *Completed in conjunction with Swindon Community Health Services' (SCHS) Safeguarding Adults at Risk Lead
- Face to face training for Walk in Centre staff, concentrated teaching in small groups over a one week period to ensure 100% target. *Completed in conjunction with SCHS Safeguarding Adults at Risk Lead
- New Trust-Wide Domestic Abuse policy developed and ratified. This policy is integrated with Wiltshire Health and Care and Swindon Community Health Services and launched in May 2018
- Bespoke training to clinical areas, including 1:1 supervision and support
- Assisted in the creation and pilot of Ward Accreditation (WAAF) achievement guide/pack (safeguarding adults / MCA module). Awaiting date of Safeguarding and MCA launch following initial pilot / roll out
- Work undertaken to embed the use of an internally produced Best Interest Resource Pack
- All electronic resources reviewed to ensure safety, including a deep cleanse of all clinical areas to ensure all hard resources and noticeboards are up to date
- Safeguarding Adults at Risk Operational Group is now well established and well attended
- Continuation of student support and mentoring – 1 student completed placement in Q1
- L1 and L2 Safeguarding and MCA training modules reviewed and aligned to the UK Core Skills Training Framework (CSTF)

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

Referral form reviewed to include 'Making Safeguarding Personal' and to capture patient desired outcomes at point of referral.

What are your Adult Safeguarding objectives for 2018/19?

- Having secured funding for IDVA role for a further year the Trust will to continue to work collaboratively with the IDVA to ensure appropriate service support
- 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 assisting with evidencing best practice and improvements and making a difference to improving the safety and welfare of the most vulnerable patients
- 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 adults with care needs and carers

2.7: Swindon Borough Council: Housing**Brief outline of your Agency's Adult Safeguarding functions:**

Swindon Borough Council Housing – housing management including repairs and maintenance of 10,500 council homes. Management of the Housing waiting list (assessing housing need and prioritising cases where housing is required urgently).
Statutory Homeless duty.

What were your Adult Safeguarding achievements in 2017/18?

- Provision of Temporary Winter Housing Provision for 12 Rough Sleepers
- Domestic Abuse campaign "DA is Everyone's Business" following Domestic Homicide Review
- 3 x Pathway flats developed in sheltered housing scheme to enable improved outcomes for hospital discharge cases.
- Development of bungalows at The Hawthorns for Adult Social Care clients
- Training delivered to Adult Social Care teams on new Homelessness Reduction Act

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

Team meetings and 121s

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

Sheltered Housing Officers support as necessary and attend case conferences.

What are your Adult Safeguarding objectives for 2018/19?

- Do an audit of training for staff and include general awareness raising of Adult Safeguarding.
- Include Adult Safeguarding awareness in Induction for new Housing staff

2.8: Swindon Borough Council: Public Health (comprising Community Health and Wellbeing Service, Trading Standards and Public Health Commissioning and Health Improvement)

Brief outline of Agency's Adult Safeguarding functions:

The Community Health and Wellbeing Service works with vulnerable adults on a day to day basis as part of programmes which include Community Navigators, Swindon Circles, Active and Inclusive, Ability Sport and Health Ambassadors. Work is carried out on a 121 or group basis and is generally short term interventions.

The Trading Standards Service's remit includes protecting consumers from rogue traders and scams. The Service undertakes a safeguarding role in identifying victims of these crimes and working to prevent further financial abuse. The service always responds to victims of doorstep crime, who are usually vulnerable. When visiting them, an assessment of the well-being etc. of the person is made, with a view that they may need a referral to other organisations. The person is reviewed from a financial abuse point of view. In addition the service also receives referrals for follow up.

The service delivers awareness sessions for members of the public, banks, building societies and other organisations to help prevent financial abuse through doorstep crime and scams. Public Health Commissioning commissions Health and Wellbeing Services for the whole population and some targeted interventions. In relation to safeguarding some areas are more at risk such as, substance misuse, sexual health, immunisations, suicide prevention and mental health.

What were your Adult Safeguarding achievements in 2017/18?

Recording - Established a record log to capture concerns, incidences and disclosures. This record is discussed at team meetings and management meetings to aid learning and inform service practice. The Community Health and Wellbeing Team reviewed and updated their safe working practice document; taking the learning and experiences from the year

Training - Continue to train all community health and wellbeing staff in safeguarding adults training and many of the team have attended additional training related to understanding and supporting different aspects of vulnerabilities – dementia, DOLS, financial abuse

Partnerships - The Healthy Communities Team have visits from partners to advise and discuss issues as they arise. An example being, Wiltshire Police who came in to discuss working with clients who are on the Sex Offender Register. Trading Standards examples include:

- A joint visit with social services following a safeguarding referral from a bank. Prevented a resident from making unnecessary payments for services they did not require from scammers.
- Working with banks and Building Societies in Swindon in partnership with Wiltshire Police to raise awareness of financial abuse amongst staff and customers.
- Assisting Wiltshire Police with a successful prosecution of a doorstep trader who had been defrauding elderly householders.

Dealing with disclosures - Through advice and support, dealt with a disclosure from a client – this was the first time this client had told her story. Trading Standards intervened with a scam victim who had been a victim of chronic mass marketing scams to assist him and prevent further financial abuse.

Commissioning for those at risk – The newly commissioned Substance Misuse Service has been commissioned across the substance misuse and mental health providers to ensure that issues related to dual diagnosis (mental health and substance misuse) are addressed more effectively. Drug relation death and suicides reviews are co-ordinated.

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

- Training delivered both internally and to external public protection enforcement teams
- Regular communication with colleagues in Adult Services
- Team discussions and mentoring

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

- Dealing with disclosures in a timely, sensitive and professional way
- Being well informed of safeguarding duties through training and advice
- Supported clients to seek their own support through a range of providers. Signposting and accompanying (as appropriate)
- Acting as an advocate as necessary and in conjunction with professional role
- Visiting vulnerable consumers in their home, to make an assessment as to whether or not they need support from Public Health and possibly a safeguarding referral.

What are your Adult Safeguarding objectives for 2018/19?

- Carry out a monthly review of the safeguarding record log
- Train all new members of staff and set up a training 'passport' to include the relevant training we deem essential for our team
- Engage with more banks and Building Societies in Swindon to promote the Banking Protocol and increase the number of referrals made to the Police and Trading Standards.
- To improve the team's knowledge and understanding of mental capacity and how this affects dealing with financial abuse safeguarding referrals.
- To continue existing work in responding to any safeguarding referrals relating to doorstep crime and scams.
- Continue to build up relationships with other SBC internal teams and other organisations working with vulnerable adults.

2.9: Swindon Carers Centre

Brief outline of your Agency's Adult Safeguarding functions:

Swindon Carers Centre (SCC) supports Carers of all ages. The Vulnerable Adult Safeguarding Policy ensures that all Carers are supported where a safeguarding risk has been raised and SCC follows guidance outlined in LSAB guidelines. Adherence to all local safeguarding protocols including: See The Adult, See The Child and Local Safeguarding Adults Board policies (LSAB)

What were your Adult Safeguarding achievements in 2017/18?

- Low number of alerts raised
- Knowledgeable staff with confidence to seek advice / raise alerts when necessary Strong working relationship with Swindon Borough Council Social Work Team to avoid duplicate alerts Safeguarding Lead / Deputy roles within the organisation so staff have a go-to person with any queries internally
- Internal Safeguarding Vulnerable Adults training provided in-house to all staff, volunteers and trustees.

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

LSAB process posters are on display in the SCC office to reiterate guidance to staff on reporting safeguarding concerns. Policies/procedures in place for people to raise concerns about someone's behaviour towards a vulnerable adult.

Potential safeguarding risks identified by staff, service users or professional agencies working with a service user are discussed with safeguarding leads or deputies. Staff can seek advice from the Swindon Borough Council Safeguarding Team and/or make referrals where relevant. Safeguarding is discussed during supervision/peer support meetings to ensure it remains at the forefront of daily practice.

SCC's Behaviours Framework sets out expectations of all staff including safeguarding responsibilities.

Safeguarding referrals are reported to Trustees quarterly.

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

SCC supports Carers that they work with to understand what Safeguarding Vulnerable Adults processes are and how they are there to support people. SCC are as open and honest with carers about concerns / alerts that they may have to raise and the reasons for these (most common is that carers have to leave their dependant locked in / unattended rather than any malicious intent). SCC supports carers to access support for their dependant and themselves to reduce any risk to either party (Respite Care / Care Packages / Carers Relief).

What are your Adult Safeguarding objectives for 2018/19?

- Local Safeguarding meetings within Sanford House.
- To gain a more structured approach for staff to get advice from Safeguarding team at SBC if they are uncertain whether to raise an alert.
- Quarterly safeguarding lead meetings internally.
- On-going commitment to safeguarding adult training for new staff and volunteers.

2.10: Wiltshire Police

Brief outline of your Agency's Adult Safeguarding functions:

In 2000 the government published "No Secrets" which set out clear guidance for agencies to work in partnership to prevent abuse of vulnerable adults taking place and to deal robustly with any incidents. As a result, The Wiltshire Police Safeguarding Adults Investigation Team (SAIT) was set up within Wiltshire Police in 2002.

The SAIT team sits within the Public Protection Department, covering the hours of 8-5pm Monday to Friday, primarily due to the fact that such matters are normally reported during office hours by other agencies. SAIT triage staff operate within the Wiltshire Council Safeguarding Adults team at County Hall, receiving all PPD1s submitted by Police & reviewing all form 75's submitted to the verifications team in Swindon Borough Council (This is done via the telephone as the sit in Wiltshire). From these forms, discussions are generated with Partner Agencies and ESM's convened to identify safeguarding measures and whether investigations should proceed or not.

Frontline staff are required to assess and refer concerns in relation to adults whom they feel are vulnerable as part of their duties in responding to calls reported to the police.

The 'Three Strands of Vulnerability' is the policy which defines the Police processes for dealing with welfare issues, vulnerable adults and safeguarding adults. *"Vulnerable adults are defined as those whom, as a result of their situation or circumstances, are unable to protect themselves from harm".*

In June 2017, Criminal Exploitation of the Vulnerable, Modern Slavery and Human Trafficking and sexually exploited adults and radicalised adults were all areas that were added to Strand 3 of the 3 strands of vulnerability. The initial thought was this might have an impact on SAIT's workloads, but this has not been the case.

Criminal investigations committed against vulnerable adults defined under strand 3 of the 3 strands of vulnerability are investigated either by specialist investigators or investigators from the Community Policing Teams.

What were your Adult Safeguarding achievements in 2017/18?

- Case 1: The female adult victim suffers from an acquired brain injury and requires 24 hour assisted living support. Whilst visiting family her step-father sexually assaulted her when left alone with her. The offender pleaded guilty at court accepting she could not consent and was sentenced to six years and nine months imprisonment, issued with a restraining order to protect the victim and her mother, and life time registration on the sexual offender register. The sentencing Judge remarked that the aggravating factors in this case were that the victim was vulnerable and the offender took advantage of that vulnerability and that he was also in a position of trust.
- Case 2: The offender defrauded her mother-in-law to a value in excess of £30,000. She abused her husband's position of responsibility as his mother's lasting Power of Attorney for finances to steal money. The offender was convicted of Fraud by Abuse of Position and sentenced to 18 months imprisonment.
- Operation Aidant 2018 which is a joint initiative between NCA, policing and other law enforcement partners. AIDANT activity supports our aim to develop innovative and effective partnerships and processes which improve our response to MSHT at the national, regional and local level; and to deliver impact across the 4Ps (Pursue, Prevent, Protect and Prepare) to reduce the MSHT threat to the UK. Currently Op Aidant activities will be focused on the county line drugs runners currently operating in Swindon. We intend that this will fill national, regional and local intelligence gaps and it will be a coordinated multi-agency approach between law enforcement, local authorities which are necessary to safeguard children and adults at risk and there will be early engagement with local services.
- Following representations from the LSAB regarding the high rate of inappropriate referrals from the Police into adult safeguarding, a review of the processes took place along with a revised training package for Police officers and staff, this has resulted in a reduction in the number of inappropriate referrals from our agency.

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

The Adult Sexual Exploitation (ASE) team currently operate within the Public Protection department and consists of officers who cover the entire County. The aim of the officers is to safeguard and manage the daily risk of both on and off street sex workers, through close partner agency working and proactive engagement in regular joint approach to sex workers and women who may be experiencing Sexual Exploitation. The ASE team work alongside The Nelson Trust, sexual health professionals and the drug and alcohol service during evening hours to offer a dedicated outreach support.

The team have raised awareness of their work within Wiltshire Police, highlighting the issues faced by those involved in sex working and the fact that a number of those involved will have care and support needs.

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, highlighting the difference between safeguarding alerts and welfare concerns, this has resulted in a decrease of inappropriate referrals. This process is known as the 'three strands of vulnerability' and the revision of the process ensures that partner agencies are more quickly involved in the support of vulnerable adults

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

Wiltshire Police are helping to streamline processes across all relevant agencies to ensure the effective safeguarding of victims of modern slavery and human exploitation. A Swindon and Wiltshire Anti-Slavery Partnership group has been established drawing together statutory and voluntary agencies to jointly tackle offending and provide safeguarding and support for victims. This focus group has also been established to identify and share training materials and understand how Wiltshire Police can communicate with the public to raise awareness of Modern Slavery, and better support Adult slavery victims.

What are your Adult Safeguarding objectives for 2018/19?

- To increase Staffs awareness of MSP
- To reduce the amount of inappropriate referrals
- To ensure that the voice of the victim is considered during all investigations

2.11: Swindon Advocacy Movement

Brief outline of your Agency's Adult Safeguarding functions:

Swindon Advocacy Movement provides statutory advocacy for safeguarding under The Care Act. In line with our Priority Procedure people with care and support needs are also given non-statutory advocacy support where safeguarding risk has been identified or suspected.

What were your Adult Safeguarding achievements in 2017/18?

- Worked with the LSAB to enable a restructure of the Service User Forum.
- Advocated for safeguarding at Sanford House tenants group to ensure that safeguarding and communications from LSAB are a standing agenda item at meetings.
- Attended Quality Assurance sub-group meetings and contributed to audits.
- Provided advocacy for 47 adult safeguarding section 42 enquiries to ensure individuals's voice is central to process.
- Worked closely with the Safeguarding Team to ensure accessibility to the service under The Care Act.

How did you raise awareness of Adult Safeguarding in your agency in 2017/18?

Members of staff attended SBC refresher training as needed. Safeguarding cases regularly reviewed at team meetings and in supervision.

Refreshed internal Safeguarding training for members and clients with support needs led by Management Committee members with learning difficulties e.g. held workshops around accessible safeguarding awareness film made for and by people with learning disabilities.

How did you support service users and carers through the Safeguarding Adults procedure in 2017/18?

Supported service users through 1-1 advocacy work in line with our policies and procedures as following our Quality Performance Mark in Independent Advocacy and in line with SBC Safeguarding Adults processes. Used SBC Safeguarding Escalation Policy to raise concerns on behalf of service users when needed.

What are your Adult Safeguarding objectives for 2018/19?

- To raise awareness of the Safeguarding responsibilities for voluntary sector agencies within Sanford House.
- To review our internal Safeguarding procedures in line with renewing our Quality Performance Mark for Independent Advocacy.
- To raise awareness of safeguarding amongst our members in order to encourage people to speak openly about risk or concerns when needed.
- To increase advocacy team awareness of Domestic Abuse and Safeguarding.

2.12: South Western Ambulance Service NHS Foundation Trust (SWAST)

Owing to the number of Boards that SWAST feed into across the region, an individual return from them is not available. They produce an annual report specifically about safeguarding (including children) and this can be found by following this link: : <https://www.swast.nhs.uk/assets/1/safeguardingannualreport201718.pdf>

2.13: Submissions not received by the following agencies/organisations

Reports have not been received from, Probation service, Care Quality Commission Healthwatch Swindon and NHS England South (South Central).

3. Sub-groups of the LSAB

During 2017/18 the Board reviewed the structure of its Sub-groups resulting in the creation of a Chairs Group, replacing the Operational Group.

3.1. The Chairs Group will take responsibility for ensuring delivery of the 3 year strategy/strategic priorities and produce an annual business plan based on the priorities. Also, the Chairs group will ensure the sub-groups deliver their work plans and report any areas of concern.

The Group met twice during the year with attendance from, SBC (Director Adult Social Services and the Adult Safeguarding Manager), Wiltshire Police and Swindon CCG. The Group is chaired by the Independent Chair.

Agenda items included:

- The new structure, to confirm the purpose and make-up of the Chairs Group and implement the new structure. Review the membership, TOR and the work plans of the sub-groups, including proposed plans/funding for a SAB Business Manager;
- Reports from the Sub-groups, including updates on their work plans;
- Review progress of the SAB Business Plan;
- Agree the format of the planned SAB Strategic Planning Workshop; and
- Review any outstanding issues from the Operational Group.

3.2. The Operational group met twice during the year, prior to being stepped down following the restructure of the Sub-groups. The following agencies attended the group: 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 was 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:

- Agree a process of evaluation and review of the annual agency self-assessments;
- Review Board additions to the Strategic Plan, including: Performance & Quality, Communication and Engagement and Workforce Development;
- Review the SAB Business Plan, including: Community Awareness, Development of a SAB member's pack and resources in kind;
- SCIE Learning Review;
- Access to partner agency databases;
- Annual Report 2016/17; and
- The statutory annual Safeguarding Adult Collection.

3.3. 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, Care Manager, Commissioning, 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).

Following the Board restructure Swindon CCG took over the Chair's role of the group, where a new audit process was put in place to audit cases in-line with the Boards strategic priorities. The TOR were reviewed including the group's membership. Two audits were planned- Work plan produced which identified audits to be completed.

3.4. 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), Domestic Violence Coordinator, Mental Capacity Act Programme Manager, 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:

- Continued review and updated of the Policy and Procedures;
- Self-neglect Policy;
- Development of an Escalation Process;
- Group set-up following the Board restructure, including the transfer of Chair to Wiltshire Police and review of TOR and group membership;
- Development of a group work Plan;
- Development of People in a position of Trust guidance; and Pre-alert Screening, including a revision of the referral form and development of a Thresholds guidance.

3.5. Learning, Review 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 is 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. This group and Swindon's role on it, is also subject to review.

3.6. Case Review Sub-group: The group did not meet during the year as there were no requests for consideration of Safeguarding Adult Reviews.

As part of the Board restructure the name of the group has been changed to the Learning, Review and Development group and as well as giving consideration to requests for SARs, will look at learning from national and regional Safeguarding Adult Reviews (SARs) and will meet quarterly.

3.7. Service User Forum: The Service User Forum met twice during year and agenda items included:

- National Scams;
- Future of the Service User Forum;
- Safeguarding Adult Review;
- Services of Concern update;
- Safe Places Scheme update;
- LSAB update; and
- Disability Hate Crime update;

As part of the re-structure of the Board the format of the group was reviewed and changed be less meeting based and more interactive.

SECTION 6

Priorities for 2018/19

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 including the appointment of a dedicated Board Manager and admin. support **(Partnership)**
- Introducing an induction programme for new Board members **(Partnership, Accountability)**
- Undertaking a self-assessment of Board development **(Accountability)**
- Implementing the outcome of the Board review including membership of the Board and its sub groups, and monitoring attendance at meetings **(Partnership, Accountability)**

Measurable outcomes (details on how these will be achieved are contained in the Business Plan for 2018/19)

- 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 at Board and

sub-group meetings

- Number of new members fully engaging with induction process
- Number of reports from other partnerships requested and received by the LSAB
- Demonstration of Board members having had training and how that has developed Board effectiveness

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:

- 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, adults in need of care and support who are or have been experiencing abuse or neglect (increase in neglect, 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 regarding service user experience, particularly in respect of making safeguarding personal **(Empowerment)**, and using this to drive practice improvements **(Empowerment, Proportionality, Protection, Prevention)**
- Identifying ways to improve prevention - develop a prevention plan including areas of consistent messaging **(Prevention)**

Measurable outcomes

- No more than 30% inappropriate referrals
- Taken action on findings from Healthwatch report (agree KPI with them re number of service user feedbacks received)
- 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 an easy read one-page information sheet for service users
- Increasing community awareness including using available opportunities to increase public involvement, and to engage media interest (**Empowerment, Protection, Prevention, Partnership**)
- Implementing the new model to gain the voice of service users and carers, and act on suggestions linked to existing services and groups (**Empowerment**)
- Developing more effective use of the media

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
- 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
- Using feedback from referrals data with agencies to inform them of areas for improvement in understanding and safeguarding practice (**Protection, Partnership, Proportionality, Accountability**)
- Developing multi-agency training, using case studies, to change working practices including reflective practice, risk assessment and information sharing (**Protection, Prevention, Partnership**)
- Exploring the provision of a specific safeguarding career pathway

Measurable outcomes

- % of surveyed staff confidence and knowledge regarding safeguarding (baseline to be established)
- At least 80% of relevant staff trained in safeguarding at any one time
- Amount of refresher training completed by staff

Next Steps

- 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 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

Appendix 1: Glossary

ADASS	Association of Directors of Adult Social Services
ASE	Adult Sexual Exploitation
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BGSW CRC	Bristol, Gloucestershire Somerset and Wiltshire Community Rehabilitation Company
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CSP	Community Safety Partnership
CSTF	Core Skills Training Framework
CQC	Care Quality Commission
DA	Domestic Abuse
DHR	Domestic Homicide Review
DoH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DWFRS	Dorset & Wiltshire Fire and Rescue Service
ESM	Early Strategy Meeting
FGM	Female Genital Mutilation
GP	General Practitioner
GWH	Great Western Hospital
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
IDVA	Independent Domestic Violence Advisors
KPI	Key Performance Indicators
LeDeR	Learning Disabilities Mortality Review Programme
LD	Learning Disability
LSAB	Local Safeguarding Adults Board
LSCB	Local Safeguarding Childrens Board
MARAC	Multi-agency Risk Assessment Conference
MCA	Mental Capacity Act
MHA	Mental Health Act
MSHT	Modern Slavery Human Trafficking
MSP	Making Safeguarding Personal
NCA	National Crime Agency
NHS	National Health Service
NICE	National Institute For Health and Clinical Excellence

(OP)PD	(Older People) with Physical Disabilities
PPD1	Wiltshire Police, Public Protection Referral Form
PREVENT	Prevent is about stopping individuals from getting involved or supporting terrorism or extremist activity.
QA(F)	Quality Assurance (Framework)
REP	Risk Enablement Panel
S42	Section 42 (of Care Act 2014)
SAB	Safeguarding Adult Board
SAIT	Safeguarding Adult Investigation Team
SAM	Swindon Advocacy Movement
SAR	Safeguarding Adult Review
SBC	Swindon Borough Council
SCC	Swindon Carers Centre
SCHS	Swindon Community Health Service
SCIE	Social Care Institute for Excellence
SEQOL	SEQOL (a Social enterprise providing health and social care and support)
SILP	Significant Incident Learning. Process
SWAST	South Western Ambulance Service NHS Foundation Trust
SwICC	Swindon Intermediate Care Centre
TOR	Terms of Reference
VAWG	Violence Against Women and Girls
WAAF	Ward Assessment and Accreditation Framework
WRAP	Workshop Raising Awareness of Prevent

Appendix 2: Partner Measurable Outcomes 2017/18

AWP	Adult Services SBC	Housing	DWFRS	GWH	CCG	Wiltshire Police	CSP	SCC
Strategic Priority 1: Effective Governance								
1.1 Your agency's attendance at LSAB Board meetings								
75%	100%	75%	25%	100%	100%	75%	100%	100%
1.2 Your agency's attendance at LSAB sub group meetings								
The Trust attends Policy and Procedures, Quality Assurance and Learning Review and Development	100%	Housing Business Development Manager and Sheltered Housing Manager attend LSAB Audit meetings and the Learning Review sub group.	As above	100% The Trust Safeguarding adult operational lead attends on behalf of the Trust	80%	Unable to calculate due to new meeting structure in the last year	100% REP and SCIE review by either CSP Leader or DA Manager	Not a member of any subgroups
1.3 Your agency's contribution to the work of the Board								
AWP does not make a financial contribution to the work of the Board.	100%	SBC Housing contribute as and when requested.	Any requests from the board are always actioned.	Participated in the function of the board (e.g. help with audits, planning days)	Attend main board, chair QA subgroup, and attend all other subgroups	Unsure how this can be represented as a percentage score	Reports submitted on Domestic Abuse	

AWP	Adult Services SBC	Housing	DWFRS	GWH	CCG	Wiltshire Police	CSP	SCC
Strategic Priority 2: Performance and Quality								
2.1 Rate of inappropriate referrals, any improvement over time and measures taken to improve								
16% There has been a reduction of 14%	13.5% This reflects the referrals from the whole of adult services in to the Adult Safeguarding Team	Not known, figures are not kept in housing.	I have not received feedback for any of the referrals made.	54% GWH 2016 – 2017 166 referrals/71 progressed = 43% GWH 2017 – 2018 177 referrals/82 progressed = 46%	CCG not a major referrer into safeguarding, we do work with providers to improve on their inappropriate referrals	61% of referrals are intended as information items – 39% progressed to enquiry	N/A	N/A
2.2. Positive service user experience of your agency's safeguarding work								
N/A This information is obtained by the safeguarding team.	See main annual report.	Not collected	We are a Fire Service	No record of feedback in respect of praise	Positive survey feedback from partners on completing a survey for internal audit on CCG and safeguarding adults		Positive feedback from REP and Community MARAC but no analysis done	100%

AWP	Adult Services SBC	Housing	DWFRS	GWH	CCG	Wiltshire Police	CSP	SCC
Strategic Priority 3: Communication and Engagement								
3.1. Your agency's communication to service users about your approach to safeguarding								
AWP has an external facing website including safeguarding adults , There are leaflets, contact details of local authority safeguarding ,	Corporate Communications – including dedicated page on the SBC Internet page. Safeguarding Leaflets	Notice boards in sheltered housing are used to highlight safeguarding and within the Sheltered Housing Tenants Handbook there is a reference to safeguarding alerts.	We are a Fire Service	Form 75 reviewed to include 'Making Safeguarding Personal' and to capture patient desired outcomes at point of referral.		In 2018 a new website was launched by Wiltshire Police, the website contains information on adults at risk of abuse. There are links to members of the safeguarding adult's investigation team for east access.	Main work is through Domestic Abuse awareness by social media, radio and local press	100% Statement on our website, reference in assessment forms, consent forms, code of conduct signed by Carers
3.2 Any media coverage of safeguarding issues by your agency								
none	N/A	Not collected	We are a Fire Service				Coverage of 'Domestic Abuse is Everybody's Business' campaign following domestic homicide	

AWP	Adult Services SBC	Housing	DWFRS	GWH	CCG	Wiltshire Police	CSP	SCC
Strategic Priority 4: Workforce Development <i>Note: It is each agency's responsibility to determine which of their staff members fall into the category of 'relevant' e.g. a social worker, GPs, a nurse, beat officers, staff supporting adults with care and support needs in face- to-face activities would be considered 'relevant'; however an administrator in an office setting who has no contact with adults would not be. Awareness training can be either face-to-face, e-learning or equivalent agencies need to decide</i>								
4.1 Relevant staff have completed relevant training appropriate to their role								
At least 80% trained at any one time SA , SC and DA L1 – 97% SA , SC and DA L2 – 92% Prevent L1 – 97% Prevent L2 - 92% Prevent L3 – n/a	Survey to be completed to confirm compliance with this target	No specific numbers recorded but training is undertaken.	All front facing (relevant) staff have received training appropriate to their role. This includes all youth intervention staff, Safe and Well Advisors and commercial Fire Safety Staff.	91%	97% CCG monitor very closely staffs compliance with all mandatory training.	100%	83%	100% of existing staff trained as of 31/3/18
4.2 Relevant staff have completed Mental Capacity Act training within 6 months new post of a level appropriate to their role								
MCA- 98% DOLS – 99%		Yes, Sheltered Housing Officers and supervisors.	Awareness training has been delivered to Safe and Well Advisors. The Safeguarding Co-ordinator is the named point of contact.	94.84% Quarter 1 (April – June 2018)	Safeguarding leads are fully compliant – CCG would need to check remaining staff	The Police do not have any staff completing these roles.		N/A

The Safeguarding Adults in Swindon Annual Report 2017/18 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.

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FOI 3794 / 18

JCG Meeting Notes – 9th November 2018

Present:

Sue Wald (Chair)	SBC
Cherry Jones	SBC
Phillipa Lamb	SBC
Dawn Sexstone (part)	SBC
Kay Reeve	SBC
David Haley (part)	SBC
Matthew Hawkins	CCG
Gill May	CCG
Claire Smith	SBC
Tammy Reeve	SBC
Esther Schmidt	CCG
Sharren Pells	CCG
Angela Plummer	SBC
Stephen Clinch	SBC
Caroline Gaulton	CCG

Apologies:

Joy Kennard	SBC
Tracy Wray	CCG
Mark Green	SBC
Mike Ash	SBC
Sheila Baxter	CCG
Judith Ramsden	SBC
Paul Vater	CCG
Gail Collins	SBC
Roz Pither	SBC
Jackie Walker	SBC
Peter Nathan	SBC

1.	Welcome & Apologies: as noted above.
2.	Declaration of Interests: none noted.
3.	Minutes of meeting held on 6th September (October meeting cancelled) <ul style="list-style-type: none"> Agree Minutes: Agreed Matters Arising:
4.	Exception reporting - finance and performance (verbal) <ul style="list-style-type: none"> SBC update
5.	Pooled budgets - Matthew Hawkins / Stephen Clinch <p>SC and MH have started modelling different expenditure as part of a potential pooled budget across adult services and the CCG. This is building on the money already pooled as part of the Better Care Fund. There will be a paper to a future CJG and work undertaken so far. Action: SC / MH paper to be drafted and discussed at a future meeting following discussion with Nicki Millin and Sue Wald.</p>
6.	Better Care Fund Q2 return – Phillipa Lamb <p>GM advised that Paul Vater is the nominated BCF rep at CCG. Action: GM to check that PV has received the return data.</p>
7.	Children with Complex Health Needs Joint Funding Panel Terms of Reference –

	<p>Esther Schmidt</p> <p>The overriding principle and focus of this Panel is for Swindon Clinical Commissioning Group and Swindon Borough Council to fulfil their duties under the Children and Families Act 2014. KR advised that the JCG board need to take a view on a number of issues raised. It was agreed to continue the work and to mirror the adult processes where possible. KR advised that there is a capacity issue within education which DH agreed to consider.</p> <p>Action: Children with Complex Health Needs Joint Funding Panel to be added to December agenda.</p> <p>Issues have been experienced with paperwork not being received in time (from other health practitioners).</p> <p>Action: AP / KR to look at what resource is required to ensure paperwork is circulated in a timely manner for funding panel meetings.</p>
8.	<p>Carers emergency card scheme and single point of access – Gill May. GM advised that the telephone number was not able to be changed yet but would be updated from April 2019.</p>
9.	<p>Update and progress on commissioning / de-commissioning projects</p> <p><u>Adults:</u></p> <ul style="list-style-type: none"> • SBC <p>AP asked if the CCG were happy for the care home framework to be delayed due to upcoming winter pressures till the start of 2019/20 to allow for market development. CCG agreed that we can delay the framework for care home.</p> <p><u>Children's:</u></p> <ul style="list-style-type: none"> • SBC <ol style="list-style-type: none"> 1. <u>Verbal update regarding children's complex and continuing care service – Sharren Pells.</u> Papers will not be available until December's JCG. SP advised there are pressures in the service and inconsistencies. There is a need for understanding of risk and impact assessments. Meetings have been held with GWH to understand the complex care needs. Costs have arisen as CCG have needed to go out to other providers. DH advised that he would ensure information is forthcoming for the impact and quality assessments. <p>Action: SP to share CCG paper on future delivery model for the children's complex and continuing care team.</p> <ol style="list-style-type: none"> 2. <u>The Procurement of Therapeutic Group Work for Children and Young People – Claire Smith.</u> <p>CS advised that the age range will be widened to 7-16 years. The current provider STEP has been running this service for a number of years. The reason for dropping the age range is to have a better transition (primary school to secondary school).</p> <p>Action: CS to discuss the procurement of Therapeutic Group Work and target age group with MG.</p> <p>Action: DH to nominate a panel member rep from Children's Services to support the procurement of Therapeutic Group Work for Children and Young People and advise CS.</p> <p>Supported living gateway paper – Page 166 by Kennard (not present). It was agreed to take</p>

	<p>this as a confidential item due to the tender.</p> <p>Action: AP to check CCG numbers in the framework and discuss with GM.</p>
10.	<p>Issues for escalating</p> <p>CJ – Health Secretary announces ‘Prevention Vision’, see below:</p> <p>Health Secretary Matt Hancock <u>launched</u> his vision for the future of prevention at the Annual Meeting of the International Association of National Public Health Institutes (IANPHI 2018) on Monday. This vision outlines the governments’ plans to transform their approach to prevention, which has been published in a policy paper, entitled ‘<u>Prevention is better than cure</u>’, which Matt Hancock outlined his during the <u>keynote speech at IANPHI 2018</u>. This confirms prevention as an integral part of the upcoming <u>NHS Long Term Plan</u> - with novel new approaches like predictive prevention which will explore how digital technology can be used to offer individuals precise and targeted health advice. This vision will pave the way for a Green Paper on prevention in 2019. Duncan Selbie also spoke at the conference, outlining why the Health Secretary’s vision is a ‘transformative moment for public health’ and how PHE supports making prevention a priority. He also published a <u>blog</u> discussing the need for investment in prevention by the NHS and through local government and by national policy - all working in partnership with the voluntary and community sector and industry.</p> <p>CG – calm café building has experienced damp issues. Potential delay due to flood damage in the basement. SW has escalated this so that the building work can commence.</p> <p>GM – CCG has served notice on the continuing health care provider. Currently working with STP colleagues to align policies and bring service in house.</p> <p>GM – STP changes formally agreed with BANES and North Swindon to become a single management team that will manage strategic and operational services, 3 governing bodies will remain. There will be an external recruitment for a single Accountable Officer across the three CCGs.</p> <p>AP – Winter funding of £770k has been discussed with GWH and the CCG to target reduction in delayed discharges and admission avoidance. Detailed proposals include investment in reablement, pre assessment, discharge beds and social work capacity.</p> <p>GM – integrated equipment services. The ToR circulated from GM were out of date, need to revisit that and how we implement some of those groups (prescriber user groups etc)., as well as attendance at Equipment Board meetings. Action: GM to discuss with Sharon Gerry the Integrated Equipment Board and Users Groups and share updated ToR and meeting dates with AP to attend.</p> <p>KR – preparation on the SEND area inspection which is due.</p> <p>KR – autism assessment which will require draft responses over the next 2/3 weeks. The autism partnership group will review what our responses will be. Action: KR to share the completed Autism Questionnaire with JCG.</p> <p>AP - Mysense and amazon discussions. Action: TR to add to February agenda.</p>
11.	<p>AOB</p> <p>GM – Looked after children and health assessment waiting lists – need to discuss to address actions. Action: TR to add health checks for children looked after to</p>

	January agenda.
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	Apologies for the next meeting received from Philippa Lamb, Gill May and Tammy Reeve.
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Next meeting: 6th December at 3pm till 5pm in CR2, Civic